Form Approved: O.M.B. No. 2127-0039

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 252

Date Received: 20-APR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 860666

[redacted]

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.) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YV1KS9517P0029640	VOLVO	960	1993	

Purchase Date: ☐ New ☒ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06300000	FUEL:FUEL INJECTION SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	11-APR-2000 / 137119 /	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

CONSUMER SMELLED GASOLINE COMING FROM UNDER FUEL INJECTION RACK. CONSUMER TOOK VEHICLE TO A MECHANIC. MECHANIC LIFTED UP THE HOOD, AND NOTICED FUEL INJECTION WAS LEAKING ALL OVER THE ENGINE GASKET. *AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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 252

Date Received
00 JUN -5 P 2:46
20-APR-2000
OFFICE OF DEFECTS INVESTIGATION

Odometer No.
860666

OWNER INFORMATION (Type or Print)

[redacted]

Work Number

Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of a [redacted] *your name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 5/16/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YV1KS9517P0029640	VOLVO	960	1993	

Purchase Date
☐ New ☒ Used

Dealer's Name
City State Zip Code

Engine Size (CID/CC/L)
No Cylinders 6

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06300000	FUEL:FUEL INJECTION SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 11-APR-2000
Mileage at Failure(s) 137119
Vehicle Speed at Failure(s)

Failed Part(s) Available? ☒ Yes ☐ No

NHTSA Previously Contacted? ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

CONSUMER SMELLED GASOLINE COMING FROM UNDER FUEL INJECTION RACK. CONSUMER TOOK VEHICLE TO A MECHANIC. MECHANIC LIFTED UP THE HOOD, AND NOTICED FUEL INJECTION WAS LEAKING ALL OVER THE ENGINE GASKET. *AK

CONTINUE ON BACK IF NEEDED

Trinity European Service & Repair
17922 Gothard, Suite A3-A4
Huntington Beach, CA 92647
714/841-0117
FAX 714/375-3328

BAR # AK 180726
EPA # CAL 000 141 688

Specializing—all phases of Service & Repair in Volvo, SAAB & BMW

VOLVO SAAB BMW

INVOICE: [illegible]
COMPLETED: 05/12/00 18:14:08
ADVISOR:
ACCOUNT #: 00889 Page: 1

INVOICE FOR SERVICES

CUSTOMER: [redacted]
ADDRESS:
CITY:
HOME :
BUSINESS:

LICENSE [redacted]
VEHICLE 1998 VOLVO S60
V.I.N.
MILES 137119
REF:

The following parts were used when servicing your vehicle:

Quan.	Part #	Description	Charge	Extended
1.00	271952	TIMING BELT\A	39.09	39.09
1.00	68426428	FUEL PIPE\IV	168.28	168.28
6.00	35282169	SEAL	1.80	10.80
7.00	OIL	10-40 OIL	1.75	12.25
1.00	OF	OIL FILTER	6.50	6.50
1.00	FL	MIS FLUIDS	5.00	5.00

The work performed, and the charges, are:

OIL SERVICE 10.00
Technician: JB

TIMING BELT 140.00
Technician: JB

FUEL INJECTION RACK REPLACE DO TO FUEL LEAK 103.00
Technician: JB

Parts: Taxable	$	228.67
Oil-Gas:Taxable	$	12.25
Labor: Non-taxable	$	250.00
SUBTOTAL:	$	498.92
Environmental:	$	1.90
Tax:	$	18.67
TOTAL:	**$**	**519.49**

PAYMENT: CREDIT: $ 519.49 ON 04/15/00

Repairs Accepted by X [redacted] Date 5/12/00
[See Disclaimer & Warranty on Back Side]