



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

POSTED

Approved: O.M.B. No. 2127-0008

FOR OFFICIAL USE ONLY

DATE RECEIVED
RECEIVED

00 NOV -6 PM 1:57

OFFICE
DEFECTS INVESTIGATION

557134

A CODE)

Qd. or
ri. cl
oc. rt
u. tr
REFERENCE NO.

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES ☐ NO ☐
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

SIGNATURE OF OWNER

DATE

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*

1FUYDSEB9YL661851

VEHICLE MAKE

FREIGHTLINER

VEHICLE MODEL

FLD 120

MODEL YEAR

2000

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING

66000

DATE

PURCHASED

☐ NEW ☐ USED

DEALER'S NAME, CITY & STATE

ENGINE SIZE
(CID/CC/L)

NO. CYLINDERS

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN

TRANSMISSION TYPE

☐ MANUAL
☐ AUTOMATIC

ANTILOCK BRAKES

☐ YES
☐ NO

RESTRAINT SYSTEM

☐ DRIVERSIDE AIRBAG ☐ MOTORBELT
☐ PASSENGERSIDE AIRBAG
☐ 3-POINT BELT ☐ 2-POINT BELT

CRUISE
CONTROL

☐ YES
☐ NO

DRIVETRAIN

☐ FRONT
☐ REAR
☐ 4-WHEEL

BODY STYLE

STAWAG ☐ HATCH BK ☐
4 DR ☐ VAN ☐
2 DR ☐ PK UP TRK ☐
OTHER ☐

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

Suspension

PART NAME(S)

SPRINGS, HANGAR

LOCATION

☐ LEFT FRONT ☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL
☐ REPLACEMENT

NO. OF FAILURES

1

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S) 110139 KM

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER
CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY
CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☐ YES ☐ NO

FIRE

☐ YES ☐ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY
DAMAGE
EST\$

POLICE REPORTED

☐ YES ☐ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

AXLE #1 LEFT SIDE FRONT SPRINGS, HANGAR IS
LOOSE ON FRAME & CAUSING AXLE TO
SHIRT.

RPT# NY21004539

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 95-579

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.



New York State Department of Transportation
Passenger & Freight Safety Division
New York State Police
Commercial Vehicle Enforcement Unit
TE241e (6/98)

DRIVER VEHICLE INSPECTION REPORT
Report #: NY21004539
Date: 10/26/00
Time Started: 09:37 Time Ended: 10:06
Insp. Level: 1 (Full Inspection)

D: [REDACTED]
License #: L08061533661219
DOB: 12/19/66 State: ON
State #: [REDACTED]
Cargo: GENERAL FREIGHT

Location: GROVELAND (REST AREA NB) MilePost: [REDACTED]
Highway: I-390 County: LIVINGSTON
Shipper: [REDACTED]

Origin: ORANGEBURG, NY
Destination: TORONTO, ON
Shipping Paper #: [REDACTED]

VEHICLE IDENTIFICATION

Unit	Type	Make	Yr	Company
1	TT	FRHT	00	2017
2	ST	TRIM		94007

License	State	CVSA #
1269HW	ON	
M77861	ON	3642757

HAZARDOUS MATERIALS

HM Code/Class	Qty	Wgt
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BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1	1 1/8	1 1/8	1 3/8	1 1/4
Left	1	1 1/8	1 1/4	1 3/8	1 1/4
Chamber	C-20	C-30	C-30	C-30	C-30

VIOLATIONS

Violation Code	St	Unit	OOS	Citation #	Verify	Violations Discovered
393.207(a)		1	Y		U	AXLE # 1, LEFT SIDE, FRONT SPRING HANGER IS LOOSE ON FRAME. AXLE IS SHIFTING AT THIS TIME.
395.8		D	N		N	LATHAM NOT RECORDING MILES DRIVEN OR HOURS IN RECORD OF DUTY ON

MILES : 110139 KM

* Pursuant to the authority contained in Subdivision 2 of Section 140 of the Transportation Law and the regulations of the Commissioner of Transportation promulgated pursuant thereto, I hereby declare vehicles with defects with a "Y" (Yes) in the OOS (Out Of Service) column in the "VIOLATIONS" section of this report OUT OF SERVICE. No person shall operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. ☐

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report.

NOTE TO REPAIRER: If entries are made in the violation section above, please sign the report when repairs are completed.

Signature of Repairer: X Facility: Date:

UNIFORM TRAFFIC TICKETS and NOTICES OF VIOLATION

If you received a Uniform Traffic Ticket, it must be sent to the court and address indicated on the front of the ticket. Do not send the ticket to NYSDOT. If you received a NYSDOT Notice of Violation, please follow the instructions on the back of the notice.

IF ANY VIOLATIONS ARE NOTED ABOVE, THE FOLLOWING CARRIER CERTIFICATION IS REQUIRED TO BE SIGNED BY A CARRIER OFFICIAL AND RETURNED WITHIN 15 DAYS TO:

New York State Department of Transportation
Motor Carrier Safety Bureau
Bldg 7A, Rm 501A
1220 Washington Avenue
Albany, NY 12232-0880

CARRIER CERTIFICATION: I hereby certify that all violations noted above have been corrected and action has been taken to assure compliance with the NYS Transportation Law and Regulations.

Signature of Carrier Official: X Date:

Badge #:
D5060

Copy Received By:
DANIEL E. LATHAM

Page #: 1
Last Page



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DOB: 12/19/66
State #:

State: ON

NOTES

VIN # 1FUYDSEB9YLG61951

Badge #:
D5060

Copy Received By:
DANIEL E. LATHAM
X

Page #: 1
Last Page

240

6m1, 1.15