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

US 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

POSTED

AGENCY USE ONLY

DATE RECEIVED: RECEIVED 00 NOV 16 AM 7 OFFICE DEFECTS INVESTIGATION

od.or ___ ___
rt.dt ___ ___
od-rt ___ ___
up_ltr ___ ___

REFERENCE NO.

557386

DA CODE)

COPIED

[redacted]

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

[redacted]

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.

Qe'd

SIGNATURE OF OWNER | DATE

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1FUYSDY87YLH10822	FREIGHTLINER	CENTURY	2000

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CC/L) / NO. CYLINDERS
122760	☐ NEW ☐ USED		☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
☐ MANUAL ☐ AUTOMATIC	☐ YES ☐ NO	☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	☐ YES ☐ NO	☐ FRONT ☐ REAR ☐ 4-WHEEL	STAWAG ___ 4 DR ___ 2 DR ___ HATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
SUSPENSION	SPRING HANGER	☐ LEFT ☐ RIGHT FRONT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
1	10/24/00	☐ YES ☒ NO	☐ YES ☒ NO
	MILEAGE AT FAILURE(S) 122,760		
	VEHICLE SPEED AT FAILURE(S)		

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☐ YES ☒ NO	☐ YES ☒ NO				☐ YES ☒ NO

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

LEFT SIDE FRONT SPRING HANGAR IS LOOSE ON FRAME CAUSING AXLE TO SHIFT.

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.

HS-Form 350 (Rev. 5-92)

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 #: NY21004526
Date: 10/24/00
Time Started: 14:23 Time Ended: 14:44
Insp. Level: 1 (Full Inspection)

[redacted]
ICC #: 140484 DOT #: 105902
Phone #: 18008744433 Fax #:

Driver [redacted]
License #: P620218482550
DOB: 07/15/48 State: FL
State #:
Cargo: FOOD

Location: GROVELAND (REST AREA NB) MilePost:
Highway: I-390 County: LIVINGSTON
Shipper: KRAFT FOODS

Origin: AVON, NY
Destination: JACKSONVILLE, FL
Shipping Paper #: 3001733F

VEHICLE IDENTIFICATION

Unit	Type	Make	Yr	Company	License	State	CVSA #
1	TT	FRHT	00	967	A75894	FL	
2	ST	GDAN		T3001	TLL1004	OH	3642743

HAZARDOUS MATERIALS

HM Code/Class	Qty	Wst

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1	1	3/4	5/8	7/8
Left	1	1	3/4	5/8	5/8
Chamber	C-20	C-30	C-30	C-30	C-30

VIOLATIONS

Violation Code	St	Unit	OOS	Citation #	Verify	Violations Discovered
393.207(c)		1	Y		U	**AXLE # 1 , LEFT SIDE , FRONT SPRING HANGER IS LOOSE ON FRAME , AXLE IS SHIFTING AT THIS TIME.**

MILES : 122760

* 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: _____

[redacted]

Badge #:
D5060

[redacted]

New York State Department of Transportation
Passenger & Freight Safety Division
New York State Police
Commercial Vehicle Enforcement Unit
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DRIVER VEHICLE INSPECTION REPORT
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Insp. Level: 1 (Full Inspection)

[redacted]

Driver: [redacted]
License #: P620218483253O
DOB: 07/15/48 State: FL
State #:

NOTES

VIN# 1FUYSDYB7YLH10822 OF TRACTOR

Report Prepared By:
F[redacted]
J

Badge #:
D5060

Copy Received By:
[redacted]
X

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