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

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 | |
|---|---|
| Date Received: 2004 JUL 30 PM 6:20 | Od_or ___ ___ rt_dt ___ ___ od_rt ___ ___ up_ltr ___ ___ |
| | Reference No. |

## OWNER INFORMATION (Type or Print)

Name

Street | Apt. No.

City: Boonsboro | State: MD | Zip Code | D (

*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 7/20/04

## PRODUCT INFORMATION

| Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side) | Make | Model | Year |
|---|---|---|---|
| 4XHCFSA153D | Flagstaff CT | 425D | 2003 |

| Purchased Date | Dealer's Name | | | Engine Size (CID/CC/L) | ☐ Turbo ☐ Diesel ☐ Gas |
|---|---|---|---|---|---|
| 6-25-04 ☒ New ☐ Used | Dealer's City: Stateline | State: PA | Zip Code | No. Cylinders ___ | ☐ Fuel Injection |

| Manufacture Date (on driver's door or pillar) | Transmission Type | Restraint System | Cruise Control | Drivetrain | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| | ☐ Manual ☐ Automatic | ☐ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 3-Point Belt ☐ 3-Point Belt | ☐ Yes ☐ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☒ Other Tent Camper | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other Tent Camper |

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

| | Part Name(s) | Location | Failed Part(s) | Handicap Adaptive Equip |
|---|---|---|---|---|
| | | ☐ Left ☐ Right ☐ Front ☒ Rear | ☒ Original ☐ Replacement | ☐ Yes ☐ No |

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| Tire Brand | Tire Name |
|---|---|
| Complete Tire Size | DOT No. |

| No. of Failures | Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s): | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No |

## APPLICABLE INCIDENT INFORMATION

*(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)*

| Crash | Fire | Number of Persons Injured | Number of Fatalities | Reported to Manufacturer |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | 0 | 0 | ☒ Yes ☐ No |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

During our first night in our new camper my grandson fell out of the rear bed while sleeping. He was on the inside of the bed and his mother was on the outside of the bed. At about 5am she woke up because he was crying he could not be found in the bed, everyone in the camper was wakened because she realized that he was outside. Screaming once she got him, she realized the he had fallen through the velcro and one hung that

Continue on back.

**The Privacy Act of 1974 - Public Law 93-579** *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

**Mail postage free or fax to 202-366-7882**

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

In place to hold the tent wall closed. He fell 4 and half feet to the ground which luckly only scared him and made him cry. But as easily as he fell out another child could fall out and be Killed.

The manufacture was called at 574-642-2640 ext 105 his response was simply that children should not be put in the beds ~~and~~ or he should have been put in the dinning ~~t~~ table that converts to a bed. But he was advised the he could have just as easily fall out of that. He offer no further assistance. Or any way to fix the problem.

ATTACH ADDITIONAL SHEETS IF NECESSARY


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

SUITLAND MD PDC 208
PM
21 JUL
2004

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**
FIRST CLASS 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

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

# VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

**DASH 2 DOT**

and dial toll free at

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*1-888-327-4236*

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