



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 100078

Date Received
2004 APR 20 AM 8:43
22-MAR-2004

Repository
Reference No.
10063577

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: JACKSON State: MS Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:

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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: _____ Make: FREIGHTLINER Model: CENTURY Model Year: 2003
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: No. Cylinders: _____ Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 22-MAR-2004 Failure Mileage: 12000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING AT ANY SPEED: ACCELERATOR PEDAL STUCK. DEALER INSPECTED VEHICLE ON SEVERAL OCCASIONS, AND WAS UNABLE TO DUPLICATE THE PROBLEM. SINCE JANUARY 2004 CONSUMER WAS SCARED TO DRIVE THIS VEHICLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Consumer:

As a result of your recent report to the DOT Auto Safety Hotline (DOT Hotline), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosures: VOQ
DOT Hotline Pamphlet



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

To Report Unsafe Products, or for Product Safety Information
Call the U.S. Consumer Product Safety Commission Hotline
toll-free at:



1-800-638-CPSC

1-800-638-2772

**Spanish-speaking staff is available
(Personal en español disponible)**

**A teletypewriter for the hearing or speaking
impaired is available at
1-800-638-8270**

**Receive recall information via Internet gopher
services at cpsc.gov or report product hazards to
info@cpsc.gov**



U.S. Consumer Product Safety Commission • Washington, DC 20207



April 09, 2004

Alberto A. Jimenez, Chief
U.S. Department of Transportation
National Highway Safety Administration
400 Seventh Street South West
Washington, D.C. 20590

Dear Mr. Jimenez,

Please be advised that we have performed a due diligence search of our maintenance records and find no record of any driver making complaints against one of our truck/tractors with regards to a problems associated with the accelerator. The last known complaint of this nature was years ago when we were operating a fleet of cab over engine style of equipment.

We have a great interest in providing our drivers with the safest possible equipment for their comfort and safety of themselves and to the public. If you could provide us with a VIN number, license plate number or a company I.D. number associated with this, most serious safety sensitive complaint, we would be most appreciative.

We await your reply. Should there be any questions or issues, please contact myself or Director of Maintenance: Henry Moudy at 800 925 1008.

Sincerely,

Merle Rester

Merle Rester

Department of Safety/Security

CC: Henry Moudy
file