



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 252

Date Received

09-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
ip_lr _____

Reference No.

8001903

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) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YV1SW58D11025409		VOLVO	V70	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 09-JAN-2002	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 38000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

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

Crash ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PARKED INSIDE A PARKING LOT. VEHICLE WAS IN DRIVE AND DRIVER REMOVED KEY FROM IGNITION. WHEN SHE RETURNED TO PICK HER CAR UP, VEHICLE HAD ROLLED DOWN THE HILL, AND HIT A PARKED VEHICLE. DEALERSHIP WAS AWARE OF PROBLEM.*AK

COPIES OF REPORTS - FREE -

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 252	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 733114		DEFECTS INVESTIGATION 09-JAN-2002 8001903	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of		☒ YES ☐ NO Date <u>1/17/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
YV1SW58D11025409	VOLVO	V70	2001
Purchase Date <u>9-27-2001</u>	Dealer's Name <u>DYER'S DYER VOLVO</u>	Engine Size (CID/CCL)	Current Odometer Reading <u>38000</u>
☒ New ☐ Used	City <u>ATLANTA</u> State <u>GA</u> Zip Code <u>30341</u>	No. Cylinders	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectic
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No
Vehicle Type	Body Style	Drive Train	
☒ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Ult ☐ Truck ☐ Motorcycle ☐ Station wagon ☐ Pick Up ☐ Truck	☒ Front ☐ Rear ☐ 4-Wheel	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTE	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) <u>09-JAN-2002</u> Mileage at Failure(s) <u>38000</u> Vehicle Speed at Failure(s) <u>CAR WAS TURNED OFF.</u>	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☒ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>N/A</u>	Number of Fatalities <u>N/A</u>
Estimated Property Damage <u>\$ 800.00</u>		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS PARKED INSIDE A PARKING LOT. VEHICLE WAS IN DRIVE AND DRIVER REMOVED KEY FROM IGNITION. WHEN SHE RETURNED TO PICK HER CAR UP, VEHICLE HAD ROLLED DOWN THE HILL, AND HIT A PARKED VEHICLE. DEALERSHIP WAS AWARE OF PROBLEM.*AK			
CONTINUE ON BACK IF NEEDED			
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