

February 11, 2026

[REDACTED]
[REDACTED]
Durham, NC [REDACTED]

Federal Trade Commission
BUREAU OF CONSUMER PROTECTION
600 Pennsylvania Ave., NW,
Washington, DC, USA, 20504

Dear Sir/Madam:

This consumer complaint is an appeal for your assistance in resolving a difference I have with Volvo Cars USA. A software issue in some recent Volvo vehicles causes their audio devices to become muted without notice. As the owner of a 2023 XC60, I was not aware of this issue until it occurred in my vehicle. I took it to the dealer to have it addressed. I left the dealership with the understanding that they had resolved the matter. Unfortunately, it did reoccur and was a contributing factor to an accident in which my vehicle was totaled. Around sunset on [REDACTED], I found myself in heavy traffic. Hearing no clicking sound, I was unaware that my right turn signal was on. On the assumption that I was turning, another motorist pulled in front of me resulting in an impact. The other motorist was charged with not yielding the right of way in that she did have a stop sign. This incident would not have occurred had my turn signal functioned as designed and provided the normal clicking sound.

Since Volvo was aware of this chronic defect in their vehicles and did not notify their customers, I feel that they should accept some responsibility in this matter. I was advised at the dealership that I would have to address my issue at the corporate level. They provided me with their consumer service phone number. Repeated attempts to communicate via same have proven fruitless. Their representatives repeatedly promised that our conversation would be forwarded to whoever is handling my case and that they will get back in touch with me. That is what I was told on six consecutive occasions between Dec. 30th and Jan. 9th. I have been heard but not responded to. To date, no one from Volvo has contacted me.

While waiting for Volvo to respond, I did require transportation. I therefore purchased a 2025 Kia Sorento. However, I still feel that Volvo should accept some responsibility and make me whole. My 2023 XC60 only had 23,000 miles on it. I would still like to own an XC60 with comparable or less mileage and no flaws. I would be perfectly happy to offer the Kia Sorento in exchange.

Attached please find supporting documentation. Also, see [REDACTED] for an apparently collaborating website.

Any assistance that you can provide will be greatly appreciated. I can be contacted at the mailing address above, [REDACTED] or [REDACTED].

Sincerely,

[REDACTED]

cc: **VOLVO CARS SWEDEN Customer Service Division**
Assar Gabrielssons väg, SE-405 31, Sweden.

VOLVO CARS USA Customer Service Division
1800 Volvo Pl, Mahwah, New Jersey 07430

JOHNSON VOLVO CARS DURHAM Customer Service Division
966 Southpoint Auto Park Blvd., Durham, NC 27713

**U.S. DEPARTMENT OF TRANSPORTATION National Highway Traffic Safety
Administration**
1200 New Jersey Avenue SE, Washington, DC 20590

**CONSUMER FINANCIAL PROTECTION BUREAU P.O. Box 27170, Washington, DC
20038**

**THE NORTH CAROLINA DEPARTMENT OF JUSTICE Consumer Protection
Division**
114 W. Edenton St., Raleigh, North Carolina, 27603

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES, THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATION OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Not official Copy

2

No of Units Involved

Form 1 of 1 Supplemental Report Non-Reportable

3 County DURHAM Time 17:23 Local Use ID Patrol area

2 33 Relation to Roadway Surface 1 Crash occurred In DURHAM Municipality

1 on Highway number, or Highway, Street (if ramp or service road, indicate on Line) (R.R. Crossing #) Miles

UNIT 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL UNIT 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

1 DRIVER Address City DURHAM State NC Zip Same Address on Driver's Licence? DL Class State NC

Owner Address City DURHAM State NC Zip Plate # VIN Vehicle Make VOLV Year 2023 41 Vehicle Style(Type) 04 42 Vehicle Drivable Yes

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit 45 Cargo Body Type Same Address as Owner?

