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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

2008 SEP -9 PM 4:23

1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
11-AUG-2008	Reference No. 10237728

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City SCHAUMBERG	State IL	Zip Code [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	Make	Model	Model Year
5B4LP57G61[redacted]	WINNEBAGO	WINNEBAGO BRAVE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
11-27-05	PRIVATE PARTY			8	GAS
Original Owner ☐	Dealer's City SPRINGFIELD	State IL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☐ Antilock Brakes ☐ Cruise Control		130000 VISIBILITY Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
11-APR-2008	20000	45

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 2002 WINNEBAGO. THE CONTACT STATED THAT THE INSULATED GLASS IN THE DRIVER'S AREA FOGS UP AND PREVENTS HIM FROM VIEWING THE REAR VIEW MIRROR CLEARLY AT NIGHT. THE GLARE FROM THE LIGHTS OF OTHER VEHICLES PREVENT HIM FROM SEEING OUT OF THE WINDOW. THE FAILURE WAS NOTICED WHILE DRIVING 45 MPH. HE HAS REPLACED THE WINDOWS AT LEAST THREE TIMES, BUT THE FAILURE PERSISTS. THE FAILURE MILEAGE WAS 20,000.

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

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

Attached receipts are for 1ST replacement, 2ND glass was warrantied by manufacturer, + replacement was performed by Custom Completion. Picture does not show problem, but indicates vehicle location etc. At present drivers side is starting to fog.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

