 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>                  To Report Vehicle Safety Defects                  1-888-DASH-2-DOT                  (1-888-327-4236)                  INTERNET:www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 1098	
		Date Received 18-JUN-2008	Repository <input type="checkbox"/> Reference No. 10231791
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	
Address		E-mail Address	
City MATTESON	State IL	Zip Code	
Evening Telephone Number			
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make FREIGHTLINER	Model COLUMBIA
		Model Year 2006	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: 1
		Incident Date(s) 28-MAY-2008	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 162300 STRUCTURE: BODY: DOOR		Failure Mileage	Failure Speed 5
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
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 Y	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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).			
2006 FREIGHTLINER COLUMBIA WAS TRAVELING THROUGH TOLL PLAZA. CONSUMER'S RIGHT REAR TRAILER DOOR CAME UNSECURED AND STRUCK THE SIDE OF THE TOLL PLAZA. *NJ THE DRIVER STATED HE HAD PROBLEMS WITH THE DOOR PRIOR TO APPROACHING THE TOLL BOOTH. OHIO TRAFFIC CRASH REPORT # 10-0391-90 UPDATED 04/15/10 *BF			
		MAY 24 2010	
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.			

# TRAFFIC CRASH REPORT

10231791

OH-1 (REV. 10/99)



LOCAL REPORT # 10-0391-90  
 CRASH SEVERITY: 3 (1 FATAL, 2 POO, 2 INJURY, 1 UNKNOWN)  
 PRIVATE PROPERTY:  IF YES  
 WITHDUP: 1 (1 NOT WITHDUP, 2 SOLVED, 3 UNSOLVED)  
 PHOTOS TAKEN:  IF YES  
 OH-2:  OH-3:  OH-1P:  OTHER:   
 R.C.L.C. # OHP90 REPORTING AGENCY: Ohio State Highway Patrol # UNITS: 01 UNIT ERROR: 01  
 DATE OF CRASH: 05282008

TIME OF CRASH: 2311 DAY OF WEEK: WED CITY: X VILLAGE: TYP: NAME OF CITY, VILLAGE OR TOWNSHIP: North Ridgeville COUNTY: 47  
 LATITUDE: 41:22:51.83 LONGITUDE: 81:59:33.16  
 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET, 3 NUMBERED ROUTE, 2 NUMBERED STREET  
 NAME OF CRASH LOCATION: IR0000 Toll Plaza 151  
 DIST REFERENCE: 2m W PROP REFERENCE: 152 REF POINT: 06  
 REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 3 STREETS, 03 COUNTY LINE  
 04 HOUR NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT  
 08 PLACE NAME NO REFERENCE, 09 DIVERSITY, 10 STREET OR ROUTE NO REFERENCE

**UNIT # 0101** NAME (LAST, FIRST, MIDDLE):  
 ADDRESS (STREET, CITY, STATE, ZIP CODE): Matteson, Illinois  
 SOCIAL SECURITY NUMBER: DATE OF BIRTH: AGE: 46 SEX: M HOME PHONE #: WORK PHONE #  
 DL STATE: IL DL #: LP STATE: LP #: INJURED TAKEN BY: 1 NONE, 4 OTHER, 2 EMS, 3 UNKNOWN, 5 POLICE  
 TRANSPORTED BY: INJURED TAKEN TO:  
 OWNER NAME (IF SAME, WRITE "SAME"): Bensenville, Illinois  
 YEAR: 2006 MAKE: FRHT MODEL: Columbia COLOR: WHI INSURANCE COMPANY: Acuity TOWING SERVICE: OWNER PHONE #  
 OFFENSE CHARGED: 4513.31 OFFENSE DESCRIPTION: All loads to be properly secured CITATION #: Y 2 8 9 9 1 8 LOCAL CODE?  IF YES

**UNIT #** NAME (LAST, FIRST, MIDDLE):  
 ADDRESS (STREET, CITY, STATE, ZIP CODE):  
 SOCIAL SECURITY NUMBER: DATE OF BIRTH: AGE: SEX: HOME PHONE #: WORK PHONE #  
 DL STATE: DL #: LP STATE: LP #: INJURED TAKEN BY: 1 NONE, 4 OTHER, 2 EMS, 3 UNKNOWN, 5 POLICE  
 TRANSPORTED BY: INJURED TAKEN TO:  
 OWNER NAME (IF SAME, WRITE "SAME"): ADDRESS (STREET, CITY, STATE, ZIP CODE):  
 YEAR: MAKE: MODEL: COLOR: INSURANCE COMPANY: TOWING SERVICE: OWNER PHONE #  
 OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE?  IF YES

