



OWNER SAFETY RECALL RESPONSE CARD

Present this card to any authorized Autocar truck dealer to have this recall performed. This recall will be performed at no charge to you. If the vehicle does not require recall, or you choose not to have the recall performed, or you no longer own the identified vehicle, please complete this postage paid card and return to Autocar.

Thank you for your cooperation.

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HAS THIS RECALL BEEN COMPLETED? YES NO
 SERVICE LOCATION / DEALER THAT COMPLETED REPAIR _____ DATE COMPLETED: ___ / ___ / ___

IF NO, PLEASE MARK SCRAPPED STOLEN
APPLICABLE BOX: SOLD OR TRADED VEHICLE OTHER _____

OWNERS'S E-MAIL _____ DATE _____

IF SOLD

OWNER

BUSINESS NAME _____ CONTACT NAME _____

STREET _____

CITY, STATE _____ ZIP _____

E-MAIL _____

VEHICLE IDENTIFICATION NUMBER

5VCACRA [REDACTED]

LINE OR MODEL

Xpeditor

RECALL NUMBER

20V450



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

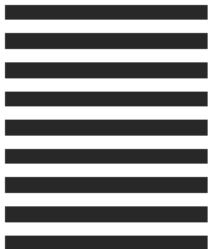
FIRST-CLASS MAIL

PERMIT NO 4

HAGERSTOWN IN

POSTAGE WILL BE PAID BY ADDRESSEE

AUTOCAR
551 SOUTH WASHINGTON ST
HAGERSTOWN IN 47346-9901





551 S. Washington Street
Hagerstown, Indiana 47346

SAFETY RECALL NOTICE



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IMPORTANT SAFETY RECALL INFORMATION



U.S. Department of
Transportation

Issued in Accordance
With Federal Law

