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 JUN 17 2011
10-MAY-2011

Repository ☐

Reference No. 10399881

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City JACKSON | State MI | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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
1XKAD49X9AJ[redacted]	KENWORTH	T660	2010

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2010	Wyoming Kenworth			6	deisel
Original Owner ☐	Dealer's City Wyoming	State MI	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
18Speed	☑ Antilock Brakes ☑ Cruise Control	Cumming		05-MAY-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage	Failure Speed
	145000	10

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	1	0	Y

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 2010 KENWORTH T660 TRUCK. WHILE DRIVING APPROXIMATELY 10 MPH, THE CONTACT ATTEMPTED TO DEPRESS THE BRAKE PEDAL WHEN HE NOTICED THAT THE VEHICLE WAS HESITANT TO STOP. THE CONTACT WAS ABLE TO PULL THE EMERGENCY BRAKE IN ORDER TO SLOW THE VEHICLE SPEED BUT THE CONTACT CRASHED INTO THE VEHICLE POSITIONED IN FRONT OF HIM. THE CONTACT NOTICED THERE WAS A COVER OVER THE STEERING COLUMN WHICH INTERFERED WHEN HE ATTEMPTING TO BRAKE. THE CONTACT STATED THAT THE BRAKE PEDAL WAS EXTREMELY NARROW AND MADE IT DIFFICULT TO ENGAGE. A POLICE REPORT WAS FILED. THE CONTACT WAS NOT INJURED BUT THE DRIVER OF THE SECOND VEHICLE STATED SHE RECENTLY HAD SURGERY ON HER SHOULDER AND WAS WORRIED ABOUT FURTHER INJURIES. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND STATED THAT AN INSPECTOR WOULD INSPECT THE VEHICLE FOR FAILURE. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS NOT AVAILABLE. THE APPROXIMATE FAILURE MILEAGE WAS 145,000.

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

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

Traveling on 3 lane that Runs North in Middle lane Traffic was heavy. Small grade where accident happened. Tryed to Stop Right foot was in back of brake pedal. Interference by steering colum Cover. Shoe bumped into cover Pushed down on pedal and no Slowing of vechicle occured. due to interference and poor position of foot on pedal.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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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

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Office of Defects Investigation, NVS-210
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