



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 117

Date Received

21-MAR-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

858938

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) _____ (located at front of windshield on drivers side)	Vehicle Make VOLVO	Vehicle Model 940	Vehicle Year 1990	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01400000	Part Name(s) STEERING:GEAR:RACK AND PINION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>35</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE SEALS ON THE RACK & PINION STEERING WERE LEAKING FLUID, CAUSING LOSS OF STEERING POWER. TOOK VEHICLE TO DEALERSHIP & INFORMED BY MECHANIC ENTIRE RACK & PINION NEEDED TO BE REPLACED. *AK

CONTINUED ON BACK (117-117)

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 117 Date Received: <u>21-MAR-2000</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>858938</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 597612			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner: Date <u>21 MAR 00</u> ☒ YES ☐ NO			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) FILL IN YV1JW831851151388		Vehicle Make VOLVO	Vehicle Model 940
		Vehicle Year 1990	Current Odometer Reading 37772
Purchase Date 4/95 ☒ New ☒ Used	Dealer's Name <u>Volvo Tourist Delivery</u> City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) <u>2.32L</u> No. Cylinders <u>4</u> ☐ Turbo Diesel Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☒ No
Drive Train ☐ Front 4-Wheel ☒ Rear 4-Wheel		Vehicle Type ☒ Car ☐ Sport Util Truck ☐ Van ☐ Motorcycle ☐ Minivan ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component #1400000	Part Name(s) STEERING:GEAR:RACK AND PINION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 25	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>38,000</u> Vehicle Speed at Failure(s) _____		Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ 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)			
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