AUG 28 2014

U.S. Department of Transportation
**National Highway Traffic Safety Administration**

**DOT Auto Safety Hotline**

# Vehicle Owner's Questionnaire

**To Report Vehicle Safety Defects**
**1-888-DASH-2-DOT**
**(1-888-327-4236)**
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

| Date Received | Repository ☐ |
|---|---|
| 10-JUN-2014 | Reference No. 10597442 |

**OWNER INFORMATION (Type or Print)**

| Name | [redacted] | | |
|---|---|---|---|
| Address | [redacted] | Daytime Telephone Number [redacted] | E-mail Address NOEMAIL@UNK.GOV |
| City LINCOLN PARK | State NJ | Zip Code [redacted] | Evening Telephone Number [redacted] |

*The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).*

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| YV4BZ982391[redacted] | VOLVO | XC70 | 2009 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|
| JULY 2009 | GARDEN STATE VOLVO 732-528-7500 | | 6 | REG. 87 OCT. |
| Original Owner ☒ | Dealer's City MANASQUAN | State NJ. Zip Code 08736 | | |

| Transmission Type | ☒ Antilock Brakes ☒ Cruise Control | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| | | AUTO | | 30-MAR-2014 |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

| Vehicle Component Codes: 200000 WHEELS, 194000 TIRES: VALVE | Failure Mileage | Failure Speed |
|---|---|---|
| | 67000 | 0>10 |

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) |
|---|---|---|
| DOT No. (Example: DOTMAL9ABC036) | ☐ Original Equipment ☐ Prior Repair | Failure Location: |
| Tire Component Code | | Tire Failure Type: |

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

| Make: | Date Manufactured: | Model No./Name: |
|---|---|---|
| Seat Type: | Installation System: | |
| Child Seat Component Code: | Failed Part: | |

**APPLICABLE INCIDENT INFORMATION**
*(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)*

| Crash | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | 0 | 0 | N |

**Narrative Description of Incident(S), Crash(es), and Injury(ies).**
**Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).**

TL* THE CONTACT OWNS A 2009 VOLVO XC70. THE CONTACT STATED THE TIRE PRESSURE WARNING LIGHT ILLUMINATED ON THE INSTRUMENT PANEL AS THE FRONT PASSENGER SIDE TIRE BECAME DEFLATED. THE VEHICLE WAS MERGED TO THE SIDE OF THE ROAD AND THE TIRE WAS REPLACED WITH A SPARE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS TAKEN TO THE DEALER. THE TECHNICIAN DIAGNOSED THAT THE TIRE PRESSURE SENSOR IN THE VALVE NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 67,000.

~~[redacted]~~ 6 PHOTOS WORK ORDER

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

## Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

VALVE STEM NUT AND VALVE STEM CORRODED OR FRACTURED MAKING TIRE DEFLATE AT BLOW OUT SPEED. TIRE WENT FLAT IN LESS THAN 5 SEC. TIME, THE CAR SPEED WAS LESS THAN 10 MPH. TO ME TIRE SENCOR DID WORK WELL BUT TIRE DEFLATED VERY FAST. IF CAR WAS AT HIGHWAY SPEED THIS COULD HAVE BEEN FATAL. THE NEXT DAY I HAD A NEW RUBBER VALVE STEM INSTALLED AND FOUND OLD SENCOR LOOSE IN SIDE TIRE (PHOTOS ENCLOSED 6) THIS LED ME TO CALL VOLVO U.S.A. FROM FLORIDA A REP. STATED THAT CAN HAPPEN THE NUT IS ALUMINUM. I WENT TO DEALER AT HOME. THEY INSTALLED 4 NEW VALVES. GOODWILL

