



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 1362

Date Received

06-MAY-2002

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

Reference No.

8009216

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		
1GBJG31G321121331	SHASTA	CLASS C	2002			
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 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 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 03224000	Part Name(s) BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER	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) _____ 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING IN MOTOR HOME AND APPLYING BRAKES, WITHOUT WARNING VEHICLE DOES NOT COME TO A COMPLETE STOP. VEHICLE WILL GLIDE A COUPLE OF FEET. DEALERSHIP HAS BEEN NOTIFIED ,AND CONFIRMED THAT THERE WAS NOTHING WRONG WITH THE BRAKES.*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.

 <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 1362</p>	
		<p>Date Received 08-MAY-2002</p> <p>OFFICE INVESTIGATION</p>	<p>Od_or _____ r_dt _____ od_n _____ up_ltr _____</p> <p>Reference No. 8009216</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 752361</p>		<p>Work Number _____ Home Number _____</p>	

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

In the absence of your authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: **5/15/02**

<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GBJG31G321121331</p>					<p>Vehicle Mak SUNSEEKER SHARBA</p>	<p>Vehicle Mode CLASS C</p>	<p>Vehicle Year 2002</p>	<p>Current Odometer Readin 03881</p>
<p>Purchase Date 4-2-02</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name Lady Day</p> <p>City _____ State _____ Zip Code _____</p>			<p>Engine Siz (CID/CC/L) 8/1</p> <p>No Cylinders 8</p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injectio</p>			
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt 2-Point Bel. <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Trail <input checked="" type="checkbox"/> Front Rear 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle</p> <p>MOTOR HOME</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck</p>		

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component 03224000</p>	<p>Part Name(s) BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER</p>	<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)</p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
<p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured N/A</p>	<p>Number of Fatalities N/A</p>	<p>Estimated Property Damage N/A</p>	<p>Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

WHILE TRAVELING IN MOTOR HOME AND APPLYING BRAKES, WITHOUT WARNING VEHICLE DOES NOT COME TO A COMPLETE STOP. VEHICLE WILL GLIDE A COUPLE OF FEET. DEALERSHIP HAS BEEN NOTIFIED, AND CONFIRMED THAT THERE WAS NOTHING WRONG WITH THE BRAKES. *AK Brake system (HYDROBOOSTER) was made to STOP A 3500 chev van. when they put a 1200lbs camper over an axle put in all camping thing this url is unsafe to road. I purchaed a vel that No one in my family will Drive. (over)

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

Every one I talked to told me this is a very hard let to stop. I have given all this info to my family if anything happens to my wife + self or any one else this let should not be on the road but I have \$68000 in it and no one will get off there + not to help so I am going to use it

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 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



20590-0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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