**UNIT #** NAME (LAST, FIRST, MIDDLE):  
 ADDRESS (STREET, CITY, STATE, ZIP CODE):  
 SOCIAL SECURITY NUMBER: DATE OF BIRTH: AGE: SEX: HOME PHONE #: WORK PHONE #  
 DL STATE: DL #: LP STATE: LP #: INJURED TAKEN BY: 1 NONE, 4 OTHER, 2 EMS, 3 UNKNOWN, 5 POLICE  
 TRANSPORTED BY: INJURED TAKEN TO:  
 OWNER NAME (IF SAME, WRITE "SAME"): ADDRESS (STREET, CITY, STATE, ZIP CODE):  
 YEAR: MAKE: MODEL: COLOR: INSURANCE COMPANY: TOWING SERVICE: OWNER PHONE #  
 OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE?  IF YES

<b>SEATING POSITION</b> 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (NO PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (NO PASSENGER SEAT) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 UNENCLOSED CARGO AREA 12 ENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>MOTORIST</b> 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER BELT 05 COMB SAFETY SEAT 06 3RD HELMET W/HD 07 USE UNKNOWN <b>NON-MOTORIST</b> 08 NONE USED 09 HELMET W/HD 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> 5 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-REAR 4 DEPLOYED BOTH FRONT/REAR 5 NOT APPLICABLE 6 UNKNOWN	<b>AIR BAG SWITCH</b> 1 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	<b>EJECTION</b> 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> 1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT? <input type="checkbox"/> IF YES
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HSY7004

TOP COPY - COPE BOTTOM COPY - AGENCY

**Narrative**

Unit #1 was traveling through Toll plaza 151 of IR80 (Ohio Turnpike). The right rear trailer door of unit #1 came unsecured and struck the side of the toll booth.

**1**

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
2 REAR-END  
3 HEAD-ON  
4 REAR-TO-REAR  
5 BACKS  
6 ANGLES  
7 SIDEWIPES, SAME DIRECTION  
8 SIDEWIPES, OPPOSITE DIRECTION  
9 UNKNOWN

**1**

1 NO  
2 YES, DIRECTLY INVOLVED  
3 YES, INDIRECTLY INVOLVED  
4 UNKNOWN

**1**

1 NO  
2 YES  
3 UNKNOWN

**0 1**

01 CLEAR  
02 CLOUDY  
03 FOG, SMOG, MIST  
04 RAIN  
05 SLEET, HAIL, FREEZING RAIN, DRIZZLE  
06 SNOW  
07 REVERSE CROSSWINDS  
08 FLOWING SAND, ROCK, DIRT, SNOW  
09 OTHER  
10 UNKNOWN

**1**

1 LANE CLOSURE  
2 LANE USE/SPACED-OUT  
3 WORK ON SHOULDER OR MEDIAN  
4 INTERRUPTED/MOVING WORK  
5 OTHER

**1**

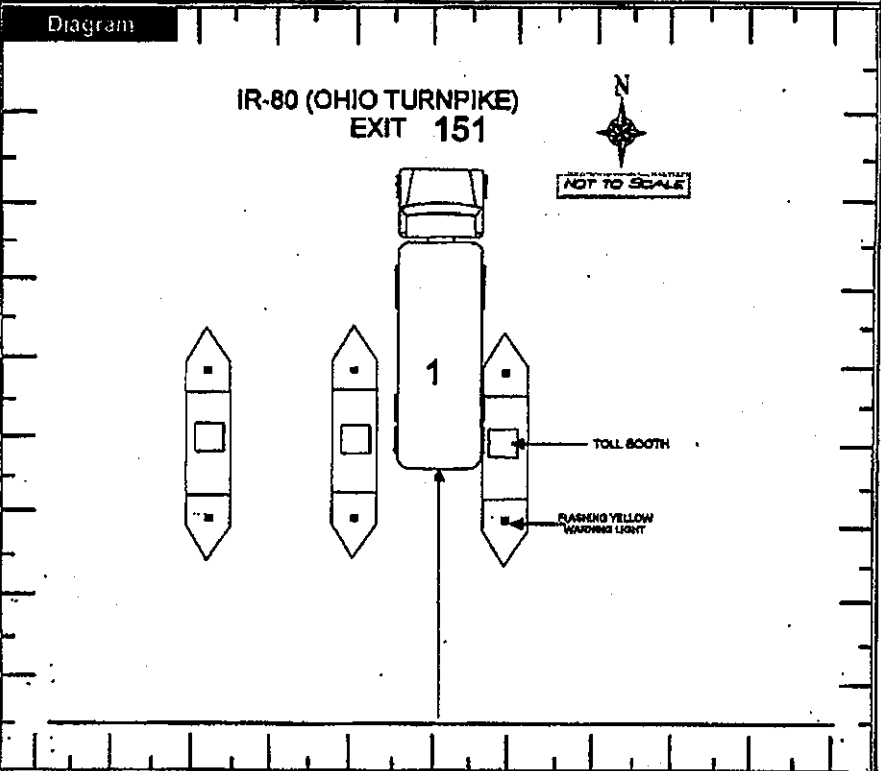
1 BEFORE ENTRY WORK ZONE  
2 ADVANCE WARNING AREA  
3 TRANSITION AREA  
4 ACTIVITY AREA

