

U.S. Department  
of TransportationNational 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 231

Date Received

20-OCT-2000

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

Reference No.

873451

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>(located at front of windshield on driver's side)</small>                                                                                                          |                                                                                           | Vehicle Make<br><b>VOLVO</b>                                                                                                                                                                                                      | Vehicle Model<br><b>S40</b>                                                              | Vehicle Year<br><b>2000</b>                                                                                                                  | Current Odometer Reading                                                                                                                                                                                                                                       |
| Purchase Date                                                                                                                                                                                               | Dealer's Name _____                                                                       |                                                                                                                                                                                                                                   | Engine Size (CID/CC/L) _____                                                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
| Body Style<br><input type="checkbox"/> 2-Door<br><input 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>03230000<br>03280000 | Part Name(s)<br><b>BRAKES:HYDRAULIC:MASTER CYLINDER</b><br><b>BRAKES:WARNING SYSTEM</b>         | 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 Failures                    | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<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 checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

**BRAKE INDICATOR LIGHT FLASHED ON. DEALER STATED BRAKES WERE LEAKING AND CONSUMER LOST BRAKE POWER. PLEASE PROVIDE FURTHER INFORMATION.\*AK**

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.

U.S. Department  
of TransportationNational 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 231

Date Received

20-OCT-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 Od\_rt \_\_\_\_\_  
 Up\_ltr \_\_\_\_\_

Reference No.

873451

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>(located at front of windshield on driver's side)</small>                                                                                                          |                                                                                           | Vehicle Make<br><b>VOLVO</b>                                                                                                                                                                                                      | Vehicle Model<br><b>S40</b>                                                              | Vehicle Year<br><b>2000</b>                                                                                                                  | Current Odometer Reading                                                                                                                                                                                                                                       |
| Purchase Date                                                                                                                                                                                               | Dealer's Name _____                                                                       |                                                                                                                                                                                                                                   | Engine Size (CID/CC/L) _____                                                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
| Body Style<br><input type="checkbox"/> 2-Door<br><input 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><b>03200000</b><br><b>03280000</b> | Part Name(s)<br><b>BRAKES:HYDRAULIC SYSTEM</b><br><b>BRAKES:WARNING SYSTEM</b>                  | 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 Failures                                  | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<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 checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

**BRAKE INDICATOR LIGHT FLASHED ON. DEALER STATED BRAKES WERE LEAKING, AND CONSUMER LOST BRAKE POWER. PLEASE PROVIDE FURTHER INFORMATION.\*AK**

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.

U.S. Department  
of TransportationNational 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 231

Date Received

00 OCT 31 PM 3:  
20-OCT-2000OFFICE  
DEFECTS INVESTIGATIONOd. or  
rd. dt  
od. rt  
up. ltr

Reference No.

873451

648338

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 In the absence of an authorized agent, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 10/26/00

## VEHICLE INFORMATION

|                                                                                                                                                               |                                                                                           |                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)                                                                                   | Vehicle Make                                                                              | Vehicle Model                                                                                                                                                                                                                                                           | Vehicle Year                                                                             | Current Odometer Reading                                                                                                                                |
| YV1VS2555YF493223                                                                                                                                             | VOLVO                                                                                     | S40                                                                                                                                                                                                                                                                     | 2000                                                                                     | 4100 <u>SOLD</u>                                                                                                                                        |
| Purchase Date<br>05/06/2000                                                                                                                                   | Dealer's Name KOONS LINCOLN VOLVO                                                         |                                                                                                                                                                                                                                                                         | Engine Size (CID/CC/L)                                                                   | <input checked="" type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                         | City BALTO                                                                                | State MD                                                                                                                                                                                                                                                                | Zip Code 21209                                                                           | No Cylinders 4                                                                                                                                          |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                         | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbet<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | 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 checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |                                                                                           | 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>03200000<br>03280000 | Part Name(s)<br>BRAKES:HYDRAULIC SYSTEM<br>BRAKES:WARNING SYSTEM                                                                     | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br>4               | Date(s) of Failure(s)<br>8/1/00 - 9/3/00 - 9/16/00<br>Mileage at Failure(s)<br>2000 - 4000<br>Vehicle Speed at Failure(s)<br>30 - 60 | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage<br>LOST ON<br>TRADE #12000 | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

BRAKE INDICATOR LIGHT FLASHED ON. DEALER STATED BRAKES WERE LEAKING, AND CONSUMER LOST BRAKE POWER. PLEASE PROVIDE FURTHER INFORMATION.\*AK

All files attached

CONTINUE ON BACK IF NEEDED

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 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.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

POSTAGE WILL BE PAID BY MAILING UNIT WITH PERMIT NO. 73173 WASHINGTON, D.C.

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300

U.S. G.P.O. 1992-823-887 / 52065

See attached personal records.

Dealer Claim Car Repaired and  
passed inspection

Owners deathly afraid after so  
many BROKE PROBLEMS

VOLVO DID NOT HELP

FORCED TO SELL CAR AT \$12,000  
LOSS

|                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail                                                                                                                                 |  |  |  |  |  |  |  |  |  |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
| TIRE IDENTIFICATION NO.                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |
| DOT                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |
| MANUFACTURER/TIRE NAME                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |
| SIZE                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire. |  |  |  |  |  |  |  |  |  |
| NARRATIVE DESCRIPTION (CONTINUED)                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |

CLAIM: Payment for losses incurred due to failure of Volvo Cars of North America and Koons Lincoln Mercury Volvo to buy back dangerously defective Volvo S-40 as originally promised.

