

04V-439
(11 pages)

**Safety Defect and Noncompliance Report Guide for Vehicles
PART 573 Defect and Noncompliance Report¹**

On September 6 , 2004, Hino Motors Sales U.S.A., Inc. decided that (a defect which relates to motor vehicle safety)(a noncompliance with Federal Motor Vehicle Safety Standard No. _____) exist in the motor vehicles listed below, and is furnishing notification to the National Highway Traffic Safety Administration in accordance with 49 CFR Part 573 Defect and Noncompliance Reports.

Date this report was prepared: September 7, 2004

Furnish the manufacturer's identification code for this recall (if applicable): A3720

1. Identify the full corporate name of the fabricating manufacturer of the vehicle being recalled. If the recalled vehicle is imported, provide the name and mailing address of the designated agent as prescribed by 49 U.S.C. §30164.

Hino Motors Sales U.S.A., Inc.

25 Corporate Drive, Orangeburg, NY 10962

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DEPARTMENT OF DEFENSE
INVESTIGATION

¹Each manufacturer must furnish a report, to the Associate Administrator for Safety Assurance, for each defect or noncompliance condition which relates to motor vehicle safety.

This guide was developed from 49 CFR Part 573, "Defect and Noncompliance Reports" and also outlines information currently requested. Any questions, please consult the complete Part 573 or contact Mr. Jon White at (202) 366-5227 or by FAX at (202) 366-7882.

Identify the corporate official, by name and title, whom the agency should contact with respect to this recall.

George M. Daniels

Senior National Manager, Parts & Service

Telephone Number: 845-365-1400 ext. 312 Fax No.: 845-365-1495

Name and Title of Person who prepared this report.

Eric Lannon

Warranty Manager

Signed:

I. Identify the Vehicle Models Involved in the Recall

2. Identify the Vehicles Involved in the Recall, for each make and model or applicable vehicle line (provide illustrations or photographs as necessary to describe the vehicle), provide:

Make(s): Hino **Model Years Involved:** 2005 **Model(s):** NA6J,NB6J,NC6J,ND8J,NE8J,NV8J

Production Dates: Beginning: 10/1/03 **Ending:** 9/7/04

VIN Range: Beginning: JHBNA6JF351S10013 **Ending:** JHBNV8JT851S10482

Vehicle Type: CAB & CHASSIS **Bodystyle:** N/A

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:

All vehicles produced during this time period are affected.

Make(s): _____ **Model Years Involved:** _____ **Model(s):** _____

Production Dates: Beginning: _____ **Ending:** _____

VIN Range: Beginning: _____ **Ending:** _____

Vehicle Type: _____ **Bodystyle:** _____

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:

Make(s): _____ **Model Years Involved:** _____ **Model(s):** _____

Production Dates: Beginning: _____ **Ending:** _____

VIN Range: Beginning: _____ **Ending:** _____

Vehicle Type: _____ **Bodystyle:** _____

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:

Identify the approximate percentage of the production of all the recalled models manufactured by your company between the inclusive dates of manufacture provided above, that the recalled model population represents. For example, if the recall involved Widgets equipped with certain items of equipment from January 1, 1996 through April 1, 1997, then what was the percentage of the recalled Widgets of all Widgets manufactured during that time period.

II. Identify the Recall Population

3. Furnish the total number of vehicles recalled potentially containing the defect or noncompliance.

| Model | Year | Number of Vehicles Potentially Involved |
|--------------|-------------|--|
| NA6J | 2005 | 378 |
| NB6J | 2005 | 258 |
| NC6J | 2005 | 335 |
| ND8J | 2005 | 92 |
| NE8J | 2005 | 1571 |
| NV8J | 2005 | 484 |
| NJ8J | 2005 | 248 |

Total Number Potentially Affected by the Recall: 3366

4. Furnish the approximate percentage of the total number of vehicles estimated to actually contain the defect or noncompliance: 100%

Identify and describe how the recall population was determined—in particular how the recalled models were selected and the basis for the beginning and final dates of manufacture of the recalled vehicles:

All vehicles 2005 conventional model trucks are affected.

III. Describe the Defect or Noncompliance

5. Describe the defect or noncompliance. The description should address the nature and physical location of the defect or noncompliance. Illustrations should be provided as appropriate.

When excessive force is applied, beyond that required to achieve full acceleration, the pedal may become wedged between the floor panel and the carpet.

Describe the cause(s) of the defect or noncompliance condition.

When excessive force is applied to the accelerator pedal the rod may become bent and the accelerator pedal may become wedged.

Describe the consequence(s) of the defect or noncompliance condition.

The accelerator pedal will become wedged in the full throttle position.

Identify any warning which can (a) precede or (b) occur.

None

If the defect or noncompliance is in a component or assembly purchased from a supplier, identify the supplier by corporate name and address.

Not applicable

Identify the name and title of the chief executive officer or knowledgeable representative of the supplier:

Not applicable

IV. Provide the Chronology in Determining the Defect/Noncompliance

If the recall is for a defect, complete item 6, otherwise item 7.

6. With respect to a defect, furnish a chronological summary (including dates) of all the principle events that were the basis for the determination of the defect. The summary should include, but not be limited to, the number of reports, accidents, injuries, fatalities, and warranty claims. One is occurred at the vehicle delivery from the dealer to the customer.

Aug 12 : Fleet customer notified HMS via phone about 2 possible problems with the accelerator pedal becoming jammed.

Aug 16:HML Technical representative sent a quality report to HML to notify of the problem,

Aug.14thReport was received and delivered to applicable departmentsAlso testing was conducted to determine if the problem could be duplicated.

Aug 17: Meeting was held to discuss what is the cause of problem.

Aug 18: Meeting was held to discuss various type of countermeasure. No decision was made. We received Technical report from Hino Motors Sales USA.

Aug 20: Meeting was held with supplier for other additional countermeasure and suggestions

Aug 22: Install several countermeasure parts to vehicle and check their respective operation

Aug 24: We further study for finalized style of countermeasure parts. and started preparation for necessary test parts and continue to do necessary examination until Sept.3rd. Based on examination result, we planed to make final decision of this problem.

Sept 4: We are informed of the accident that occurred at Vancouver in Canada with personal injury.

Sept 6: Hino Motors Ltd. decided recall and issue campaign information to Hino Motors Sales USA and Canada. Hino Motors Ltd. is arranging the necessary parts ship to USA and Canada.

7. With respect to a noncompliance, identify and provide the test results or other data (in chronological order and including dates) on which the noncompliance was determined.

V. Identify the Remedy

8. Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.

Inspect the accelerator pedal height to determine if it is within specifications.

If either the Pedal Height or the accelerator Rod is not within specifications, Replace the accelerator

assembly.

In addition all vehicles will have a new bracket containing an accelerator pedal stopper installed.

Clearly describe the distinguishing characteristics of the remedy component/assembly versus the recalled component/assembly.

Recalled component: Does not have Accelerator pedal stopper installed

Remedy component: Has Accelerator pedal stopper installed

Identify and describe how and when the recall condition was corrected in production. If the production remedy was identical to the recall remedy in the field, so state. If the product was discontinued, so state.

VI. Identify the Recall Schedule

Furnish a schedule or agenda (with specific dates) for notification to other manufacturers, dealers/retailers, and purchasers. Please, identify any foreseeable problems with implementing the recall.

9/10/04 - Notify Dealers

9/14/04 - Notify Customers

VII. Furnish Recall Communications

9. Furnish a final copy of all notices, bulletins, and other communications that relate directly to the defect or noncompliance and which are sent to more than one manufacturer, distributor, or purchaser. This includes all communications (including both original and follow-up) concerning this recall from the time your company determines the defect or noncompliance condition on, not just the initial notification. A *DRAFT* copy of the notification documents should be submitted to this office by Fax (202-366-7882) for review prior to mailing.

Note that these documents are to be submitted separately from those provided in accordance with Part 573.8 requirements.



HINDO MOTOR SALES U.S.A., INC.
Attention: Mr. George Carver, Sales National Manager
Rm 412 30th Fl

CG TO: Mr. Philip J. Spector
111 E. 42nd St. N.Y.C.

RE: [REDACTED]

Dear Mr. [REDACTED]:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4-11-68 11:30 AM



1. NUMBER OF VOTES

President of the Board of Directors

2. NAME

Mr. [Name] of [Company]

3. ADDRESS

[Address]

4. OCCUPATION

[Occupation]

| NAME | ADDRESS | OCCUPATION | DATE |
|--------|-----------|--------------|--------|
| [Name] | [Address] | [Occupation] | [Date] |
| [Name] | [Address] | [Occupation] | [Date] |
| [Name] | [Address] | [Occupation] | [Date] |
| [Name] | [Address] | [Occupation] | [Date] |
| [Name] | [Address] | [Occupation] | [Date] |

5. SIGNATURE

[Signature]

6. CERTIFICATE

[Text]

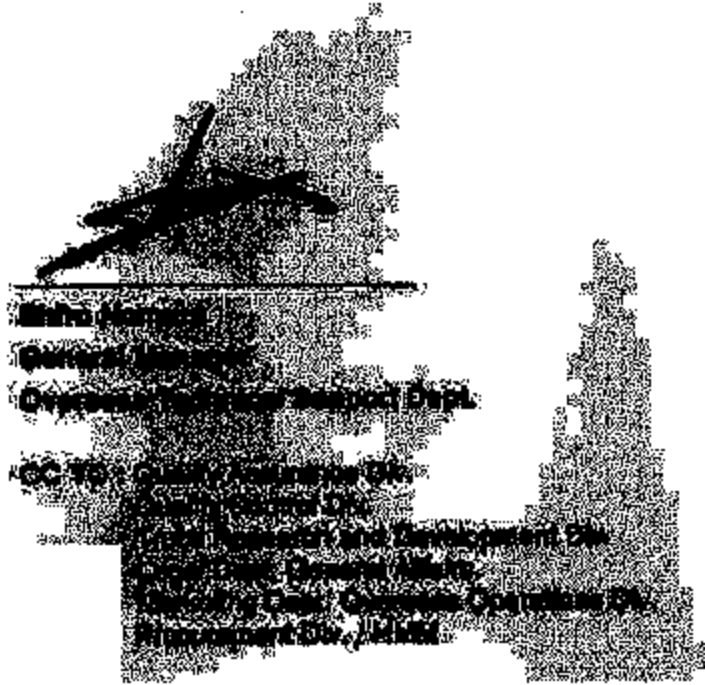
7. NOTES

[Notes]



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DEPARTMENT



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