



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: 2007 DEC 12 PM 1:47
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: WEST SUFFIELD State: CT Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5B4LP37J3X3 [Redacted]
Make: WORKHORSE Model: P320042 Model Year: 2000
Date Purchased: 01-JUL-00 Dealer's Name and Telephone Number: Diamond R.U. Center Inc
Engine: 454 No. Cylinders: 8 C.I.D. Fuel Type: Gas
Original Owner: Dealer's City: Hatfield State: MA Zip Code: 01088
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 351000 EQUIPMENT: RECREATIONAL VEHICLE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-MAR-2007
Failure Mileage: 32000 Failure Speed: 65

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 Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 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).

TL*THE CONTACT OWNS A 2000 BRAVE WINNEBAGO (NA). WHILE DRIVING 65 MPH, THE AUTO PARK LIGHT ILLUMINATED. THE CONTACT CALLED HIS MECHANIC AND WAS INFORMED TO DISCONNECT THE EMERGENCY BRAKE. THE CONTACT TOOK THE VEHICLE TO A MECHANIC AND HE STATED THAT A SWITCH ON THE AUTO PARK NEEDED TO BE CHANGED. THE CONTACT STATED THAT THE VEHICLE DOES NOT HAVE AN EMERGENCY BRAKE. THE ENGINE SIZE AND NUMBER OF CYLINDERS WERE UNKNOWN. THE CURRENT MILEAGE WAS 33,000 AND FAILURE MILEAGE WAS 32,000.
If the Auto Park Fails you have No Backup Brake. Ford Classic have Park + Emergency Brake Workhorse has up graded Auto Park, but I can't upgrade System.

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.

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).