ATTACH ADDITIONAL SHEETS IF NECESSARY WORK ORDER ENCLOSED

RECEIVED
NHTSA
2014 AUG 13
PM 5 1

U.S. Department of Transportation

**National Highway Traffic Safety Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

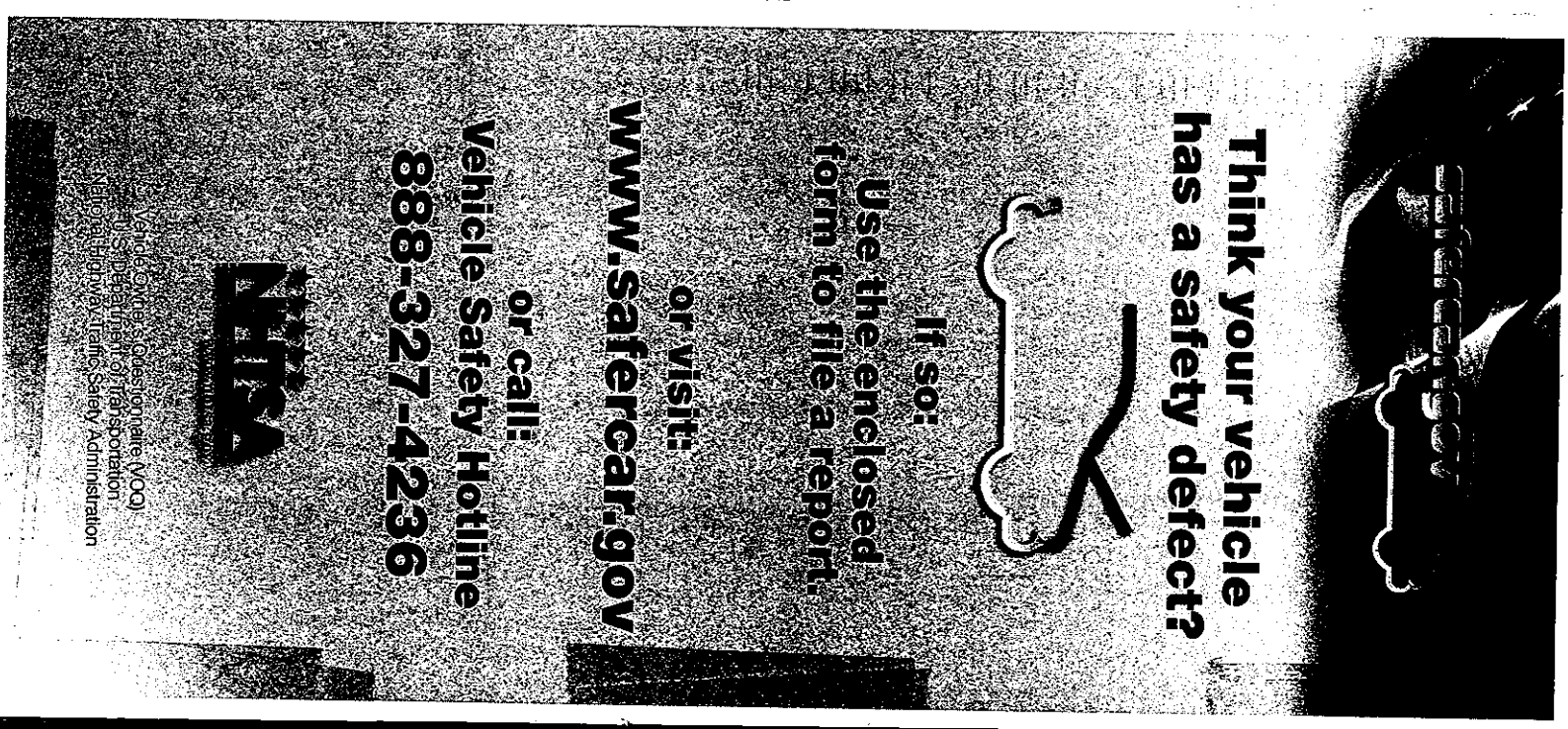
PHOTOS ENCLOSED

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation**
**National Highway Traffic Safety Administration**
**Office of Defects Investigation, NVS-210**
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



VOLVO

PARTS, SALES, SERVICE
COMPLETE BODY SHOP
FLAT BED SERVICE

Garden State
VOLVO
2415 HIGHWAY 35
MANASQUAN, N.J. 08736
732-528-7500
FAX 732-528-7588

