



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

FOR AGENCY USE ONLY 100148

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**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City INDIANAPOLIS State IN Zip Code [Redacted]  
Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 8/22/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: YV1CZ59H241 [Redacted]  
Make VOLVO Model XC90 Model Year 2004  
Date Purchased 31-DEC-03 Dealer's Name and Telephone Number Tom Wood Volvo 3178487447 Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner  Dealer's City Indianapolis State IN Zip Code 46240  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 021600 SUSPENSION:FRONT:WHEEL BEARING Multiple Failure: 1

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

Incident Date(s) 28-JUL-2006 Failure Mileage 58439 Failure Speed [Redacted]  
*Bear wheel bearings - potential for rear wheels to lock up.*

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

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code [Redacted] Tire Failure Type [Redacted]

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

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

**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; i.e., parts repaired or replaced (and if old part is available).

DT\*: THE CONTACT STATED THERE WAS A CONTINUOUS HUMMING NOISE THAT BECAME LOUDER AS THE VEHICLE SPEED INCREASED (THE HUMMING WAS PRESENT AT ALL SPEEDS). THE SERVICE MECHANIC DETERMINED THE PROBLEM WAS THE HUB AND BEARING ASSEMBLY IN THE LEFT REAR WHEEL. THE PART WAS REPLACED AND THE MANUFACTURER WAS NOTIFIED. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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.