



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.

897293

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
1FV6HLBC0XHA75342		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 ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					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 Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	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	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRUCK STALLED INTERMITTENTLY AND WITHOUT WARNING AT ANY SPEED. TRUCK 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

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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 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 436 Date Received <u>03-OCT-2001</u> Od_or <u> </u> rt_dt <u> </u> bd_rt <u> </u> up_ltr <u> </u> Reference No. <u>897293</u> Work Number <u> </u> Home Number <u> </u>	
OWNER INFORMATION (Type or Print) <u> </u> <u>718634</u>					
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 <u> </u> Date <u>12/01/01</u>					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FV6HLBC0XHA75342		Vehicle Make FREIGHTLINER		Vehicle Model FL-70	
Vehicle Year 1998		Current Odometer Reading <u> </u>			
Purchase Date ☐ New ☒ Used		Dealer's Name <u> </u> City <u> </u> State <u> </u> Zip Code <u> </u>		Engine Size (CID/CC/L) <u> </u> No. Cylinders <u> </u> ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
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 Util. Truck ☐ Motorcycle	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 05100000 05136000		Part Name(s) ENGINE FUEL:FUEL PUMP		Location ☐ Left ☐ Front ☐ Right ☐ Rear	
Failed Part(s) ☐ Original ☐ Replacement					
No. of Failures <u> </u>		Date(s) of Failure(s) <u>01-AUG-1998</u> Mileage at Failure(s) <u> </u> Vehicle Speed at Failure(s) <u> </u>		Failed Part(s) ☐ Yes ☐ No	
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		Fire ☐ Yes ☒ No		Number of Persons Injured <u> </u>	
Number of Fatalities <u> </u>		Estimated Property Damage <u> </u>		Reported to Police ☐ Yes ☒ No	
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CONTINUE OR BACK IF NEEDED					
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