

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 117</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 665014</p>	<p>Date Received: NOV 13 2008</p> <p>OFFICE DEFECTS INVESTIGATION</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_tr _____</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of _____, the name and address to the vehicle manufacturer: _____

Signature of Owner: _____ Date: ____/____/____

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) YV1T594D5Y1116500 FILL IN	Vehicle Make VOLVO	Vehicle Model S60	Vehicle Year 2000	Current Odometer Reading 11,000
Purchase Date FEB 2000	Dealer's Name WENTWORTH MOTORS		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City EXETER	State N.H.	Zip Code _____	No Cylinders _____

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 0616000 0611000 1242000	Part Name(s) ENGINE:OTHER PARTS FUEL:FUEL TANK ASSEMBLY:CAP:FILLER INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	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 5	Date(s) of Failure(s) Mileage at Failure(s) BETWEEN 0 AND 11,000 MILES Vehicle Speed at Failure(s) N/A	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN DRIVING ENGINE CHECK LIGHT WOULD ~~NOT~~ ^{COME} ON. TOOK VEHICLE TO DEALER & PLACED ON DIAGNOSTIC MACHINE. CODE WOULD APPEAR REGARDING GAS CAP NOT TIGHT. TOOK TO ~~PARME'S AUTO REPAIR SHOP & INFORMED A LEAK IN ENGINE SYSTEM. VEHICLE WOULD SHUT ITSELF OFF. TOOK TO DEALER TWICE FOR PROBLEM WHICH MUST BE RESOLVED. THIS HAS HAPPENED 5 TIMES. 3 TIMES I TOOK IT TO DEALER AND THEY RESET COMPUTER. ASSURED ME THAT THERE WAS NO LEAK IN SYSTEM AND THAT IT WAS DUE TO GAS CAP NOT PUT ON PROPERLY. I OR MY WIFE PERSONALLY~~

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-503 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.

