

02-I-Beam 0222-PN-

Form Approved: O.M.B. No. 2127-0006

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123	DATE RECEIVED 03 NOV 16 AM 11:29 OFFICE DEFECTS INVESTIGATION 557382	FOR AGENCY USE ONLY REFERENCE NO. 0222-PN-
	OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS 	

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. 1FUY35EB7YLB02999 LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE	VEHICLE MAKE FREIGHTLINER	VEHICLE MODEL CENTURY	MODEL YEAR 2000
CURRENT ODOMETER READING 192047	DATE PURCHASED ☐ NEW ☐ USED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CC/L) NO. CYLINDERS
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 4 DR 2 DR HATCH BK VAN PK UP TRK OTHER

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

COMPONENT Suspension	PART NAME(S) Spring Hanger	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) 11/7/00	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 192047		
	VEHICLE SPEED AT FAILURE(S)		

APPLICABLE ACCIDENT INFORMATION

ACCIDENT ☐ YES ☐ NO	FIRE ☐ YES ☐ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST\$	POLICE REPORTED ☐ YES ☐ NO
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NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

AXLE #1 LEFT SIDE: FRONT SPRING HANGER IS
 LOOSE CAUSING AXLE TO SHIRT

CONTINUE ON BACK IF NEEDED

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.



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 #: NY17003505
Date: 11/07/00
Time Started: 01:48 Time Ended: 02:42
Insp. Level: 1 (Full Inspection)

ICC #: 364300
Phone #:

DOT #: 288323
Fax #:

Driver: [REDACTED]
License #: RM34249
DOB: 07/04/67 State: OH
State #:
Cargo: NU 2794, NA1760, UN1263

Location: FRIENDSHIP
Highway: 186
Shipper:

MilePost:
County: ALLEGANY

Origin: ZANESVILLE OH
Destination: ITHACA, NY
Shipping Paper #:

VEHICLE IDENTIFICATION

Unit	Type	Makg	Yr	Company
1	TT	FRMT	00	987705
2	ST	GDAN	87	

License: PUM6093
PT14871

State: OH
NC

CVSA #

HAZARDOUS MATERIALS

HM Code/Class	Qty	W
8 Corrosive material	N	N

BRAKE ADJUSTMENTS

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

VIOLATIONS

Violation Code	St	Unit	OOS	Citation #	Verify	Violations Discovered
393.207(a)		1	Y		U	Axle positioning parts LOOSE, AXLE # 1 LEFT SIDE, FRONT SPRING HANGER IS LOOSE, AXLE SHIFTING.
393.95(a)		1	N		N	Discharge fire extinguisher.
393.45(a)(4)		2	N		N	Brake hose chaffing, BOTH MAIN AIR SUPPLY HOSES AHEAD OF AXLE # 4 ARE CHAFFING.

Field Name: miles 193047

* 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:

Report Prepared By:

Badge #: D5064

Copy Received By: COLL SMITH

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VIN # 7FUYSSB7YLB02999