

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's QuestionnaireNATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**FOR AGENCY USE ONLY** 798

Date Received

02-JAN-2002

Ord. or
rt. dt
od. rt
rp. ltr

Reference No.

8001310

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	WINNEBAGO	CHIEFTAIN	2000			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13100000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 01-JAN-2001 Mileage at Failure(s) 4 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SLIDE OUTS ON THE MOTOR WILL AT TIMES AUTOMATICALLY SLIDE OUT. THIS PROBLEM CAN OCCUR AT ANYTIME. CONTACTED DEALER , AND THE DEALER WASNOT WILLING TO DO ANYTHING. PLEASE PROVIDE MORE INFORMATION.*AK

CONTINUED ON REVERSE

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 798
	Date Received _____ Od_or _____ rt_or _____ od_or _____ up_or _____

OWNER INFORMATION (Type or Print)		Reference No. 8001310
[Redacted]	731691	Work Number _____ Home _____
Do you authorize NHTSA to provide a copy of your report to the manufacturer of your vehicle? In the absence of an authorized signature, your name and address to the vehicle manufacturer.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date <u>1/28/02</u>
Signature of Owner _____		

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) _____ <small>(Located on motor, windshield on driver's side)</small>	Vehicle Make WINNEBAGO	Vehicle Model CHIEFTAIN	Vehicle Year 2000	Current Odometer Reading _____	
Purchase Date <u>03 01</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name <u>MC GEORGES ROLLING HILLS R.V.</u> City <u>Richmond</u> State <u>VA</u> Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders <u>10</u>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>MOTOR HOME</u>		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13100000	Part Name(s) STRUCTURE: CHASSIS: MEMBERS AND BODY	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacer
No. of Failures	Date(s) of Failure(s) <u>01-JAN-2001</u> Mileage at Failure(s) <u>4</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SLIDE OUTS ON THE MOTOR WILL AT TIMES AUTOMATICALLY SLIDE OUT. THIS PROBLEM CAN OCCUR AT ANYTIME. CONTACTED DEALER, AND THE DEALER WASNOT WILLING TO DO ANYTHING. PLEASE PROVIDE MORE INFORMATION.*AK

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) IF APPLICABLE

TIRE IDENTIFICATION NO.*

DOT

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

FORTUNATELY THERE HAVE BEEN NO DEATHS OR INJURIES THUS FAR. HOWEVER, THE SLIDEOUT @ SIDE EXTENDING ON IT'S OWN WHILE DRIVING DOWN THE HIGHWAY COULD CERTAINLY BE RESPONSIBLE FOR THE ABOVE MENTIONED ADD TO THAT THE HYDRAULIC JACKS RETRACTING AND EXTENDING WHILE DRIVING ON THE HIGHWAY AND YOU HAVE AN ACCIDENT WAITING TO HAPPEN. THESE PROBLEMS HAVE OCCURRED ON 4 OR MORE OCCASIONS. WE HAVE LOST FAITH IN AND ARE AFRAID OF THIS MOTORHOME.

☆ U.S. G.P.O.: 1992 - 623-9871-8000

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

