



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 231

Date Received
2004 APR 20 AM 8:45
06-FEB-2004

Repository ☐
Reference No.
10057635

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DIVIDE State CO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4UZAHAK83CM24458
Make: WINNEBAGO Model: JOURNEY Model Year: 2004
Date Purchased: 10-14-03 Dealer's Name and Telephone Number: Nolan's RV Center (303) 429-6114 Engine: No. Cylinders: 6 Fuel Type: Diesel
Original Owner: ☒ Dealer's City: Denver State: CO Zip Code: 80221
Transmission Type: Auto Antilock Brakes: ☐ Powertrain: Pusher
☒ Cruise Control Vehicle Component Code: 010000 STEERING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): FROM DATE OF DELIVERY Failure Mileage: Failure Speed: Front Steering Unstable

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 (and if old part is available).

WHILE TRAVELING CONSUMER NOTICED PLAY IN STEERING WHEEL. CONSUMER WAS UNABLE TO KEEP VEHICLE IN TRAFFIC LANES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**