

DAIMLER

OCT 27 2009
NVS/ODC/NVS214

Daimler Trucks North America
Nasser Zamani
Senior Manager
Compliance and Regulatory Affairs

October 22, 2009

Richard Boyd, Chief
Medium and Heavy Duty Vehicle Division
Office of Defects Investigation
National Highway Traffic Safety Administration
1200 New Jersey Avenue S.E.
Washington D.C. 20590

Re: Information Request PE09-040

Mr. Boyd

Daimler Trucks North America, LLC hereby submits this letter and attached information in response to NHTSA request No (1) dated September 8, 2009 and NHTSA Request No (2) dated September 9, 2009, for information concerning allegations of a defect in rack and pinion steering systems. Daimler Trucks has requested confidentiality for its response to Request No. (1) and Request No. (2). A copy of the letter sent to The Chief Counsel requesting confidential treatment of this information is attached.

Your specific requests, with identifications codes, are repeated verbatim in the following pages. Daimler Trucks North America, LLC's response follows each request in bold.

Please contact me if you have any questions.

Sincerely yours,


Nasser Zamani

Enclosure

Certified Mail# 7006 3450 0000 3866 7850

A Daimler Company

Daimler Trucks North America LLC
4747 N. Channel Avenue
Portland OR 97217-7699
503-745-6910 Phone
503-745-6544 Fax
Nasser.Zamani@Daimler.com

PE09-040

DAIMLER

10/22/2009

ATTACHMENT

Cascadia Unit Z91324 Police

Report

Columbia Unit Z78340 Police

Report AND

Columbia Unit Z78342 Police

Report

PE09-040

DAIMLER

10/22/2009

ATTACHMENT

Cascadia

Unit Z91324 Police
Report

DSP Form 6

Complaint Number
06-08-101076

U
N
I
T
081

Driver's License Number
Owner's Name -
City
State
Zip
Insurance Co. Name
Insurance Policy #
Vehicle Configuration

JACKSONVILLE
FL
NONE
NONE
NATIONAL INTERSTATE INSURANCE
VPP4100035
1800-275-0224

Richmond
VA
23234-0607
Model
TRUCK TRACTOR
Style
14 - Tractor/Semi

Year
2008
Make
FRET
License Plate #
7B47PY
State
VA
Year
2008
Total Damaged Area
11 - Total (All Areas)

Vehicle Description
1-95 measuring 747 Feet Southwest from RAMP and SALEM CHURCH ROAD and JOHN F KENNEDY MEMORIAL HIGHWAY

X-Coordinate
06410652
Y-Coordinate
04389968

Officer
JEPPERSON
Badge No.
1192
Date of Accident
12/30/2008
Time of Accident
01:15

Note: You or your insurance company may submit a written request for a copy of the crash report to:

Delaware State Police
Traffic Section
P.O. Box 630
Cover
DE
18903-0420
Fee \$ 525.00
A. State Police
E. 500
Crash Date
10/30/2008
Complaint Number
0608101076
Any questions call (800) 736-6631

Please include a self-addressed envelope, and make check or money order payable to:

Delaware State Police

I would like to obtain a copy of the motor vehicle crash report occurring at the following location:

1-95 measuring 747 Feet Southwest from RAMP and SALEM CHURCH ROAD and JOHN F KENNEDY MEMORIAL HIGHWAY

X-Coordinate 0640052

Y-Coordinate 4389968

The following information is required to process your request:

Scott Jenkins, Safety Director
(your name)

804-275-0224
(daytime phone #)

P.O. Box 34507
(your street address)

Richmond, VA
(city, state)

23234
(zip code)

It is our policy to release crash report information only to persons actually involved in the crash, to the parent's guardians of minors, the owners of the vehicles and the insurance companies or attorneys representing those involved.

RECEIVED

NOV 24 2008

Traffic Section
Delaware State Police

Dec 08 08 11:19a
DET 00 00 00 0000

Dan Stoddard
LOGOUT

(804) 462 5950

p 4

SUMMARY	Form Type	DSP Troop 6				Crash Case Identifier	
	Crash Form					06-08-101078	
	Crash Classification	Traffic Section Classification	Date of Crash	Time of Crash	Is it a Run?	Private Property	Departmental Crash?
	02 - Reportable		10/30/2008	01:18 Hrs.	No	No	No
	Gold Number	Section Number	County	Within corporate limits of:			
058334	58	New Castle	"N/A"				
Officer's Description of Location - Note: unless otherwise specified all distances are approximate						X Coordinate	
1-35 NIS APPROXIMATELY 500' S/O SALEM CHURCH RD						00440052	
						Y Coordinate	
						04389868	

Literal Description from Location Tool - Note: all measurements in this field are approximate

1.65 measuring 767 Feet Southwest from RAMP and SALEM CHURCH ROAD and JOHN F KENNEDY MEMORIAL HIGHWAY

CRASH ENVIRONMENT

Location of First Harmful Event

01 - Roadway

Ambient Light

05 - Dark - roadway not lighted

Weather Conditions (up to two)

01 - Clear

Manner of Crash/Collision Impact

01 - Not collision between two vehicles in transport

Road Surface Condition

01 - Dry

ROADWAY CHARACTERISTICS

Contributing Circumstances:

Environment

01 - None

Roadway

03 - Debris

Type of Road

2 - Interstate

Type of Roadway Junction

01 - Not at Junction

Traffic Control Type

03 - Lane Markings

SCHOOL BUS RELATED?

School Bus Related?

01 - No

Witness Present?

"N/A"

Children Involved?

"N/A"

Work Zone Location of Crash

"N/A"

WORK ZONE RELATED?

Work Zone Related?

No

Type of Work Zone

"N/A"

SEQUENCE OF EVENTS

First Harmful Event

01 - Non-collision - Overturn

PRIMARY CONTRIBUTING CIRCUMSTANCE

Primary Contributing Circumstance

11 - Driver inattention, distraction, or fatigue

INCIDENT INFORMATION

Reporting Police Agency Identifier

DSP Troop 6

Date Crash Reported to Police Agency

10/30/2008

Time Officer Notified of Crash

01:18 Hrs

Date of Report

10/30/2008

Exchange Information

Given to All Drivers? Yes

Referred to Specia Unit

No

Reporting Officer Name

JEFFERSON

Officer IBM

1182

Approver Last Name

DZIELAK

Type of Police Agency

01 - State Police

Time Crash Reported to Police Agency

01:18 Hrs

Time Officer Arrived At Scene

01:18 Hrs

Source of Information

01 - Police agency

Investigation Made at

Scene? Yes

Other Technical Investigating Agency

"N/A"

