



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100248

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10101035

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City: SPRING VALLEY State: CA Zip Code _____

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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side <u>3FCMF53S0X</u>		Make <u>BOUNDER</u>	Model <u>MOTORHOME</u>	Model Year <u>1998</u>
Date Purchased <u>01-OCT-02</u>	Dealer's Name and Telephone Number <u>Ten Thousand RV</u>		Engine: <u>V-10</u> No. of Cylinders	Fuel Type: <u>gas</u>
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <u>AUTOMATIC</u>	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code <u>062900 ENGINE AND ENGINE COOLING; COOLING SYSTEM; HOSE</u>	
Multiple Failure: <u>1</u>				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) <u>01-NOV-2004</u>	Failure Mileage	Failure Speed	
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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: DOTM1A8AC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Deaths <u>0</u>	Reported to Police <u>N</u>
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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).

MOTOR HOME RIGHT VALVE COVER HAD THE HOSE HANGING OUT OF IT. HOSE WAS LEAKING A LIQUID THAT WAS FOUL AND MESSY. *AK
The hose was leaking what appeared to be a thick oily sludge dripping down from valve cover towards the right exhaust manifold. This in my opinion when the oily sludge reached the exhaust manifold could ignite by means of conduction and convection of oily sludge to the heat source the right exhaust manifold.

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 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.