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Form Approved O.M.B. No. 2127-0008



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0188
INTERNET: <http://www.nhtsa.dot.gov>

APR 20 AM 9:00

No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	Order
Reference No.	ad-r
	up-r

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

STREET NO. <u>SEVERN</u>		APT. NO. <u>MD</u>	ZIP CODE + 4	AREA CODE
CITY		STATE	ENTER ZIP CODE	

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 SIGNATURE OF OWNER

4/5/04 DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) & extend at bottom of vehicle on driver's side <u>1FDXE45041</u>	VEHICLE MAKE <u>Winnebago</u>	VEHICLE MODEL <u>Minnie</u>	MANUFACTURE DATE <u>092000</u>	MODEL YEAR <u>2001</u>
VEHICLE MANUFACTURER <input type="radio"/> BMW <input checked="" type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE <u>10/4/00</u>	DEALER'S NAME <u>Beckley's R.V.</u>	CITY <u>Thurmont</u>	STATE <u>MD</u>	ZIP CODE <u>21788</u>
ENGINE SIZE (CID/CC/L) NO. CYLINDERS <u>10</u>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear		VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input checked="" type="radio"/> Other <u>Motorhome</u> <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input type="radio"/> 4-Door
RESTRAINT SYSTEM <input type="radio"/> Driver's Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger's Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		
BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Stationwagon		<input type="radio"/> Pick Up Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Restraint that holds TV in cabinet</u>	NO. OF FAILURES <u>1</u>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>Sept. 2003</u>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <u>around 25,000</u>	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	VEHICLE SPEED AT INCIDENT <u>40-50 mph</u>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <u>0</u>	CAUSE OF INCIDENT <input type="radio"/> Wear/Contacted/Flut <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nasty <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <u>0</u>		

PLEASE DO NOT WRITE IN THIS AREA



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