



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 100161

Date Received

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Repository

Reference No.

10019998

OWNER INFORMATION (Type or Print)

Name

Address

City

BARNSTABLE

State MA

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 an authorized agent, NHTSA will not provide a copy of this report to the vehicle manufacturer.
Signature of Owner _____ Date 6/25/03

VEHICLE INFORMATION

Make WINNEBAGO

Model ADVENTURER

Model Year 1997

Date Purchased

2-6-01

Dealer's Name and Telephone Number

PRIVATE PARTY

Engine:
No. of Cylinders

8

Fuel Type:

GAS

Original Owner
 NO

Dealer's City

State

Zip Code

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

050000 PARKING BRAKE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

3-15-03

Failure Mileage

43,500

Failure Speed

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: DOTM19ABC036)

Original Equipment
 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

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 PARK BRAKE LIGHT ILLUMINATED AND THE VEHICLE WOULD NOT SHIFT INTO GEAR. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHICH REPLACED THE PARK BRAKE UNIT. *NIM

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