



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

06-MAR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8005122

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 and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4UZAHAHAK71CJ29316	WINNEBAGO	ULTIMATE ADVAN	2001			
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 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 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 Ult <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 10220000	Part Name(s) VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR	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) _____ 7 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT NIGHT THERE IS A REFLECTION FROM HEADLIGHTS IN REAR VIEW MIRROR WHICH MAKES IT HARD TO SEE. EVEN THE REFLECTION IN DAYTIME DRIVING WITH SUNLIGHT IS SAME. \*AK

COPIED FROM NHTSA FORM 1039

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;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 1039</p> <p>Date Received: <b>06-MAR-2002</b></p> <p style="text-align: center;">OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No.: <b>8005122</b></p> <p>Work Number: [REDACTED]</p> <p>Home Number: [REDACTED]</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[REDACTED]</p>	

Do you authorize NHTSA to provide a copy of your report to the manufacturer of your vehicle?  YES  NO

In the absence of your signature, we will use the name and address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: **3/27/02**

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side): <b>4UZAHAHAK71CJ29316</b>	Vehicle Make: <b>WINNEBAGO</b>	Vehicle Model: <b>ULTIMATE ADVAN</b>	Vehicle Year: <b>2001</b>	Current Odometer Reading: <b>7,200</b>	
Purchase Date: <b>15 FEB, 02</b>	Dealer's Name: <b>MCLAINS RV</b>		Engine Size (CID/GCIL): <b>3.2L</b>	<input checked="" type="checkbox"/> Turbo Diesel Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <b>FT WORTH</b> State: <b>TX</b> Zip Code: <b>76140</b>		No Cylinders: <b>6</b>		
Transmission Type: <input type="checkbox"/> Manual <input checked="" 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 Belt <input type="checkbox"/> Passengerside 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	Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other: <b>MOTOR HOME</b>
				Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck <b>MOTOR HOME</b>	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: <b>10220000</b>	Part Name(s): <b>VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR</b>	Location: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures:	Date(s) of Failure(s): Mileage at Failure(s): <b>7</b> Vehicle Speed at Failure(s):	Failed Part(s): <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: <b>0</b>	Number of Fatalities: <b>0</b>	Estimated Property Damage: <b>0</b>	Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>

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

**WHILE DRIVING AT NIGHT THERE IS A REFLECTION FROM HEADLIGHTS IN REAR VIEW MIRROR WHICH MAKES IT HARD TO SEE. EVEN THE REFLECTION IN DAYTIME DRIVING WITH SUNLIGHT IS SAME. \*AK**

DRIVER'S SIDE