



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

JAN 10 2012
09-DEC-2011

Repository

Reference No.
10439180

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: PLEASANT GAP State: PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
 Evening Telephone Number:

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: 1FUJGEDR3A[REDACTED]
 Make: FREIGHTLINER Model: CASCADIA Model Year: 2010
 Date Purchased: March 2009 Dealer's Name and Telephone Number: Ecks Garage LLC 1.570.433.3540 Engine: No: Cylinders: 6 Fuel Type: Diesel
 Original Owner: Dealer's City: Muncy State: PA Zip Code: 17756
 Transmission Type: Antilock Brakes Powertrain: Detroit DD 15 Multiple Failure: Incident Date(s): 13-NOV-2011
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING Failure Mileage: 180000 Failure Speed: 45

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: DOTM19ABC036) 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: Yes No Fire: Yes No
 Number of Persons Injured: Number of Deaths: 1 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 2010 FREIGHTLINER CL125. THE CONTACT STATED THAT THE DRIVER WAS DRIVING APPROXIMATELY 45 MPH, WHEN THE VEHICLE SUDDENLY ROLLED OVER WITHOUT ANY WARNING. THE DRIVER PASSED AWAY DUE TO THE CRASH. THE POLICE WERE NOTIFIED AND A REPORT WAS AVAILABLE. THE VEHICLE WAS NOT TAKEN TO HAVE THE FAILURE DIAGNOSED OR REPAIRED. THE CONTACT EXAMINED THE VEHICLE AND STATED THAT THE RACK AND PINION WAS FRACTURED. THE CONTACT WAS NOT SURE IF THE FRACTURED RACK AND PINION WAS THE CAUSE OF THE FAILURE. THE MANUFACTURER WAS NOTIFIED AND THEY ADVISED THE CONTACT NOT TO TOUCH THE VEHICLE UNTIL AN INVESTIGATOR WAS SENT. THE FAILURE MILEAGE WAS APPROXIMATELY 180,000.

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 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.