

 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 100148 Date Received 2005 SEP 29 AM 4:06 31-MAY-2005		Repository <input type="checkbox"/>
						Reference No. 10122572
OWNER INFORMATION (Type or Print)						
Name			Daytime Telephone Number		E-mail Address	
Address						
City		State	Zip Code		Evening Telephone Number	
MOUNT PROSPECT		IL				
Do you authorize NHTSA to use the information provided in this report to the manufacturer of your vehicle? In the absence of an authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.						
Signature of Owner			Date		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 6/17/05	
VEHICLE INFORMATION						
17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)			Make	Model	Model Year	
1UJAJ0			JAYCO	JAY	1990	
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:	
Original Owner	Dealer's City		State	Zip Code		
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	Powertrain		Vehicle Component Code		
	<input type="checkbox"/> Cruise Control			161100 STRUCTURE: FRAME AND MEMBERS: UNDERBODY SHIELDS		
				Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION						
Incident Date(s)	Failure Mileage	Failure Speed				
30-MAY-2005		45 mph				
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)		<input type="checkbox"/> Original Equipment	Failure Location:			
		<input type="checkbox"/> Prior Repair				
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						
<i>(Please check the box that best describes the incident, personal, commercial, and military.)</i>						
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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).						
DT: ON 5/30/05 WHILE DRIVING, THE C CHANNEL OF THE A FRAME SHEARED OFF AND SEPARATED FROM THE FRAME ON BOTH LEFT AND RIGHT HAND SIDES. IT APPEARED TO BE METAL FATIGUE OR DEFECTIVE METAL, BUT THE WELDS WERE INTACT. THE FRONT OF THE CAMPER DROPPED DOWN AND BEGAN SCRAPING THE GROUND. NO ABNORMAL BEHAVIOR OR NOISES PRIOR TO FAILURE. WAS CRUISING ALONG ABOUT 55 MPH, BUT MAY HAVE OCCURRED IN CONSTRUCTION ZONE, AND JUST FELL OUT AS THE VEHICLE WENT ALONG. NO PREVIOUS PROBLEMS WITH THE TRAILER PRIOR TO FAILURE. *AK						
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (Public Law 93-502) 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.						