



**U. S. Department of Transportation**  
**National Highway Traffic Safety Administration**  
**Office of Defects Investigation**

400 Seventh St., S.W.  
Room 5326 NSA-10  
Washington, DC 20590

Date: 2/4/04

To: DIANA LIDGETT

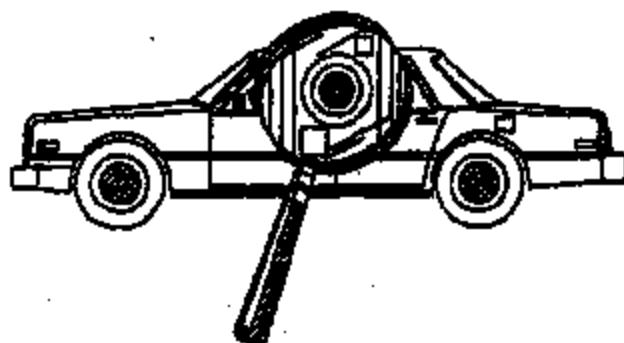
Company: VOLVO CARS OF N.A.

Telephone No.: \_\_\_\_\_; Fax No.: 201-784-4989

From: J. ABBOTT

Telephone No. : (202)-366-5221

Message: FOUR ADDITIONAL ODI REPORTS  
EA03-008 — 850 FUEL TANK




Fax Transmittal Cover  
Fax No. (202)-366-1767

Page Count: 5 (Including this page)

**Report Safety Defects On The Auto Safety Hotline 1-888-DASH-2-DOT**  
**(1-888-327-4236)**



 <p><b>U.S. Department of Transportation</b> National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Data Received</p> <p style="text-align: center;">04-OCT-2003</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No.</p> <p style="text-align: center;">10041233</p>	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City		State	Zip Code		
SANTA MONICA		CA			
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p>					
Signature of Owner		Date			
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side		Make	Model	Model Year	
YV1LW55471		VOLVO	850	1996	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
09-APR-03			No. Cylinders 5	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>					
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
04-OCT-2003	162000	30			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM15A8C0361)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies).</p> <p>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</p>					
<p>FUEL SYSTEM, GASOLINE STORAGE</p> <p>SMELL OF FUEL FUMES PRESENT AT ALL TIMES WHILE OPERATING VEHICLE</p> <p>WHEN FILLING TANK, FUEL LEAKS FROM TOP OF FUEL TANK ASSEMBLY JUST AS TANK BECOMES COMPLETELY FULL. *J8</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span></p>					
<p>The Privacy Act of 1974 (Public Law 93-502) 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.</p>					



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1367

Date Received

03-JUL-2003

Repository

Reference No.  
10021552

**OWNER INFORMATION (Type or Print)**

Name

Address

City

PENSACOLA

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 7/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

YV1LS54511318329

YV1LS54511318329

Make

VOLVO

Model

850

Model Year

1996

Date Purchased

Dealer's Name and Telephone Number

CESTENIAN 850-432-9903

Engine:

No: Cylinders 5

Fuel Type:

Gas

Original Owner

Dealer's City

PENSACOLA

State

FL

Zip Code

32504

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

071100 FUEL SYSTEM, GASOLINE-STORAGE:TANK ASSEMBLY

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

07-MAY-2003

Failure Mileage

68352

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE FUEL TANK LEAKED FUEL WHERE IT WAS BOLTED TO THE TANK. \*AK \*CB \*NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoce.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received

23-SEP-2003

Repository

Reference No.

10040471

**OWNER INFORMATION (Type or Print)**

Name

Address

City KINGSBURG

State CA

Zip Code

E-mail Address

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

YES

NO

Signature of Owner

Date

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

**YV1L5554X1**

Make

VOLVO

Model

850

Model Year

1996

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
15-SEP-2003

Failure Mileage  
114000

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; (4) parts repaired or replaced (and if old part is available).

THE FUEL TANK SPLIT AT THE SEAM OVER THE EXHAUST PIPE. MANUFACTURER AND THE DEALER HAVE BEEN NOTIFIED OF THE PROBLEM.

\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.

4M 12/15

LEAKED IN GARAGE



U.S. Department of Transportation  
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(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received	Repository <input type="checkbox"/>
10-JUN-2003	Reference No. 10022750

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City AUSTIN State TX Zip Code \_\_\_\_\_

Member \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make VOLVO	Model 850	Model Year 1996
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY	
Multiple Failure: 1				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 10-JUN-2003	Failure Mileage	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING AT ANY SPEED SMELLED STRONG CHEMICAL FUMES IN PASSENGER COMPARTMENT DUE TO A DEFECT IN THE FUEL TANK. DEALER NOTIFIED. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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