

785893

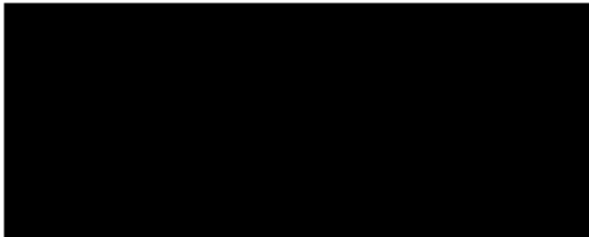
From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 2/24/02 3:13PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the CarTalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Sunday, February 24th 2002 at 3:11:02 PM

VEHICLE OWNER'S QUESTIONNAIRE
=====

OWNER INFORMATION



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 4VG7DARF4WN738712
MAKE: 1998
MODEL: VNL65T/610
YEAR: 1998

ODOMETER:
PURCHASE DATE: 07/24/00
NEW OR USED:

DEALER NAME: Midwest Truck Center
ADDRESS: Fort Wayne, IN 46861-1903

ENGINE SIZE: Diesel
CYLINDERS:

FUEL INJECTION: No
TURBO: No
FUEL TYPE: Diesel
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN:
DRIVER AIRBAG: No
PASSENGER AIRBAG: No
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Other

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: steering column/box
Steering tires 12 wks old?

PART NAME(S):

LOCATION: Left

NUMBER OF FAILURES: One known resulting in
accident

DATE(S) OF FAILURES: 10/17/2001

MILEAGE AT FAILURE(S):

SPEED AT FAILURE(S): 35mph

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED: Yes

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: Yes
FIRE:

NUMBER OF PERSONS INJURED: one
NUMBER OF FATALITIES: none
ESTIMATED PROPERTY DAMAGE: \$50,000.00 to 75,000.00

DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A

REPORTED TO POLICE: Yes

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:



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
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1058

Date Received

24-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785893

OWNER INFORMATION (Type or Print)

JOHN REDDISH 743405
13889 NORTH SPADES ROAD
SUNMAN IN 47041

Work Number

Home Number 812-623-2851

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Lowercase letters "i" and "o" are not allowed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4VG7DARF4WN738712	VOLVO TRUCK	VN	1998	

Purchase Date 24-JUL-2000	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 17-OCT-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s) 35		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE STEERING COLUMN FAILED CAUSING LOSS OF CONTROL AND RESULTING IN AN ACCIDENT IN WHICH THE DRIVER SUSTAINED INJURIES. NLM

CONTINUE ON REVERSE

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.

ADDITIONAL COMMENTS

Accident occurred due to steering column failure. Personal and property damage resulted. Tire damage due to steering problems and U-Bolt problems. These are problems experienced on a Volvo semi truck, I could find no other place on your site for commercial type vehicle information.

END OF FORM



U.S. Department
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Od_or _____
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small> 4VG7DARF4WN738712	Vehicle Make VOLVO TRUCK	Vehicle Model VN	Vehicle Year 1998	Current Odometer Reading		
Purchase Date 24-JUL-2000 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01120000	Part Name(s) STEERING COLUMN	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 17-OCT-2001 Mileage at Failure(s) Vehicle Speed at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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