

9873

|                                                                                                                                                                                                                                                                       |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <br><b>AUTO SAFETY HOTLINE</b><br><b>VEHICLE OWNER'S QUESTIONNAIRE</b><br>NATIONALWIDE 1-800-424-8529<br>DC METRO AREA 202-366-0125                                                                                                                                   |                                                                                                                                                       | <b>FOR AGENCY USE ONLY</b><br>DATE RECEIVED _____<br>REFERENCE NO. _____                                                                                                                                                                                                                                                 |                                                                                                   |
| <b>OWNER INFORMATION (TYPE OR PRINT)</b><br>NAME _____<br>ADDRESS _____<br>CITY _____ STATE _____ ZIP _____                                                                                                                                                           |                                                                                                                                                       | <b>560138</b><br>(CODE) _____                                                                                                                                                                                                                                                                                            |                                                                                                   |
| 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"/><br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| SIGNATURE OF OWNER _____                                                                                                                                                                                                                                              |                                                                                                                                                       | DATE <u>3-13-80</u>                                                                                                                                                                                                                                                                                                      |                                                                                                   |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| VEHICLE IDENTIFICATION NO. <u>4UG7DECH1WN752164</u>                                                                                                                                                                                                                   |                                                                                                                                                       | VEHICLE MAKE <u>Volvo</u>                                                                                                                                                                                                                                                                                                | VEHICLE MODEL <u>VNL610</u>                                                                       |
| MODEL YEAR <u>1998</u>                                                                                                                                                                                                                                                |                                                                                                                                                       | ENGINE SIZE (CID/OCL) _____<br><input type="checkbox"/> TURBO DIESEL GAS FUEL INJECTN                                                                                                                                                                                                                                    |                                                                                                   |
| CURRENT ODOMETER READING <u>461034</u>                                                                                                                                                                                                                                | DATE PURCHASED <u>12/97</u>                                                                                                                           | DEALER'S NAME, CITY & STATE <u>Denver Volvo, Co</u>                                                                                                                                                                                                                                                                      |                                                                                                   |
| <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED                                                                                                                                                                                                 | NO. CYLINDERS <u>6</u>                                                                                                                                |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| TRANSMISSION TYPE<br><input checked="" type="checkbox"/> MANUAL<br><input type="checkbox"/> AUTOMATIC                                                                                                                                                                 | ANTILOCK BRAKES<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO                                                             | RESTRAINT SYSTEM<br><input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT<br><input type="checkbox"/> PASSENGERSIDE AIRBAG<br><input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT                                                                             | CRUISE CONTROL<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO          |
| DRIVE TRAIN<br><input type="checkbox"/> FRONT<br><input type="checkbox"/> REAR<br><input type="checkbox"/> 4-WHEEL                                                                                                                                                    | BODY STYLE<br>STAWAG _____<br>4 DR _____<br>2 DR _____<br>HATCH BK _____<br>VAN _____<br>PK UP TRK _____<br>OTHER <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)</b>                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| COMPONENT <u>Seals, Wheel Bearings, Coax / Races</u>                                                                                                                                                                                                                  | PART NAME(S) _____                                                                                                                                    | LOCATION<br><input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR                                                                                                                                                                                                                                      | FAILED PART(S)<br><input type="checkbox"/> ORIGINAL REPLACEMENT                                   |
| NO. OF FAILURES _____                                                                                                                                                                                                                                                 | DATE(S) OF FAILURE(S) _____                                                                                                                           | MANUFACTURER CONTACTED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                            | NHTSA PREVIOUSLY CONTACTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                                                                                                                                                                                                                                                       | MILEAGE AT FAILURE(S) _____                                                                                                                           |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
|                                                                                                                                                                                                                                                                       | VEHICLE SPEED AT FAILURE(S) _____                                                                                                                     |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| <b>APPLICABLE ACCIDENT INFORMATION</b>                                                                                                                                                                                                                                |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| ACCIDENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                  | FIRE<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                      | NUMBER PERSONS INJURED _____                                                                                                                                                                                                                                                                                             | NUMBER OF FATALITIES _____                                                                        |
| PROPERTY DAMAGE ESTS _____                                                                                                                                                                                                                                            |                                                                                                                                                       | POLICE REPORTED<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                              |                                                                                                   |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                  |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| PREMATURE WEAR FROM STEER TIRES RESULTING FROM IMPROPER COMBINATION OF RACE/BEARINGS IN MERITOR AXLES.                                                                                                                                                                |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                   |
| The Privacy Act of 1974<br>Public Law 93-579<br>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. |                                                                                                   |

Run Date: 03/09/00

REPAIR HISTORY BY SYSTEM CODE  
orderhsr

Page 106

Tractor \* thru \* 01/01/1998 thru 03/09/2000 System 18 thru 18

| Tractor Sys | Date              | Description of Part/Labor/Tire                               | Hub    | WO    | Qty  |
|-------------|-------------------|--------------------------------------------------------------|--------|-------|------|
| 9873        | continued...      |                                                              |        |       |      |
|             | 02/24/99 Labor    |                                                              | 295042 |       |      |
|             |                   | TIGHTEN BOTH STEER AXLE WHEEL BEARINGS                       |        | 84215 | 0.25 |
| 9873        | 18 08/22/99 Labor |                                                              | 396926 |       |      |
|             |                   | CK WHEEL BEARINGS AND OIL LEVEL STEER AXLE                   |        | 90543 | 0.50 |
|             | 08/11/99 Parts    |                                                              | 390883 |       |      |
|             |                   | 8089068 HUB CAP - STEER VN                                   |        | 90112 | 0.50 |
|             | 07/18/99 Parts    |                                                              | 380540 |       |      |
|             |                   | 3134621 BEARING - 212049/011                                 |        | 89226 | 1.00 |
|             |                   | 3134617 BEARING - 3782/3720                                  |        | 89226 | 1.00 |
|             |                   | 65263U SEAL - STEER                                          |        | 89226 | 1.00 |
|             | Labor             |                                                              |        |       |      |
|             |                   | REPLACE L/S WHEEL SEAL, BEARING KITS, CLEANED HUB AND BRAKES |        | 89226 | 3.00 |