Bus #24

Form Approved: OMB No. 2127-0008

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 10399367

Date Received: OCT - 4 2011 (06-MAY-2011)
Repository ☐
Reference No.: 10399367

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: ROCK HILL; State: SC Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [redacted]

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 53871 (Dec. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: VIN-1T7YU4E229[redacted]
Make: THOMAS BUILT
Model: SAF-T-LINER HDX
Model Year: 2009
Date Purchased: 8-26-08
Dealer's Name and Telephone Number: Interstate Transportation
Original Owner: ☑
Dealer's City: Columbia
State: SC Zip Code: 29290
Engine: No. Cylinders: 6
Fuel Type: Diesel
Transmission Type:
Antilock Brakes: ☐ Cruise Control: ☐
Powertrain:
Multiple Failure:
Incident Date(s): 8-5-11

FAILED COMPONENT(S)/ PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING
Failure Mileage: 26,635
Failure Speed:

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: DOTHR3ABC035):
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), Crash(es), and Injuries.)

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).

TL*THE CONTACT OWNS A 2009 THOMAS BUILT SAF-T-LINER HDX. WHILE DRIVING APPROXIMATELY 65 MPH THE POWER STEERING FAILED. THE VEHICLE WAS PULLED OVER AND TOWED TO AN AUTHORIZED DEALER WHERE THE CONTACT WAS INFORMED THAT THE STEERING HYDRAULIC PUMP FAILED. THE VEHICLE WAS REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 37,197.

This pump failed while bus was stopped. When we restarted the bus the power steering did not work.

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.

I'm attaching pictures of the pump after we disassembled It,

Interstate Transportation Equipment, Inc.

Thomas BUILT BUSES

INTERSTATE TRANSPORTATION EQUIPMENT INC.

PO BOX 9163
2511 TROTTER RD.
COLUMBIA, SC 29290
Phone: (803) 776-5041 - (800) 726-0779 - Fax: (803) 776-3527

SERVICE INVOICE
R001003632:01

DATE INVOICE **9/13/2011**
PO # **166633**
CUSTOMER # **10961**
TERM **DUE UPON RECEIPT**

R001003632:01

BILL TO 10961
[redacted]
ROCK HILL SC [redacted]

PHONE

DELIVER TO 10961
[redacted]
ROCK HILL SC [redacted]

PHONE
(000) 000-0000

ADVISOR	VIN	YEAR	MAKE	BODY NO	FLEET ID	IN SERVICE	MILEAGE OUT
JAMES	1T7YU4E2291[redacted]	9999	N/A	831277		08/26/2008	1

JOB #1 TOW **SRET** **BUS TOWING**

CONDITION BUS TOWING
CAUSE BUS BROKEN DOWN
CORRECTION TOWED TO CUMMINS ATLANTIC

QTY	ITEM	TECH NO.	DESCRIPTION	NET PRICE	EXTD PRICE
1	TOWING		BUS TOWED	370.00	370.00

JOB #2 28-19 **SRET** **TO R/R THE EPA 07 HYDRAULIC PUMP ON HDX UNITS ONLY**

CONDITION TO R/R THE EPA 07 HYDRAULIC PUMP ON HDX UNITS ONLY-NO POWER STEERING
CAUSE DEFECTIVE POWER STEERING PUMP
CORRECTION PUMP REPLACED BY CUMMINS ATLANTIC

QTY	ITEM	TECH NO.	DESCRIPTION	NET PRICE	EXTD PRICE
1	001F/PH 702 9120 031		PUMP-STRG,FAN DR,48X21,PGP	1,028.90	1,028.90
1	001F/PH 936744		FILTER, ELEMENT ASSY	78.33	78.33
1	SUBREP		SUBLET REPAIRS-CUMMINS ATLANTIC	1,198.31	1,198.31

