 <p>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</p>		<p>EOR AGENCY USE ONLY 100148</p>	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Date Received JAN 14 2011 10-SEP-2010</p>	<p>Repository <input type="checkbox"/></p> <p>Reference No. 10354928</p>
<p>OWNER INFORMATION (Type or Print)</p>			
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	<p>E-mail Address [REDACTED]</p>
<p>Address [REDACTED]</p>		<p>Evening Telephone Number [REDACTED]</p>	
<p>City BISTOW</p>	<p>State OK</p>	<p>Zip Code [REDACTED]</p>	
<p>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).</p>			
<p>VEHICLE INFORMATION</p>			
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G D G 4 T I V 9 L V [REDACTED]</p>		<p>Make FREIGHTLINER GMC</p>	<p>Model FS-65 P800</p>
<p>Date Purchased 1990</p>		<p>Model Year 2006</p>	<p>Fuel Type: unleaded</p>
<p>Dealer's Name and Telephone Number</p>		<p>Engine: No: Cylinders 8</p>	
<p>Original Owner <input type="checkbox"/></p>	<p>Dealer's City</p>	<p>State</p>	<p>Zip Code</p>
<p>Transmission Type Standard</p>	<p><input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure: Incident Date(s) 09-SEP-2010</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Vehicle Component Code: 063000 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM got sick breathing exhaust fumes</p>		<p>Failure Mileage</p>	<p>Failure Speed 25</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>			
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>	<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM9ABC036)</p>	<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>	
<p>Tire Component Code</p>		<p>Tire Failure Type:</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>			
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>	
<p>Seat Type:</p>	<p>Installation System:</p>		
<p>Child Seat Component Code:</p>	<p>Failed Part:</p>		
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>			
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 1</p>	<p>Number of Deaths 0</p>
		<p>Reported to Police N</p>	
<p>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).</p>			
<p>TL* THE CONTACT WAS DRIVING A P800 (N/A) (YEAR AND MODEL IS UNKNOWN) PROVIDED BY THE UPS. WHILE DRIVING THE CONTACT SMELLED FUMES AND STARTED FEELING HEAD PAINS. THE CONTACT STOPPED DRIVING THE VEHICLE AND WENT TO THE DOCTOR. THE DOCTOR DISCOVER THE CONTACT HAD CARBON MONOXIDE POISONING AS A RESULT OF THE FUMES FROM THE VEHICLE AND WAS IMMEDIATELY RUSHED TO THE HOSPITAL. THE CONTACT STATED UPS REFUSES TO REPAIR THE VEHICLE THAT THEY PROVIDE TO THE WORKERS. THE CONTACT STATED THE VEHICLES ARE UNSAFE AND SHOULD BE OFF ROAD. THE FAILURE MILEAGE IS UNKNOWN.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>		<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>	
<p>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 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.</p>			

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

Got a headache while driving P800 [redacted] went to hospital and they said I had carbon monoxide poisoning from exhaust fumes in the cab of vehicle and cargo area of vehicle. UPS took vehicle to International where they said it was fine and put truck back in line up. So far UPS has refused to put me back on that route.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

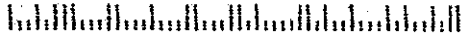


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BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, DC 20077-9382



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