1 DRIVER Address City WINSTON SALEM State NC Zip Same Address on Driver's Licence? DL Class State NC

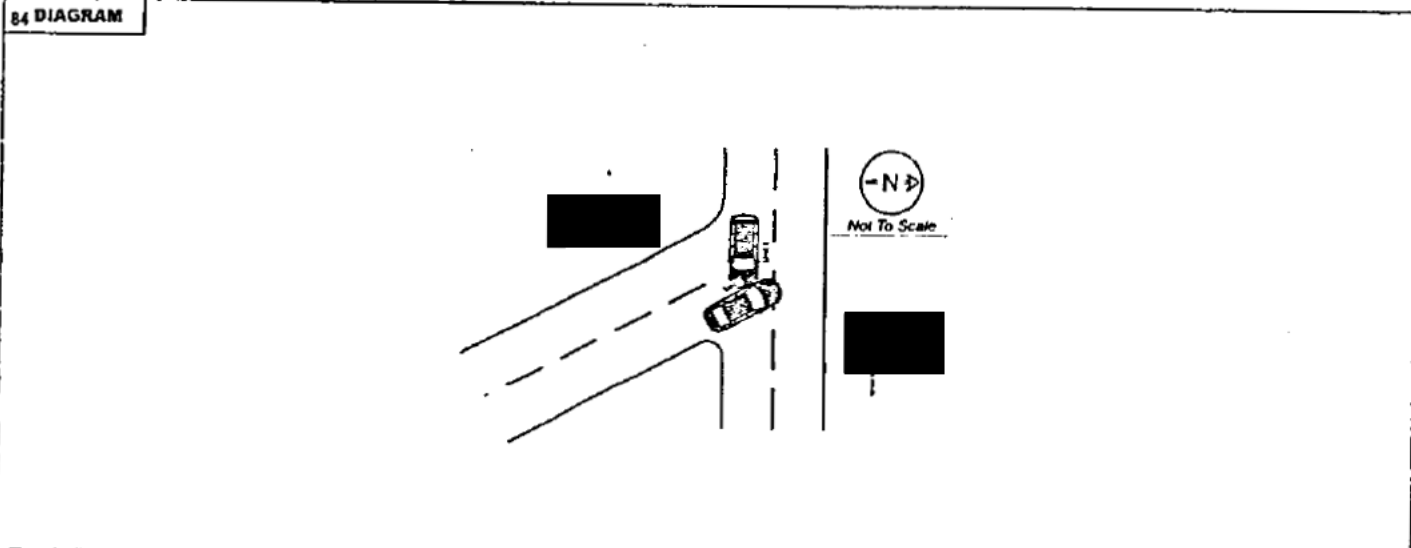
Owner Address City WINSTON SALEM State NC Zip Plate # VIN Vehicle Make DODG Year 2013 41 Vehicle Style(Type) 01 42 Vehicle Drivable Yes

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit 45 Cargo Body Type Same Address as Owner?

Table with columns 1-32 and rows A-H. Includes fields for Name and Address for All Persons (Unit 1 Unit 2 Drv. Pwd, etc.)

46 Name of EMS 47 Injured Taken by EMS to 46 Name of EMS 47 Injured Taken by EMS to

48 Points of INITIAL CONTACT (Write in codes)		Unit# 1 01,02,03	VEHICLE INFO.		Unit# 1	Unit# 2	ROAD WAY INFO.		WORK ZONE RELATED	
		Unit# 2 03	60 Authorized Speed Limit		35	30	69 Road Feature	9	78 Workzone Area	
CRASH SEQUENCE (Unit Level)		Unit# 1 Unit# 2	61 Estimate of Original Traveling Speed		35	10	70 Road Character	1	79 Work Activity	
49 Vehicle Maneuver/Action		4 8	62 Estimate of Speed at Impact		35	10	71 Road Classification	5	80 Work Area Marked	
50 Non-Motorist Action			63 Tire Impressions before Impact (ft)				72 Road Surface Type	3	81 Crash Location	
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft)				73 Road Configuration		TRAILER INFO	
52 Crash Sequence - First Event for This Unit		30 30	65 Emergency Vehicle Use				74 Access Control	1	Unit# 1 Unit# 2	
53 Second Harmful Event			66 Post Crash Fire (Yes check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	82 Trailer Type	
54 Third Harmful Event			67 School Bus-Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	1st Trailer No. Axles	
55 Fourth Harmful Event			68 School Bus Non-Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Open		Width (inches)	
56 Most Harmful Event		30 30	COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit						Length (feet)	
57 Distance/Direction to Object Struck		0 0	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No						2nd Trailer No. Axles	
58 Underwrite/Override		3 3	Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		4-Digit Placard Number 0		1-digit Number from		Width (inches)	
59 Vehicle Defects		0 0	Released (does not include fuel from fuel tank)						Length (feet)	
			Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						83 Unit Overwidth Trailer and Overwidth Motor Home	
									Overwidth Permit No.	



