



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

JUL 1 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Leonard Barkan
Strick Corporation
225 Lincoln Highway
Fairless Hills, PA 19030-0009

NVS-214
PE03-027

Dear Mr. Barkan:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE03-027) to investigate allegations of Stemco Advantage System trailer hub bearing failures on Strick semi trailers, model years 1997 to 2003 manufactured by Strick Corporation and to request certain information.

This office has received reports alleging hub bearings failing on over 75, 1997 to 2003 Strick semi trailers. Copies of four written reports and a letter, submitted by the fleet operator reporting these 75 failures, are enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all 1997 to 2003 Strick semi trailers manufactured for sale or lease in the United States and equipped with the Stemco Advantage System (Stemco) hub assembly.
- **Subject component:** Stemco Advantage System pre-assembled unitized hubs (Stemco hubs)
- **Strick:** Strick Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Strick (including all business units and persons previously referred to), who are or, in or after 1996.



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4238

- **Alleged defect:** any failure, malfunction or otherwise unsatisfactory performance involving an Advantage System unitized hub on a Strick trailer which results in a thermal event, severe overheating, or fire at the wheel end of the axle (wheel end), or a partial or complete wheel separation.
- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Strick, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Strick has previously provided a document to ODI, Strick may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts).

When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Strick's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles Strick has manufactured for sale or lease in the United States. For each model provide a description of axle configuration (single, tandem, spread, etc) and trailer type (van, flatbed, etc). Also provide the weight rating for the axles installed on the subject vehicles.
2. State the number and provide copies of each of the following, received by or of which Strick is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer / fleet complaints;
 - b. Field reports;
 - c. Reports involving a crash, injury, or fatality;
 - d. Reports involving a fire;
 - e. Property damage claims;
 - f. Third-party arbitration proceedings where Strick is or was a party to the arbitration; and
 - g. Lawsuits, both pending and closed, in which Strick is or was a defendant or codefendant.

For subparts "a" through "g," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint). For "e" through "g," provide a summary of the event.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Vehicle VIN;
 - b. Vehicle's owner or fleet name (and fleet contact person), address, and telephone number;
 - c. Vehicle's model and model year;
 - d. Vehicle's mileage at time of incident; (if known)
 - e. Incident date;
 - f. Date of manufacture; and
 - g. Date warranty coverage commenced.

If desired you may submit items "a" through "g" on an electronic disk. Excel or Microsoft Access 2000, are the preferred formats.

4. State, by model and model year, a total count for all warranty claims that have been paid by Strick to date that relates to, or may relate to, the alleged defect in the subject vehicles. State the warranty coverage that applies to the sterico as unitized hubs.
5. Produce copies of all communications and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Strick has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Strick is planning to issue within the next 120 days.
6. Describe all tests, studies, surveys, and/or investigations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Strick. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. Date action was initiated and completed;
 - c. All parties responsible for designing and/or conducting the action; and
 - d. A summary of the findings and/or conclusions resulting from the action.
7. Describe all modifications or changes made by, or on behalf of, Strick in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production, inventory(s) and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Strick is aware of which may be incorporated into vehicle production within the next 120 days.

8. State the number of each of the following that Strick has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (including the cut-off date for sales, if applicable):

- a. Subject component; and
- b. Any kits that have been released, or developed, by or for Strick for use in service repairs to the subject component/assembly.

For each Advantage System unitized hub assembly, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number).

9. Provide a full description and copies of the maintenance requirements furnished by Strick (or for Strick) to trailer owners and lessors that relate or may relate to the alleged defect in the subject unitized hub assemblies.
10. Furnish Strick's assessment of the alleged defect in the subject vehicle, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses; and
 - e. What warnings, if any, the operator and other people both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning?

This letter is being sent to Strick pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Strick's failure to respond promptly and fully to this letter could subject Strick to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Strick cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Strick does not submit one or more requested documents or items of information in response to this information request, Strick must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Strick's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by August 12, 2003. Please refer to PE03-027 in Strick's response to this letter. If Strick finds that it is unable to provide all of the information requested within the time allotted, Strick must request an extension from me at (202) 366-4933 no later

than five business days before the response due date. If Strick is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Strick then has available, even if an extension has been granted.

If Strick claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Strick must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Strick is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

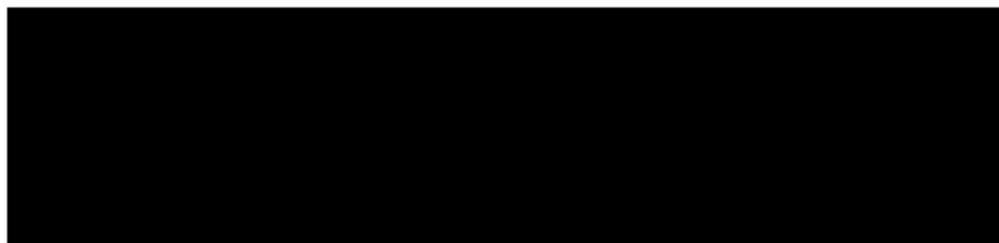
Please call Nate Seymour at (202) 366-6965 upon your receipt of this correspondence to discuss technical and other questions concerning this matter, prior to preparing your response.

