



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 241

Date Received

06-JUN-2002

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

Reference No.

8011237

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		
PLEASE FILL IN	HOLIDAY RAMBLE	VACATIONER	1999			
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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) 18-MAR-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 22135		
	Vehicle Speed at Failure(s)		

### 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)

TRANSMISSION FAILS WHILE DRIVING, NO WARNING WAS GIVEN. MANUFACTURER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

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.



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 241**

Date Received: 06 JUN 2002  
Office: DEFECTS INVESTIGATION

Reference No. 8011237

Work Number  
Home Number

OWNER INFORMATION (Print or Type)  
[Redacted] 757748  
[Redacted] VA

You authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 6/11/02

**VEHICLE INFORMATION**

Vehicle Identification No. (VIN) (Location at bottom of windshield or on driver's side)  
1CNP53S0XUA1892G  
Vehicle Make: HOLIDAY RAMBLE  
Vehicle Mode: VACATIONER  
Vehicle Year: 1999  
Current Odometer Reading: 24386

Purchase Date: 2/11/99  
Dealer's Name: WINDISH RV  
City: LAKEWOOD State: CO Zip Code: [Redacted]  
Engine Size (CID/CC/L): [Redacted]  
No. of Cylinders: 10  
Fuel Type:  Gas  Diesel  Fuel Injection

Transmission Type:  Automatic  Manual  
Antilock Brakes:  No  Yes  
Restraint System:  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front 4-Wheel  Rear 4-Wheel  
Vehicle Type:  Motorhome  Car  Van  Minivan  Other  
Sport Utility Truck  Motorcycle  2-Door Truck  4-Door Stationwagon  Pick Up Truck  Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 07300000  
Part Name(s): POWER TRAIN:TRANSMISSION:AUTOMATIC  
Location:  Left Front  Right Rear  Original Replacement

Date(s) of Failure(s): 18-MAR-2002  
Mileage at Failure(s): 22135  
Vehicle Speed at Failure(s): 30 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(es) on the back of this form)

Crash:  Yes  No  
Fire:  Yes  No  
Number of Persons Injured: none  
Number of Fatalities: none  
Estimated Property Damage: none  
Reported to Police:  Yes  No

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

TRANSMISSION FAILS WHILE DRIVING, NO WARNING WAS GIVEN. MANUFACTURER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK  
Forward motion suddenly stopped - overdrive light bar flashed. Was en route to Transmission shop at suggestion of local Ford dealer, unit not able to be repaired, had to be replaced.

CONTINUE ON BACK IF NEEDED

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