



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 758

Date Received

22-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006234

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		
3FCMF53S3XJA34419	GULF STREAM	CONQUEST LE	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 checked="" 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 06011000	Part Name(s) FUEL: LPG CONTAINER (TANK) ASSEMBLY	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) 19-MAR-2002 Mileage at Failure(s) 8747 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)

GULF STREAM 325DH, WHILE DRIVING 60-65 MPH CONSUMER HEARD A SCRAPING SOUND, PULLED OVER AND NOTICED THE PROPANE FUEL TANK WAS SCRAPING THE PAVEMENT, IT WAS PUNCTURED AND LEAKING FUEL. THERE IS A RECALL BUT THIS VEHICLE IS NOT AFFECTED.*AK

COPIES OF THIS FORM ARE:

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.



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 758

Date Received

RECEIVED
22-MAR-2002

Od_or
rt_dt
od_rt
up_itr

Reference No.

8006234

OWNER INFORMATION (Type or Print)

DEFECTS INVESTIGATION

744977

Work Number

Home

Do you authorize NHTSA to send the name of your vehicle to the manufacturer of your vehicle? YES NO

In the absence of a signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 4/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **3FCMF53S3XJA34419** Vehicle Mak **GULF STREAM** Vehicle Model **325 DH CONQUEST LE** Vehicle Year **2000** Current Odometer Reading **9,126**

Purchase Date **11-4-99** Dealer's Name **COLD SPRINGS RV CORP.** Engine Siz (CID/CC/L) **6.8 L** Turbo Diesel Gas Fuel Injectio No Cylinders **4-10**

Transmission Type Automatic Antilock Brakes Yes Restraint System 3-Point Belt Motorbelt 2-Point Bel Driverside Airbag Passengerside Airbag Cruise Control Yes Drive Trail Front Rear 4-Wheel Vehicle Type Other **CLASS A MOTORHOME** Body Style Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **06011000** Part Name(s) **FUEL: LPG CONTAINER (TANK) ASSEMBLY** Location Front Right Rear Failed Part(s) Original Replacement

No of Failures **1** Date(s) of Failure(s) **19-MAR-2002** Mileage at Failure(s) **8747** Vehicle Speed at Failure(s) **60-65 MPH** Failed Part(s) Yes No NHTSA Previously 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 Yes No Fire Yes No Number of Persons Injured **---** Number of Fatalities **---** Estimated Property Damage **---** Reported to Police Yes No

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

GULF STREAM 325DH, WHILE DRIVING 60-85 MPH CONSUMER HEARD A SCRAPING SOUND, PULLED OVER AND NOTICED THE PROPANE FUEL TANK WAS SCRAPING THE PAVEMENT, IT WAS PUNCTURED AND LEAKING FUEL. THERE IS A RECALL BUT THIS VEHICLE IS NOT AFFECTED.*AK THIS INCIDENT COULD HAVE BEEN FATAL IF SPARKS IGNITED LP GAS AND EXPLODED WHEN WELDS FAILED CAUSING LP GAS TANK TO BREAK AWAY FROM FLOOR TRUSSES OF COACH AND SCRAPE THE PAVEMENT.

CONTINUE ON BACK IF NEEDED

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