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

2008 MAR 18 AM 8:21

FOR AGENCY USE ONLY 100148

Date Received	Repository
01-FEB-2008	☐
	Reference No. 10216653

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City: LIVINGSTON	State: LA	Zip Code:	Evening Telephone Number

Do you authorize NHTSA to provide a copy of [illegible] manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorization, NHTSA [illegible] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/29/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3FCNF53S[redacted]	GULF STREAM	SUN VOYAGER	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-NOV-01	PREMIERE RV CENTER			No: Cylinders 10	Gas
Original Owner ☒	Dealer's City: BATON ROUGE	State: LA	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: REAR WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-OCT-2007		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 OWNS A 1999 GULF STREAM SUN VOYAGER. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 07V336000 (VEHICLE SPEED CONTROL) AND FORD RECALL NUMBER 05S28 IN AUGUST OF 2007. HE CALLED FORD ON SEVERAL OCCASIONS AND THEY STATED THAT THE PARTS WOULD BE AVAILABLE IN MID-DECEMBER OF 2007 AND THEN IN JANUARY OF 2008. THE DEACTIVATION SWITCH HAS BEEN DISCONNECTED. THERE HAD BEEN NO FAILURE TO DATE. THE ENGINE SIZE WAS UNKNOWN. THE CURRENT MILEAGE WAS 20,000.

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