

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 335

Date Received

03-NOV-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874334

 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YV1TS94D6Y1121284	VOLVO	S80	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input 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	Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 01-AUG-2000 Mileage at Failure(s) 8000 Vehicle Speed at Failure(s) 2	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 checked="" 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE SITTING ON A SLIGHT INCLINE AND TAKING FOOT OFF OF BRAKES TO GIVE VEHICLE SOME GAS, VEHICLE WILL ROLL BACK AND KEEP GOING BACK UNTIL DRIVER PUTS FOOT ON BRAKE. CONSUMER FEELS THIS IS UNSAFE BECAUSE IF SOMEONE IS CROSSING BEHIND IT WOULD BE VERY EASILY TO RUN HIM/HER OVER.*AK

CONTINUED ON BACK PLEASE

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.

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 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YV1TS94D6Y1121284	VOLVO	S80	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input 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	Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 01-AUG-2000 Mileage at Failure(s) 8000 Vehicle Speed at Failure(s) 2	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 checked="" 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE SITTING ON A SLIGHT INCLINE AND TAKING FOOT OFF OF BRAKES TO GIVE VEHICLE SOME GAS, VEHICLE WILL ROLL BACK AND KEEP GOING BACK UNTIL DRIVER PUTS FOOT ON BRAKE. CONSUMER FEELS THIS IS UNSAFE BECAUSE IF SOMEONE IS CROSSING BEHIND IT WOULD BE VERY EASILY TO RUN HIM/HER OVER.*AK

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	Date Received: 03-NOV-2000 OFFICE OF SAFETY INVESTIGATION		Od. or In. dt od. rt up. hr
OWNER INFORMATION (Type or Print) [Redacted] 653289		Reference No. 874334	
Signature of Owner _____		Date: / /	

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.

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) YV1TS94D6Y1121284	Vehicle Make VOLVO	Vehicle Model S80	Vehicle Year 2000	Current Odometer Reading 10,000
Purchase Date 2-00 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name Hassel Motors City Huntington State NY Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input 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 03260000	Part Name(s) BRAKES-HYDRAULIC-ANTI-SKID SYSTEM transmission failure	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 01-AUG-2000 Mileage at Failure(s) 8000 Vehicle Speed at Failure(s) 0	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 checked="" 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)

WHILE SITTING ON A SLIGHT INCLINE AND TAKING FOOT OFF OF BRAKE TO GIVE VEHICLE SOME GAS, VEHICLE WILL ROLL BACK AND KEEP GOING BACK UNTIL DRIVER PUTS FOOT ON BRAKE. CONSUMER FEELS THIS IS UNSAFE BECAUSE IF SOMEONE IS CROSSING BEHIND IT WOULD BE VERY EASILY TO RUN HIM/HER OVER.*AK OK IF car is in back, it will hit the other car. Transmission feels like it's in neutral. car is automatic not stick shift

CONTINUE ON BACK IF NEEDED

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345 W. Jericho Tpke.
Huntington, N.Y. 11743
Tel (516) 271-1200
Fax (516) 271-6810

79 Cedar Swamp Rd.
Glen Cove, N.Y. 11542
Tel (516) 671-1700
Fax (516) 609-3070

SERVICE ADVISOR **JAMES BORRELLI 8619**

REPAIR ORDER NUMBER	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	DATE PRINTED	INVOICE NO.
10OCT00	10OCT00	HV3175	YV1T94D6Y1121284	31440			10OCT00	43966
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	CUST. LAB. RATE	LABOR RATE	PREPARED BY	SALE
09:50	09:58	00	VOLVO S80 4DR		5.00	12.00	EBCC	300 300
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
7671	7671							

A CUSTOMER STATES VEHICLE ROLLS BACKWARDS WHEN
STANDING STATIONARY ON AN INCLINE AND
TAKING FOOT OF BRAKE TO MOVE FORWARD
1538 VEHICLE INSPECTED BY ANTHONY
CARPENTIER AND GHERGIN OLAUSSON FROM
VOLVO CARS OF NORTH AMERICA, FOR HILL
HOLDING CAPABILITY
399 CPV 0.00 0.00 0.00

DESCRIPTION	TOTALS		
LABOR AMOUNT	0.00	N.Y.S. REG. REPAIR SHOP LIC. NO. 7078268	
PARTS AMOUNT	0.00		
GAS, OIL, LUBE	0.00	EXCLUSION OF WARRANTIES Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind express or implied, and excludes all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased, and that in no event shall dealer be liable for incidents or consequential damages or consequential losses arising out of such purchases. The undersigned purchaser further agrees that the warranties excluded by dealer include, but are not limited to, any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform well, safe, reliable, safely, efficiently, or correctly.	
SUBLET AMOUNT	0.00		
MISC. CHARGES	0.00		
TOTAL CHARGES	0.00		
LESS INSURANCE	0.00		
SALES TAX	0.00		
PLEASE PAY THIS AMOUNT	0.00		X

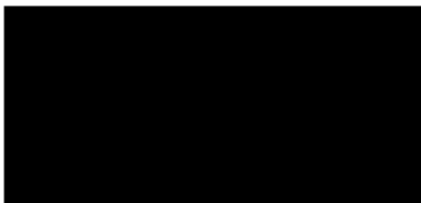
VEHICLE INSPECTED BY ANTHONY CARPENTIER AND
GHERGIN OLAUSSON INSPECT FOR HILL HOLDING
CAPABILITY AND FOUND VEHICLE OPERATING AS DESIGN
ED.

ON BEHALF OF SERVISING DEALER, HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE SHOWN. REPAIRS (UNLESS OTHERWISE PERFORMED AT NO CHARGE TO CUSTOMER) WERE MADE AT THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN COMPLETED IN ANY WAY WITH AN ACCIDENT, AVOID GENERAL OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 11 YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVISING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

VOLVO

Volvo Cars of North America, Inc.

October 9, 2000



I have received your recent letter about your S80.

I have personally reviewed your concerns about your vehicle, including a lengthy conversation with Mr. Anthony Carpentier, our regional representative, who test-drove your vehicle and with Ms. Rachelie Rebmann, who has also been deeply involved in this matter. It is my understanding as a result of that test-drive and review of all related data, Mr. Carpentier determined that your vehicle, as relates to the condition you report, does not exhibit any non-conforming condition.

We are confident and also proud of our product and services. We regret that you have experienced difficulty as we recognize and respect the loyalty of each and every member of the Volvo family. We also respect your decision to pursue any of the alternatives that you may select.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Mark LaNeve".

Mark LaNeve
President and Chief Executive Officer
Volvo Cars of North America, Inc.