TOTAL LOSS: \$ 12,727.70

SUMMARY OF EVENTS:

1. 05/06/00 New Volvo S-40 purchased. Paid cash in full.
2. 08/01/00 Brake fluid added, no leak found, 2643 miles
3. 09/03/00 Brake fluid added, 3850 miles
4. 09/04/00 Met with Koons. Delivered written concern. Identified potential for lemon law issue.
5. 09/05/00 Vehicle delivered to Koons. Replaced ABS pump. 3958 miles
6. 09/16/00 Picked up vehicle following return to Maryland.
7. 09/18/00 Brakes radically low. Vehicle drifts 8 feet into intersection when Mrs. Stern attempts to stop. Vehicle returned to Koons. Koons contacts Volvo District. Mr. Stern contacts Volvo of North America customer Service.
8. 09/19/00 Koons rebuilt brake vacuum pump and replaced blown fuse. Requested Stern to pick up vehicle. Mrs. Stern now fearful of safety. Koons agrees with Mr. Stern to await Volvo decision.
9. 09/22/00 Volvo District contacts Mr. Stern on portable telephone. Advises he will obtain all documents from Koons. Will "work with client". Will "buy back vehicle if necessary". Requests Mr. Stern "not file Maryland Lemon Law documents as it will not be necessary." Understands and agrees with clients fears of this vehicle
10. 09/28/00 Koons advises Mr. Stern that Volvo District is looking for a similar year 2000 vehicle. Mr. Stern suggests that we identify a 2001 model and he will pay any additional costs justified.
11. 10/04/00 Volvo North America contacts Mr. Stern. Requests he meet with a Koons salesman and develop requirements for a 2001 vehicle. Volvo will buy back initial vehicle. Stern talks with Koons and sends list to Koons by fax. Vehicle comparisons made using available web information.
12. 10/13/00 After several calls, attempting to determine status. Koons requests Stern come to dealership and confirm requirements for 2001 model vehicle. Met with Koons. Completed all specifications. Processed "Buyers Order". All agreed that original vehicle would be left at Koons and loan vehicle would be used until new car arrived. Stern estimated \$500 would be difference in cost. Koons stated that Volvo District would contact to discuss actual costs. Koons agreed to have Mrs. Stern bring in loaner vehicle for electrical repair on Wednesday (10/18/00) and they would clean vehicle for her temporary use.
13. 10/18/00 Koons takes loaner keys away from Mrs. Stern. Directs her to take original vehicle off their lot or get a rental car. Told that Volvo District had decided car was safe and no further actions would be taken. Mrs. Stern obtains rental.

Mr. Stern contacts Koons. Advised that on Monday, 16 Oct 00, Volvo District had determined Maryland Lemon Law did not apply. Volvo would not buy back vehicle. "Car had been repaired and passed safety inspection". Koons agreed they were as surprised and concerned as Mr. Stern. Koons unable to affect any changes in Volvo District decision.

14. 10/20/00

Koons states they will accept car as normal trade-in. Current auction value is \$17,000-\$19,000. They will give best possible price on a new car. Stern decides that if a loss of this amount is necessary, another brand car must be purchased.

Picked up original vehicle. Brake system pump making unusual noises. Immediately placed Koons personnel in vehicle. He stated he was surprised but "those vacuum pump noises are probably OK".

Left Koons and immediately traded vehicle at Frankel. Received \$17,000 as trade in value.

**PERSONS INVOLVED:**

KOONS LINCOLN-MERCURY-VOLVO  
9610 Reisterstown Road  
Owings Mills, Maryland 21117  
(410) 363-3333

Mr. T. Ralston (sp)  
General Manager and 1/2 owner of dealership

Mr. G. Thompson  
Volvo Manager

---

VOLVO CARS OF NORTH AMERICA  
Customer Service  
P.O. Box 914  
Rockleigh, NJ 07647  
(888) 458-1552

Mr. Schwarz  
District Retailer Operations Manager

---

**VEHICLE**

Volvo S-40 Model Year 2000 VIN YV1VS2555YF493273

  
**CALCULATION OF LOSS**

| <b>ITEM</b>                      | <b>COST</b>        |
|----------------------------------|--------------------|
| Initial Purchase Volvo S-40      | \$28,137.00        |
| Discount applied                 | -\$1,518.00        |
| Paint Sealant                    | \$499.00           |
| Wheel locks                      | \$46.00            |
| Maryland sales tax               | \$1,433.70         |
| Extended Service Plan            | \$1,510.00         |
| Tag and title                    | \$110.00           |
| <b>Total S-40</b>                | <b>\$30,217.70</b> |
| Rental car (estimated)           | \$80.00            |
| Wife medical bill (nerves)       | \$30.00            |
| Est. Labor lost (16 hours @\$50) | \$800.00           |
| <b>Total plus incidentals</b>    | <b>\$31,127.70</b> |
| Trade in paid by Frankel         | -\$17,000.00       |
| Credit for ESP estimated         | -\$1,400.00        |
| <b>LOSS REQUESTED</b>            | <b>\$12,727.70</b> |