



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

NOV DEC -5 AM 8:40
16-NOV-2006

Repository ☐

Reference No.
10173668

OWNER INFORMATION (Type or Print)

Name

Address

City

BROOKSVILLE

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 Date 11/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1EC5R282

Make

FLEETWOOD

Model

PROWLER

Model Year

2006

Date Purchased
03-NOV-05

Dealer's Name and Telephone Number
LAZY DAYS RV

Engine:

No: Cylinders

Fuel Type:

Original Owner
☒

Dealer's City
TAMPA

State
FL

Zip Code
33584

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

030000 SERVICE BRAKES, HYDRAULIC

NO

ELECTRIC BRAKES

Multiple Failure: X 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-NOV-2006

Failure Mileage

Failure Speed

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)

☐ 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

Fatality

☐ 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 PULLING A CAMPER AT 55 MPH AND DEPRESSING THE BRAKE PEDAL, THE BRAKE LIGHT FOR THE CAMPER INDICATED THE BRAKES WERE INOPERABLE. THE CAMPER WAS TOWED TO THE DEALER, WHO DETERMINED THE WIRING WAS CAUGHT BETWEEN THE FRAME AND THE FLOOR AND REPLACED THE WIRING, CONVERTER AND FUSES. HOWEVER THE PROBLEM PERSISTED.

RETURNED & WAS CORRECTED - TOOK 55 DAYS FOR PARTS

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

ALL WIRING SHORTED OUT DUE FACTORY DEFECT - BURNED OUT
6 ITEMS + ELECTRIC BRAKES ON TRAILER - DROVE 100 MILES
TO DEALER WITHOUT BRAKES, LIGHTS ETC. BURNED $\frac{1}{2}$ IN THICK
CABLES INTO

MIRACLE THERE WAS NO MAJOR FIRE - MOSTLY WIRING + COMPONENTS -
ALSO IF HAD TO DO SUDDEN STOPS THERE WOULD DEFINATELY
HAVE BEEN A CRASH + SOMEONE HURT OR KILLED + VEHICLES
DESTROYED - THERE WERE SEVERAL OTHERS FACTORY DEFECTS BUT
NOTHING LIFE THREATENING ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

TAMPA, FL 336

NOV 29 NOV 06 PM 4 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**

www.nhtsa.gov

NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).