Approver IBM

127

Approval Date

11/08/2008

Approval Time

08:33

DRIVER INFORMATION		Driver's Name		First		Middle		Suffix	
Is All Information Known for this unit Unit?		Date of Birth		Age		Gender		Phone	
Yes		12/24/1963		44		Female		(304) 305 0057 Ext.	
Address		City		State		Zip			
5552 TANGLEWOOD LN		JACKSONVILLE		FL		32211			
DRIVER LICENSE		Driver's License Number		License State		License Expiration Date		License Class	
NONE		NONE		FL		A		A	
License Endorsements		License Restriction		Driver Detection		Alcohol/Drugs Suspected		Insurance Co. Name	
NONE		NONE		88 - Unknown		01 - Neither alcohol nor drugs suspected		NATIONAL INTERSTATE INSURANCE	
Alcohol Test Status		Alcohol Type of Test		Alcohol Test Results		Insurance Policy #		Insurance Expiration Date	
"N/A"		"N/A"		"N/A"				03/01/2008	
Drug Test Status		Drug Type of Test		Drug Test Results		Insurance Co. Phone Number			
"N/A"		"N/A"		"N/A"		(804) 275-0224 Ext.			
DRIVER INJURY		Injury Status		Description of Injuries		Occupant Protection System Use			
"N/A"		"N/A"		"N/A"		"N/A"			
Airbag Deployment		Airbag Switch Status		Trapped					
"N/A"		"N/A"		"N/A"					
Ejection				Ejection: Feet					
"N/A"				"N/A"					
Physician's Name				Admission Status					
"N/A"				0 - Not Applicable					
Source of Transport				Transported to					
"N/A"				"N/A"					
EMS Response Agency ID				EMS Response Run Number					
"N/A"				"N/A"					
CITATION INFO		Ticket Number 1		Violation Charge Code 1		Violation Charge 1			
T069610789		4176A		CARELESS DRIVING					
Ticket Number 2		Violation Charge Code 2		Violation Charge 2					
"N/A"		"N/A"		"N/A"					
01 - Yes		Violation Charge Code 3		Violation Charge 3					
Ticket Number 3		"N/A"		"N/A"					
"N/A"		Violation Charge Code 4		Violation Charge 4					
Ticket Number 4		"N/A"		"N/A"					
"N/A"									
OWNER INFO		Owner's Name - Last		First		Middle		Suffix	
Company Name (If Owner)		Address		City		State		Zip	
				RICHMOND		VA			
VEHICLE INFO		Vehicle Year		Make		Model		Style	
2008		Freightliner - FRET		TRUCK TRACTOR		14 - Tractor/Tr		Teal (green) - TEA	
VIN #		Plate #		State		Departmental Vehicle Type		Departmental Veh Number	
1FUJGLCK181		VA		2008		"N/A"		"N/A"	
Vehicle Make		Vehicle Model		Direction of Travel Before Crash		Speed Limit		Speed Limit Units	
03 - Striking		D1 - Movement essentially straight ahead		1 - North		55		01 - MPH	
Direction of Force to Vehicle		Undercarriage		Point of Impact					
09 - Unknown		01 - No undercarriage or override		08 - None					
Most Damaged Area		Extent of Damage		Appropriate Cost Repair		Total Occupants			
11 - Total (All areas)		04 - Severe/vehicle totaled		\$15,000.00		02			
Traffic Control Device Type		03 - Two-Way, Divided, Unprotected (Painted > 4 feet) Median		Access Control		02 - Partial Access Control			
08 - Lane Markings									
Driver Condition									
08 - Unknown									
Contributing Circumstances, Driver (up to two)									
10 - Operating vehicle in erratic, reckless, careless, negligent or aggressive manner, 11 - Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.									
Vehicle Configuration									
05 - Truck/Tractor									
Vehicle Towed? Vehicle Towed By		Vehicle Towed To		Emergency Vehicle?		Emergency Use?		Emergency Vehicle Type	
Yes		B and F		No		No		01 - Not applicable	
SEQUENCE OF EVENTS		First Event		Second Event					
01 - Collision with person, vehicle or object not fixed - Other movable object									
02 - Non-collision - Rap off road left									
Third Event									
01 - Non-collision - Overturn/rollover									
Fourth Event									
03 - Non-collision - Cargo/equipment loss or shift									
Most Harmful Event for this Vehicle									
01 - Non-collision - Overturn/rollover									
CARRIER INFORMATION		Is CMV?		Criteria for Reporting Carrier Information (up to four)					
Yes		01 - Any vehicle was towed due to disabling damage							
Source of Carrier Information		01 - Shipping papers (truck) or trip manifest (bus) or logbook (Record of Duty Status)							
Carrier Name		Carrier Address		Carrier City		State		Zip Code	
ARLENE MOTOR EXPRESS		1780 WILLIS RD		RICHMOND		VA		23237	
Carrier Phone Number		Carrier ID Number		Issuing Authority		Number of Axes		Gross Vehicle Weight Rating	
(804) 275-0224 Ext.		3942		03 - State		3		03 - More than 26,000	

T TRAILER INFORMATION

R Unit # [REDACTED] Vehicle Year 2002 Vehicle Make Wash - WABA Vehicle Model DVC
A 1 Plate number [REDACTED] Plate State OK Plate Year 2008
I VIN Number 1JUV532W921 [REDACTED]
L Cargo Body Type 04 - Van/enclosed box
R

OWNER INFO

001 Owner Last Name [REDACTED] Owner First Name [REDACTED] Owner Middle Name [REDACTED] Suffix [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

City

RICHMOND

State

VA

Zip Code

MISCELLANEOUS

Haz Mat placarded HazMat released? No "N/A" Hazard Class "N/A" Placard Number "N/A"
Trailer Detached from Cab? No Cost to Repair \$4,000.00 Extent of Damage 04 - Severe/vehicle totaled Most Damaged Area 11 - Total (All) areas
Undercarriage Override 01 - No undercarriage or override Direction of Force in Vehicle "N/A"
Point of Impact 02 - Right front, 03 - Right side, 04 - Right rear
Direction of Travel Before Crash Vehicle Role "N/A" Vehicle Maneuver Action "N/A"

V1 WAS N/B ON I-95 IN THE RIGHT CENTER LANE APPROACHING THE OVERPASS FOR SALEM CHURCH RD. THERE WAS A PIECE OF DEBRIS IN THE ROADWAY WHICH STRUCK THE UNDERCARRIAGE OF V1. V1 SWERVED ACROSS SEVERAL LANES CROSSING THE MEDIAN INTO THE S/B LANES OF I-95. V1 OVERTURNED ON ITS PASSENGER SIDE AND CAME TO A FRP 15' W/O WEOR FOR I-95 S/B.

