MAY - 9 2014

Form Approved: O.M.B. 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 100148

Date Received	Repository ☐
05-MAR-2014	Reference No. 10567416

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: BROOKLYN CENTER	State: MN	Zip Code:	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	Make	Model	Model Year
1M2AX01C2AM	MACK	GU 712	2010

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9/23/2009	Nuss Truck			No: Cylinders 6	Diesel
Original Owner ☑	Dealer's City: Roseville	State: MN	Zip Code: 55430		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AT	☑ Antilock Brakes ☑ Cruise Control			03-MAR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	9015	

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	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 2010 MACK TRUCK GU712. THE DRIVER WAS TRAVELING 30 MPH AND ATTEMPTED TO DECELERATE WHEN THE VEHICLE SUDDENLY ACCELERATED~~. ~~THE DRIVER WAS ABLE TO APPLY THE BRAKES AND MAINTAIN CONTROL OF THE VEHICLE. THE ENGINE RPMS INCREASED 12000-17000~~, ~~AND CONTINUED TO INCREASE WHEN THE ENGINE WAS SHUT OFF. T~~HE CERTIFIED MECHANIC INSPECTED THE TRUCK AND REPLACED THE THROTTLE. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 9,015. while in operation unit was abnormally hard to hold stopped at a stop lamp. When proceeding, the unit throttle was above idle. Operater brought to shop and experienced this the rest of the way. Throttle was being commanded to 23% by defective Foot throttle assy. RPM went to 1600 RPM when at idle.

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.