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

2006 NOV 30 AM 8:40

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
01-NOV-2006	Reference No. 10172364

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City LODI	State CA	Zip Code [redacted]	Evening Telephone Number

Do you authorize NH[redacted]nufacturer of your vehicle? ☒ *YES* ☒ *NO*
In the absence of an[redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/8/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1ED5C242X20[redacted]	FLEETWOOD	WILDERNESS	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-01	TRAVEL WORLD			No: Cylinders	
Original Owner ☒	Dealer's City SACREMENTO	State CA	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code 161100 STRUCTURE: FRAME AND MEMBERS:UNDERBODY SHIELDS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-NOV-2006			

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ 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*: THE CONTACT STATED THE TRAILER WAS A TOWING CROOKED. ONCE AT THE CONTACT'S RESIDENCE, THE CONTACT NOTICED THE GAP BETWEEN THE AXLES WERE DIFFERENT. THEN, UPON INSPECTION OF THE UNDERSIDE OF THE FRAME, THE SHACKLE WAS HANGING FROM THE FRAME. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP WHERE IRON WELDS WERE WELDED. THE SHOP ALSO FOUND AT LEAST SIX MORE CRACKS IN THE FRAME. THE MANUFACTURER WAS ALERTED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY