



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 100145

Date Received

14-OCT-2004

Repository

Reference No.  
10096825

**OWNER INFORMATION (Type or Print)**

Name

Address

City ALVIN

State TX

Zip Code

Daytime Telephone Number

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's manufacturer.

Signature of

**VEHICLE INFORMATION**

17 Digit Vehicle Identification Number (located at bottom of windshield)  
NOT AVAILABLE / PUTA3CG81P

Make

FREIGHTLINER

Model

CENTURY

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Diesel

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

221200-SEATS:FRONT ASSEMBLY:RECLINER

*Standard*

Cruise Control

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
24-SEP-2004

Failure Mileage

Failure Speed

*Brake System - Active fault registered by onboard diagnostic display*

**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: DOTM19ABC0361)

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, category, location, and date(s).

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

**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 (e.g., parts repaired or replaced (and field part is available)).

THE DRIVER SIDE SEAT WAS ALTERED BY THE MANUFACTURER WHO DISABLED THE FULL RECLINE. AS A RESULT THERE WAS A GREATER CHANCE OF WHIPLASH, SPINAL INJURY OR DRIVER EJECTION FROM THE VEHICLE. THE CONSUMER HAS CONCERNS ABOUT EXECUTIVE ORDERS DEALING WITH ERGONOMIC WORKPLACE SAFETY. PLEASE PROVIDE ADDITIONAL INFORMATION. \*JB

*Osha Maintains Ergonomic Enforcement program  
Manufacturer while addressing a cosmetic  
customer/owner concern, disabled seats safety  
design, Bostrom Seating Inc.  
Telledega Model 915*

\* 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 Administration 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.

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

Current Equipment Owner is a Commercial Carrier. Owner/Owners agents exerted undue influence to conceal unsafe activities when clearly requested to exercise due diligence of Employee (prospective Employee) concerns.

See Attached Materials Diagram Referencing Seat Construction and removal of the "unsafe" alteration to Equipment.

See Attached Owners pre-textual reasons to retaliate and conceal unsafe operations

10-25-04

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Postage and Fees: Rate Use \$300



**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM**

**DASH2DO**

and call toll free 877-422-4337

**1-888-DASH-2DOT**

1-888-327-4236

DOT Auto Safety Hotline

DASH2DO



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
www.nhtsa.gov



# Bostrom Seating, Inc.

## Stop Block Removal For Full Recline

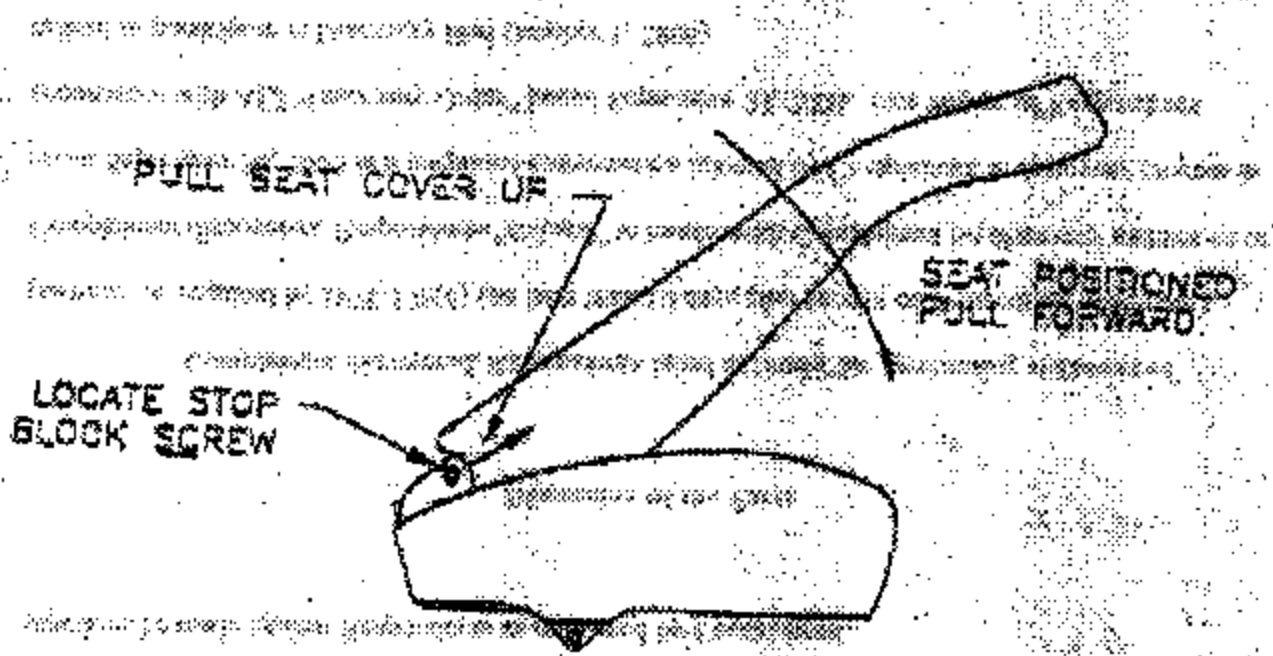
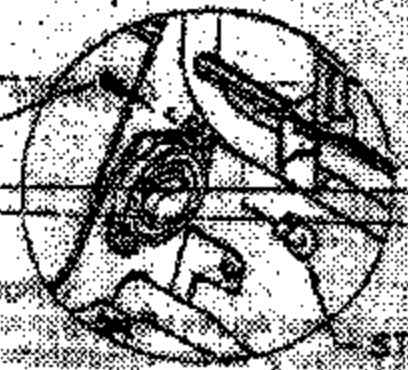