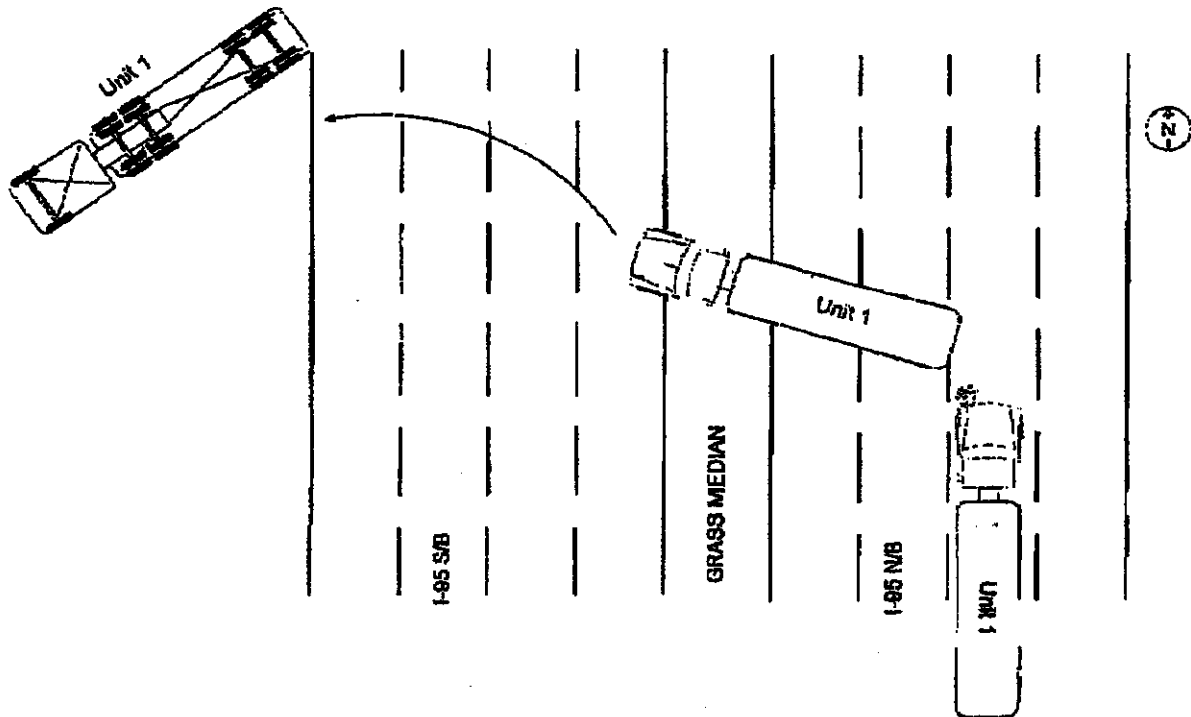
OP1 STATED THAT SHE SAW AN UNKNOWN OBJECT IN THE LANE AHEAD OF HER WITHOUT TIME TO AVOID STRIKING THE OBJECT, THE OBJECT STRUCK THE UNDERCARRIAGE OF V1. OP1 STATED THAT SHE SWERVED ATTEMPTING TO CORRECT THE VEHICLE AND ENDED UP CROSSING INTO ONCOMING TRAFFIC.

RESPONDING UNITS SEARCHED THE AREA OF I-95 FOR THE UNKNOWN OBJECT IN THE ROADWAY. ONLY SOME SMALL PIECES OF DEBRIS REMAINED THERE WAS NO EVIDENCE OF ANY OBJECT LARGE ENOUGH TO CAUSE SERIOUS DAMAGE TO V1

OP1 WAS CITED FOR CARELESS DRIVING.

