



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  
 05-SEP-2000

Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.  
 730234

Work Number 703 526 7039  
 Home Number \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

JAMES JONES JR 628852  
 5556 RENOIR PORT LANE  
 BURKE VA 22015

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(located at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YV1TS90D0Y1079622	VOLVO	S80	2000	

Purchase Date 01-NOV-1999	Dealer's Name _____	Engine Size (CID/CC/L) 2.8L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		No. Cylinders _____	



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**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> YV1TS90D0Y1079622	Vehicle Make VOLVO	Vehicle Model S80	Vehicle Year 2000	Current Odometer Reading
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Purchase Date 01-NOV-1999	Dealer's Name _____	Engine Size (CID/CC/L) 2.8L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 02100000	Par. Name(s) SUSPENSION:INDEPENDENT FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crashes, and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

SEE ODI NUMBER 726533 FOR PREVIOUS REPORT. INTERMITTENT PROBLEM, NOW 4 OCCURRENCES: THUMMING SOUND THAT GETS LOUDER AND TRANSITIONS INTO SIGNIFICANT RAPID VIBRATION OF ENTIRE CAR. CONDITIONS AT LATEST OCCURRENCE: DRY PAVEMENT, AIR CONDITIONER ON, DASH THERMOMETER READING 82F, STEADY 67MPH, TWO PEOPLE IN CAR. ADDITIONAL DATA: PUT TRANSMISSION IN NEUTRAL NO CHANGE; VARIED RPM (STILL IN NEUTRAL) NO CHANGE; TURNED OFF ENGINE NO CHANGE. RESTARTED ENGINE NO CHANGE; THEN STOPPED. VIBRATION DISAPPEARED AS SPEED DROPPED (BELIEVE ABOUT LOW 20S OR TEENS). RAN HANDS OVER WHEELS AND TIRES: APPEARED NORMAL WITH NO BUMPS OR EXCESSIVE HEAT. PROBLEM DID NOT REOCCUR WHEN I RESUMED DRIVING. COMMENTS: I \_VE HAD AN ONGOING COMPLAINT SINCE I BOUGHT THE CAR ABOUT

CONTINUED ON BACK (REVERSE)

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.