



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100184

Date Received <b>2003 SEP 15 PM 1:45</b> 19-AUG-2003	Repository <input type="checkbox"/>
Reference No. 10034215	

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: **INYOKERN** State: **CA** Zip Code: [Redacted]

Vehicle Telephone Number: [Redacted] E-mail Address: [Redacted]  
Working Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of [Redacted] name or address to the vehicle manufacturer?  YES  NO **WPP**  
Signature of Owner: [Redacted] Date: **7/4/03** → **Ford**

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side <b>3FCMF5355QA37967</b>	Make <b>FLEETWOOD</b>	Model <b>SOUTHWIND STORM</b>	Model Year <b>2000</b>
Date Purchased <b>6/10/2000</b>	Dealer's Name and Telephone Number <b>Stier's RV 800-339-4600</b>	Engine: No. Cylinders <b>10</b>	Fuel Type: <b>Gas</b>
Original Owner <input checked="" type="checkbox"/>	Dealer's City <b>Bakersfield</b>	State <b>CA</b>	Zip Code <b>93313</b>
Transmission Type <b>AT</b> <b>10D</b>	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	
Vehicle Component Code <b>185000 VEHICLE SPEED CONTROL:CRUISE CONTROL</b>		Multiple Failures: <b>1</b>	

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) <b>01-AUG-2003</b>	Failure Mileage <b>16500</b>	Failure Speed <b>55</b>	<b>Subsequent Computer Testing showed NO warnings or failures</b>
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**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: DOT4ALSABC036)	<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), control, and injury/loss.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Deaths <b>0</b>	Reported to Police <b>N</b>
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Narrative Description of Incident(s), Crash(es), and Injury/loss.  
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).

**WHILE DRIVING 55 MPH ON CRUISE CONTROL, ENGINE SIMPLY STOPPED WORKING. ALSO, BRAKES AND POWER STEERING FAILED. AFTER VEHICLE SAT FOR FIFTEEN MINUTES IT STARTED RIGHT UP.\*AK**

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 Administration 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.