 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 100148	
	Date Received 2003 JUN -3 AM 3 09-MAY-2005		Repository <input type="checkbox"/> Reference No. 10120788	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address				
City	State	IN	Zip Code	Evening Telephone Number
HOBART				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				
Signature of Owner		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date 5/11/05		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number located at bottom of windshield on driver's side		Make	Model	Model Year
1FUJA6CK13L		FREIGHTLINER	COLUMBIA	2003
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
03-JUN-03	STOOPS FREIGHTLINER		No. Cylinders 6	Diesel
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	INDIANAPOLIS	IN		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
MANUAL	<input checked="" type="checkbox"/> Cruise Control	REAR WHEEL DRIVE	13000 VISIBILITY: DEFROSTER/DEFOGGER SYSTEM	
			Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Message	Failure Speed		
01-JUL-2003				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/85R15)	
DOT No. (Example: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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 <small>(If one applies to each of the categories, check all that apply.)</small>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).				
DT: FUMES COMING INSIDE EQUIPMENT THROUGH AIR VENTURES OF TRUCK. THE TRUCK WAS TAKEN TO THE DEALER 3-4 DIFFERENT TIMES AND THE PROBLEM WAS NEVER FIXED. THESE FUMES CAUSED HEADACHES, NAUSEA, BURNING EYES, AND HIGH BLOOD PRESSURE. NOW DIAGNOSED WITH COPD. HAVE TALKED TO OTHER DRIVERS AND SAME PROBLEMS HAVE OCCURRED. *AK ALSO, EXPORT WITNESSES, SAT IN TRUCK, COULD SMELL, SUMMER, AND TASTED IT, TRUCK WAS JARRED UNSAFE TO DRIVE,				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
The Privacy Act of 1974 (Public Law 93-578) 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.				

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

LAST INCIDENT, AUG, 05, FIXED IN PHX, AZ AT DETROIT, THEN
COULD SMELL FUMES, CK ENGINE LIGHT CAME ON, CODE #39, HAD COMPLETE OF
DETROIT SIX W/ TRUCK, HE COULD SMELL FUMES, THEY FIXED OR REPLACED
EGR, AND PUT NEW FRESH AIR FILTER IN, ARRIVED UP NEAR FLAGSTAFF, AZ
CK ENGINE LIGHT CAME ON, CODE #39, REAL HEAVY FUMES CAME IN SIDE
CAB, ALSO COULD FEEL SOME KIND OF VIBRATION ON FACE & LIPS,
HAD TO STOP IN WINKLER, AZ, NOT FEELING GOOD, MADE ME SICK,
TOOK TRUCK TO FRONTIERNET IN AMARILLO, TX, PUT TRUCK IN SHOP, THEY
SAID NOTHING WRONG, ARRIVED WITH TRUCK, NEXT DAY WAS FIXED, BUT
THEY SAID NO-SMELL CHECKS LOOK, WENT TO HOSPITAL, DIDNT FEEL GOOD,
DISCHARGED WITH BRONCHITIS, PLUS BLEED FROM UP 195/105, 5 DAYS
LATER PUT TRUCK IN INDIANAPOLIS (SAY, IN) FOUND EXHAUST LEAK, HAD
TO HAVE FIXED, COULD FEEL VIBRATIONS, PARKED UNDER TRACK

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



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

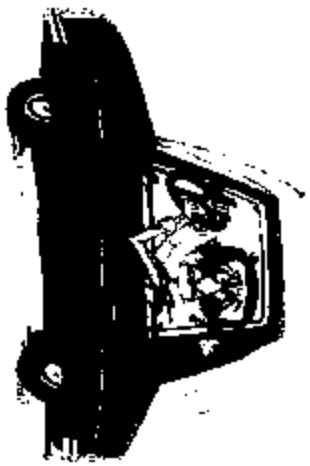
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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

Also, several times in shop, for fumes
prior to last incident, Detroit of FRIEDRICH
couldn't fix problem, truck was in shops
28 times in 14 months, at 52,000 mi
enframed was done, twice in ER
(OKLAHOMA CITY) (Amarillo, TX)