



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: 21-MAR-2005  
Repository:   
Reference No.: 10115473

OWNER INFORMATION (Type or Print)

Name: [Redacted] Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Address: [Redacted]  
City: LAKELAND State: FL Zip Code: [Redacted] Evening Telephone Number: [Redacted]

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: [Redacted] Date: 02/21/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4U7BSDH17W [Redacted]  
Make: COUNTRY COACH Model: INTRIGUE Model Year: 1998  
Date Purchased: 14-SEP-04 Dealer's Name and Telephone Number: [Redacted] Engine: No. Cylinders: 8 Fuel Type: Diesel  
Original Owner:  Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]  
Transmission Type: [Redacted]  Antilock Brakes Powertrain: REAR WHEEL DRIVE Vehicle Component Code: Q21230 SUSPENSION:FRONT:SPRINGS: AIR SUSPENSION SYSTEM  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-OCT-2004 Failure Mileage: 63000 Failure Speed: 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM1A9BC036): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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).

RECALL CAMPAIGN 01V170000 CONCERNING FMVSS 120 WEIGHT DISTRIBUTION. WHILE DRIVING 30-40 MPH VEHICLE LOST HEIGHT CONTROL ON THE LEFT FRONT SIDE. THIS CONDITION CAUSED THE LEFT FRONT TO DROP. VEHICLE WAS TAKEN TO A REPAIR SHOP, AND MECHANIC DETERMINED THAT THE LEFT FRONT CONTROL VALVE NEEDED TO BE REPLACED, AND THAT THE OTHER TWO CONTROL VALVES SHOULD BE REPLACED AS WELL. CONSUMER LOOKED ON NHTSA WEBSITE AND FOUND THE ABOVE RECALL INFORMATION, AND CONTACTED THE MANUFACTURER'S REPRESENTATIVE, WHO INFORMED CONSUMER THAT THIS VEHICLE WAS NOT COVERED UNDER THAT RECALL. \*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.