



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 1220

Date Received

25-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004528

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		
1FCNF53SOY0A14443	FLEETWOOD	SOUTHWIND	2001			
Purchase Date <input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 checked="" type="checkbox"/> Yes <input 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 10110000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDSHIELD	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) _____ Mileage at Failure(s) 43000 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD ON BOTH SIDES, DRIVER AND PASSENGERS, HAS COME APART FROM SEAL. TOOK TO VEHICLE DEALER, AND HAD REPAIRES DONE. WINDSHIELD CONTINUES TO DO THE SAMETHING, IT IS STARTING TO COME APART AT SEAL AGAIN. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

COPIED FROM NHTSA - FEB 02

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1220</p> <p>Date Received: <u>25-FEB-2002</u> PM 3:23</p> <p>Office: <u>DEFECTS INVESTIGATION</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted]</p>				<p>Reference No. <u>8004528</u></p> <p>Work [Redacted]</p> <p>Home [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a manufacturer's name and address to the vehicle manufacturer.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>				<p>Date: <u>3/6/02</u></p>	
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p><u>1FCNF53SOYOA14443</u></p>		<p>Vehicle Make</p> <p><u>FLEETWOOD</u></p>	<p>Vehicle Model</p> <p><u>SOUTHWIND 32V</u></p>	<p>Vehicle Year</p> <p><u>2001</u></p>	<p>Current Odometer Reading</p> <p><u>4,380</u></p>
<p>Purchase Date</p> <p><u>7-12-01</u></p>	<p>Dealer's Name <u>DAN Gamel's</u></p>			<p>Engine Size (CID/CC/L)</p> <p>No Cylinders <u>4-10</u></p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City <u>FRESNO</u> State <u>CA</u> Zip Code <u>93725</u></p>		<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Drivers de Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengers de Airbag</p>
<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>MOTOR HOME</u></p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up</p>	
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p><u>10110000</u></p>	<p>Part Name(s)</p> <p><u>VISUAL SYSTEMS:GLASS:WINDSHIELD</u></p>		<p>Location</p> <p><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) <u>9-27-01</u></p> <p>Mileage at Failure(s) <u>2730</u></p> <p>Vehicle Speed at Failure(s) <u>60 MPH</u></p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WINDSHIELD ON BOTH SIDES, DRIVER AND PASSENGERS, HAS COME APART FROM SEAL. TOOK TO VEHICLE DEALER, AND HAD REPAIRS DONE. WINDSHIELD CONTINUES TO DO THE SAMETHING, IT IS STARTING TO COME APART AT SEAL AGAIN. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK</p> <p><i>This repair has been taken to the vehicle dealer 4 times and Fleetwood Mfg. will not approve anything more than resetting windshield. The windshield is too small for the opening per a glass</i></p>					
<p align="right">CONTINUE ON BACK IF NEEDED</p>					
<p>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 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>					

