



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-DOOR (1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

3:04 PM JAN 13 2004
20-NOV-2003

Reference No.
10048415

OWNER INFORMATION (Type or Print)

Name

Address

City SHREVEPORT

State LA

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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL IN

Make SAFARI

Model TREK

Model Year 2003

Date Purchased 1/03

Dealer's Name and Telephone Number LONGVIEW MOTORHOMES 1-800-787-1260

Engine: No. Cylinders 1/8

Fuel Type: GAS

Original Owner

Dealer's City FRUITLAND PARK, FLA. 34731

State FLORIDA

Zip Code 34731

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

351300 EQUIPMENT; RECREATIONAL VEHICLE; LPG TANK VALVE/GAU

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-OCT-2003

Failure Mileage 8500

Failure Speed

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)

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 0

Number of Deaths 0

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 (used if old part is available).

WHILE DRIVING THE PROPANE TANK (LPG) DRAGS ALONG THE GROUND. THE CONSUMER IS CONCERNED THAT THE VEHICLE WILL CATCH FIRE. PLEASE PROVIDE ADDITIONAL INFORMATION. "PH L-P TANK LOCATED IN VULNERABLE POSITION IN REAR OVERRANG, BETWEEN REAR DUAL TIRES AND OVERRANG ENDING. THE FACTORY MAINTAINS AS LONG AS TANK IS A FRACTION ABOVE MOUNT SKID PAD IT IS ENGINEERED CORRECTLY. I HAVE SCRAPPED MY TANK ON MY DRIVEWAY. THE TANK HAS NO PROTECTION AND IF RUPTURED COULD BLOW UP OR CAUSE A FIRE."

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.

