



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

Date Received _____
 Od or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

QC'd [signature]

Posted 01 OCT 10 PM 3:27

OFFICE DEFECTS IN 563630

Reference No. _____

OWNER INFORMATION (Type or Print)

Name _____
 Street _____
 City _____

Declarer Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized contact, NHTSA will attempt to contact the vehicle manufacturer.

Signature of Owner _____ Date 10.03.09

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits)		(Located at bottom of windshield on driver's side)		Make	Model	Year
Purchased Date	Dealer's Name		Engine Size (CID/CCL)		<input type="checkbox"/> Turbo	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City		State	Zip Code	<input type="checkbox"/> Diesel	
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System		Cruise Control	Drivetrain	Vehicle Type
	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Driver Side Air Bag <input type="checkbox"/> Motorbelt	<input type="checkbox"/> Passenger Side Air Bag <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
		<input type="checkbox"/> 3-Point Belt				Body Style
						<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

PLEASE SEE ATTACHMENT -
 THE PRODUCT OF CONCERN IS
 THE TAYCO MOTORHOME NOT THE FORD
 CHASSIS.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(5)**

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