Bus #24
WO#406110

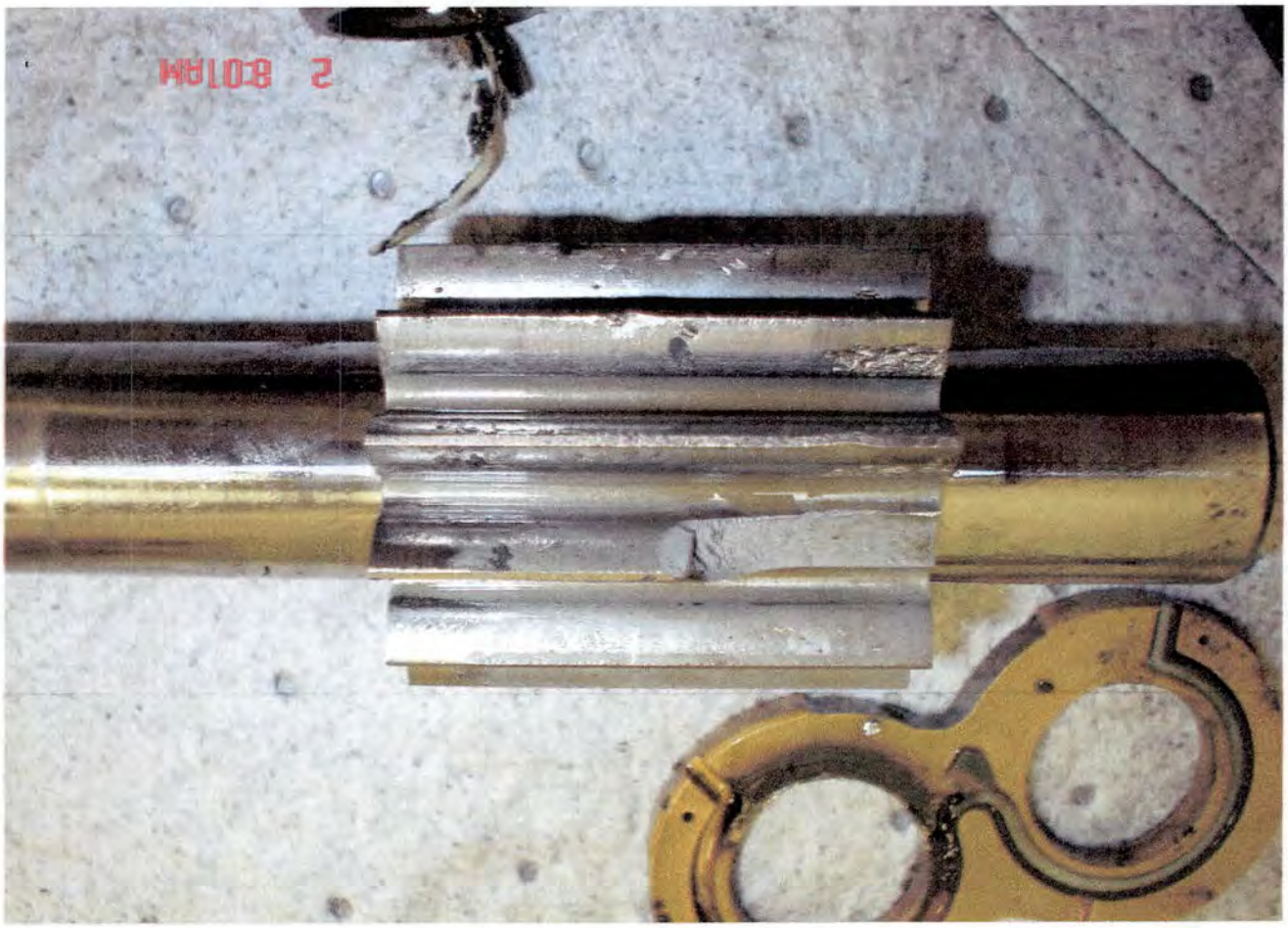
MISC CHARGES	0.00
PARTS	1,107.23
LABOR	0.00
SUBLET	1,568.31
SHOP SUPPLIES	0.00
TAX 7.00%	161.39
TOTAL	**2,836.93**