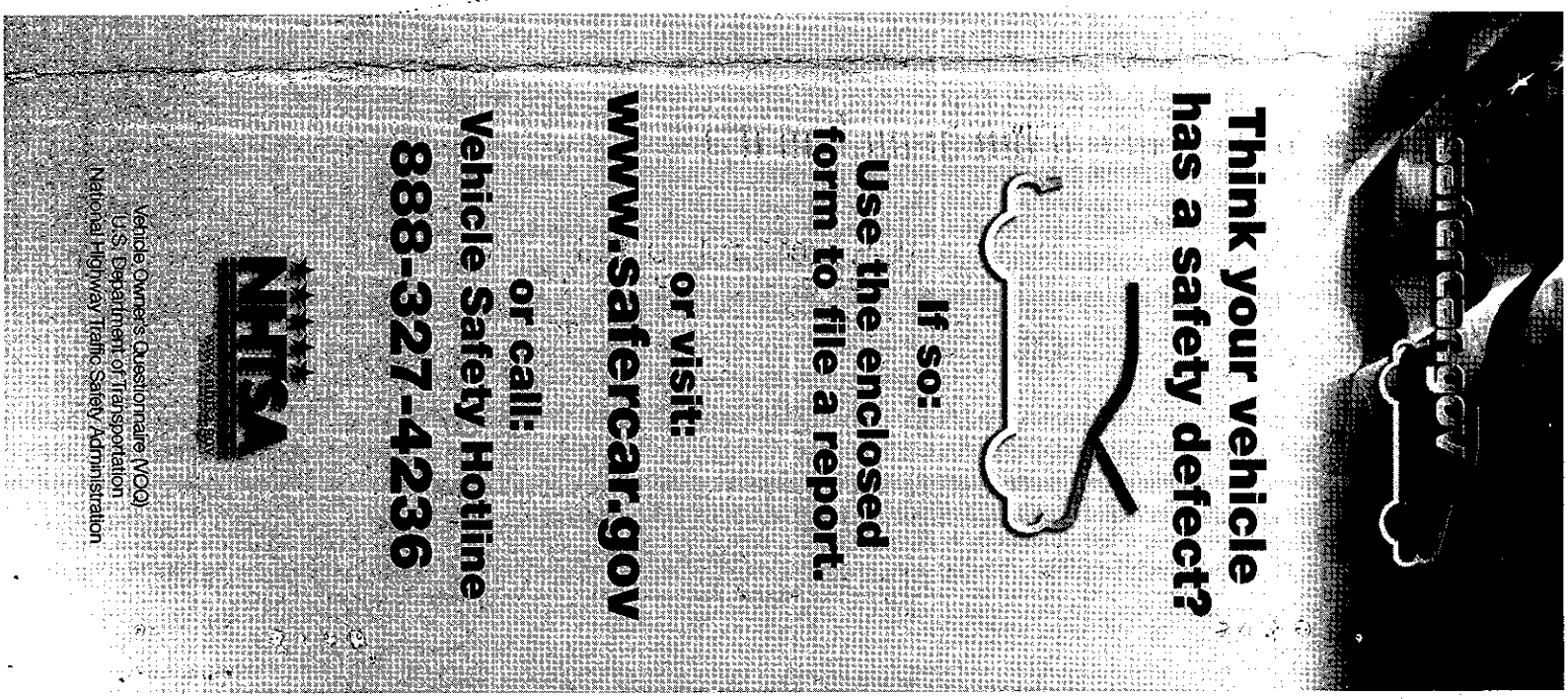
CAROL STREAM IL 601
28 AUG 2008 PM 2 T

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
1200 New Jersey Ave SE
Washington, DC 20077-9382



Barrington Motor Sales & Service, INC.
1201 W. Lake St.
Bartlett IL 60103
Phone #:(630) 830-6200
Fax #: (630) 830-9658

Invoice Number: 10242
Ticket type: A - Parts Retail

Shipping Information
Tracking Number:

VIN 5B4LP5766 [redacted]
SER [redacted]

[redacted]

SCHAUMBURG IL [redacted]

P: F:

Ticket Date: 4/12/2007 PO Number: Employee Number: 029 Tax ID:

Del	S/O	Qty	Part Number	Description	Category	Selling Price	Extended Price
1	0	1	12558301702	WINDOW STATIONARY	PR	$169.00	$169.00
1	0	1	SHIP	SHIPPING CHARGES	FR	$23.65	$23.65

Cash Out	Amount
Pd.	$0.00
	$0.00
DS 4/12/07 CV	$0.00

Amt Tendered: $0.00
Chg Returned: $0.00

Parts Total:	$169.00
Sub Total:	$169.00
Freight Total:	$23.65
Other Charges:	$0.00

Sales Tax:	$13.10
Sec. Sales Tax:	$0.00
Sub Total:	$205.75
Deposit:	$0.00
Total:	$205.75

Printed on : 4/12/2007 3:37:02 PM

CUSTOM CONNECTION, INC.

55 WEST IRVING PARK ROAD, ROSELLE, ILLINOIS 60172
(630) 351-8267 - FAX (630) 351-8530

DATE 5/11/07

NAME [redacted]	VIN #
ADDRESS	DL #
CITY, STATE, ZIP	DOB EXP.
PHONE DAY ([redacted] NIGHT (	CARD # EXP.
CUSTOMER NO.	M/C ☐ Visa ☐ Discover ☐

YEAR	MFG/TYPE	WB	CAB	DOORS	4 X 4	SPECIAL	PAINT	MANAGER
	Winnie							

ORD	QTY	DESCRIPTION	LABOR	PARTS
		Remove Window	1 hr.	—
		Replace Solid		
		Dual Pane glass		Cust
		- frame R+R -	1 hr.	
		Sealant	—	5.00
		RE-install	1 hr.	
			3 hr.	

THUR AM 5-22-06

P&D DISC.

The above figures for parts and labor are estimated based on our inspection and do not cover any additional parts or labor which may be required after the work has been started. Occasionally, after the work has started, worn parts are discovered or additional parts may be needed to complete the job. Prices are subject to change, but you will be notified first before proceeding and your approval is required or this contract is null and void. Check fit before painting any product. Painted items are non-refundable. All claims and returned goods must be accompanied by this bill. "NO RETURNS ON ELECTRICAL PARTS". In case of claims on returned goods, for credit only, all parts carry manufacturer's guarantee only. Items returned for credit are subject to 15% handling charges upon return. Special orders require minimum 25% non-refundable deposit. Every effort will be made to contact you by telephone. Handling charges will be assessed, along with any shipping charges to us and back to the supplier.

