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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

DATE RECEIVED
01 JAN 16 AM 10:37

OFFICE OF DEFECTS INVESTIGATION

REFERENCE NO.

DA 558938 CODE

OWNER INFORMATION (TYPE OR PRINT)

[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.

SIGNATURE OF OWNER | DATE

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1LOIC282IV1125194	LUFKIN	DUMP BODY TRAILER	1998

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING | 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: STA WAG, 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)
FRAME		[ ] LEFT [ ] FRONT [ ] RIGHT [ ] REAR	[ ] ORIGINAL [ ] REPLACEMENT

NO. OF FAILURES | DATE(S) OF FAILURE(S): 10/13/00 | MILEAGE AT FAILURE(S) | 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 ESTS | POLICE REPORTED [ ] YES [ ] NO

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

TRAILER CRACKED L/S CROSS MEMBER BETWEEN GEN POLES BEHIND FIFTH WHEEL.

CONTINUE ON BACK IF NEEDED

HS Form 350 (Rev. 9-93)

Copy

COLORADO STATE PATROL
MOTOR CARRIER SAFETY
15200 S. Golden Road
Golden, CO 80401
(303) 273-1675

DRIVER VEHICLE INSPECTION REPORT
Report #: CDAF008998
Date: 10/13/06
Time Started: 07:11 Time Ended: 07:20
Insp. Level: 3 (Walk-Around Inspection)

[redacted]

Location: COLO 70 @ COLO 40 MilePost: 256 Origin:
Highway: County: JEFFERSON Destination:
Shipper: Shipping Paper #:

VEHICLE IDENTIFICATION

Unit	Type	Make	Yr	Company	License	State	CVSA #
1	TT	PTRB	96	105	6AX954	CO	
2	ST	UPK	96		A37672	CO	

HAZARDOUS MATERIALS

HM Code/Class	Qty	Wt

BRAKE ADJUSTMENTS

Axle #	
Right	
Left	
Chamber	

VIOLATIONS

Violation Code	St	Unit	OOS	Citation #	Verify	Violations Discovered
396.17(a)		1	N		N	Operating a CMV without periodic inspection
396.17(a)		2	N		N	Operating a CMV without periodic inspection
396.3(a)(1)		2	N		N	Inspection/repair and maintenance (Trailer, cracked L/S cross member between gas poles behind fifth wheel)

All defects noted on this sheet must be corrected. A responsible company official must then certify below that all defects have been corrected. RETURN THIS FORM WITHIN 15 DAYS to the Motor Carrier Division at the address at the top of this form.

Signature of Carrier Official: X _____ Date: _____

Report Prepared by: C. R. BURLEY
X _____

Badge #: 3950

Copy Received by: DEMARQUES E. OOLLIVERD
X _____

Trailer VIN # 1UYC382V1125114