



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

01-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008933

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>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3FCMF53GVJA25468	WINNEBAGO	L33WB	1998			
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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13132000	Part Name(s) STRUCTURE:BODY ROOF	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 1	Dates of Failure(s) _____ Mileage at Failure(s) _____ 24000 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)

WHILE DRIVING ON THE FREEWAY A PART OF THE ROOF BLEW OFF, CONSUMER CONTACTED THE DEALER, PROBLEM HAS NOT BEEN REMEDIED AS OF YET. PLEASE PROVIDE ANY FURTHER INFORMATION.*JB

CONTINUE 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1220	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 02 JUN 17 09:10 01-MAY-2002 OFFICE DEFECTS INVESTIGATION	Od_or _____ r_dt _____ dd_rt _____ up_ltr _____ Reference No. 8008933
[REDACTED] 751243		Work Number [REDACTED]	Home Number [REDACTED]
BROOMFIELD CO [REDACTED]		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.	
Signature of Owner [REDACTED]		Date 03/20/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 3FCMF53GVJA25468	Vehicle Make WINNEBAGO	Vehicle Model L33WB	Vehicle Year 1998
Purchase Date	Dealer's Name	Engine Siz (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders 8	
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 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 Tra. <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 Motor Home	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13132000	Part Name(s) STRUCTURE:BODY ROOF	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) FEB 26, 2002 Mileage at Failure(s) 24000 Vehicle Speed at Failure(s) 60 MPH	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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	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)			
WHILE DRIVING ON THE FREEWAY A PART OF THE ROOF BLEW OFF, CONSUMER CONTACTED THE DEALER, PROBLEM HAS NOT BEEN REMEDIED AS OF YET. PLEASE PROVIDE ANY FURTHER INFORMATION.*JB THE ROOF WAS REPLACED BY WINNEBAGO AT THEIR SHOP IN FOREST CITY, IOWA AND I PICKED UP THE MOTOR HOME ON MAY 16, 2002. I WAS ADAMANT TO THE PEOPLE TO THE PEOPLE AT THE SHOP THAT I THOUGHT THE MANUFACTURE SHOULD PAY THE \$9500 COST OF THE REPAIR BUT THEY WOULD NOT BUDGE ON THEIR POSITION THAT MY			
CONTINUE ON BACK IF NEEDED			
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.			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

INSURANCE SHOULD PAY FOR IT. I HAVE \$500 DEDUCTIBLE FOR COMPREHENSIVE SO I AM OUT THAT MONEY.

WHILE WAITING IN THE SHOP WAITING ROOM, I TALKED TO TWO OTHER GENTLEMEN THAT WERE WAITING FOR THEIR UNITS, WHICH ALSO NEEDED A NEW ROOF. FROM THIS I HAVE A SUSPICION THAT WINNEBAGO HAS HAD AND WILL CONTINUE TO HAVE PROBLEMS WITH ROOF FAILURES. I HOPE I AM NOT THE ONLY ONE FILING A COMPLAINT TO YOU ON THIS TYPE OF ROOF PROBLEM SO THAT A RECALL WILL BE WARRANTED.

ONE MORE THING; THE PEOPLE AT WINNEBAGO DONT THINK THAT A PIECE OF FIBERGLASS COMING OFF THE ROOF OF A MOTOR HOME CROSSING DOWN THE INTRASTATE AT 60 MILES AN HOUR IS A SAFETY CONCERN. I WOULD HOPE SOME ONE FROM YOUR AGENCY POINT OUT ATTACHADOWNLINE LETTERS IF NECESSARY TO THEM.



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

US Department of Transportation

National Highway Traffic Safety Administration

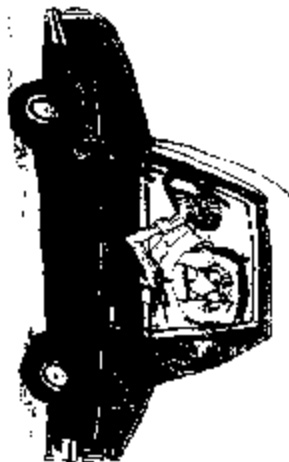
400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

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
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



US Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.de.gov/hotline>

DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4236

DASH2DOT
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**