

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

| | |
|--|-------------------------------------|
| Date Received 29-AUG-2014 061 30 2014 | Repository <input type="checkbox"/> |
| | Reference No. 10629297 |

OWNER INFORMATION (Type or Print)

| | | | | |
|---------|------------|------------|--------------------------|-----------------------------------|
| Name | [REDACTED] | | Daytime Telephone Number | E-mail Address NOEMAIL@UNK.GOV |
| Address | [REDACTED] | | [REDACTED] | |
| City | State | Zip Code | Evening Telephone Number | |
| DUNEDIN | FL | [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 1B4GP25302B [REDACTED] | Make VOLVO | Model XC90 | Model Year 2004 |
| Date Purchased 3-22-2014 | Dealer's Name and Telephone Number Elite Car Sales of Clearwater Inc | | Engine: No: Cylinders |
| Original Owner <input type="checkbox"/> | Dealer's City Clearwater | State FL | Zip Code 33764 |
| Transmission Type | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain | Incident Date(s) 10-JUN-2014 |
| | <input type="checkbox"/> Cruise Control | Multiple Failure: | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | |
|---|--|---------------------|
| Vehicle Component Codes: 100000 POWER TRAIN, 110000 ELECTRICAL SYSTEM | APPX Failure Mileage 136,298 | Failure Speed 70 |
|---|--|---------------------|

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: DOTM19ABC036) | <input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Deaths 0 | Reported to Police 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 2004 VOLVO XC90. WHENEVER THE VEHICLE WAS DRIVEN OVER A BUMP IN THE ROAD OR IF THE CONTACT INADVERTENTLY HIT THE KEY, THE VEHICLE WOULD STALL. THE LATEST FAILURE OCCURRED WHILE DRIVING 70 MPH. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED. THE VIN AND FAILURE MILEAGE WERE UNAVAILABLE.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

While driving on I75 on June 10, 2014. My knee bumped the key in the ignition upon scooting up in my seat. My car completely shut down and I could barely get the car off the interstate. This happened a second time on October 20th 2014, while driving on Belcher Road my hand hit the key and the car shut off. I am contacting the dealership about this matter. I keep getting an answering machine.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

TAMPA FL 335 24 OCT '14 PM 8 L



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**



saferecar.gov

Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.saferecar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration