



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 241**

Date Received

27-MAR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

884345

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>PLEASE FILL IN</b>	FREIGHTLINER	BUSINESS CLAS	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input 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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 <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 03250000 05100000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM ENGINE	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	Date(s) of Failure(s) 15-JUN-1999 Mileage at Failure(s) 90000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input 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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**BRAKE SYSTEM LOCKING UP INTERMITTENTLY, AND ABS LIGHT WOULD MOMENTARILY STAY ON. ALSO, ENGINE STALLS WHENEVER ON A DEEP INCLINE; VEHICLE BEEN INTO DEALER SHOP ON FIVE OCCASIONS, AND PROBLEMS STILL REOCCURRING. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK**

CONFIDENTIAL - KEEP IT

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b>    241</p> <p>Date Received <u>27-MAR-2001</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> <p>Reference No. <u>884345</u></p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Od. or rt. dr. _____ Co. rt. 2 _____ up. ltr. _____</p>
OWNER INFORMATION (Type or Print)	
[Redacted]	683082
Work Number: [Redacted]	
Home Number: [Redacted]	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized signature, please provide your name and address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 4/20/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) _____	Vehicle Make <b>FREIGHTLINER</b>	Vehicle Model <b>BUSINESS CLAS</b>	Vehicle Year <b>1999</b>	Current Odometer Reading <b>95,000</b>	
Purchase Date <u>Oct-16-1999</u>	Dealer's Name <u>Freightliner of Utah</u>		Engine Size (CID/CC/L) <u>3126 B</u>	<input type="checkbox"/> Turbo Diesel Gas	<input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New	City <u>SALT LAKE CITY</u> State <u>UTAH</u> Zip Code <u>84170</u>	No. Cylinders <u>8</u>			
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 Belt <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"/> Sport UTR <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <u>TRUCK</u>
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>TRUCK</u>					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>03250000 08100090</u>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM ENGINE - ABS LIGHTS Keep coming on + stalls on 2x3 days @ a time</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>6</u>	Date(s) of Failure(s) <u>15 JUN 1999</u> <u>See BACK</u> Mileage at Failure(s) <u>80000</u> <u>See REVERSE SIDE</u> Vehicle Speed at Failure(s) <u>VARIES</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input 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

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

**BRAKE SYSTEM LOCKING UP INTERMITTENTLY, AND ABS LIGHT WOULD MOMENTARILY STAY ON. ALSO, ENGINE STALLS WHENEVER ON A DEEP INCLINE; VEHICLE BEEN INTO DEALER SHOP ON FIVE OCCASIONS, AND PROBLEMS STILL REOCCURRING. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK**

*Does not HAVE to be on an incline for it to stall - It just loses power - CAB VERY NOISEY - Replaced clutch 3 times - ABS light STAYS on - 2x3 days at a time - Then it won't come on again maybe weeks - The power was lost at 30,000 mile then it lost all power again at 72,000 mile. We've had two recalls on it - one on ABS ft one on brakes*

CONTINUE ON BACK IF NEEDED

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