

U.S. Department
of TransportationNational 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 118

Date Received

17-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

860405

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
777JW7150313	FLEETWOOD	PACE ARROW	1998	

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 Injection
<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 type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 06420000	Part Name(s) ELECTRICAL SYSTEM:FUSE AND RECEPTICLE:CIRCUIT BREAKER	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 Failures	Date(s) of Failure(s) 06-JUN-1998 Mileage at Failure(s) 7000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BECAUSE TWO OF THE MAIN ELECTRICAL CIRCUITS NOT BEING FUSED, WHEN USING THE AIR CONDITIONER, COULD CAUSE A FIRE. THE PROBLEM HAS BEEN REPORTED TO THE MANUFACTURER. PROBLEM HAS NOT BEEN CORRECTED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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-1111 1-888-327-4236 www.nhtsa.dot.gov/hotline	RECEIVED MAY 17 AM 10:22 OFFICE DEFECTS INVESTIGATION	FOR AGENCY USE ONLY 118 Date Received 17-APR-2000 Reference No. 860405
	OWNER INFORMATION (Type or Print) [Redacted Area]		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 [Redacted] Date 5/3/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 777JW7150313	Vehicle Make FLEETWOOD	Vehicle Model PACE ARROW	Vehicle Year 1998	Current Odometer Reading 032100	
Purchase Date	Dealer's Name <u>Cheasco</u>		Engine Size (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 type="checkbox"/> Used	City <u>Joppa</u> State <u>Md</u> Zip Code		No Cylinders <u>3</u>		
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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle RV
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08424000	Part Name(s) ELECTRICAL SYSTEM:FUSE AND RECEPTICLE:CIRCUIT BREAKER <u>MISSING</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>06-JUN-1998</u> Mileage at Failure(s) <u>7000</u> Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s) Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
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)

BECAUSE TWO OF THE MAIN ELECTRICAL CIRCUITS NOT BEING FUSED, WHEN USING THE AIR CONDITIONER, COULD CAUSE A FIRE. THE PROBLEM HAS BEEN REPORTED TO THE MANUFACTURER. PROBLEM HAS NOT BEEN CORRECTED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

Unit not wired to the what Fleetwood has told up to Fleetwood specifications.

CONTINUE ON BACK IF NEEDED

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Pace Arrow 34 J# 777 J.W. 7150313
Chassis 1 S.B.L. P37 J.W. 3311463.

April of 1998.

Sir

Since shortly after we bought the R.V. we have had problems with it. Have tried to get help from Flutwood to have it fixed.

Talked with John Crowl in Calif 1-909-351-3500 he got real up set with us about the problems we are having.

1. The Onan generator on our coach is not wired right the way he said our generator is suppose to be wired and the way it is wire is not the same. We can not run both A.C. without the elec panel getting hot and the wires starting to burn. No breaker on the rear A.C.

2 The defuser should blow out across the ceiling in stead of stright down so it will cool better in the summer.

3 As for heat in winter you can not sit on the couch in the front without freezing from the cold air along the window

4. Now for the gray water tank ~~the~~ When it is only about 1/2 full it comes up in the bath tub the vent pipe get covered with ~~water~~ water and doesn't vent right the tank lay on an angle so you don't get use of the ~~the~~ whole tank also even using Odor control we get a strong odor in the coach when riding down the road We fill the tank should lay flat and the vent

pipes come out the center of the top of the Tank

