



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

# Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

### FOR AGENCY USE ONLY 258

Date Received

21-FEB-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
ip\_lr \_\_\_\_\_

Reference No.

758460

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)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| YV1JS883XP1108197                                                                                         | VOLVO        | 940           | 1993         |                          |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-APR-1993</b>                                                        | Dealer's Name _____                                                                       | Engine Size<br>(CID/CC/L) _____                                                                                                                                                                                                                              | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection                                                                                                                 |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                      | City _____ State _____ Zip Code _____                                                     | No Cylinders _____                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input checked="" type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                |
|                                                                                            |                                                                                           | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                              | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                  |

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

|                       |                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>08300000 | Part Name(s)<br>ELECTRICAL SYSTEM:WIRING                                                        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

THE CAR WAS STATIONED IN MY HOUSE DRIVE-WAY AND WAS DESTROYED BY AN SPONTANEOUS COMBUSTION. IT WAS A TOTAL LOSS. \*AK

COPIES OF THIS FORM ARE:

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.