Sincerely,

Original Signed By

**Richard Boyd, Chief
Med/Heavy Duty Vehicle Division
Office of Defects Investigation**

Enclosure 1, 4 VOQs



June 6, 2003

Scott York
National Highway Transportation Safety Admin
Office Of Defects Investigations
400 Seventh St., S.W.
Washington, D.C. 20590

Dear Mr. York:

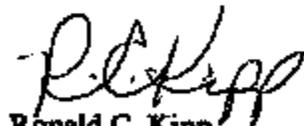
As we discussed during our May 21, 2003 phone conversation, we are experiencing an abnormally high number of bearing failures on Strick trailers with closed wheel end systems. These systems were sold to us as never needing maintenance. When we first noticed the increasing number of failures we implemented a special inspection program. This program did not prevent the failures. We are now retrofitting our fleet of approximately 3625 trailers with a see through cap system to prevent failures. The Strick trailers we have with the see through system are not experiencing failures and we feel this is the most prudent course of action.

Included with this letter is our service bulletin on the process we are following to retrofit the trailers and four Vehicle Owner's Questionnaires documenting four of the failures we have had. As I mentioned, we have experienced over 75 failures and we are researching our records to determine the exact number of failures.

Our contact at Strick is Peter C. Gentile, Vice President/Sales. His address is 944 Lancaster Lane, Lake Zurich, IL 60047-3500. Phone 847-540-1325.

If you need further information, please call me at 651-686-2538.

Sincerely,



Ronald C. Kipp
Vice President Operations

CC: Peter Gentile, Strick Corporation



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or _____
r_Let _____
od_n _____
up_tr _____

Reference No.

OWNER INFORMATION (Type or Print)

Name TRANSPORT AMERICA
Street No. 1715 YANKEE DODGE RD. Apt. No. N/A
City EAGAN State MN Zip Code 55121

Daytime Telephone Number
(651) 686-2503

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner D. Flanagan Director TRANSPORT AMERICA Date 6.4.03

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side) 1S12E9533XE440867 Make STRICK Model 53' VAN Year 1999
Purchased Date 09/01/1998 Dealer's Name STRICK CORP. Engine Size (CID/CCL) N/A Turbo Diesel Gas Fuel Injection
 New Used Dealer's City LAKE ZURICH State IL Zip Code 60047 No. Cylinders _____ Fuel Injection
Manufacture Date (on driver's door or pillar) 09/01/1998 Transmission Type N/A Manual Automatic Restraint System Driverside Air Bag Motorbelt Passengerside Air Bag 2-Point Belt 3-Point Belt N/A Cruise Control Yes No N/A Drivetrain N/A Front Rear 4-Wheel Vehicle Type Car Sport Utility Van Truck Minivan Motorcycle Other TRAILER Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other 53'

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) BEARING Location Left Right Front Rear Failed Part(s) Original Replacement Handicap Adaptive Equip Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand _____ Tire Name _____ Complete Tire Size _____
No. of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash Yes No Fire Yes No Number of Persons Injured NONE Number of Fatalities NONE Reported to Manufacturer Yes No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

RIGHT REAR WHEEL WAS LOCKED UP. CHAINED UP AXLE TO BRING TO SHOP. REMOVED HUB AND FOUND BEARING HAD MELTED TO AXLE AND RUINED AXLE AS WELL AS HUB. COULD NOT REMOVE RACES FROM HUB. HAD AXLE SURGEON REMOVE AND REPLACE AXLE SPINDLE. REMOVED AND INSPECTED OTHER BEARINGS ON TRAILER. FOUND MORE BAD BEARINGS ON OTHER AXLES. REMOVED AND REPLACED 3 BEARINGS, WHEEL SEALS, BRAKE Lining AND 1 SPINDLE END. RESERVICED WHEEL END.

All of the failures have been with the "CLOSED END" Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-386-7882



**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire**
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or _____
rl_dt _____
od_rl _____
up_lr _____

Reference No.

OWNER INFORMATION (Type or Print)

Name TRANSPORT AMERICA
Street No. 1715 YANKEE DOODLE RD Apt. No. NA
City ESSEX State MA Zip Code 55121

Daytime Telephone Number
(651) 686-2503

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner D. J. Jannagan Director TRANSPORT AMERICA Date 6/4/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>1S12E9537VE420778</u>		Make <u>STRICK</u>	Model <u>53' VAN</u>	Year <u>1997</u>
Purchased Date <u>09/01/97</u>	Dealer's Name <u>STRICK CORP</u>		Engine Size (CID/CCL) <u>N/A</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>LAKE ZURICH</u>	State <u>IL</u>	Zip Code <u>60047</u>	No. Cylinders _____ <input type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar) <u>09/01/97</u>	Transmission Type <u>N/A</u> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <u>N/A</u> <input type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Motorized <input type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <u>N/A</u> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>TRAILER</u>		Body Style <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 <u>53'</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>BEARING</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>NONE</u>	Number of Fatalities <u>NONE</u>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

