



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

2004 NOV 12 PM 12:34
22-OCT-2004

FOR AGENCY USE ONLY 241

Date Received
Repository
Reference No.
10097501

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PORT ORANGE State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

LET

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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FDXE45S74H [REDACTED] Make FORD Model E450 Model Year 2004
Date Purchased 10-AUG-04 Dealer's Name and Telephone Number **LAZY DAYS R.V.** Engine: No: Cylinders 10 Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 063000 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-AUG-2004 Failure Mileage 2500 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 **2** Number of Deaths 0 Reported to Police **N** **FIRE DEPT 911**

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 SLEEPING AN ALARM WENT OFF INSIDE THE MOBILE HOME. THE LOCAL FIRE DEPARTMENT ARRIVED ON LOCATION AND FOUND A SLIDE OUT SHIELD WAS BLOCKING THE GENERATOR EXHAUST SYSTEM, IN WHICH THE CARBON MONOXIDE WAS SETTING OFF THE ALARM. CONSUMER WAS NOTIFIED. *AK

CARBON MONOXIDE ENTERING MOTOR HOME THROUGH SLIDE OUT DIRECTLY OVER GENERATOR EXHAUST

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 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.

SEE ATTACHED

November 1 2004

While the information in the form sent by your office is correct as to the information concerning the Ford cut down chassis the Ford truck was not at fault. The problem was created by the motor home manufacturer.

While we were sleeping in our new the motor home at our home because of a hurricane power outage, the carbon monoxide alarm sounded, I called dialed 911 and was informed that we should evacuate to fresh air immediately, and someone will be there immediately I turned on the vents and left the door open, and got to fresh air . When the Port Orange fire dept ambulance arrived in about 3-4 minuets they took a reading and said the carbon monoxide reading at that time was 33 p.p.m., inside the motor home and if we had we had not heard the alarm and slept through it we would not have survived.. After looking for the cause they said the problem was that the exhaust from the 110 volt generator was built in directly under the slide out of the motor home, and it was unsafe to use the generator when we were in the motor home and the slide out at the same time, I called the dealer LAZY DAYS R.V., They said they would talk with Winnebago and come up with a soluation to the problem, after waiting 2 more weeks with no response, I called Winnebago industries on or about September 1st and notified them and they said that they made out a report of the problem and report it engineering and contact us. We have had no response from the dealer or the manufacturer. Since this a popular model and this is a design problem and there has been many of them sold, and no warning or fixes to the purchasers it is a matter of time if it has not happened already.

The Motor home is a **2005 Winnebago Itasca, model # 2005 30V**
SERIAL NO. 70467F241566 c, purchase date 7/21/04
MANUFACTURED BY
WINNEBAGO INDUSTRIES, FOREST CITY,
IOWA, 50436

Selling dealer--**LAZY DAYS RV CENTER INC.**
6130 Lazy Days Boulevard
Seffner, FL 33584-2968