Form Approved: O.M.B. No. 2127-0039

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 125

Date Received: 31-JAN-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 855759

[redacted]

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) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4UZ6CFAA9YCG32178	FREIGHTLINER	CONVENTIONAL	2000	

Purchase Date: ☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
01150000	STEERING:COLUMN SHAFT UPPER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING THE MAIN SHAFT ON THE STEERING COLUMN CAME APART, CAUSING COMPELETE LOSS OF STEERING CONTROL. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0039

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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
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FOR AGENCY USE ONLY 125

Date Received: 31-JAN-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 855759

[redacted]

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) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4UZ6CFAA9YCG32178	FREIGHTLINER	CONVENTIONAL	2000	

Purchase Date: ☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
01150000	STEERING:COLUMN SHAFT UPPER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING THE MAIN SHAFT ON THE STEERING COLUMN CAME APART, CAUSING COMPELETE LOSS OF STEERING CONTROL. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK IF NEEDED

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

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 125

Date Received:
00 FEB 28 AM 8:
31-JAN-2000
OFFICE
EFFECTS INVESTIGA

Od_or
rt_dt
od_rt
up_ltr

Reference No.
855759

586964

Work Numb [redacted]
Home Numb [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of a [illegible] address to the vehicle manufacturer.

Signature of Owne [redacted] Date 2/17/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Model Year	Current Odometer Reading
4UZ6CFAA9YCG32178	FREIGHTLINER	CONVENTIONAL	2000	2480

Purchase Date 12/14/99
☐ New ☒ Used

Dealer's Name CAPITAL BUS SALES
City AUSTIN State TX Zip Code 78714-3625

Engine Size (CID/CC/L) ____
No Cylinders 6 cyl
☐ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☒ Other SCHOOL BUS	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other BUS SCHOOL

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01150000	STEERING;COLUMN SHAFT UPPER	☐ Left ☐ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement

No of Failures: ONE

Date(s) of Failure(s): 1-31-99
Mileage at Failure(s): 4802
Vehicle Speed at Failure(s): 10 to 15 MPH

Failed Part(s) Available? ☑ Yes ☐ No

NHTSA Previously Contacted? ☑ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	NONE	☐ Yes ☒ No

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

WHILE DRIVING THE MAIN SHAFT ON THE STEERING COLUMN CAME APART, CAUSING COMPELETE LOSS OF STEERING CONTROL. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*														MANUFACTURER/TIRE NAME	SIZE
D	O	T													

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

We Received 4 freightliners conventional school Buses with 923 miles on 12/14/99 On January 28, 2000 the school Bus assigned to A field trip to Laredo, Texas for January 31st. the Field trip was consisting of 30 students. After dropping off students (About 200 yards) when the main steering shaft which is underneath the dash seperated, making the Driver lose control of the Bus. the Bus was going At A speed of 10 to 15 mPH when the Bus hit the curb And stopping when going over it. After inspecting the steering column it seemed like the Bolt was ~~not~~ put in At the Factory. we own nine freightliners And immediately inspected them finding only one with A loose Bolt. the Rest of our Buses were Ok

Thanks [redacted]

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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590