VOLVO DEALER of EXCELLENCE
PARTS
DIRECT LINE
732-528-7503

[redacted]

| CUSTOMER NO. | ADVISOR | TAG NO. | INVOICE DATE | INVOICE NO. |
|---|---|---|---|---|
| 17136 | GAIL R. HARGIS 90 | | 04/02/14 | VOCS180870 |

| LABOR RATE | LICENSE NO. | MILEAGE | COLOR | STOCK NO. |
|---|---|---|---|---|
| 139.00 | | 68,661 | BLACK/ANTH | |

| YEAR / MAKE / MODEL | DELIVERY DATE | DELIVERY MILES |
|---|---|---|
| 09/VOLVO/XC70/4DR WGN 3.2 AWD MR | 07/28/09 | 21 |

| VEHICLE I.D. NO. | SELLING DEALER NO. | PRODUCTION DATE |
|---|---|---|
| YV4BZ98239 1 [redacted] | | |

| F.T.E. NO. | P.O. NO. | R.O. DATE |
|---|---|---|
| | | 04/02/14 |

[redacted] LINCOLN PARK, NJ [redacted]

[redacted]

RESIDENCE PHONE [redacted] BUSINESS PHONE

COMMENTS

MO: 68666

JOB# 1 CHARGES----------

LABOR----------

J# 1 77VOZ WHEELS, TIRES & HUBS TECH(S):84 WARRANTY

#8019037488
CK R/F TIRE WENT FLAT AFTER SCREW FELL OFF, HAS REG
VALVE STEM IN CAR . CK ALL OTHERS
NUTS CORRODED AND CRACKED REPLACED ALL 4
DEALER GOODWILL GH
38641/.40/3X38640@.40=1.2

| PARTS | QTY | FP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | WARRANTY |
|---|---|---|---|---|---|---|
| | 4 | 31302096-8 | SENSOR | | | |

TOTAL - PARTS 0.00

JOB# 1 TOTALS----------

JOB# 1 JOURNAL PREFIX VOCS JOB# 1 TOTAL 0.00

ESTIMATE----------
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF $139.00 (+TAX)

TOTALS----------

| | |
|---|---|
| TOTAL LABOR.... | 0.00 |
| TOTAL PARTS.... | 0.00 |
| TOTAL SUBLET... | 0.00 |
| TOTAL G.O.G.... | 0.00 |
| TOTAL MISC CHG. | 0.00 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX..... | 0.00 |
| **TOTAL INVOICE $** | **0.00** |

PAYMENT METHOD

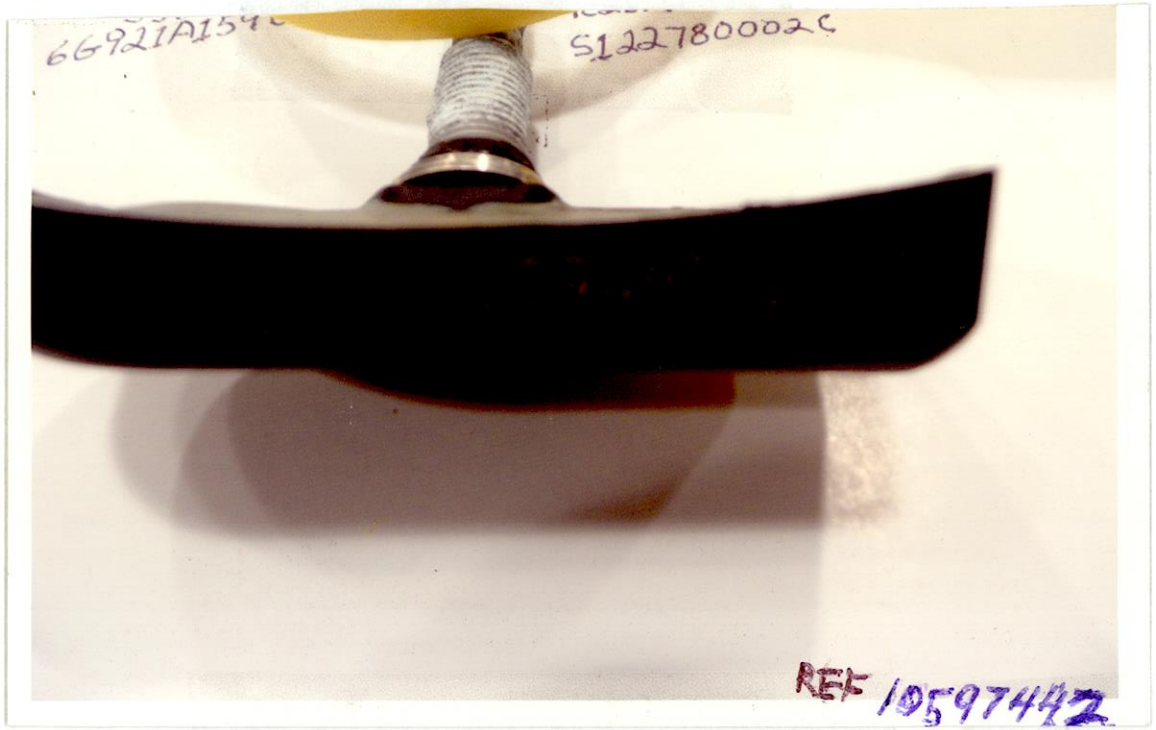
CASH [ ] CHECK# [ ]