**4**

1 DAYLIGHT  
2 DAWN  
3 DUSK  
4 DARK - LIGHTED ROADWAY  
5 DARK - NOT LIGHTED  
6 DARK - UNKNOWN LIGHTING  
7 GLARE  
8 OTHER  
9 UNKNOWN

**1**

1 NO  
2 YES  
3 UNKNOWN



**Truck/Bus**

UNIT #  
**0 1**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
A FATALITY; OR  
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ PHCO \_\_\_\_\_ TRAILER LP ST \_\_\_\_\_ TRAILER LP YEAR \_\_\_\_\_ TRAILER LP # \_\_\_\_\_ PLACARD # \_\_\_\_\_ SRG \_\_\_\_\_

**CARGO BODY TYPE**  
01 NOT APPLICABLE 05 POLE 08 CONCRETE BODER 09 AUTO TRANSPORTER 10 HAZARDOUS WASTE 11 OTHER 12 UNKNOWN  
02 BUS (4-10 INCLUDING DRIVER) 06 CARGO TANK 07 FLATBED 09 DUMP 13 MEDICAL WARE 14 SLURRY - SLAM 15 MORE THAN 2,000  
03 TRAILER 04 TRAILER WITH CARRIER 09 DUMP 10 HAZARDOUS WASTE 11 OTHER 12 UNKNOWN

**HAZARDOUS MATERIALS PLACARD**  
1 NO  
2 YES  
3 UNKNOWN

**HAZARDOUS MATERIALS RELEASED**  
1 NO  
2 YES  
3 NOT APPLICABLE  
4 UNKNOWN

**Police Action**

DATE CRASH REPORTED: **0 5 2 8 2 0 0 8** TIME REC CALL: **2 3 1 1** DISPATCH: **2 3 1 1** ARRIVED: **2 3 1 7** CLEARED: **2 3 5 9** OTHER: **4 0** TOTAL MINUTES: **0 0 8 8**

OFFICER'S NAME: **Grier, Kenneth** SAUCE #: **1 4 8 8** CHECKED BY: **TECURREN** DATE REPORT FILED: **0 5 2 9 2 0 0 8**

REPORT TAKEN BY: **1** 1 POLICE AGENCY 2 BOTHRIT  
REPORT TAKEN AT: **1** 1 SCENE 2 STATION 3 OTHER  
SUPPLEMENT "X" IF YES:   
LOCAL REPORT #: **1 0 - 0 3 9 1 - 9 0**

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER <b>10-0381-90</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>05/28/2008</b>
IN COUNTY OF <b>Lorain</b>	ACCIDENT LOCATION <b>WR0080</b>	

**Damage Unit # 1**

could not locate specific damage related to toll booth on right trailer door, various scratches on frame of door not clearly associated with damage to toll booth.

**Damage Toll Booth # 1 entrance # 2**

aluminum siding on side off toll booth dented and separated slightly from door area (mild to moderate damage)

Trailer unit #1 [REDACTED] at IL / Wabash / 1JJV532W08L [REDACTED] clothing items

Unit #1 drove away from impact area at booth before officer's arrival.

Insurance Policy # [REDACTED] Acuity

OFFICERS SIGNATURE	BADGE NO. <b>1488</b>
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10-0391-90



20080529



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

April 26, 2010

[Redacted]

NVS-216. rr  
Ref. No: 10231791

Matteson, IL [Redacted]

Dear [Redacted]

The National Highway Traffic Safety Administration (NHTSA) is the Federal agency responsible for improving safety on our Nation's highways. We are authorized to order manufacturers to recall and repair vehicles or items of motor vehicle equipment when our investigations indicate that they contain serious safety defects in their design, construction, or performance. We also monitor the adequacy of manufacturers' recall campaigns. In order for the agency to initiate an investigation, sufficient data must exist to warrant the expenditure of agency resources.

We have received a report (copy enclosed) from The Ohio Turnpike Commission dated June 17, 2008, concerning the door being unsecured that occurred on the Ohio Turnpike on May 28, 2008, involving your 2006 Freightliner Columbia vehicle. Reports of this type are a very important source of information for us. Each report is analyzed and compiled into a database to assist us in identifying potential recall inadequacies and safety defects to determine whether an investigation is warranted.

However, in order for us to utilize and record specific information concerning the problem you experienced with your vehicle, more detailed information needs to be provided. Please fill out and return the enclosed pre-addressed, postage-paid Vehicle Owner's Questionnaire (VOQ). Provide a more detailed account of the incident and identify the specific vehicle assembly that caused the problem. Also, attach any documentation that may help in correctly identifying the cause of the failure, e.g., copies of repair invoices, insurance reports, etc. The information will be used to update that report and entered into our data system. Additionally, the Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. Therefore, we request having your authorization to provide your name and address to the manufacturer of your vehicle. This may assist the manufacturer in determining if a safety-related defect trend exists. Please mark the appropriate authorization box and sign the form.

Contact the undersigned if further assistance is needed at (202) 366-5211.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosures



FIRST CLASS



Hasler

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\$0 1.220

04/27/2010

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NO POSTAGE ORDER ON FILE

USA



Illinois

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