



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

02-JUL-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8013115

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) (Locate at bottom of windshield and door side) ADD	Vehicle Make K-Z	Vehicle Model COYOTE	Vehicle Year 2003	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03511000	Part Name(s) BRAKES:ELECTRIC:HYDRAULIC INTERFACE: LINES AND FITTING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 21-JUN-2002 Mileage at Failure(s) 1 Vehicle Speed at Failure(s) _____	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 Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN PULLING TRAILER OFF DEALER LOT AFTER PURCHASE ELECTRIC BRAKE LINES DISCONNECTED. DEALER CRIMPED WIRES BACK TOGETHER, CONSUMER NOTICED ANOTHER SET OF WIRES WERE ONLY CRIMPED TOGETHER, AS WELL. *AK

COPIES OF REPORTS - FREE -

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 Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-927-4236 www.nhtsa.dot.gov/hotline		DEFECTS INVESTIGATION Date Received: 02-JUL-2002 Office: 8013115 Reference No.: 8013115	
OWNER INFORMATION (Type or Print) PLAISTOW NH 03080 762080		Home Number: _____ Work Number: _____	
Do you authorize NHTSA to send a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO		Signature of Owner: _____ Date: 7/21/02	
VEHICLE INFORMATION Vehicle Ident. No. (VIN): _____ Vehicle Make: K-Z Vehicle Model: COYOTE Vehicle Year: 2003 Current Odometer Reading: _____		Dealer's Name: CAMPER'S INN City: KINGSBORO State: TX Zip Code: _____	
Purchase Date: 6/21/02 ☒ New ☐ Used		Engine Size (CID/CC/L): _____ No. Cylinders: _____ Fuel Injection: ☐ Turbo ☐ Diesel ☐ Gas	
Transmission Type: ☒ Automatic ☐ Manual Antilock Brakes: ☐ Yes ☒ No Restraint System: ☐ 3-Point Belt ☐ 2-Point Belt ☐ Driver's Side Airbag ☐ Passenger's Side Airbag		Cruise Control: ☐ Yes ☒ No Drive Type: ☐ Front ☐ Rear ☐ 4-Wheel Vehicle Type: ☒ Car ☐ Van ☐ Minivan ☐ Other Body Style: ☐ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION Component: 03S11000 Part Name(s): _____ Location: ☒ Left ☐ Right ☐ Front ☐ Rear Failed Part(s): ☒ Original ☐ Replacement		Date(s) of Failure(s): 21-JUN-2002 Mileage at Failure(s): 1 Vehicle Speed at Failure(s): _____ No. of Failures: 1 NHTSA Previously Reported: ☒ 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)		Number of Persons Injured: _____ Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN PULLING TRAILER OFF DEALER LOT AFTER PURCHASE ELECTRIC BRAKE LINES DISCONNECTED. DEALER CRIMPED WIRES BACK TOGETHER, CONSUMER NOTICED ANOTHER SET OF WIRES WERE ONLY CRIMPED TOGETHER, AS WELL. *AK			

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CONTINUE ON BACK IF NEEDED