


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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 05-MAY-2011 SEP 20 2011		Repository <input type="checkbox"/> Reference No. 10399195							
OWNER INFORMATION (Type or Print)													
Name		Address		City		State		Zip Code		Daytime Telephone Number		E-mail Address	
				DICKINSON		TX							
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).													
VEHICLE INFORMATION													
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side				Make		Model		Model Year					
4DRBUANX9E				IC		CESB		2009					
Date Purchased		Dealer's Name and Telephone Number				Engine:		Fuel Type:					
3-2008		Longhorn Buses Sales 800-392-5356				No: Cylinders		Diesel					
Original Owner		Dealer's City		State		Zip Code							
<input type="checkbox"/>						6							
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:		Incident Date(s)					
auto		<input type="checkbox"/> Cruise Control						01-FEB-2010					
FAILED COMPONENT(S)/PART(S) INFORMATION													
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING						Failure Mileage		Failure Speed					
						40000							
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: DOTM9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <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					
				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 2009 INTERNATIONAL IC CE 300 BUS. THE CONTACT STATED THAT THE EGR COOLER HOSE WAS DEFECTIVE AND FAILED. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION OR REPAIRS. THE MANUFACTURER WAS CONTACTED WHO DID NOT OFFER ANY ASSISTANCE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 40,000.													
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 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)

All of our two hundred eight & nine
~~are~~ are, or have had this failure.

I have talked with other school districts
they are having the same problem.

International trucks & longform bus
will not give any assistance.

This problem is serious because when this
happens the bus is loaded with "kids"

I do have the defective buses for inspection if needed

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

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, D.C. 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

**DICKINSON INDEPENDENT SCHOOL DISTRICT
VEHICLE REPAIR WORK REQUEST**

70430

INSTRUCTIONS:

- DRIVER - Fill in items 1-6; file carbon copy in Vehicle Repair Request file and submit original to shop.**
- SHOP - Determine priority of work to be done. Assign work. Technicians(s): complete this form when work is completed.**

I. TO BE COMPLETED BY DRIVER

1. Vehicle # 2903
 2. Date 6-30-11
 3. Time 8:00 am pm
 4. Driver _____
 5. Parking Space _____

6. Describe symptoms _____

EGR HOSES LEAKING
DRIVER FAN NOT WORKING
VIN# 4DRBUAAN09B

II. TO BE COMPLETED BY SHOP

1. Date / Time 6-30-11 8:00 am pm
 2. Odometer 51105
 3. Total Hours _____
 4. Completed
 5. Reassigned _____

6. Work Done _____

	Hours	Tech.
<input checked="" type="checkbox"/> P M I	4	RG
<input checked="" type="checkbox"/> Replaced All EGR HOSES	1	RG ✓
<input checked="" type="checkbox"/> CLEANED AC FILTERS	.25	RG ✓
<input checked="" type="checkbox"/> Replaced Breaker FOR DRIVER FAN	.25	RG ✓
<input checked="" type="checkbox"/> Patched 3 seats	.25	RG ✓

Quantity	Part Number and Description	Unit Price	Total Price	Quantity	Part Number and Description	Unit Price	Total Price
3 FT	70-100 1in Hose						
6	CT-9420 CLAMPS						
1	1844447C1 O Ring						
1	1878395C1 EGR HOSE ABOVE TURBO						
1	3529675C1 BREAKER						
1/2 GAL	Red ANTIFREEZE						

286.26

**DICKINSON INDEPENDENT SCHOOL DISTRICT
VEHICLE REPAIR WORK REQUEST**

069228

INSTRUCTIONS:

- DRIVER - Fill in items 1-6; file carbon copy in Vehicle Repair Request file and submit original to shop.**
- SHOP - Determine priority of work to be done. Assign work. Technicians(s): complete this form when work is completed.**

I. TO BE COMPLETED BY DRIVER

- Vehicle # 2908
- Date 12-20-10
- Time 6:00 @ pm
- Driver _____
- Parking Space _____

6. Describe symptoms

WATER LEAK

VIN # 4DRBUAAN89B

II. TO BE COMPLETED BY SHOP

- Date / Time 12-20-10 6:00 @ pm
- Odometer 40108
- Total Hours _____
- Completed
- Reassigned _____

6. Work Done

Replaced crossing ARM
Replaced BOOSTER pump
Replaced ALL EGR HOSES +
CLAMPS + O RING

Hours	Tech.
<u>.25</u>	<u>R.G.</u>
<u>.5</u>	<u>R.G.</u>
<u>.4</u>	<u>R.G.</u>

Quantity	Part Number and Description	Unit Price	Total Price	Quantity	Part Number and Description	Unit Price	Total Price
<u>1</u>	<u>1878395C1 HOSE EGR</u>						
<u>1</u>	<u>2127279C97 BOOSTER pump</u>						
<u>1</u>	<u>3564900C2 ONE ARM in 181ADIE</u>						
<u>8</u>	<u>CT 9416 CLAMPS</u>						
<u>3 FT</u>	<u>70-100 EGR HOSE 1 in</u>						
<u>1 GAL</u>	<u>Red ANTIFREEZE</u>						
<u>1</u>	<u>1844442C1 O RING SEAL</u>						

4315
42

85
250

**DICKINSON INDEPENDENT SCHOOL DISTRICT
VEHICLE REPAIR WORK REQUEST**

70420

INSTRUCTIONS:

1. DRIVER - Fill in items 1-6; file carbon copy in Vehicle Repair Request file and submit original to shop.
2. SHOP - Determine priority of work to be done. Assign work. Technicians(s): complete this form when work is completed.

I. TO BE COMPLETED BY DRIVER

1. Vehicle # 2909
2. Date _____
3. Time _____ am/pm
4. Driver _____
5. Parking Space _____

6. Describe symptoms _____

Busted EGR coolant hose

Vin # 4DRBUAAN49B

II. TO BE COMPLETED BY SHOP

1. Date / Time 5/31/11 am/pm
2. Odometer 47785
3. Total Hours 1.75
4. Completed _____
5. Reassigned _____

6. Work Done _____

RTR EGR 3/8 coolant hose

added coolant - pressure
washed engine - got up to temp

ck fluid level - OK

no leaks found 1.75 3/31/11

Hours Tech.

Quantity	Part Number and Description	Unit Price	Total Price	Quantity	Part Number and Description	Unit Price	Total Price
<u>5</u>	<u>gal. red coolant</u>						
<u>8 in.</u>	<u>3/8 coolant hose 0119520</u>						

5/31/11
RS



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