Form Approved: OMB No. 2127-0042

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 1039

Date Received: 04-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8004886

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
4VZA34982C040137	FLEETWOOD	AMERICAN HERIT.	2002	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02000000	SUSPENSION	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 23-FEB-2002	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s _____ Vehicle Speed at Failure(s) _____	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

WHILE DRIVING SLIDE ON LEFT FRONT WAS MAKING A NOISE. SLIDE KICKED OFF ON A ROUGH ROAD.*AK

CONTINUE ON A SEPARATE SHEET

Form Approved O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received
04-MAR-2002
OFFICE DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8004886

OWNER INFORMATION (Type or Print)

[redacted]

Work Number

Home Number 520-529-8950

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 [redacted] Date ___/___/___

VEHICLE INFORMATION

Vehicle Iden. No. (VIN.) (Located at bottom of windshield or driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
4VZA34982C040137	FLEETWOOD	AMERICAN HERIT	2002	Appx. 12,000 Miles

Purchase Date
☒ New ☐ Used

Dealer's Name BEAUWAY RV
City TUCSON State AZ Zip Code

Engine Siz 500 HP (CID/CC/L
No Cylinders

☐ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Anti-lock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Bell ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4 Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other MOTOR HOME	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck ☒

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name/s	Location	Failed Part/s
02000000	SUSPENSION	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) 23-FEB-2002 Mileage at Failure(s) Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

WHILE DRIVING SLIDE ON LEFT FRONT WAS MAKING A NOISE. SLIDE KICKED OFF ON A ROUGH ROAD.*AK

WHILE DRIVING AT APPROXIMATELY 70 MPH (INTERSTATE 10) THE VEHICLE PULLED HARD LEFT OFF THE PAVING. THE DRIVER MANAGED TO AVOID COLLISION AND KEPT THE VEHICLE UPRIGHT UNTIL STOPPED. THE SLIDE EXTENSION ON THE FRONT, LEFT SIDE WAS EXTENDED AND BELIEVED TO BE THE CAUSE OF THE STRONG LEFT "PULL". THE SLIDE UNIT IS NOT LOCKED IN ANY WAY AT ITS SIDES OR TOP AND DEPENDS ONLY ON ITS BOTTOM MECHANISM TO HOLD IT IN ITS INBOARD POSITION.

CONTINUE ON BACK IF NEEDED