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	Repository ☐
28-DEC-2006	Reference No. 10177222

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number [redacted]	
City MYRTLE BEACH / State SC / Zip Code [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] *or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 1/17/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5B4M[illegible]67G723[redacted]	WORKHORSE	W20	2002

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
	LARRY'S RV 843-293-2205		No: Cylinders 8	Gas
Original Owner ☐	Dealer's City MYRTLE BEACH	State 00 / Zip Code 29578		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	034510 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
27-DEC-2006	31260	0

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	0	0	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).

TL* - THE CONTACT STATED HAD RECALL BRAKE WORK DONE WITH 31260 MILES ON VEHICLE. THE DEALER REPAIRED ONLY THE FRONT BRAKED UNDER THE RECALL, AND NOT THE REAR. THE CONTACT STATED THAT THE RECALL WAS FOR BOTH FRONT AND REAR BRAKES, AND HE STARTED TO HAVE PROBLEM WITH THE REAR BRAKES. HE THEN TOOK THE RV BACK TO THE DEALER AND THEY DID NOT HONOR THE RECALL TO FIX THE REAR BRAKES. THE CONTACT CALLED THE MANUFACTURER, AND THEY TOLD HIM TO TAKE THEVEHICLE TO LARRY'S RV WHERE THE RECALL CLAIM WAS DENIED AS WELL, BECAUSE HE WAS NOT THE FIRST OWNER. *AK

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