



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 758

Date Received

18-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007904

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4VG7DARJ5XN768517	VOLVO TRUCK	770	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07410000	Part Name(s) POWER TRAIN:DRIVELINE:UNIVERSAL JOINT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Dates of Failure(s) 15-FEB-2002 Mileage at Failure(s) 1 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE CONSUMER STATES THAT THE STEERING LOCKED UP WHILE DRIVING. THE DEALER HAS DETERMINED THAT THE UNIVERSAL JOINT THAT ALLOWS THE STEERING COLUMN TO PIVOT FAILED.
NLM

CONTINUED ON REVERSE

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.



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received: 18-APR-2002
Office: DEFECTS INVESTIGATION
Od_or: _____
rt_dt: _____
od_rt: _____
up_ltr: _____

Reference No.

8007904

Work No. _____

Home No. _____

OWNER INFORMATION (Type or Print)

749068

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, this report will be sent to the vehicle manufacturer.

Signature of Owner _____

Date 5-16-02

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 4VG7DARJ5XN768517
Vehicle Mak VOLVO TRUCK
Vehicle Mode 770
Vehicle Year 1999
Current Odometer Reading _____

Purchase Date 1999
Dealer's Name Great Basin
City Salt Lake State UT Zip Code 84118
Engine Siz (CID/CC/L) _____
No Cylinders _____
 Turbo Diesel Gas Fuel Injectio

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Bel Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Util Truck Minivan Motorcycle Other Semi
Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07410000
Part Name(s) POWER TRAIN:DRIVELINE:UNIVERSAL JOINT
Location Left Right Front Rear
Failed Part's Original Replacement
No of Failures 1
Date(s) of Failure(s) 15-FEB-2002
Mileage at Failure(s) 1
Vehicle Speed at Failure(s) _____
Failed Part(s) Yes No
NHTSA Previously Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash Yes No
Fire Yes No
Number of Persons Injured _____
Number of Fatalities _____
Estimated Property Damage _____
Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE CONSUMER STATES THAT THE STEERING LOCKED UP WHILE DRIVING. THE DEALER HAS DETERMINED THAT THE UNIVERSAL JOINT THAT ALLOWS THE STEERING COLUMN TO PIVOT FAILED. NLM

5-6-02
Please see attached

CONTINUE ON BACK IF NEEDED

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