



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 30-SEP-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 732912 | |

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>(Listed at front of windshield or driver's side)</small> YV1VS2557YF482811 | Vehicle Make VOLVO | Vehicle Model 700 | Vehicle Year 2000 | Current Odometer Reading |
|---|-----------------------|----------------------|----------------------|--------------------------|

| | | | |
|---|---------------------------------------|----------------------------|---|
| Purchase Date 01-NOV-1999 | Dealer's Name _____ | Engine Size (CID/CCL) 1.7L | <input checked="" 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 | 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle | 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 _____ |
|--|---|--|--|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|---|
| Component 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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 |
|-----------------------|---|--|---|

| | | | |
|----------------------|---|---|---|
| No. of Failures 1 | Date(s) of Failure(s) 06-SEP-2000 Mileage at Failure(s) 10000 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 |
|----------------------|---|---|---|

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

| | | | | | |
|---|---|--------------------------------|---------------------------|---------------------------|---|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I WAS TOLD BY THE DEALER THAT THE BRAKE SHOE WAS WORN OUT BECAUSE I WAS DRIVING WITH THE PARK BRAKES ON.I HAVE DRIVEN SEVERAL NEW AUTOMOBILES BEFORE AND THIS ONE AND THIS HAD NEVER HAPPENED.IF THE BRAKES WERE ON HOWCOME ONLY THE RIGHT SIDE WORE OUT AND NOT THE LEFT SIDE?THE BRAKE RELEASE MODULE IS MESSSED UP,I THINK.VOLVO CARS OF AMERICA WAS ALSO NOTIFED OF THE PROBLEM,I REQUESTED THAT A SAFETY CHECK BE CONDUCTED AND SINCE THE CAR PART WAS STILL UNDER WARRANTY,I SHOULD NOT HAVE BEEN CHARGED.I REQUESTED THAT THEY DO A SAFETY CHECK ON THIS VEHICLE AND REIMBURSE MY MONEY.THEY REFUSED TO DO EITHER ONE.THIS CAR HAS HAD SEVERAL ELECTRICAL PROBLEMS.I CAN SEND A COPY OF THE DEALER INVOICES OF ALL THE REPAIRS THEY HAVE DONE,IF INTERESTED.PLEASE HELP I

CONTINUED ON BACK PLEASE

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| Reference No. 732912 | |

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>(Listed at front of windshield or drivers side)</small> YV1VS2557YF482811 | Vehicle Make VOLVO | Vehicle Model 700 | Vehicle Year 2000 | Current Odometer Reading |
|--|-----------------------|----------------------|----------------------|--------------------------|

| | | | |
|---|---------------------------------------|----------------------------|---|
| Purchase Date 01-NOV-1999 | Dealer's Name _____ | Engine Size (CID/CCL) 1.7L | <input checked="" type="checkbox"/> Turbo |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | <input type="checkbox"/> Diesel |
| | | | <input type="checkbox"/> Gas |
| | | | <input type="checkbox"/> Fuel Injection |

| | | | | | | |
|--|---|--|--|---|--|--|
| 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 _____ |
|--|---|--|--|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|---|
| Component 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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 |
|-----------------------|---|--|---|

| | | | |
|---------------------|---|---|---|
| No of Failures 1 | Date(s) of Failure(s) 06-SEP-2000 Mileage at Failure(s) 10000 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 |
|---------------------|---|---|---|

APPLICATION INCIDENT INFORMATION

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

| | | | | | |
|---|---|--------------------------------|---------------------------|---------------------------|---|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | |
|---|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| YV1VS2557YF482811 | VOLVO | 700 | 2000 | |

| | | | |
|---|---------------------------------------|-----------------------------|---|
| Purchase Date 01-NOV-1999 | Dealer's Name _____ | Engine Size (CID/CC/L) 1.7L | <input checked="" 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 | 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle | 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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| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

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|--|---|--|--|---|---|--|
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| No. of Failures 1 | Date(s) of Failure(s) 06-SEP-2000 Mileage at Failure(s) 10000 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), crash(es), and injury(ies) on the back of this form.)

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