



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 156

Date Received

18-AUG-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

845285

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) (located at front of windshield on drivers side) 1GBKP37NXN3316359	Vehicle Make WINNEBAGO	Vehicle Model ADVENTURER	Vehicle Year 1993	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>43</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE DEFECTIVE TRANSMISSION SYSTEM STALLED ON THE FREEWAY WHICH MAY HAVE CAUSE A CRASH. THERE IS AN EXTENDED WARRENTY ON THE TRANSMISSION BUT THE PROBLEM OCCURRED AFTER THE WARRENTY. PLEASE PROVIDE FURTHER INFORMATION

CONTINUED ON BACK (15661)

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.



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OFFICE

DEFECTS INVESTIGATION

Od or
rt dt
od rt
up tr

Reference No.

845285

OWNER INFORMATION (Type or Print)

Work Number

Home Number

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

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

Signature of Owner

Date 1/10/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side) 1GBKP37NXN3316359
Vehicle Make WINNEBAGO
Vehicle Model ADVENTURER
Vehicle Year 1993
Current Odometer Reading 53,000

Purchase Date
AUG, 1993

Dealer's Name ANCIRA

Engine Size
(CID/CC/L)

No Cylinders 8

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

☒ New ☐ Used

City TEMPLE State TX Zip Code

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000
Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC
Location ☐ Left ☐ Right
☐ Front ☐ Rear
Failed Part(s) ☒ Original
☐ Replacement
No of Failures
Date(s) of Failure(s)
Mileage at Failure(s) 48
Vehicle Speed at Failure(s) 60 mph
Failed Part(s) Available? ☐ Yes ☒ No
NHTSA Previously Contacted? ☐ 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 NONE
Number of Fatalities NONE
Estimated Property Damage
Reported to Police ☐ Yes ☒ No

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

TRANSMISSION SYSTEM STALLED ON THE FREEWAY WHICH COULD HAVE CAUSED A CRASH. THERE WAS AN EXTENDED WARRANTY ON THE TRANSMISSION, BUT THE PROBLEM OCCURRED AFTER THE WARRANTY. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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