Form Approved: O.M.B. No. 2127-0008

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

Date Received: 2005 MAR 15 PM 2:32

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No. 10115636

OWNER INFORMATION (Type or Print)

Name [redacted]

Street [redacted] Apt. No.

City CAULFIELD State MO. Zip Code [redacted] Daytime 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 [redacted] name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 2/23/05

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*: 4CB5B362652[redacted]

Make: FLEET WOOD 5TH WHEEL

Model: 365BS TRIUMPH

Year: 2005

Purchased Date: 11-4-04 ☐ New ☐ Used

Dealer's Name: BEAUDRY'S

Dealer's City: MESA, State: AZ. Zip Code: 85213

Engine Size (CID/CC/L) ___ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
No. Cylinders ___

Manufacture Date (on driver's door or pillar)

Transmission Type: ☐ Manual ☐ Automatic

Restraint System: ☐ Driverside Air Bag ☐ Passengerside Air Bag ☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt

Cruise Control: ☐ Yes ☐ No

Drivetrain: ☐ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Van ☐ Minivan ☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ Other ___

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ___

FAILED COMPONENT(S)/PART(S) INFORMATION

	Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
		☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand | Tire Name

Complete Tire Size | DOT No.

No. of Failures | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s): | Failed Part(s) Available? ☐ Yes ☐ No | NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☒ No	☐ Yes ☒ No			☒ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). A CONCERN FOR POSSIBLE INJURY. THE FLOORING (PLATFORM) IN THE BEDROOM FEELS VERY WEAK WHEN WALKING ON IT. FEELS LIKE IT IS FALLING THROUGH. THE COMMENT WAS MADE BY SERVICE AT BEAUDRY'S THAT IF WE FELL THROUGH THE FLOOR WE WOULDN'T GO ALL THE WAY THROUGH. NOT A VERY GOOD FEELING. HAVE TO WALK ON THE FLOOR TO GET TO BED.

Continue on back.

The Privacy Act of 1974 – Public Law 93-579 *This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical [illegible] thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882