FIG. 1

5/32" ALLEN HEAD SCREW



STOP BLOCK

FIG. 2

## FACSIMILE COVER PAGE

To : Dan Trime  
Sent : 10/8/2004 at 9:26:06 AM  
Subject :

From : [REDACTED]  
Pages : 3 (including Cover)

Amended 10/8/04 prior to sending to Dan Trime

FACSIMILE COVER PAGE

To : Fax#18659386245 From : [REDACTED]  
Sent : 10/7/2004 at 1 25 10 PM Pages : 5 (including Cover)  
Subject

Attention: Dan Trime

Attention: [REDACTED]

In response to The letter dated October 5, 2004 provided by [REDACTED]

The following attachment is provided as undeniable proof the stance taken by [REDACTED] in addressing my safety concerns is one that is clearly in error. The reliance by the VP of Safety on statements from senior managers of the maintenance department on the seats "safety stop" which provoked these circumstance is clearly baseless and cannot be supported when faced with the seat manufacturer's provided materials as attached, which clearly sustain the points of argument presented by [REDACTED] on September 23 and 24, 2004. In fact, seat performance studies can be presented that show the seat is more dangerous with this bolt installed which could result in greater harm of whiplash and the possibility of ejection from the vehicle.

I seek immediate reinstatement of employment, privilege and benefits with out loss, to include full back pay and correction of managerial practices that provoked this circumstance. I request immediate withdrawal of all negative employee reports provided to DAC Services by [REDACTED] in regards to [REDACTED]

I assert that I have never been employed by [REDACTED] and that no legitimate offer of employment was ever tendered to my person [REDACTED] by [REDACTED]. I state this because it is clear I have not recieved any benefit that a real offer of employment would surely provide.

I formally request the Serial number of truck [REDACTED] and the brand, and model name/number of the Seat involved in this dispute for my records and review in future proceedings.

This is a fact finding action while engaged in Federally Protected Activity.

[REDACTED]  
Alvin, TX [REDACTED]

Tel. [REDACTED]

The promptness that [REDACTED] adopted in wrongful actions and conduct directed towards my person and the delay now present, causes me great concern. I maintained and continue to maintain that the "burden of proof" was always upon the employer and apparently [REDACTED] managers I was interactive with percieve no "inherent duty" to be correct in the thoughts they adopt as thier primary motive for managerial decisions as evidenced.

What I do recognize, is that [REDACTED] adopted unreasonably provocative ill mannered retaliatory conduct which appears to remain steadfastly, designed to impugn driver employees sense of duty, loyalty, responsibility and trust in the company and management.

I specifically addressed tyrannical conduct as the primary motive by [REDACTED] managers prior to termination with VP of Safety.

Carlisle, Pennsylvania  
Telephone: [REDACTED]  
Facsimile: [REDACTED]

[REDACTED]

October 5, 2004

[REDACTED]

Alvin, TX [REDACTED]

Dear [REDACTED]

[REDACTED] received your request for information via e-mail on October 4, 2004 and provides the following timely responses.

On September 24, 2004, at approximately 10:20 AM, in the presence of witnesses, [REDACTED] Director of Maintenance [REDACTED] Manager, and [REDACTED] Safety Supervisor, you were informed of your involuntary termination by [REDACTED] Safety. You were told that the reason was for harassing various [REDACTED] management personnel and declaring your intention to tamper with company owned equipment in violation of company policy. You were not terminated for any whistleblower protected action under 49 USC 31105.

On September 24, 2004, at approximately 9:00 AM you called me alleging that you felt that you were being harassed by certain safety and maintenance department personnel. However, my investigation revealed that throughout the orientation and equipment assignment process in Knoxville, TN that you had been continually argumentative, disruptive, and threatening following the denial of your unreasonable requests/demands.

You had originally requested, and subsequently demanded, that a "shipping" bolt be removed from the driver's seat on tractor [REDACTED] to increase the range of the reclining position for driver comfort. You were firmly informed that the bolt was a manufacturer's "safety stop" bolt and not a "shipping" bolt and would absolutely not be removed under any circumstances. You then stated that if [REDACTED] would not remove the safety stop bolt that you would cause it to be removed yourself.

Additionally, you declared that you had a "medical condition" that necessitated the accommodation of "additional comfort" in your driver's seat. Because you had not provided any information relative to this medical condition during your pre-employment physical examination on September 20, 2004, the decision was made to have you re-evaluated by the company designated physician. On September 23, 2004 you demanded that our company designated physician provide a statement that you should be accommodated with your request for "alteration" of the driver's seat to prevent you from developing a disabling condition. The physician found no basis and refused your request

[REDACTED]

for the necessity of any accommodation. It should be noted that no medical recommendation would have encouraged and/or caused our company to remove a manufacturer's "safety stop" bolt from a seat.

In accordance with your rights under Title [REDACTED] enclosed please find copies (11 pages) of the "previous employer-provided investigative information" for your review.

If you have any further questions please do not hesitate to contact me.

Respectfully,

[REDACTED]

Enclosures - 11

cc: Without enclosures

[REDACTED]