



US 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  
(1-888-327-4237)  
INTERNET: www.nhtsa.dot.gov

FOR AGENCY USE ONLY

Date Received  
**RECEIVED**  
OCT 20 AM 9:21  
OFFICE  
DEFECTS INVESTIGATION

Reference No.  
**556319**

### OWNER INFORMATION (Type or Print)

Name  
Street  
City  
**PORTLAND**

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date **10/17/00**

### PRODUCT INFORMATION

Vehicle Identification No. (VIN): (17 Digits) <b>YV1AX8854D1474106</b>		Make <b>VOLVO</b>	Model <b>DL WAGON</b>	Year <b>1983</b>
Purchased Date <b>JUL 88</b>	Dealer's Name <b>Beaverton Chrysler-Plymouth</b>	Engine Size (CID/CYL) <b>2.3</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <b>Beaverton</b>	State <b>OR</b>	Zip Code <b>97008</b>	No. Cylinders <b>4</b>
Manufacture Date (on driver's door or pillar) <b>2-83</b>	Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

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

Part Name(s) <b>TIRE</b>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------------------	--	--	---

### TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand <b>TOYO/Les Schwab</b>	Tire Name <b>Spectrum</b>	Complete Tire Size <b>P195/75R-14</b>
No. of Failures <b>1</b>	Date(s) of Failure(s) <b>Sept. 17<sup>th</sup> 2000</b>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) <b>186,000</b>	Vehicle Speed at Failure(s) <b>71 mph</b>	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>1</b>	Number of Fatalities <b>0</b>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	---

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). **This is a suspected catastrophic tire blowout. Traveling southbound on Interstate 5 at 70 mph, the car suddenly swerved to the left and crossed the shoulder, heading for the grass median and the oncoming 70 mph traffic. Driver was unable to control the car. The car rolled several times and came to rest upright, but having sustained tremendous damage all around. Driver was able to get out of the car, was hospitalized for a week with broken bones but expected to fully recover. Car is a total loss.**

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration 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)**

It was noted at the crash site that the left rear tire was blown out wide open on one side. The tire has been kept as evidence. Driver was unable to work for six weeks.

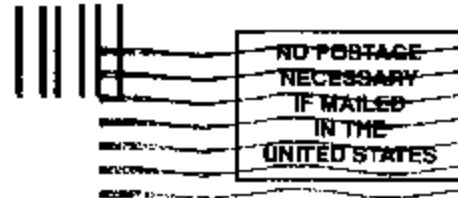
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

**National Highway Traffic Safety Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(VOQ)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)