W [REDACTED] First Name [REDACTED] Middle Name [REDACTED] Suffix [REDACTED]
I [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]
T [REDACTED] PETERSBURG VA [REDACTED]
001 [REDACTED] Work Phone # [REDACTED]

DIAGRAM

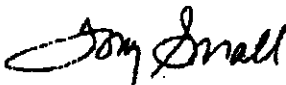


PE09-040
DAIMLER
10/22/2009
ATTACHMENT
Columbia
Unit Z78340 Police
Report

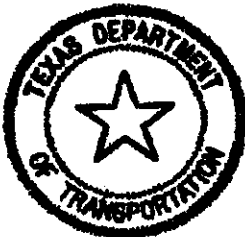
COPY FROM CUSTODIAL FILE

STATE OF TEXAS §

This is to certify that I, Tony Small, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of August 25, 2008, which occurred in Morris County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.



Tony Small
Director, Crash Records Section
P.O. Box 149349
Austin, Texas 78714
(512) 486-5780



PE09-040
DAIMLER
10/22/2009
ATTACHMENT
Columbia
Unit Z78342 Police
Report

05/23/2009



Master Record Number	900032392
Type of Crash: Injury-Possible	
Approved By	259RM

Tennessee Electronic Traffic Crash Report

Incident Information

Date Of Crash 05/04/2009		Day of Crash Monday		Local Agency Number THP TRAC		Reporting Agency Name Tennessee Highway Patrol		Agency Tracking Number 409010850	
Time of Crash 02:10		Time Notified 2:25		Time Arrived 3:20		County Dyer		City	
Total 1		Total 1		Total 0		Total 0		Total 1	
Vehicles		Occupants		Non-Occupants		Killed		Injured	
Hit and Run N		Solved? N		Police Pursuit N		School Bus Involved? No		Photos Taken? Y	
Area Not Applicable		Interchange Related?		N		Intersect Type Not at Intersection		Photographer Name	
Block Number		Roadway Number 1155		Roadway Name		Suffix		Intersect Number	
Est Distance 1.00		Distance Type Miles		Direction West		From Highway Number/Intersection S.R. 182		Suffix HWY	
Roadway Local ID		Intersect Local ID		Relation to Junction Non-Junction		Relation to Roadway Roadside-Right		Route Signing Interstate	
Work Zone None		Construction Zone		Construction Location		Workers Present		First Harmful Event Bridge Rail	
Weather Conditions Clear		Light Conditions Dark-Not Lighted		Latitude		Longitude		Rail Crossing ID	
Manner of Collision Not Collision with Motor Vehicle in Transport		1st Collision Factor		2nd Collision Factor		3rd Collision Factor			

Investigating Officer Details

Investigation Complete Y	Rank TROOPER	First Name BRIAN	Middle Initial W	Last Name PULLEY	Suffix
Badge Number 433BP	District/Zone 4	Car Number 4493	Report Date 05/04/2009		

RECEIVED

MAY 29 2009

PRODUCT LITIGATION

Vehicle Number	No of Occupants	Driver Presence Driver Operated	
----------------	-----------------	------------------------------------	--

Driver Information	
First Name	Middle Initial
Suffix	Date of Birth 02/04/1948 Age 61
Address Line 2	City DARDANEVILLE State AR
Phone 2	Phone 3
Race Caucasian	Ethnicity White Gender M Air Bag Not Available

Safety Equipment	
Shoulder And Lap Belt Used	
Driver License Number	License State AR Expiration Date 2011 License Class A License Status Valid Seat Position Front Seat-Left Side
Endorsements 1	Complied With? Y
Endorsements 2	Complied With?
Endorsements 3	Complied With?
Restrictions 1	Complied With?
Restrictions 2	Complied With?
Restrictions 3	Complied With?
Ejected Not Ejected	Ejection Path Not Ejected
Trapped/Extricated	Not Trapped
Injury Code Possible Injury	Medical Transport Not Transported Ambulance/Hospital

Driver Conditions and Actions	
Hit and Run? No Hit And Run	Driver/Vehicle Maneuver Going Straight
Distraction Cellular Telephone Present In Vehi	
Driver's 1st Condition Appeared Normal	Driver's 2nd Condition
Driver's 3rd Condition	Driver's 4th Condition
Driver's 1st Action Failure To Keep in Proper Lane	Driver's 2nd Action
Driver's 3rd Action	Driver's 4th Action

