Form Approved: O.M.B. No. 2127-0008

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POSTED

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received 4/22/02 RECEIVED 02 APR 22 PM 3:15 OFFICE DEFECTS INVESTIGATION

Od_or ___ ___
rt_dt ___ ___
cd_rt ___ ___
up ltr ___ ___

Reference No. 565303

OWNER INFORMATION (Type or Print)

N [redacted]
S
C

Daytime Telephone Number [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 ___/___/___

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*	Make	Model	Year
4 V 1 W D 8 R H 6 S M 6 9 6 5 8 3	Volvo	WIA	1995

Purchased Date	Dealer's Name			Engine Size (CID/CC/L) ___ ☐ Turbo ☐ Diesel
1999 ☐ New ☑ Used	Dealer's City	State	Zip Code	No. Cylinders ___ ☐ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☐ Automatic	☐ Driverside Air Bag ☐ Passengerside Air Bag ☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ___	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ___

FAILED COMPONENT(S)/PART(S) INFORMATION

	Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
		☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name
Complete Tire Size	DOT No.

No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	☐ Yes ☑ No	☐ Yes ☑ No
	Vehicle Speed at Failure(s):		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☑ No	☐ Yes ☑ No			☐ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

REPORTS NUMEROUS PROBLEMS W/ TRUCK - ① STEER AXLE TIRES WEAR PREMATURELY AND REQUIRE ANNUAL REPLACEMENT ② EXCESSIVE VIBRATION ③ U-JOINTS WEARING OUT ④ STEERING W/ UNEXPECTED SWAY LEFT TO RIGHT ⑤ NOISES AT FRONT END (REPAIRED, BUT SOURCE UNKNOWN) ⑥ CLUTCH ALWAYS NEEDS ADJUSTMENT ⑦ DIFFICULTY TO SHIFT - TRANSMISSION ⑧ INTERIOR LIGHTING WORKS INTERMITTENTLY, INCLUDING DASH LIGHTS) ⑨ ENGINE SURGES ⑩ FRONT AXLE HEAVY, MUST REGULATE BY MOVING 5TH WHEEL AND LOWERING FUEL

Continued on back.

Mail postage free or fax to 202-366-7882