



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
(1-888-327-4235)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
2006 DEC 26 AM
18-OCT-2006

Repository
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OWNER INFORMATION (Type or Print)

Name
Address
City SYLVIA State NC Zip Code

Daytime Telephone Number
Evening Telephone Number
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner Date 11/21/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located on bottom of dash (left of steering wheel)
777 D 72
Make FLEETWOOD Model PACE ARROW Model Year 2007
Date Purchased 17-AUG-06 Dealer's Name and Telephone Number TOM JOHNSON RV 1-800-225-7802
Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City MARION State NC Zip Code 28752
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 135000 VISIBILITY: REARVIEW MIRRORS/DEVICES
Multiple Failure: 1 VISION TURNING LEFT

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-OCT-2006 Failure Mileage 1016 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make The Model (Name or Number) The Size (Example P215/65R15)
DOT No. (Example: DOTMA19ABC036) 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 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*: THE CONTACT STATED WHILE DRIVING VARIOUS SPEEDS AND USING THE DRIVER SIDE REAR VIEW MIRROR, THE VIEW WAS INADEQUATE AND PEDESTRIANS COULD NOT BE SEEN IN THE BLIND SPOT. THE VEHICLE WAS DRIVEN TO THE DEALER WHO DETERMINED THE MIRROR WAS DESIGNED THAT WAY.
When turning left you cannot see cars on pedestrian if you're in the Right Lane of 4 lane streets. I have the driver's compartment on 05 & 06 & 07 - Pace Arrow inspected and they are the same - The simple mistake is the used right side mirrors on the left side. The people who sold it

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.

Handwritten signature

