



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 100145

Date Received

2004 NOV  
20-OCT-2004

Repository

Reference No.  
10097251

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: DALLAS State: PA Zip Code: [Redacted]

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 NHTSA, provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 10/30/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 3FCMF53G0V [Redacted]  
Make: FLEETWOOD Model: BOUNDER Model Year: 1997  
Date Purchased: 8/14/04 Dealer's Name and Telephone Number: Driftwood RV Center  
Original Owner:  Dealer's City: E. HARBOR TOWNSHIP State: NJ Zip Code: 08234  
Engine: No. Cylinders: Fuel Type: Gas.  
Transmission Type: AUTOMATIC  
 Antilock Brakes  
 Cruise Control  
Powertrain: [Redacted]  
Vehicle Component Code: 012000 STEERING-COLUMN Also fogged windows  
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 14-AUG-2004 Failure Mileage: 31645 Failure Speed: Any speed for steering  
Driver compartment side windows, which are insulated glass, are fogged up & you cannot see out the windows or see to use the mirrors

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).

WHEN DRIVING OVER BUMPS IN THE ROAD THE STEERING COLUMN BECAME DIFFICULT TO MANEUVER. PLEASE PROVIDE ADDITIONAL INFORMATION. \*JB  
Steering column shakes violently when you hit a bump in the road.  
Windows on driver compartment side windows are fogged up, cannot see to use the side view mirrors.

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.