



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 100147

Date Received: 14-MAY-2003
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OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: LAKE GEORGE State: CO 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

Make: NEWMAR Model: MOUNTAIN ALPS Model Year: 2002
Date Purchased: 29 JAN 2003 Dealer's Name and Telephone Number: HOWARD RV CENTER
Original Owner: Dealer's City: WILMINGTON State: NC Zip Code: 28405 Fuel Type: DIESEL
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: CUMMINS 400
 Cruise Control Vehicle Component Code: 151000 SEAT BELTS: FRONT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-MAR-2003 Failure Mileage: VARIOUS Failure Speed: CAN INDICATE SETTING STILL
SINK HORN VARIOUS VARIOUS FLEX STEEL DRIBBL PASSENGER SEATS

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/85R15): _____
DOT No. (Example: DOTM18ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ The 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: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: 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).

THE DRIVER AND PASSENGER SEAT BELTS LOCKED UP WITHOUT WARNING. *JB
WITH THE SLIGHTER MOVEMENT, found an underway reaching to turn radio, turn on headlights etc.
was told by MAX STEEL customer service I had baby seat belts installed on 14 MAY 2003 & they would ship replacement belts. NEVER received and on 10 JUN 2003 I contacted MAX STEEL again discussed problem with an Engineer and was told they were aware of the problem; expect to have a replace fix for lockups. They, He would contact me in approx 2 wks? MAKE NO ARRANGEMENTS TO REPLACE SEAT BELTS.
Submitted 13 Jun 2003 of JB.

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