


1005

 <p><b>AUTO SAFETY HOTLINE</b>  <b>VEHICLE OWNER'S QUESTIONNAIRE</b>          NATIONAL HIGHWAY          TRAFFIC SAFETY          ADMINISTRATION</p>	<p>FOR AGENCY USE ONLY</p>	
	<p>DATE RECEIVED</p>	<p>od. or _____          ft. or _____          od. or _____          up. or _____</p>

**OWNER INFORMATION (TYPE OR PRINT)**

NAME: [REDACTED]

ADDRESS: [REDACTED]

REFERENCE NO. **560169**

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.: **4VG7DECH5XN71da344**

VEHICLE MAKE: **Volvo**

VEHICLE MODEL: **VNL64T**

MODEL YEAR: **1999**

CURRENT ODOMETER READING: **297673**

DATE PURCHASED: **9/8/98**

DEALER'S NAME, CITY & STATE: **Denver Volvo, CO**

ENGINE SIZE (CID/CC/L): \_\_\_\_\_

NO. CYLINDERS: **6**

TRANSMISSION TYPE:  MANUAL  AUTOMATIC

ANTILOCK BRAKES:  YES  NO

RESTRAINT SYSTEM:  DRIVERSIDE AIRBAG  MOTORBELT  3-POINT BELT  PASSENGERSIDE AIRBAG  2-POINT BELT

CRUISE CONTROL:  YES  NO

DRIVETRAIN:  FRONT  REAR  4-WHEEL

BODY STYLE: STAWAG  4 DR  2 DR HATCH BK  VAN  PK UP TRK  OTHER

**FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)**

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
Seals, Wheel Bearings Cones/Races		<input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	MILEAGE AT FAILURE(S)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	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 EST: _____	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 IN MERITOR AXLES.**

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.

1005	18	12/21/99	Parts	253850		
			3720 BEARING - 3720 TIMKEN		96124	1.00
			HM212049 BEARING - CONE		96124	1.00
			HM212011 BEARING - RACE		96124	1.00
			65263U SEAL - STEER		96124	1.00
			Labor			
			REPLACE BEARINGS, RACES, & WHEEL SEALS		96124	1.00
	07/29/99		Labor	183129		
			CK WHL. BEARING		89859	0.75
	02/21/99		Labor	76794		
			CHECK STEER AXLE BEARINGS FOR PLAY		84146	0.25