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	Repository
JUL 29 2010 09-JUN-2010	☐
	Reference No. 10335441

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City JOHNSTOWN	State PA	Zip Code [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5B4MP67G023[redacted]	WORKHORSE	W22	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: 8.1 Litre	Fuel Type:
6/3/10	Purchased From Individual owner			No: Cylinders	
Original Owner ☐	Dealer's City	State	Zip Code	8 cyl	Gas

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	Workhorse/GM		03-JUN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage	Failure Speed
	23358	50

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			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 FLEETWOOD PACE ARROW RV. THE VEHICLE WAS EQUIPPED WITH A WORKHORSE CHASSIS W22. WHILE THE CONTACT WAS DRIVING APPROXIMATELY BETWEEN 50-50 MPH, PRESSURE WAS APPLIED TO THE BRAKES WITH A DELAY RESPONSE. THE VEHICLE WAS ABLE
TO CONTINUE IN OPERATION. THE FAILURE OCCURRED INTERMITTENT. THE CONTACT RECEIVED A RECALL NOTIFICATION REGARDING THE HYDRAULIC BRAKES. THE NHTSA CAMPAIGN ID NUMBER WAS 04V084000. THE MANUFACTURER HAD NOT PROVIDED A REMEDY FOR THE RECALL DEFECT AT THE TIME OF THE COMPLAINT. THE VEHICLE HAD NOT BEEN DIAGNOSED OR REPAIRED FOR THE BRAKE MALFUNCTION. THE CONTACT HAD CONCERN OF THE SAFETY ISSUE INVOLVED. THE FAILURE MILEAGE WAS 23,358.

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