MC[ ] VISA[ ] AMEX[ ] DISC[ ]

EMPLOYEE INITIALS .....

DOT REF NO.
10597442

CUSTOMER SIGNATURE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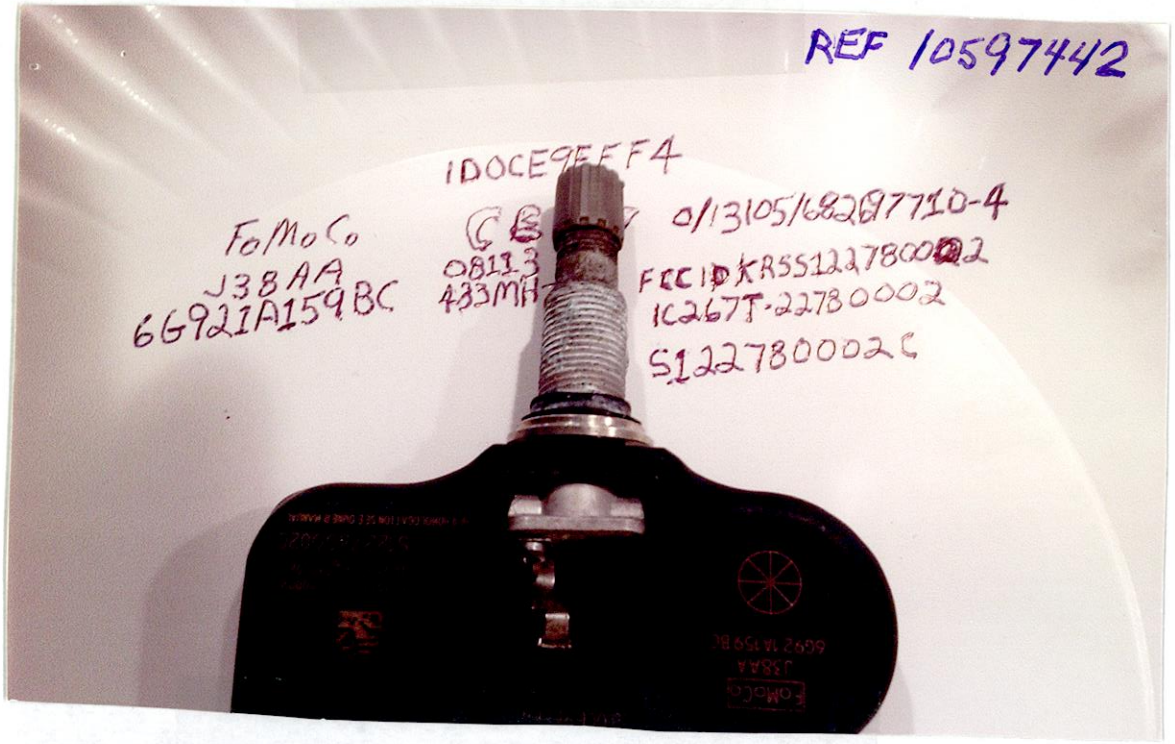