Unit# 1 was Traveling Parked Facing N S E W on [redacted]

Unit# 2 was Traveling Parked Facing N S E W on [redacted]

NARRATIVE

UNIT 1 WAS TRAVELING EAST ON [redacted] WHEN UNIT 2 STRUCK IT. THE DRIVER OF UNIT 2 STATED THAT UNIT 1 HAD ITS RIGHT TURN SIGNAL ON WHEN SHE TRIED TO ENTER THE INTERSECTION. SHE THOUGHT SHE HAD ENOUGH SPACE TO ENTER THE INTERSECTION. NO INJURIES REPORTED AT THIS TIME. BWC

ADDITIONAL PROPERTY DAMAGE

86 Type _____ State _____ Estimated _____
 Owner _____ Owner Address _____ Property? Damage _____
 Phone _____

WITNESSES

Name _____ Address _____ Phone No. _____
 Name _____ Address _____ Phone No. _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____
 Name _____ Charge(s) _____

Officer Name **D KIRKMAN** Officer Number **24993** Department **DURHAM POLICE DEPARTMENT** Date of Report [redacted]



MVR-191 (Rev. 06/2022)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER

[REDACTED]

YEAR MODEL
2023

MAKE
VOLV

BODY STYLE
MP

TITLE ISSUE DATE
12/24/2025

P [REDACTED] R

MAIL TO

[REDACTED]
DURHAM NC [REDACTED]

ODOMETER READING

00008

ODOMETER STATUS

TITLE BRANDS

OWNER(S) NAME AND ADDRESS

[REDACTED]
DURHAM NC [REDACTED]

The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that [REDACTED] has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

[REDACTED]
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE [REDACTED]

ADDITIONAL LIENS:

[REDACTED]

North Carolina Division of Motor Vehicles
TITLE APPLICATION

CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- | | | |
|--|--|---|
| <input type="checkbox"/> Title Only -- Vehicle Not in Operation | <input type="checkbox"/> Truck Weight Desired _____
(This includes the truck, trailer and load) | For Hire Vehicle
<input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> Title and License Plate
Class of License _____ | <input type="checkbox"/> Plate No. Transferred _____
(List Plate Number and Expiration) | |
| <input type="checkbox"/> Inoperable Vehicle -- Vehicle substantially disassembled
and unfit or unsafe to be operated on the highway | <input checked="" type="checkbox"/> Limited Registration Plate
(When property taxes are deferred) | |

I certify that all the above information is correct. _____ (Customer's Initials)

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE	ODOMETER READING
2025	KIA	WG	SORENTO	[REDACTED]	GAS	27

OWNER SECTION

Owner 1 ID # _____ Full Legal Name of Owner _____

Owner 2 ID # _____ Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name _____

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: Yes No

City and State: DURHAM NC Zip Code: _____

City and State: _____ Zip Code: _____

City and State: _____ Zip Code: _____ Tax County: _____

LIEN SECTION

FIRST LIEN		Account #	SECOND LIEN		Account #
Date of Lien	Maturity Date (MH)		Date of Lien	Maturity Date (MH)	N/A
Lienholder ID #	Lienholder Name		Lienholder ID #	Lienholder Name	
	CASH		N/A	N/A	
Address _____			Address N/A		
City _____ State _____ Zip Code _____			City N/A State N/A Zip Code N/A		

I certify for the motor vehicle described above that I have financial responsibility as required by law.

NATIONAL GENERAL

Insurance Company authorized in N.C.

Purchased <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Purchase Date 01/15/2026	From Whom Purchased (Name and Address) UNIVERSITY KIA 5105 DURHAM CHAPEL HILL BLVD DURHAM NC 27707	N.C. Dealer No. 70523	Is this vehicle leased? If Yes, Attach Form MVR-330 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment #
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DISCLOSURE SECTION

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.
 I (We) would like the personal information contained in this application to be available for disclosure.

APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.

I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act.

OWNER'S SIGNATURE _____ Date _____ State _____

I certify that the following person(s) personally appeared _____ acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).

Notary Signature _____ Notary Printed or Typed Name **JAMES H BROYHILL II**

(SEAL)

My Commission Expires **01/11/2027**
62398*1*UK-FI

Durham, NC



RALEIGH NC 275
Research Triangle Region
12 FEB 2026 AM 1



U.S. Department Of Transportation

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

1200 New Jersey Avenue SE
Washington, DC 20590

20590--

