

9998



US Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9383
OO METRO AREA 802-368-6123

FOR AGENCY USE ONLY

DATE RECEIVED

ad-or _____
rt-dk _____
ad-rt _____
up-llr _____

REFERENCE NO.

560168

OWNER INFORMATION (TYPE OR PRINT)

N [REDACTED]

DAY TIME TELEPHONE NO. (AREA CODE)

ATTN [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
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.* 4UG7DECH8XN76da337		VEHICLE MAKE Volvo	VEHICLE MODEL VNL64T	MODEL YEAR 1999	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE					
CURRENT ODOMETER READ NO. 3011054	DATE PURCHASED 2/1/98	DEALER'S NAME, CITY & STATE DENVER Volvo, CO		ENGINE SIZE (CID/CC/L) 6	
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		NO. CYLINDERS 6		<input checked="" type="checkbox"/> TURBO DIESEL <input type="checkbox"/> GAS FUEL INJECTN	
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"/> 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 TIRE INFORMATION ON BACK)

COMPONENT Seats, Wheel Bearings Cones/Races	PART NAME(S)	LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S) <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES	DATE(S) OF 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
	MILEAGE AT FAILURE(S)		
	VEHICLE SPEED AT FAILURE(S)		

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 ESTS	POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
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NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

PREMATURE WEAR FROM STEER TIRES RESULTING FROM IMPROPER COMBINATION OF RACE/BEARINGS TO MERITOR AXLES.

CONTINUE ON BACK IF NEEDED

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 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.

9998	18	09/12/99	Labor	255561	ADJUST WHEEL BEARINGS BOTH SIDES STEER AXLE	91388	1.00
		08/21/99	Parts	237208	3782 3782 TIMKEN 3720 BEARING - 3720 TIMKEN HM212049 BEARING - CONE HM212011 BEARING - RACE 65263U SEAL - STEER	90535 90535 90535 90535 90535	1.00 1.00 1.00 1.00 1.00
			Labor		RETORQUE LFS BEARING REPLACE RFS WHEEL SEAL BEARINGS AND RACES	90535	0.50
		04/17/99	Labor	150056	CYCHECK WHEEL BEARINGS	85857	0.50
		04/03/99	Labor	139725	ADJUST STEER AXLE WHEEL BEARINGS	85465	0.50