

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	Repository <input type="checkbox"/>
14-OCT-2015 FEB 25 2016	Reference No. 10782160

**OWNER INFORMATION (Type or Print)**

Name				Daytime Telephone Number	E-mail Address
Address					
City	ELIZABETH	State	NJ	Zip Code	
				Evening Telephone Number	

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
YV1TS94DXY1	VOLVO	S80	2000
Date Purchased	Dealer's Name and Telephone Number		Engine:
2001			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
		N.J.	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
AUTO	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s)
			10-JUN-2015
			Gas leak.

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

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage	Failure Speed
Volvo # 30761743 fuel pump leak.	65000	

**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	Number of Deaths	Reported to Police N
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**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 2000 VOLVO S80. THE CONTACT NOTICED A FUEL ODOR NEAR THE REAR SEAT OF THE VEHICLE AND THE FUEL GAUGE INDICATOR DRASTICALLY DECREASED. THE CONTACT DISCOVERED AN EXCESSIVE AMOUNT OF FUEL LEAKING ON THE GROUND NEAR THE REAR SIDE OF THE VEHICLE UNDER THE FUEL TANK. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE FUEL PUMP FLANGE WAS CRACKED. THE MANUFACTURER STATED THAT THE VIN WAS EXCLUDED FROM NHTSA CAMPAIGN NUMBER: 09V483000 (FUEL SYSTEM, GASOLINE). THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 65,000. UPDATE 01/15/16 MA

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 to 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.