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

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 311

Date Received	Repository ☐
24-MAR-2015	Reference No. 10701592

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: KATHLEEN	State: FL	Zip Code:	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4V4NC9EH9FN	VOLVO	VNL	2015

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
11-APR-14					Diesel
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes ☒ Cruise Control	Powertrain		17-APR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 162000 STRUCTURE: BODY	Failure Mileage	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

FROM RECEIPT OF THIS VEHICLE, AND ESPECIALLY SINCE PLACED INTO SERVICE, WE HAVE COMPLAINED TO VOLVO ABOUT THE RIDE OF THE TRUCK. INITIALLY, THE CAB WOULD BOTTOM OUT AND IT SWAYED EXCESSIVELY FROM LEFT TO RIGHT. WE CONSULTED WITH VOLVO TECHS, WITH REGARDS TO WHAT THIS MIGHT BE, AND WERE TOLD THAT THEY HAD BEEN SEEING THIS IN NUMEROUS OTHER VOLVO 780¿S AND WERE UNSURE THE CAUSE OR THE CURE.

AS TIME PROGRESSED, THE PROBLEMS BECAME WORSE. IT BECAME HARD TO RIDE IN THE CAB, AS IT BEGAN TO BOTTOM OUT AT THE LEAST OF ROAD CONDITIONS. THIS WAS CAUSING THE OCCUPANTS SEVERE MIGRAINES AND MAKING IT IMPOSSIBLE TO ENGAGE IN TEAM LOADS, AS THE TEAM DRIVER WAS BEING FORCED TO SLEEP ON CUSHIONS ON THE CAB FLOOR BETWEEN THE TWO FORWARD SEATS. NOT ONLY DID THIS PRODUCE AND ILLEGAL SITUATION, BUT THE DRIVER THAT WAS TRYING TO SLEEP, WAS NOT SECURED IN THE CAB WHILE IN TRANSIT. HOWEVER, THERE WAS NO OTHER OPTIONS, AS THE DRIVER SLEEPING IN THE BERTH WAS SUSTAINING PHYSICAL INJURY BY WAY OF THE TRAUMATIC CAB ¿SLAPPING¿ OR ¿BOTTOMING OUT¿.
UPDATED 08/13/15 *BF

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 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.