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

2009 MAR 16 PM 5:39

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	Repository
20-FEB-2009	Reference No 10259426

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City TARZANA	State CA	Zip Cod	

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 ___/___/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1XKWDB9X5WR	KENWORTH	W900	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
3-23-98					
Original Owner ☒	Dealer's City OMAHA NE	State NE	Zip Code	6	DIESEL

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
EATON	☒ Antilock Brakes ☐ Cruise Control	EATON - OK		06-FEB-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 161000 STRUCTURE; FRAME AND MEMBERS	Failure Mileage	Failure Speed
	~~150000~~ 158117	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL*THE CONTACT OWNS A 1998 KENWORTH W900. WHILE DRIVING AT AN UNKNOWN SPEED, THE CONTACT NOTICED THAT THE HOOD WAS KNOCKING ON THE MAIN CAB AND WAS NOT ALIGNED PROPERLY. THE VEHICLE WAS DRIVEN TO A LOCAL REPAIR SHOP AND THE MECHANIC STATED THAT THE CHASSIS WAS CRACKED AND DEFECTIVE. THE MANUFACTURER STATED THAT THEY WERE NOT LIABLE FOR THE REPAIRS. THE VEHICLE WAS REPAIRED. THE CURRENT AND FAILURE MILEAGES WERE (~~150,000~~) 158117

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY