

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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 13 2016 10-NOV-2015	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: MORRODAY State: CA Zip Code: [REDACTED]				Repository ☐	
				Reference No. 10789615	
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).				Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED] E-mail Address: [REDACTED]	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WDYPE845385 [REDACTED]			Make: FREIGHTLINER		Model: SPRINTER 2500 Model Year: 2008
Date Purchased:		Dealer's Name and Telephone Number:		Engine: No: Cylinders:	
Original Owner: ☐		Dealer's City:		State: Zip Code:	
Transmission Type: ☐ Antilock Brakes ☐ Cruise Control		Powertrain:		Multiple Failure: Incident Date(s): 10-NOV-2015	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS				Failure Mileage: 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: 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: 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 FREIGHTLINER SPRINTER 2500. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V354000 (AIR BAGS); HOWEVER, THE PART NEEDED TO REPAIR THE VEHICLE WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.					
I did contact Dealer Corporate Hqts the same day as DOT. They said they still didn't know when the part would be in! But would contact me when part was available. Still haven't heard! Arais to drive vehicle 12-25-15					
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 or a statistical summary thereof, may be used in support of the agency's action.					