



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 241

Date Received

Repository ☐

Reference No.
10115132

OWNER INFORMATION (Type or Print)

Name

Address

City GULF SHORES

State AL

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 address to the vehicle manufacturer.

Signature of Owner

Date 3-23-05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield driver's side
5B1MP07G123

Make
NEWMAR

Model
MOUNTAIN AIRE

Model Year
2003

Date Purchased
30-AUG-03

Dealer's Name and Telephone Number
SANDY SANSING 850/476-2480

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
PENSACOLA

State
FL

Zip Code
32522-7488

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
034510 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-MAR-2005

Failure Mileage

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: DOTM123ABC038)

☐ 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

Number of Deaths

Reported to Police

0

0

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).

RECALL CAMPAIGN 04V084000 CONCERNING WORKHORSE-BOSCH ZOPS BRAKE CALIPERS: AFTER HAVING RECALL REPAIRS PERFORMED, WITHIN 800 MILES OR LESS, THE BRAKES LOCKED UP, AND ALMOST CAUSED A VEHICLE CRASH. CONSUMER TOOK THE VEHICLE TO ANOTHER DEALER, WHO INFORMED THE CONSUMER THAT THIS VEHICLE'S RECALL REPAIRS WERE NOT PERFORMED. *AK

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.

THE TURNING WHEEL RV CENTER
1905 S. FRONTAGE RD.
PLANT CITY FL 33563

WORKHORSE, WORKHORSE
29508 SOUTHFIELD RD
SOUTHFIELD, MI 48076

WAR 500514
In: 3/4/2003
Out:
SALINAS

MV48574

Service Warranty

2404451477

03

NEWMAR

MOUNTAIN A

5B4MP67G123355009

11685

ED

11

FT WHEELS LEAKING FLUID/DG NOT REMOVE CENTER CAP
SEE ARMANDO!!!!!! CORRECTION: RR WHEEL COVERS
INSPECTED BRAKES SHOES - FOUND BOTH OIL BATH LEAKING
-RR OIL BATH CAPS FILLED WITH OIL AND TESTED War
Co.: WORKHORSE (Claim Number: 500514

WB000124

AXLE HUB CAP

1

Oil Bate hb caps

2692754002

GULF SHORES, AL

THE ABOVE WORK STATED HAS BEEN COMPLETED

SIGNED

Vehicle Sold Date: 8/30/2003

Secondary Serial Number: 900456

Turning Wheel RV Center
3040 N.W. Gainesville Road
Ocala FL 34475
Phone #: (352) 368-6645
Fax #: (352) 368-6645
REV48674

RO Number: 7930
Service Advisor: KIM
Tag Number:
Ticket Date: 2/28/2005
Cash Out Date:

Proposed Date - Time Completed: 2/28/2005 - 5:00 PM

Date and Time In: 2/28/2005 8:24:13 AM

Customer Information Number: -----

Gulf Shores AL

Stock Number	Year	Make	Model	Serial Number	Mileage In	Mileage Out
03		MOUNTAIN AIR	NEWMAR	SB4MP57G123	11534	

Item Type	Mech. Number	Rpr	Hours	Requested Repair Description
Service Warranty		1	6	Warranty Company: MONACO: MONACO, MONACO - Claim Number: - RIGHT SIDE BRAKE LOCKED UP
Service Warranty		2	0	Warranty Company: MONACO: MONACO, MONACO - Claim Number: - ROTOR
Service Warranty		3	0	Warranty Company: MONACO: MONACO, MONACO - Claim Number: - CENTER PLUG FOR WHEEL BARRINGS BROKE OR MISSING
Service Warranty		4	0	Warranty Company: MONACO: MONACO, MONACO - Claim Number: - RECALL ON BRAKES

DISCLAIMER OF WARRANTIES - Any warranties on the products sold under this repair order are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer of the Seller, in no way affects the terms of the manufacturer's warranty.

Signed: Kim
I hereby authorize the repair work to be done along with necessary maintenance. You and your employees may operate above vehicle for purpose of looking, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs hereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Signed: _____

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.

☐ I REQUEST A WRITTEN ESTIMATE.
☐ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DOES NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED: _____ DATE: _____

THIS IS ANOTHER TEST

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**