

9813

AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9383 DC METRO AREA 202-386-0125		FOR AGENCY USE ONLY DATE RECEIVED _____ REFERENCE NO. _____	
OWNER INFORMATION (TYPE OR PRINT) NAME: [REDACTED]		560124	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.			
SIGNATURE OF OWNER _____		DATE 3-13-00	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.: 4UG70ECLH5WN752104 <small>(LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)</small>		VEHICLE MAKE: Volvo	VEHICLE MODEL: VNL-64T
MODEL YEAR: 1998		ENGINE SIZE (CID/CC/L): _____ NO. CYLINDERS: 6	
CURRENT ODOMETER READING: 358740	DATE PURCHASED: 11/4/97 <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	DEALER'S NAME, CITY & STATE: Denver Volvo	
TRANSMISSION TYPE: <input checked="" type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM: <input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVETRAIN: <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL		BODY STYLE: STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER <input checked="" type="checkbox"/>	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIME INFORMATION ON BACK)			
COMPONENT: Wheel Bearings, cones, Races, seals	PART NAME(S): _____	LOCATION: <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S): <input type="checkbox"/> ORIGINAL REPLACEMENT
NO. OF FAILURES: _____	DATE(S) OF FAILURE(S): _____ MILEAGE AT FAILURE(S): _____ VEHICLE SPEED AT FAILURE(S): _____	MANUFACTURER CONTACTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED: _____	NUMBER OF FATALITIES: _____
PROPERTY DAMAGE \$675: _____		POLICE REPORTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
PREMATURE WEAR FROM STEER TIRES RESULTING FROM IMPROPER COMBINATION OF RACE/BEARINGS IN MERITOR AXLES.			

9813	18 07/28/99	Parts	273637		
		8089068 HUB CAP - STEER VN		89531	1.00
		Labor			
		REPLACE R/S HUBCAP		89531	0.50
	06/05/99	Labor	248784		
		ADJUST L&R STEER WHEEL BEARINGS		87667	0.75
	07/16/98	Parts	115054		
		M312 GLAD HAND SEAL		80561	2.00