



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 ☐

17-OCT-2016

JAN 31 2017

Reference No.

10916576

OWNER INFORMATION (Type or Print)

Name

Address

City LANCASTER

State SC

Zip Code

Daytime Telephone Number

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

1GCHG39U141

CHEVROLET

Model

EXPRESS

Model Year

2004

Date Purchased

8-29-2016

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

8

Transmission Type

auto

☐ Antilock Brakes

☐ Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

11-SEP-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: J30090 VISIBILITY/WIPER (PWS)

Failure Mileage

33000

Failure Speed

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: DOTM9ABC036)

☐ 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

Number of Deaths

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 CHEVROLET EXPRESS. WHILE THE VEHICLE WAS PARKED, THE REAR DRIVER'S SIDE WINDOW FELL OUT OF PLACE. THE CONTACT STATED THAT ALL THE WINDOWS ON THE VEHICLE WERE LOOSE. THERE NO WARNING LIGHTS ILLUMINATED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE ISSUE. THE FAILURE MILEAGE WAS 33,000.

photos attached

on 11/8/2016 window replaced \$835.24 (window \$635.24 + install \$200.00)

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.

CAROLINA COACH & CAMPER LLC
3300 CENTENNIAL BLVD
CLAREMONT, NC
28610
828-459-9798

03:03pm
INVOICE# [REDACTED]
CUSTOMER# [REDACTED]

TUE 01 NOV 16
ORDER BL

LACROSSE SC [REDACTED]

1.00 42000371 493.78 493.78
SL - WINDOW
1.00 FRT 100.00 100.00
SL - FREIGHT

Subtotal: 593.78
Tax: 41.56
Total: 635.34

Payments: VISA 635.34

Thank you for your business!

CAROLINA COACH AND M
3300 CENTENNIAL BLVD
CLAREMONT, NC 28610-9697
828-459-9798

Sale

XXXXXXXXXX [REDACTED]

MASTERCARD

Entry Method: Manual

Total: \$ 635.34

11/01/16

15:04:29

Inv H: [REDACTED]

Appr Code: 06629P

Apprvd: Online

AVS Code:

Customer Copy

THANK YOU!

GASTON GLASS & TRUCK ACCESSORIES**1006 ANDERSON ROAD, N
ROCK HILL, SC 29730**

1006 N. ANDERSON

WO # [REDACTED]

PH:(803) 326-9997 FAX:(803) 980-8589

Federal Tax ID: 45-3452896

State License: SC

P/O#:
Taken By:
Installer:Cust State Tax ID:
Cust Fed Tax ID:
Ship Via:**Cash Sale:** [REDACTED]**Date:** 11/8/2016**Time:** 05:13 PM

SalesRep:

Adv. Code:

[REDACTED]
LANCASTER, SC [REDACTED][REDACTED]
LANCASTER, SC [REDACTED]

[REDACTED] WORK: [REDACTED]

Vehicle InformationMake: Miscell
Odometer:Model Style: Roadtrek Versatile 90
VIN: 1GCHG39U141 [REDACTED]Year: 2004
License:

Qty	Part Number	Description	List	Disc%	Sell	Total
1	LABOR	LABOR TO INSTALL PROVIDED WINDSHIELD	\$200.00	0	\$200.00	\$200.00

LABOR HAS NOT BEEN DETERMINED YET. 10-20-16 SW SPOKE WITH NICK AT HSG AND EXPLAINED THAT THE CUSTOMER WOULD PREFER TO PURCHASE THE SIDE GLASS HERSELF FROM THE COACH COMPANY THAT SAID THEY CAN GET THE CORRECT CURRENT PART. NICK AT HSG GOT THE SAME IMPRESSION FROM INSURED ALSO. NICK WILL CANCEL THE INSURANCE CLAIM AND TURN IT INTO A CUSTOMER PAY. INSURANCE WILL REIMBURSE THE INSURED. HSG UNDERSTANDS THAT THE LABOR CAN NOT BE DETERMINED TILL WE SEE THE PART AND IF THE METAL NEEDS TO BE TRIMED/CUT. I FIGURE THE LABOR AND SEALANT MAY BE AROUND \$200.00 BUT THIS WILL HAVE TO BE RELOOKED AT BEFORE CASHING OUT THE CUSTOMER ON THE INSTALLATION DAY.

CUSTOMER WANTS US TO CHECK HER SKYLIGHTS FOR LEAKS AS WELL

Instructions:

A Payment has been made on this order: (\$200.00).

Sub Total: \$200.00

Tax: \$0.00

Customer's Signature: [REDACTED]

\$200.00



Outside picture Driver's side rear 'Seat' ~~per~~ lower window broke. Glue came off manufactured window made by G.R. Laurence Co., Inc.

INSIDE picture

