



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
MAY 22 2013
03-OCT-2008

Repository ☐

Reference No.
10244312

OWNER INFORMATION (Type or Print)
Name **[REDACTED]**
Address **[REDACTED]**
City **GRAND TERRACE** State **CA** 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
5HRFF26245C [REDACTED] Make **WEEKEND WARRIOR** Model **FS** Model Year **2004**
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
Original Owner ☐ Dealer's City _____ State _____ Zip Code _____ No: Cylinders _____
Transmission Type ☐ Antilock Brakes Powertrain _____ Vehicle Component Code **120000 EXTERIOR LIGHTING**
☐ Cruise Control Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **15-MAY-2008** Failure Mileage _____ Failure Speed **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: 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 2004 WEEKEND WARRIOR FS. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 05V444000 (EXTERIOR LIGHTING) AND IMMEDIATELY CALLED THE DEALER TO HAVE THE VEHICLE REPAIRED. UPON ARRIVAL AT THE DEALER, HE WAS INFORMED THAT THEY WOULD NOT REPAIR THE VEHICLE ACCORDING TO THE RECALL BECAUSE THE MANUFACTURER FILED FOR BANKRUPTCY. AS A RESULT, THE DEALER WOULD NOT BE PROPERLY REIMBURSED. THE CONTACT ATTEMPTED TO CALL THE MANUFACTURER, BUT THE PHONE NUMBER HE HAD WAS DISCONNECTED. AS OF OCTOBER 3, 2008, THE VEHICLE HAS NOT BEEN PROPERLY REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE NOT APPLICABLE.

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 to 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.