



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 1368

Date Received

07-MAR-2005

Repository ☐

Reference No.
1013582

OWNER INFORMATION (Type or Print)

Name

Address

City KANKAKEE

State IL

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 manufacturer.
Signature of Owner Date 3/27/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2W6DEPLE73M

Make

MITSUBISHI FUSO

Model

FU4

Model Year

2003

Date Purchased

11/02

Dealer's Name and Telephone Number

DPS TRUCK 708-352-5551

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

Kankakee

State

IL

Zip Code

Transmission Type

6 SPED

☒ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

190000-TIRES

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02 JAN 2005

2/27/05

Failure Mileage

245000

Failure Speed

55

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), crash(es), 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 55 MPH, THE FRONT DRIVER SIDE TIRE CAME OFF THE VEHICLE. THE VEHICLE WAS TOWED. THE CAUSE WAS NOT DETERMINED. PLEASE PROVIDE MORE INFORMATION. *18

36 MILES EARLIER HAD FUEL STOP IN JOPLIN, MO AND HAD JUST INSPECTED WHEELS AND THERE WAS NO HOIST ON FRONT WHEEL BEARING COVER. I THEN DROVE 36 MILES AT MT. VERNON EXIT THERE WAS A LOUD BANG AND THE ABS INDICATOR LIGHT CAME ON, I PULLED OVER AND DETERMINED THAT FRONT WHEEL BEARING WAS PROBLEM. MY DEALER AT DPS HAD JUST PERFORMED A RECALL FROM MITSUBISHI 5,000 MILES EARLIER AND HAD INDICATED EVERYTHING WAS OKAY AND

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

WHEEL
FALLS OFF

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

MHC KENWORTH OF SPRINGFIELD MO PERFORMED REPAIR AFTER
VEHICLE WAS TOWED. THEY DETERMINED THAT IT WAS C/R LEFT
HAND WHEEL BEARING FAILURE. SEE ATTACHED REPAIR BILL OF
MHC # R25370187218

ATTACH ADDITIONAL SHEETS IF NECESSARY.

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

OR

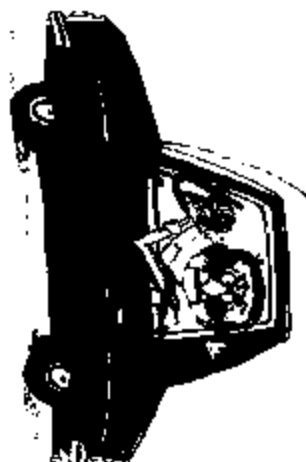
DASH2DOT

and dial toll free at

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(DASH) 2 DOT**



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THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).