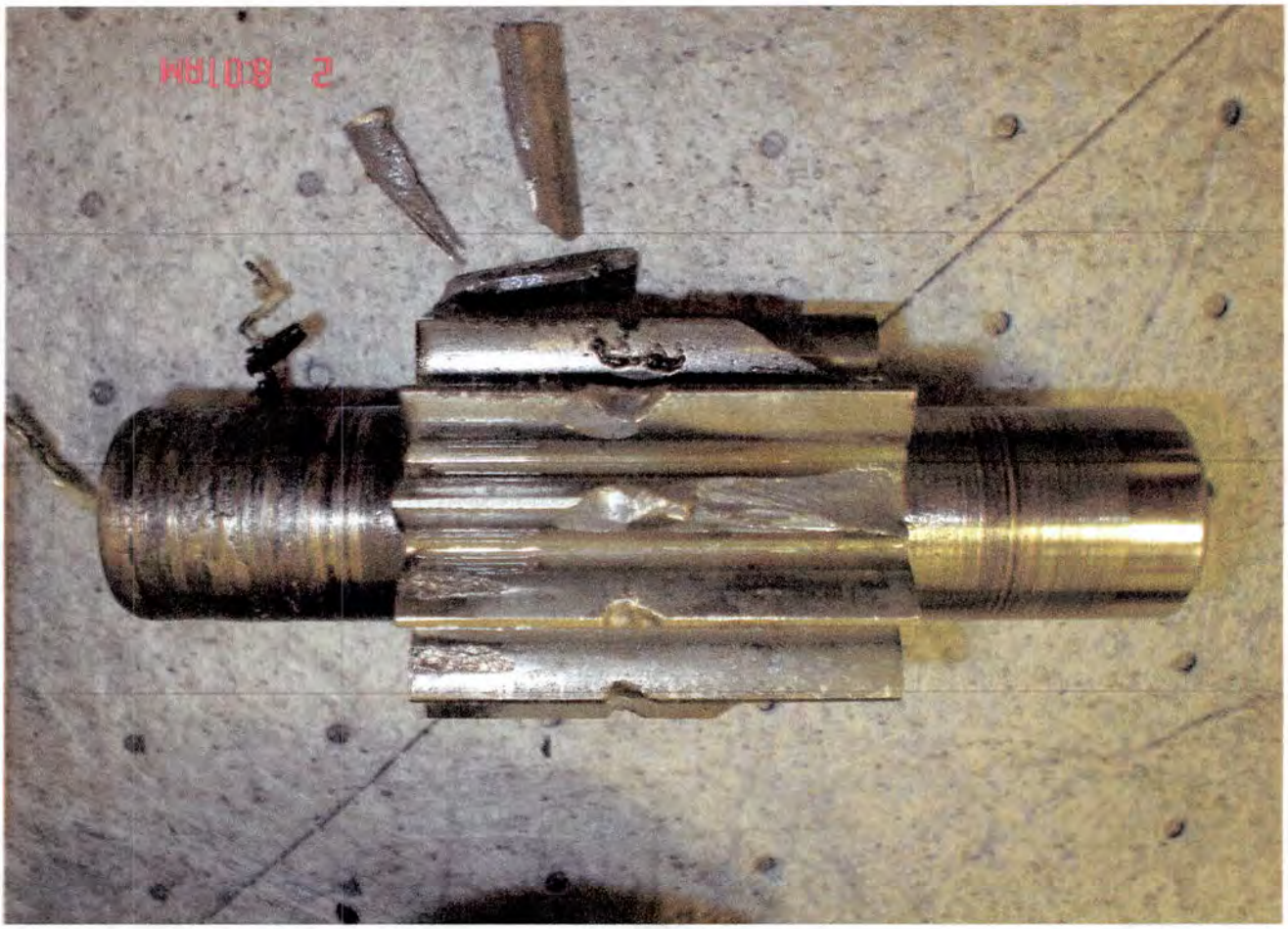
SIGNATURE X [redacted] DATE 9-23-11

Please Remit Payment to:
INTERSTATE TRANSPORTATION
EQUIPMENT INC.
PO BOX 9163
2511 TROTTER RD.
COLUMBIA, SC 29290