WHEEL BEARING FAILURE ON RIGHT REAR. WHEELS FALLING OFF.
REPLACED HUB AND DRUM, BEARINGS, BRAKES, AND WHEEL SEAL.
ALL OF THE FAILURES HAVE BEEN WITH THE "CLOSED END"
WHEEL END. ALL OF OUR "OIL BATH" TYPE WHEEL ENDS HAVE
SHOWN NO FAILURES. WE ARE CURRENTLY CONVERTING ALL OF
OUR WHEEL ENDS TO "OIL BATH" TYPE.
OCCURRED: 6-2-2003 UNIT NUMBER: 43025

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7892



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

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(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or

rdt

od_r1

up_lr

Reference No.

OWNER INFORMATION (Type or Print)

Name **TRANSPORT AMERICA**

Street No. **1715 YANKEE DOODLE Rd.** Apt. No. **N/A**

City **EAGAN** State **MN** Zip Code **55124** Daytime Telephone Number **(651) 686-2503**

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner **D. Flanagan DIRECTOR, TRANSPORT AMERICA** Date **6/4/03**

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) **1S12E9530WE426374** Make **Strick** Model **53' VAN** Year **1998**

Purchased Date **09/01/98** Dealer's Name **STRICK CORP** Engine Size (CID/CCL) **N/A** Turbo Diesel Gas Fuel Injection
 New Used Dealer's City **LAKE ZURICH** State **IL** Zip Code **60047** No. Cylinders **—**

Manufacture Date (on driver's door or pillar) **09/01/98** Transmission Type Manual Automatic **N/A** Restraint System Driver's Air Bag Motorbelt Passenger's Air Bag 2-Point Belt 3-Point Belt **N/A** Cruise Control Yes No Drivetrain Front Rear 4-wheel **N/A** Vehicle Type Car Sport Utility Van Truck Minivan Microvan Other **TRAILER** Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other **53'**

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) **BEARING** Location Left Right Front Rear Failed Part(s) Original Replacement Handicap Adaptive Equip Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand _____ Tire Name _____ Complete Tire Size _____
No. of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____
Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash Yes No Fire Yes No Number of Persons Injured **NONE** Number of Fatalities **NONE** Reported to Manufacturer Yes No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

WHEEL ON TRAILER LOCKED UP. WHEEL BEARING FAILURE. REPLACED WHEEL BEARINGS, RACES, BRAKES, AND WHEEL SEAL.

All of the failures have been with the "CLOSED END" WHEEL END. All of our "oil bath" type wheel ends have shown no failures. We are currently converting all of our wheel ends to the "oil bath" type.

OCURRED: 4-18-03 UNIT NUMBER: 434920

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7662



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FOR AGENCY USE ONLY

Date Received

Od_or _____
 n_dt _____
 od_rt _____
 up_Rt _____

Reference No.

OWNER INFORMATION (Type or Print)

Name TRANSPORT AMERICA
 Street No. 1715 YANKEE DOODLE Rd. Apt. No. N/A
 City EAGAN State MN Zip Code 55121

Daytime Telephone Number
(651) 686-2503

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner D. Flanagan Director, TRANSPORT AMERICA Date 6/4/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>1S12E9539XE445880</u>		Make <u>STRICK</u>	Model <u>53' VAN</u>	Year <u>1999</u>
Purchased Date <u>09/01/99</u>	Dealer's Name <u>STRICK CORP.</u>		Engine Size (CID/CCL) <u>N/A</u>	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>LAKE ZURICH</u>	State <u>IL</u>	Zip Code <u>60049</u>	<input type="checkbox"/> Diesel
Manufacture Date (on driver's door or pillar) <u>09/01/99</u>	Transmission Type <u>N/A</u> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <u>N/A</u> <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Crutch Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. Cylinders _____
		Drivetrain <u>N/A</u> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>TRAILER</u>	Body Style <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 <u>53'</u>

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>BEARING</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>NONE</u>	Number of Fatalities <u>NONE</u>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

LOST LEFT REAR INSIDE WHEEL BEARING. SET OF DUALS (TIRES, TRIMS, AND HUB) DEPARTED FROM TRAILER WHILE ENROUTE. REPLACED BEARINGS, RACES, HUB, TIRES, TRIMS, AND WHEEL SEAL.
ALL OF THE FAILURES HAVE BEEN WITH OUR "CLOSED END" WHEEL ENDS. ALL OF OUR "OIL BATH" TYPE WHEEL ENDS HAVE SHOWN NO (AI)-USES. WE ARE CURRENTLY CONVERTING ALL WHEEL ENDS TO "OIL BATH", OCCURRED: 5-3-2003 (UNIT NUMBER) 2145004

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882