Alcohol and Drugs	
Presence of Alcohol No	Determination Observed Method
Alcohol Test Status Test Not Given	
1st Alcohol Test Type Not Tested	1st Alcohol Test Result None Given
2nd Alcohol Test Type	2nd Alcohol Test Result
Presence of Drugs No	Determination Observed Method
Drug Test Status Test Not Given	
1st Drug Test Type Not Tested For Drugs	1st Drug Test Result No Drug Reported
2nd Drug Test Type	2nd Drug Test Result
3rd Drug Test Type	3rd Drug Test Result

Driver Violations	
1st Violation 1661691	1st Violation Category Other moving
1st Violation Description FAILURE TO MAINTAIN ROADWAY	1st Violation Statute 558115
2nd Violation	2nd Violation Category
2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category
3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category
4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category
5th Violation Description	5th Violation Statute

Vehicle Information	
Owner Same as Driver? N	Owner Suffix
Street 1	Street 2
City HOGANSBURG	State NY
Phone Number 2	Phone Number 3
Vehicle Year 2008	Vehicle Make FRET
Vehicle Model TT	Color Blue
VIN 1FUJA8CK08L	Body Code Truck-Tractor (Cab only or any number of trailing units)
HAZMAT? N	FMCSA Reportable? Y
Bus Use Not Used As School Bus	Unit Type Motor Vehicle In-Transport
Gross Weight 28001 or Greater	Vehicle Configuration Tractor Semi-trailer
Vehicle Operation Type Commercially Owned/Used	Cargo Body Type Van Enclosed-Box
1st Factor NONE	2nd Factor
3rd Factor	
Insurance 1 Type Carrier-Cargo	Insurance 1 Carrier NORTHLAND INS.
Insurance 1 Start Date 09/30/2008	Insurance 1 End Date 09/30/2009
Insurance 2 Type Vehicle	Insurance 2 Carrier NORTHLAND INS.
Insurance 2 Start Date 09/30/2008	Insurance 2 End Date 09/30/2009
Insurance 3 Type	Insurance 3 Carrier
Insurance 3 Start Date	Insurance 3 End Date

Vehicle Damage and Roadway Characteristics

Most Harmful Event Bridge Rail		Emergency Use? N	Over Underride No Underride-Override		Fire in Vehicle? N
Events 1 Ran Off Road-Right		Events 2 Bridge Rail		Events 3 Ditch	
Events 4		Events 5		Events 6	
Point of First Impact Front End		Extent of Damage Disabling Damage		Officer Damage Estimate Greater Than 400 Dollars	
Areas of Vehicle Damage Front End		Undercarriage		All Areas	
Vehicle Special Use No Special Use	Towed? Towed Due To Vehicle Damage	Towed Where? PATTERSONS SERVICE	1st Trailer Semi Trailer All Types	1st Trailer TN	Information 13
2nd Trailer	2nd Trailer Licence Plate Information	3rd Trailer	3rd Trailer Licence Plate Information		
Travel Direction East	Traveling On I 155				
Trafficway Flow Two-Way Divided With Traffic Barrier		Roadway Surface Type Asphalt	Number of Travel Lanes Two Lanes		
Trafficway Hazards None					
Traffic Control Devices No Control		Traffic Control Device Functioning No Controls		Roadway Route Signing Interstate	
Roadway Surface Conditions Wet		Roadway Character Alignment Straight		Roadway Character Profile Level	
Speed Limit 70	Access Control Full Control Only Ramp Entry and Exit				