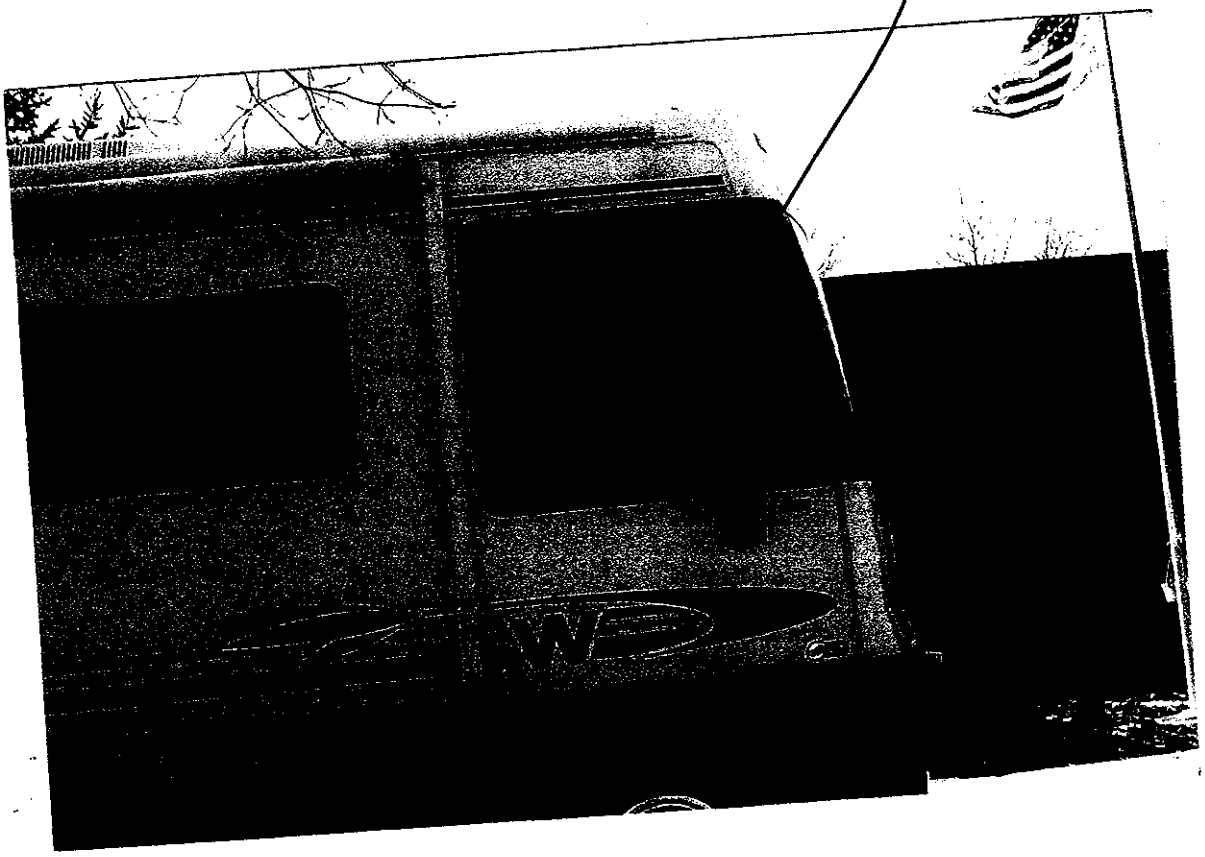
Method of Payment:
Check ☐ _____
Cash ☐ _____
Credit ☐ _____

Date of Deposit:
Deposit # Ticket _____
☐ Deposit _____ ☐ Close Out _____
When closing out, find deposit slip.

LABOR Sub Total	252.00
PARTS Sub Total	5.00
TAX on Parts	.33
TOTAL Labor & Parts	257.33
Deposit Amt.	
BALANCE	

Authorized Customer Signature: _____ Date: _____

☐ *Initial for receipt of parts*


SUBJECT GLASS