



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
2008 JUL 23 3:38 PM DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
13-MAR-2008	Reference No. 10221086

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City JACKSONVILLE	State FL	Zip Code

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 1RF120618Y1	Make MONACO	Model SIGNATURE	Model Year 2000
Date Purchased 01-JAN-04	Dealer's Name and Telephone Number DICK GORSE RV CENTER	Engine: No: Cylinders 8	Fuel Type: Diesel
Original Owner <input type="checkbox"/>	Dealer's City JACKSONVILLE	State FL	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 050000 PARKING BRAKE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-AUG-2007	Failure Mileage 29000	Failure Speed
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 MONACO SIGNATURE. WHILE DRIVING DOWN THE COLORADO MOUNTAINS AT AN UNKNOWN SPEED, THE SERVICE BRAKES AND EMERGENCY BRAKES FAILED. THE CONTACT HAD TO SHIFT INTO FIRST GEAR TO IN ORDER TO STOP THE VEHICLE. HE PLACED BRICKS BEHIND THE TIRES TO KEEP THEM FROM ROLLING. THE VEHICLE WAS TOWED TO THE DEALER AND THEY STATED THAT THE ROTORS SEPARATED FROM THE HUB. THE MANUFACTURER DENIED ANY RESPONSIBILITY FOR THE FAILURE; AND INFORMED THE CONTACT THAT IT WAS HIS RESPONSIBILITY TO KEEP THE VEHICLE IN GOOD DRIVING CONDITION. THE CURRENT MILEAGE WAS 32,000 AND FAILURE MILEAGE WAS 29,000.

SPEED DOWN WAS 15-20 MPH. WHEN BRAKES FAILED, IT WAS TOO LATE TO NOTICE, THERE IS NO EMERGENCY BRAKE TO PREVENT A FATAL ACCIDENT FROM OCCURRING. THE COLORADO PASS WAS 9,000 FT. OUTSIDE OF GLENWOOD SPRINGS, COLORADO.

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.

NOT PURCHASED FROM ABOVE DEALER