



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

2006 MAR 23 11:35 AM
23-MAR-2006

Repository ☐

Reference No.

10153524

OWNER INFORMATION (Type or Print)

Name ☐
Address ☐
City ALDA State NE Zip Code ☐
Grand Island

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 3/4/06

VEHICLE INFORMATION

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

1FJAJGCV0

Make
FREIGHTLINER

Model
COLUMBIA

Model Year
2005

Date Purchased
2005

Dealer's Name and Telephone Number
NEBRASKA TRUCK CENTER

Engine:
No. Cylinders 6

Fuel Type:
Diesel

Original Owner
☒

Dealer's City
GRAND ISLAND

State
NE

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code

063000 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-MAR-2006

Failure Mileage
180759

Failure Speed

exhaust system

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 the incident, the equipment, 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).

DT*: THE CONTACT STATED WHILE DRIVING THE VEHICLE, THE CONTACT'S EYES AND LUNGS BURNED. THE VEHICLE HAS BEEN TO THE DEALERSHIP MULTIPLE TIMES AND IT WAS DETERMINED THE EXHAUST GAS WAS LEAKING. THE EXHAUST GASKET AND MANIFOLD BOLTS WERE REPLACED, BUT THIS HAS NOT CORRECTED THE PROBLEM.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

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.