

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  
**SEP 27 2011**  
01-AUG-2011

Repository   
Reference No.  
10416453

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City **SANDY HOOK** State **CT** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED] (e11)

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  
**4DRBUAAN08E [REDACTED]** Make **INTERNATIONAL** Model **CE** Model Year **2008**  
Date Purchased **10/4/07** Dealer's Name and Telephone Number **DATCO** Engine: **8** Fuel Type: **DIESEL**  
Original Owner  Dealer's City **New Britain** State **CT** Zip Code [REDACTED]  
Transmission Type **AUTOMATIC**  Antilock Brakes Powertrain **excessive diesel fuel in oil 2x** Multiple Failure: **yes** Incident Date(s) **20-MAY-2011 - AUG 2011**  
 Cruise Control **seal of burning oil**

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: **130000 VISIBILITY** Failure Mileage **60000** Failure Speed [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM9ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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 2008 INTERNATIONAL CE SCHOOL BUS. THE CONTACT STATED THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR INSPECTION AND THEY DETECTED A CONDENSATION RESIDUE BUILDUP IN THE GLASS ON THE FOUR ENTRY DOOR PANELS. THE WHITE RESIDUE COMPLETELY OBSTRUCTED THE VISIBILITY. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 60,000.  
**ALSO, MANY problems with engine and emissions, EGR valves, & coolers, replaced many times, diesel fuel in oil - engine failing. Steering column replaced, electric door motor replaced, cross gate motor replaced, fuel supply pump replaced - etc... BUS IS A LEMON! constant draw on batteries, cannot find problem - wiring issue - batteries also replaced & third added -**

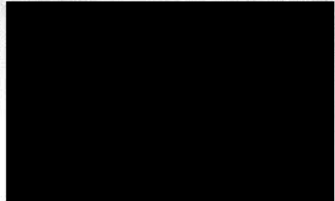
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**Invoice Copy**

583 South Street  
New Britain, CT  
06051

Invoice No	237681
Invoice Date	8/12/2011
Terms of Trade	COD
Client ID	0000100719



[Redacted]	
SANDY HOOK	, CT [Redacted]

License No	[Redacted]	Registered	9/4/2007
Make	INTERNATIONAL	Model	CE
VIN	4DRBUAAN08B [Redacted]	Engine No	[Redacted]

Activity ID	U 185744	Order No	
Activity Date	8/12/2011	Distance	61063

Activity Title	STANDARD REPAIR
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Quantity	Description	Unit Price	Price	Tax %	Tax	Total
1	[Redacted] 4DRBUAAN08B [Redacted] MILES 61063	\$0.00	\$0.00	6.35	\$0.00	\$0.00
	CONCERN: REPLACE GLASS WITH MOISTURE CAUSE: PERMEATED CORRECTION: REPLACE ALL 4 WINDOWS AND GASKETS IN SERVICE DOOR					

Parts	Description	Unit Price	Price	Tax %	Tax	Total
4	LOW ENT DOOR GLASS W/SEAL	\$66.37	\$265.48	6.35	\$16.86	\$282.34
4	ENTRANCE DOOR GLASS / IC TEMPERED	\$48.86	\$195.44	6.35	\$12.41	\$207.85
Labor	Description	Unit Price	Price	Tax %	Tax	Total
2 hours	Labor - Terrance Ellingson	\$110.00	\$220.00	6.35	\$13.97	\$233.97
2 hours	Labor - Michael Butterfield	\$110.00	\$220.00	6.35	\$13.97	\$233.97
<b>Invoice Totals</b>			<b>\$900.92</b>		<b>\$57.21</b>	<b>\$958.13</b>

SANDY HOOK, CT  
 USDOT#: 01688698  
 MC/MX#:  
 State#:  
 Location: BRIDGEPORT  
 Highway:  
 County: FAIRFIELD, CT

Phone#:   
 Fax#:   
 MilePost:  
 Origin: BPT  
 Destination: BPT

Driver:  
 License#:  
 Date of Birth:  
 CoDriver:  
 License#:  
 Date of Birth:  
 Shipper:  
 Bill of Lading:  
 Cargo:

**VEHICLE IDENTIFICATION**

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	SB	ICRP	2008	CT		29	4DRBUAAN08B	29,800			

**BRAKE ADJUSTMENTS**

Axle #	1	2
Right	1 1/4	1 1/2
Left	1 1/8	1 7/8
Chamber	L-20	L-30

**VIOLATIONS**

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
212	S	1	N		N	N	Service Door Thermo Pane Glass Cloudy
222A	S	1	N		N	N	Emergency Door Interior Red Handle Nut Loose
411	S	1	N		N	N	Left Back Up Light Inop

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

**State Information:**

License Check: NO; Suspended: NO; Carrier Suspended: NO; Towed: NO; 100/150 Airmile: NO; Body Mfg: 18; Town Reg: NO; STV Control No.: CB-44404; STV Audit: NO; Mileage: 61013; Registered Owner: SAME; Seating Cap.: 71; STV Type: C; Tax Town: 097;

ATTENTION STV CARRIER/CONTRACTORS: \*\*ALL DEFECTS MUST BE CORRECTED PRIOR TO THE VEHICLE(S) BEING RE-DISPATCHED\*\*. Following correction, RETURN THIS REPORT to the address at the top of this form within 15 days. FAILURE TO RETURN THIS REPORT WITHIN 15 DAYS OF INSPECTION DATE MAY RESULT IN FINES and/or SUSPENSION OF THE VEHICLE(S) REGISTRATION.

THIS VEHICLE HAS BEEN INSPECTED AND MEETS EQUIPMENT REQUIREMENTS NECESSARY FOR REGISTRATION

Signature of Inspector: \_\_\_\_\_ Badge #: \_\_\_\_\_ Date: \_\_\_\_\_ Punch: \_\_\_\_\_

MOTOR CARRIER CERTIFICATION: I/We certify, under penalty of false statement (C.G.S. 14-110 ref. 53a-157b) that ALL violations noted on this report have been corrected and action has been taken to assure compliance.

Signature Of Motor Carrier X \_\_\_\_\_ Title: OWNER Date: 8/12/11

Report Prepared By: INSP. R. WARGO  
 Badge #: 0045

Copy Received By: \_\_\_\_\_