Commercial Carrier Information

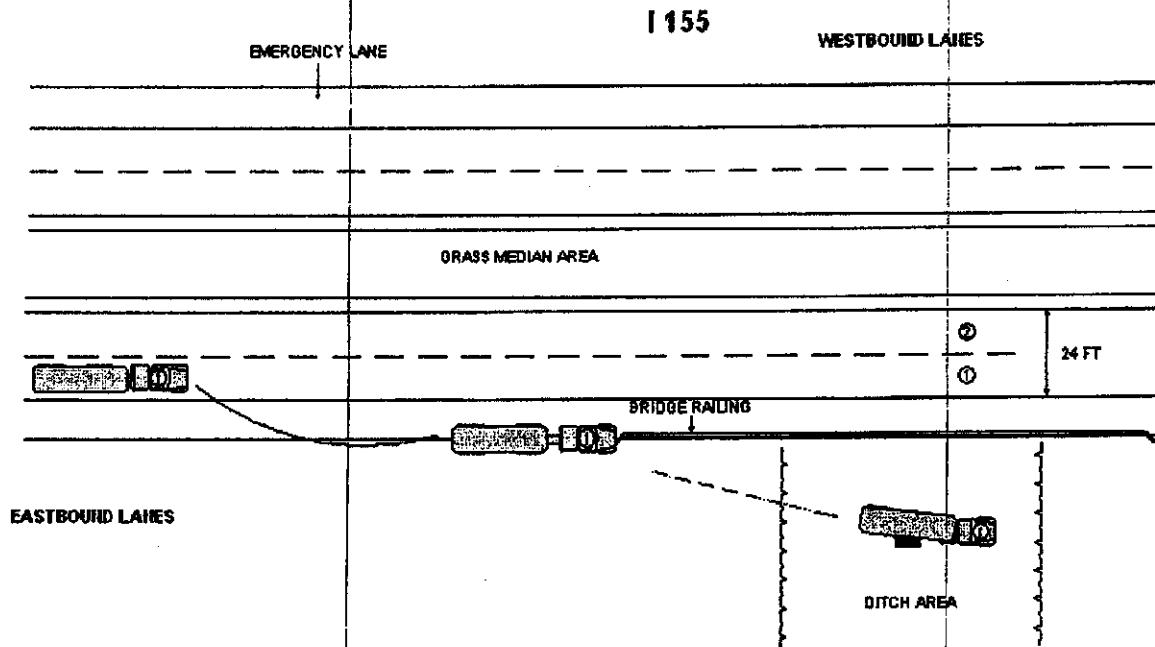
US DOT 1283048					TN DOS
		City HOGANSBURG	State NY	Zip Code	
1st Hazardous Materials	HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released
2nd Hazardous Materials	HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released
3rd Hazardous Materials	HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released

Property Owner Information

Other Property Damages State Property-Over 400		Property Description BRIDGE RAIL			
First Name TENNESSEE	Middle Name DEPT.	Last Name OF TRANSPORTATION		Suffix	
Address Line 1	Address Line 2	City JACKSON	State TN	Zip	
	Phone 2	Phone 3			

Narrative

VEHICLE ONE, A TRUCK TRACTOR AND TRAILER WAS EASTBOUND ON I 155 IN TRAFFIC LANE ONE. VEHICLE ONE VEERED OFF OF THE ROADWAY AND TRAVELED IN THE SOUTH ROADSIDE GRASS AREA WITH ITS RIGHT TIRES. VEHICLE ONE CONTINUED EASTBOUND IN THE SOUTH EMERGENCY LANE UNTIL STRIKING A METAL GUARD RAIL. VEHICLE ONE DAMAGED APPROXIMATELY 42 FT. OF GUARD RAIL BEFORE EXITING THE EMERGENCY LANE AND TRAVELING INTO THE DEEP DITCH AREA. UPON IMPACT IN THE DITCH, THE TRAILER WAS DISCONNECTED FROM VEHICLE ONE AND TRAVELED FORWARD AGAINST THE REAR CAB AREA. THE TRAILERS FRONT WALL SEAMS BROKE APART, WHICH CAUSED THE LOAD TO EXIT THE TRAILER FROM THE FRONT. VEHICLE ONE CAME TO A FINAL REST IN THE SOUTH DITCH AREA AFTER TRAVELING APPROXIMATELY 454 FT. FROM EXITING THE ROADWAY TO FINAL REST. THE DRIVER OF VEHICLE ONE STATED THAT HE LOST CONTROL OF THE VEHICLE DUE TO A STEERING PROBLEM THAT OCCURRED. THE DRIVER STATED THAT THE STEERING SYSTEM WOULD NOT RESPOND TO HIS ATTEMPTS TO REGAIN CONTROL. DUE TO THE AMOUNT OF FRONT END AND STEERING AREA DAMAGE, NO MECHANICAL DEFECTS COULD BE DETERMINED DURING THE POST CRASH INVESTIGATION.



NOT TO SCALE