



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

119

Date Received

21-NOV-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

875317

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 front of vehicle or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FV3GFBC7WH969702	FREIGHTLINER	FL-60	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) _____ Mileage at Failure(s) 23570 Vehicle Speed at Failure(s) _____	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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WASHINGTON TOWNSHIP FIRE DEPARTMENT WAS USING VEHICLE AS AN AMBULANCE. DRIVER'S SIDE INBOUND SEAT BELT BUCKLE PLASTIC SLEEVE MECHANISM HAS COME OFF, CAUSING BELT TO BECOME INOPERABLE. CONSUMER HAS CONTACTED MANUFACTURER. MANUFACTURER HAS STATED THAT ENTIRE SEAT BELT ASSEMBLY NEED REPLACING. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

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.