INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF 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	Repository ☐
13-AUG-2019 NOV 0 1 2019	Reference No. 11243741

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City PORT ORCHARD	State WA	Zip Cod	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
~~4P1BAAFFSH~~ 4P1BAAFF5HA	~~INTERNATIONAL~~ Pierce	~~4700~~ Saber	~~2004~~ 2017

Date Purchased	Dealer's Name and Telephone Number		Engine: CUMMINS No: Cylinders	Fuel Type:
2017	Hughes Fire Equip Inc. 800 747 6510		8	Diesel
Original Owner ☒	Dealer's City Spring Feild	State OR / Zip Code 97477		

Transmission Type			Multiple Failure:	Incident Date(s)
Allison	☒ Antilock Brakes ☐ Cruise Control	Powertrain	yes	15-MAY-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE (PWS)	Failure Mileage	Failure Speed
	29549	

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			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 2017 (NA) ~~INTERNATIONAL 4700~~ FIRE TRUCK. THE CONTACT STATED THAT THE VEHICLE PRODUCED POOR DEF ~~FLUID QUALITY~~ IN THE DEF FLUID SENSOR, WHICH CAUSED THE VEHICLE TO ~~DECELERATE~~ Derate. THE MANUFACTURER WAS CONTACTED AND SENT NEW DEF TANK HEADERS THAT WERE INSTALLED AT THE FIRE STATION. THE DEALER WAS NOT CONTACTED. THE VEHICLE WAS REPAIRED. THE FAILURE MILEAGE WAS 29,549. Electric

Fault codes

Experiencing ongoing DEF header failures in All 6 2017 trucks.

other vin #'s are; 4P1BAAFF7HA [redacted]
4P1BAAFF9HA
4P1BAAFF2HA
4P1BAAFF4HA

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