



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 436

Date Received

03-OCT-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

897277

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FV6HLBC0XHA75330		FREIGHTLINER	FL-70	1998	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Belt			☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000 06136000	Part Name(s) ENGINE FUEL:FUEL PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-AUG-1998	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		

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)

VEHICLE STALLED INTERMITTENTLY AND WITHOUT WARNING AT ANY SPEED. VEHICLE WITHIN A 2-YEAR PERIOD HAS BEEN BACK TO FACTORY, WHERE ENGINES WERE PUT IN 161 TIMES. FUEL PUMP WAS REPLACED AS BEING THE PROBLEM. REMEDY DID NOT CORRECT REOCCURRING PROBLEM. *AK

COPIES OF THIS FORM ARE:

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.

 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 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 436 Date Received <u>02 SEP 25 AM 7:20</u> <u>03-OCT-2001</u> Defect <u>2</u>	
LE 273 CL		[Redacted]		Od_or _____ rt_dft _____ od_rt _____ up_rlr _____ Reference No. 897277 Work Number [Redacted] Home Number [Redacted]	
Do you live in the absence of Signature of [Redacted]		☐ YES ☐ NO Vehicle manufacturer Date <u>12/04/01</u>			
Vehicle Ident. No. (VIN) (Located at base of windshield on driver's side) 1FV6HLBC0XHA75330		Vehicle Make FREIGHTLINER		Vehicle Model FL-70	
Vehicle Year 1998		Current Odometer Reading			
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 ☐ Manual ☐ Automatic		Antilock Brakes ☐ Yes ☒ No		Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Underside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	
Cruise Control ☐ Yes ☒ No		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Sport Utility ☐ Truck ☐ Van ☐ Minivan ☐ Motorcycle ☐ Other _____	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 05100000 06136000		Part Name(s) ENGINE FUEL: FUEL PUMP		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No. of Failures		Date(s) of Failure(s) <u>01-AUG-1998</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____		Failed Part(s) ☐ Original ☐ Replacement	
NHTSA Previously ☐ 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		Number of Persons Injured ☐ Yes ☒ No		Number of Fatalities ☐ Yes ☒ No	
Estimated Property Damage <u>2</u>		Reported to Police ☐ Yes ☒ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
VEHICLE STALLED INTERMITTENTLY AND WITHOUT WARNING AT ANY SPEED. VEHICLE WITHIN A 2-YEAR PERIOD HAS BEEN BACK TO FACTORY, WHERE ENGINES WERE PUT IN 161 TIMES. FUEL PUMP WAS REPLACED AS BEING THE PROBLEM. REMEDY DID NOT CORRECT REOCCURRING PROBLEM. *AK					
CONTINUE ON BACK IF NEEDED					
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