

U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 1388 Date Received 03-OCT-2002 OFFICE INVESTIGATION	Od. or rt. dt. _____ od_rt _____ up_itr _____ Reference No. 8020104
	OWNER INFORMATION (Type or Print) [Redacted] PINE BUSH NY		Work Number _____ Home Number <u>same</u>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of a signature, your name and address to the vehicle manufacturer?
 Signature of Owner _____ Date 10.19.02

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1NCPDR9X21N534846	Vehicle Make PETERBILT	Vehicle Model 877	Vehicle Year 2001	Current Odometer Reading 74,000	
Purchase Date JULY 13, 2001 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>Peterbilt of Central Florida</u> City <u>Winter Garden</u> State <u>FL</u> Zip Code <u>34787</u>		Engine Siz (CID/CC) <u>12.7</u> No Cylinders <u>6</u>	<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio	
Transmission Type <input checked="" 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 checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Semi
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Semi					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03200000	Part Name(s) <u>AIR BRAKES-HYDRAULIC SYSTEM</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures 1+	Date(s) of Failure(s) <u>17-SEP-2002</u> Mileage at Failure(s) <u>74000</u> Vehicle Speed at Failure(s) <u>Stopping</u>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

CONSUMER STATES THAT WHEN TRYING TO APPLY THE BRAKES THE BRAKE PEDAL WILL GO TO THE FLOOR CAUSING THE VEHICLE TO HAVE EXTENDED STOPPING DISTANCE. DEALER NOTIFIED. NLM

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Due to problem with brakes, the engine brake only works on a ~~time~~ part-time basis. This is a very hazardous problem and causes trips to take longer than normal and constant stress to myself as the driver. This is completely unacceptable and the only means of revenue (livelihood) I have. I cannot continue this way of life for the problems your vehicle has had from the first day I purchased the truck.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES.

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

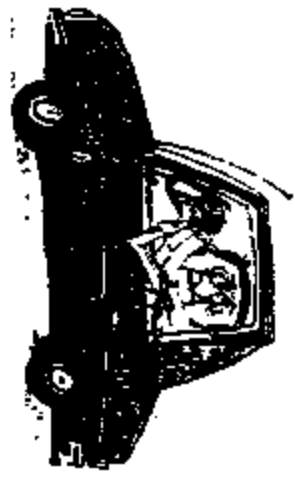
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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http://www.nhtsa.dot.gov/vehicle