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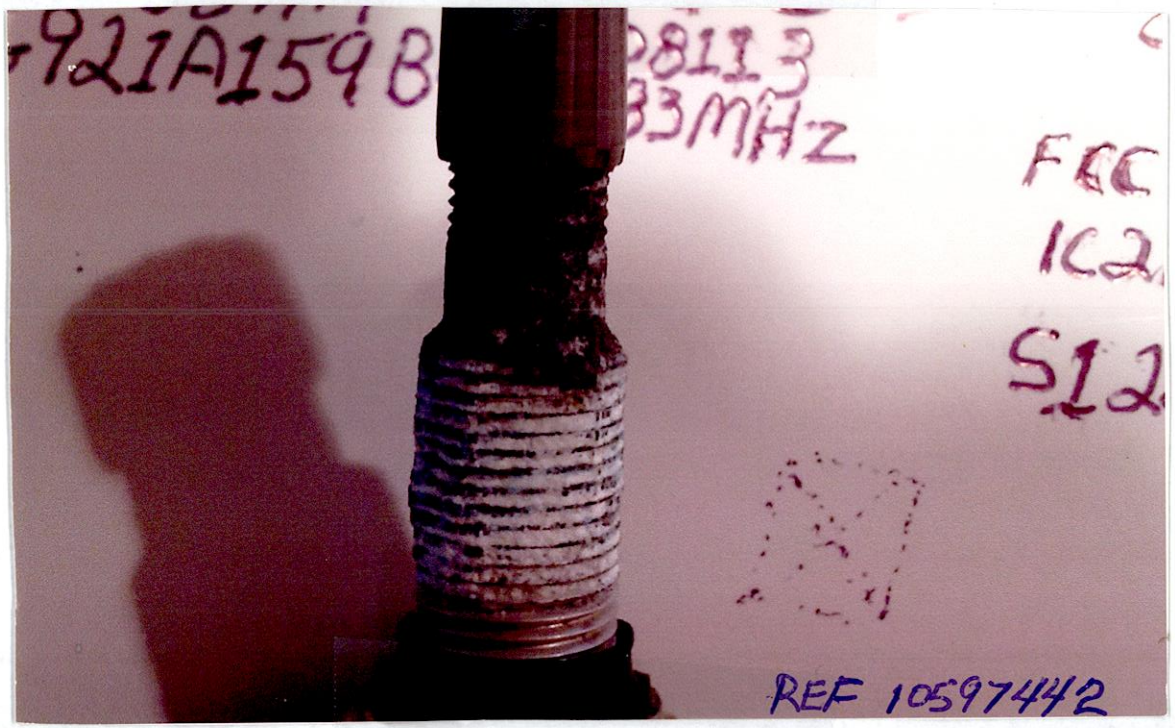
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