Moisten Here Moisten Here Moisten Here

Form Approved: O.M.B. No. 2127-0006

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

Use a black ballpoint or dark blue ballpoint pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY
Date Received: 01
Reference No.: 10044787
Od-or ____ ____
rt-dt ____ ____
od-rt ____ ____
up-ltr ____ ____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME [redacted]
STREET NO. [redacted] APT. NO.
CITY WAUSAU STATE FL
ENTER ZIP CODE
ZIP CODE + 4 [redacted]
AREA CODE [redacted]

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 and address to the vehicle manufacturer.

X [redacted] 10-17-2003
SIGNATURE OF OWNER DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side): 1FCMF53J530A60204
VEHICLE MAKE: CORACHMAN
VEHICLE MODEL: MIRADA
MANUFACTURE DATE:
MODEL YEAR: 2003

VEHICLE MANUFACTURER
○ BMW ● Ford ○ Honda ○ Nissan ○ Subaru ○ Volvo ● Other CORACHMAN MIRADA MH
○ Daimler/Chrysler ○ General Motors ○ Hyundai ○ Saab ○ Toyota ○ VW

PURCHASE DATE: ● New ○ Used
DEALER'S NAME: HOLIDAY ON WHEELS
CITY: PANAMA CITY
STATE: FL
ZIP CODE: 32405

ENGINE SIZE (CID/CC/L): 7LG
NO. CYLINDERS: 8
FUEL SYSTEM: ○ Turbo ● Fuel Injection
FUEL TYPE: ○ Diesel ● Gas
TRANSMISSION TYPE: ○ Manual ● Automatic
ANTILOCK BRAKES: ● Yes ○ No
RESTRAINT SYSTEM: ○ Driverside Airbag ● 2-Point Belt ○ Passengerside Airbag ○ Motorbelt ○ 3-Point Belt
CRUISE CONTROL: ● Yes ○ No

DRIVETRAIN: ○ Front ○ 4-Wheel ● Rear
VEHICLE TYPE: ○ Car ○ Minivan ○ Truck ● Other MOTOR HOME ○ Van ○ Sport Utility ○ Motorcycle
DOORS: ○ 2-Door ○ 4-Door
BODY STYLE: ○ Hatchback ○ Sedan ○ Pick Up Truck ○ Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT
○ Child Seat
○ Electrical Lights & Alarms
○ Engine & Cooling System
○ Equipment
○ Fuel System, Exhaust
○ Heater, Defrost, Ventilation
○ Interior
○ Parking Brake
○ Power Train
○ Service Brakes
○ Steering
○ Structure
○ Suspension
○ Visual Systems
● Other SANITARY PUMP SYSTEM MAIN WASTE LINE

DEBRIS DROPPED IN HEAVY TRAFFIC

NO. OF FAILURES: 1

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

INCIDENT DATE: 8-3-2003
TIRE NAME: NA
COMPLETE TIRE SIZE: NA
MILEAGE AT INCIDENT: 2547
VEHICLE SPEED AT INCIDENT: < 55-60

TIRE BRAND
○ BF Goodrich
○ Cooper
○ Firestone
● Goodyear
○ Kelly Springfield
○ Michelin
○ Yokohama
● Other TRAFFIC SITUATION

CAUSED BY TIRE TREAD CAP FROM ANOTHER VEHICLE-CAUSED THE SANITARY PIPING TO TEAR OFF IN A HIGH DENSITY SHED INTO TRAFFIC BEHIND. NO WAY TO STOP

FAILED PART(S): ● Original ○ Replacement

HANDICAPPED ADAPTIVE: ○ Yes ● No
FAILED PART(S) AVAILABLE?: ● Yes ○ No
NHTSA PREVIOUSLY CONTACTED?: ○ Yes ● No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.

CRASH: ○ Yes ● No
FIRE: ○ Yes ● No

NUMBER OF PERSONS INJURED: 0
NUMBER OF FATALITIES: 0

CAUSE OF INCIDENT
○ Wear/Corroded/Rust
● Weak/Poor Fit/Loose
○ Cut/Torn
○ Disconnect/Fell Off
○ Erratic/Poor Performance
○ Excessive Effort
○ Noisy
○ Leaks
○ Short
○ Looks/Sticks/Grabs
● Stability/Vibration
● Broken

RESULT OF INCIDENT
○ Explosion/Fire
○ Loss of Control
○ Poor Visibility
○ Inadvertent Start
○ Rollover
○ Stalls
○ Sudden Acceleration

UNKNOWN

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

While traveling THRU Birmingham Al on I-65 (Center Lane (c) portion - Vehicle ahead of us lost a Tire tread - or it was in the roadway. This flipped up under the Motor Home and Tore off The Sanitary "Boom Arm" from The Coachmen Exclusive "No MESS" TERMINATION System

The Boom Arm and flex Hose TRAiled out Behind in High density Traffic No way To Stop. also This flattened The Tail pipe.

In my opinion This could have been avoided by not having The Boom Arm beneath The unit and facing forward 'See picture'

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

HS Form 350 (Rev. 3/99)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

Complete and return or place in your car manual for future use

VEHIC[LE] OWNER['S] QUESTIONNAI[RE] (VO[Q])

DOT AUTO SAFETY HOTL[INE]

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DO[T]

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration

www.nhtsa.dot.gov/hotlin[e]