



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 1375

Date Received

28-JAN-2003

Repository

Reference No.
10004771

OWNER INFORMATION (Type or Print)

Name

Address

City FARMVILLE

State VA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of your signature, this report will be sent to the vehicle manufacturer.
Signature of Owner: _____ Date: 2/22/03
 YES NO

VEHICLE INFORMATION

Make	Model	Model Year
WORKHORSE	P32D032	2002
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders
	COLLEGE PARK 919-231-8710	8
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State
	RALEIGH	NC
Transmission Type	Powertrain	Zip Code
AUTO ALLISON		27610
<input checked="" type="checkbox"/> Antilock Brakes	Vehicle Component Code	Fuel Type:
<input checked="" type="checkbox"/> Cruise Control	052300 PARKING BRAKE; DRIVELINE: HYDRAULIC	GAS
Multiple Failure:		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
27-JAN-2003	18440	PARKED

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct (the failure; i.e., parts repaired or replaced (and if old part is available)).

MOTORHOME WAS PARKED IN GAS STATION LOT WITH EMERGENCY BRAKE APPLIED. WITHOUT WARNING VEHICLE ROLLED INTO THE ROADWAY AND THEN STRUCK A FENCE. DEALER DIAGNOSED THAT EMERGENCY BRAKE DID NOT HOLD. CONSUMER STATES THAT EMERGENCY BRAKE HAS BEEN REPAIRED 2X PREVIOUSLY DO TO EITHER STICKING OR NOT HOLDING. TS

MOTORHOME STOPPED BEFORE HITTING FENCE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.