2 8:01AM


2 8:00AM


2 801AM


2 801AM

Bus #54

Form Approved: OMB No. 2127-0039

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

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Date Received: OCT - 4 2011 (06-MAY-2011)
Repository ☐
Reference No.: 10399367

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: ROCK HILL | State: SC | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [redacted]

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 53871 (Dec. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1T7YU4EX9B1[redacted]
Make: THOMAS BUILT
Model: SAF-T-LINER HDX
Model Year: 2009

Date Purchased: 11-7-02
Original Owner: ☑
Dealer's Name and Telephone Number: Interstate Transportation 800-726-0779
Dealer's City: Columbia | State: SC | Zip Code: 29290
Engine: No. Cylinders: 6
Fuel Type: Diesel

Transmission Type: Automatic
☑ Antilock Brakes
☐ Cruise Control
Powertrain:
Multiple Failure:
Incident Date(s): 27-APR-2011

FAILED COMPONENT(S)/ PART(S) INFORMATION

Vehicle Component Code: 019000 STEERING
Failure Mileage: 37107
Failure Speed: 65

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: DOTHALVABCDE):
☐ 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 Individual Rollover(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).

TL*THE CONTACT OWNS A 2009 THOMAS BUILT SAF-T-LINER HDX. WHILE DRIVING APPROXIMATELY 65 MPH THE POWER STEERING FAILED. THE VEHICLE WAS PULLED OVER AND TOWED TO AN AUTHORIZED DEALER WHERE THE CONTACT WAS INFORMED THAT THE STEERING HYDRAULIC PUMP FAILED. THE VEHICLE WAS REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 37,107.

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 statistical summary thereof, may be used in support of the agency's action.

[redacted]

INTERSTATE TRANSPORTATION EQUIPMENT INC.

PO BOX 9163
2511 TROTTER RD.
COLUMBIA, SC 29290
Phone: (803) 776-5041 - (800) 726-0779 - Fax: (803) 776-3527

SERVICE INVOICE
R001001823:01

DATE INVOICE **5/24/2011**
PO # **165995**
CUSTOMER # **10961**
TERM **DUE UPON RECEIPT**

R001001823:01

BILL TO 10961
[redacted]
ROCK HILL SC [redacted]

PHONE

DELIVER TO 10961
[redacted]
ROCK HILL SC [redacted]

PHONE
(000) 000-0000

ADVISOR	VIN	YEAR	MAKE	BODY NO	FLEET ID	IN SERVICE	MILEAGE OUT
JAMES	1T7YU4E2091[redacted]	9999	N/A	831263		08/26/2008	31878

JOB #1 WAR TOWING **SRET** **WARRANTY TOWING**
CONDITION WARRANTY TOWING
CAUSE
CORRECTION

QTY	ITEM	TECH NO.	DESCRIPTION	NET PRICE	EXTD PRICE
1	TOWING		BUS TOWED	370.00	370.00

JOB #2 28-08 **SRET** **PUMP, HYDRAULIC, CUMMINS ENGINE - REMOVE & REPLACE**
CONDITION PUMP, HYDRAULIC, CUMMINS ENGINE - REMOVE & REPLACE
CAUSE
CORRECTION

QTY	ITEM	TECH NO.	DESCRIPTION	NET PRICE	EXTD PRICE
1	001F/PH 936744		FILTER, ELEMENT ASSY	78.33	78.33
1	001F/PH 702 9120 031		PUMP-STRG,FAN DR,48X21,PGP	1,028.90	1,028.90
1	MISC		GASKET	8.25	8.25
1	WWW		WWWILLIAMS	1,073.51	1,073.51

Bus #54
WO #402438

MISC CHARGES	8.25
PARTS	1,107.23
LABOR	0.00
SUBLET	1,443.51
SHOP SUPPLIES	0.00
TAX 7.00%	153.23
TOTAL	**2,712.22**

SIGNATURE X [redacted] DATE _____

Please Remit Payment to:
INTERSTATE TRANSPORTATION
EQUIPMENT INC.
PO BOX 9163
2511 TROTTER RD.
COLUMBIA, SC 29290