

Step 1: Complete this form.

Step 2: Click here to save the form to your computer.

Step 3: Click here to access the upload web page.

Temporary Complaint Number (TCN): GBN12-11555

EQ-10415922-5270

JUL 22 2011

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Form Approved: O.M.B. No. 2127-0008

Required Information in Bold

Vehicle Information

Vehicle Identification Number (VIN) (See instructions on the next page to locate the VIN.)

Y V I C Z 9 7 H 6 4 1 [Redacted]

Select/Enter Make

VOLVO

Enter Model

XC90 SUV

Select/Enter Year

2004

Incident Information

Approximate Incident Date

5-18-2011

For multiple incident dates enter the first date of occurrence.

(mm/dd/yyyy)

Was there a Crash? Yes No

Was there a Fire? Yes No

Failure Mileage 132694 miles

For multiple incidents enter the first failure mileage.

Number of Persons Injured, if any 0

Speed (at time of incident) 45 mph

Number of Deaths, if any 0

Description (up to 1900 characters)

WARNING: This description, exactly as you enter it, may appear in a public NHTSA database.

Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

TRANSMISSION FAILURE, LOSS OF POWER AND POWER STEERING

If your component is not listed below, please describe the component in the above description field.

Failed Component 1

Select the Component

Failed Component 2

Select the Component

Failed Component 3

Select the Component

Personal Information

Engine (transmission)

First Name [Redacted]

Last Name [Redacted]

Email [Redacted] (provided earlier and locked for your security)

Daytime Phone [Redacted] Evening Phone [Redacted]

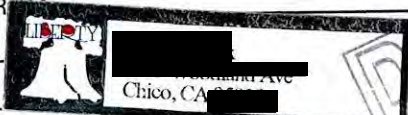
Address 1 [Redacted]

Address 2 CHICO CA [Redacted]

City [Redacted]

State CHICO CA [Redacted] Zip Code [Redacted]

FROM

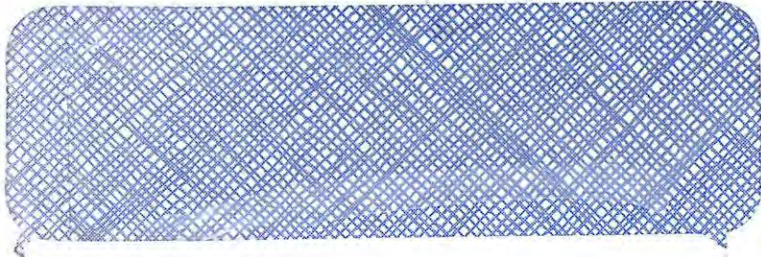


CHECK HERE IF ADDRESS CHANGE



SACRAMENTO CA 957

14 JUL 2011 PM 5 T



U.S. Dept of Transportation  
NHTSA

Off of Defects Investigation  
(NVS-210)

1200 New Jersey Ave SE  
West Bldg.

Washington, DC 20590