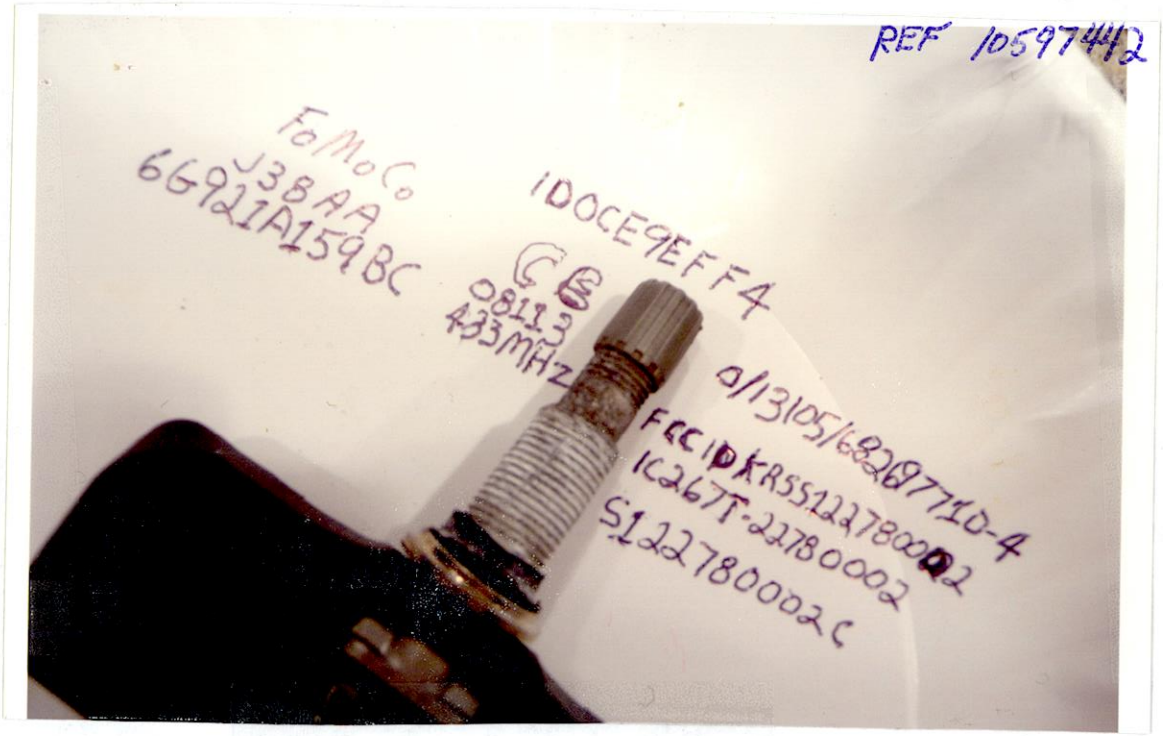
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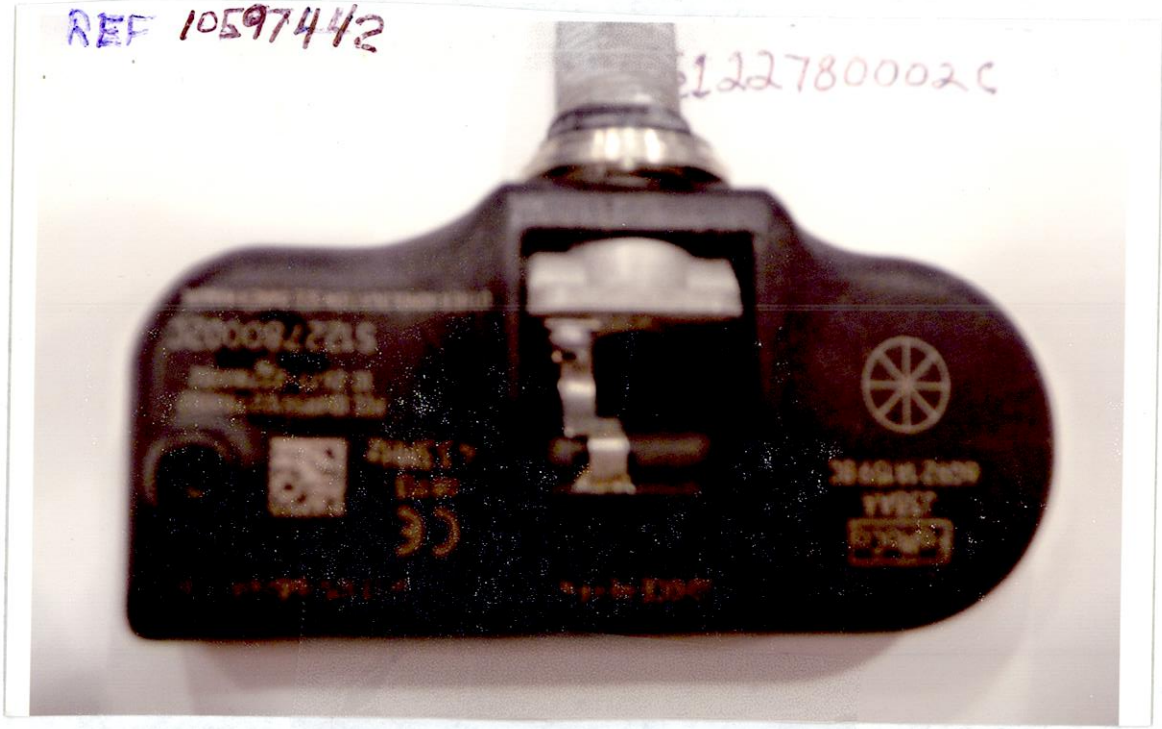
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