

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

335

Date Received

04-MAY-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

861430

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FCMF53S8XJA08270	DAMON	CHALLENGER	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
--	---	---	--	--	---	---

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

Component 07460000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	---	--	---

No. of Failures	Date(s) of Failure(s) 04-GCP-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 5500	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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 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)

FORD CHASSIS FOR MOTOR HOMES ARE FOR 11000 GVWR OR 13000 GVWR, AND CONSUMER SHOULD BE ABLE TO CARRY STUFF ON VEHICLE. A COMPANY BY THE NAME OF "A WEIGHT WE GO" SAID THAT FRONT AXLE WEIGHED IN AT THE CORRECT WEIGHT, BUT REAR AXLE CAME IN OVER THE WEIGHT LIMIT. CONSUMER FEELS MANUFACTURER USES INSUFICIENT AXLESIZE, AND CONSUMER CAN'T PUT ANYTHING ELSE ON THE TRAILER, SUCH AS DISHES, ETC.

CONTINUE ON BACK IF NEEDED

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.

TINA

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY 335</b></p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 807067</p>	<p>Date Received 07 JUL 01 AM 7:59 04 MAY 2000 OFFICE OF DEFECTS INVESTIGATION</p>	<p>Od_or _____ re_dt _____ od_rt _____ up_hr _____</p>
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>		<p>Work Number [Redacted]</p>	<p>Home Number [Redacted]</p>

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) <b>3FCMF53S8XJA08270</b>	Vehicle Make <b>DAMON</b>	Vehicle Model <b>CHALLENGER</b>	Vehicle Year <b>1999</b>	Current Odometer Reading
Purchase Date	Dealer's Name <b>CAMPERS INN, INC</b>	City <b>DASHUA</b>	State <b>NH</b>	Zip Code <b>03063</b>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Engine Size <b>CID/CYL 6.7</b>	No Cylinders <b>10</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <b>MOTOR HOME</b>		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 <b>CLASS A</b>		

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

Component <b>0746000</b>	Part Name(s) <b>POWER TRAIN:AXLE ASSEMBLY</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>04-SEP-1999</b>	Mileage at Failure(s) <b>5500</b>	Vehicle Speed at Failure(s)
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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
--	---	---------------------------	----------------------	---------------------------	---

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

FORD CHASSIS FOR MOTOR HOMES ARE FOR 11000 GVWR OR 13000 GVWR, AND CONSUMER SHOULD BE ABLE TO CARRY STUFF ON VEHICLE. A COMPANY BY THE NAME OF "A WEIGHT WE GO" SAID THAT FRONT AXLE WEIGHED IN AT THE CORRECT WEIGHT, BUT REAR AXLE CAME IN OVER THE WEIGHT LIMIT. CONSUMER FEELS MANUFACTURER USES INSUFICIENT AXLESIZE, AND CONSUMER CAN'T PUT ANYTHING ELSE ON THE TRAILER, SUCH AS DISHES, ETC.

*IN THE MOTOR HOME -*

*When Fully equipped AND LOADED WITH TYPICAL CHRGD, AN OVERLOAD CONDITION CAN OCCUR ON THE REAR AXLE THAT COULD CAUSE REAR-AXLE COMPONENTS TO FAIL PREMATURELY.*

CONTINUE ON BACK IF NEEDED

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 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.

4017



Ford Motor Company

DO NOT DESTROY: THIS MANUAL IS REQUIRED BY LAW. KEEP UNTIL THE VEHICLE IS COMPLETED BY THE FINAL STAGE MANUFACTURER.

# 1999 F-SUPER DUTY Class A Motorhome Chassis

## INCOMPLETE VEHICLE MANUAL

### Incomplete Vehicle Type For This Manual



F 53  
Basic Stripped  
Chassis

THIS INCOMPLETE VEHICLE MANUFACTURED BY  
FORD MOTOR COMPANY  
THE AMERICAN ROAD  
DEARBORN, MICHIGAN 48121 ON: 05/98  
VEH. IDENT NO. 3FCMF53S8XJAD8270  
GVWR 18000 LB/8164 KG

	FRONT	REAR
GAWR	7000 LB 3175 KG	11000 LB 4989 KG
TIRES	245/70R17.5	245/70R17.5
RIMS	19.5X6.75	19.5X6.75
KPa/PSI COLD	552/ 80	552/ 80

MAY BE COMPLETED AS:  
TRUCK  
TRUCK  
TRUCK-TRACTOR

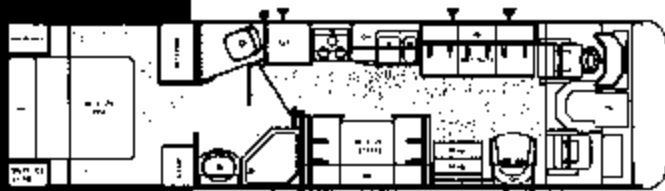
OPTIONAL PREP PACKAGE:

THIS VEHICLE IS NOT EQUIPPED WITH THE FORD AMBULANCE PREPARATION PACKAGE AND IS NOT SUITABLE FOR USE AS AN AMBULANCE. MAKING THIS VEHICLE INTO AN AMBULANCE WILL VOID THE FORD WARRANTY AND MAY RESULT IN ELEVATED UNDERBODY TEMPERATURES, FUEL OVERPRESSURIZATION AND THE RISK OF FUEL EXPULSION AND FIRES.

# R PLANS

▲ = Underfloor storage  
● = Exterior wash down kit

310

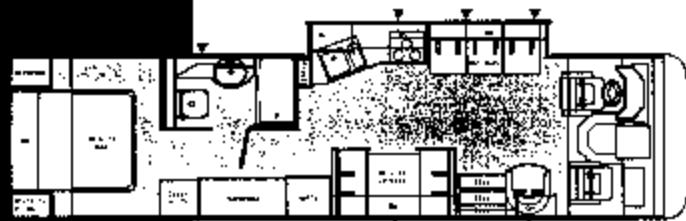


Features: Walk through bath • Neo angle shower  
• Excellent bedroom storage

## Model 310

Options	A, C
Chassis	Chevy/Ford
Fuel tank	80/75 gal.
Wheelbase	216.5"
GVWR (lbs.)	16,500/16,000
Base weight	N/A
Length	33'6"
Width	100"
Overall height with A/C	11'7"
Fresh water system (appx. gal.)	70
Grey water (appx. gal.)	53
Black water (appx. gal.)	53
LP gas capacity (appx.)	100 lbs.
Sleeping capacity	4

330



Features: Slideout kitchen • Slideout does not interfere with pathway when closed • Pantry

## Model 330

Options	A, C
Chassis	Chevy/Ford
Fuel tank	80/75 gal.
Wheelbase	216.5"
GVWR (lbs.)	16,500/18,000
Base weight	N/A / 13,900
Length	35'
Width	100"
Overall height with A/C	11'7"
Fresh water system (appx. gal.)	70
Grey water (appx. gal.)	53
Black water (appx. gal.)	53
LP gas capacity (appx.)	100 lbs.
Sleeping capacity	4

*25,000*  
*18,000*  
*15,500*

335



Features: Slideout does not interfere with pathway when closed • Pantry

## Model 335

Options	A, C
Chassis	Ford
Fuel tank	75 gal.
Wheelbase	216.5"
GVWR (lbs.)	18,000
Base weight	13,900
Length	35'
Width	100"
Overall height with A/C	11'7"
Fresh water system (appx. gal.)	70
Grey water (appx. gal.)	53
Black water (appx. gal.)	53
LP gas capacity (appx.)	100 lbs.
Sleeping capacity	4

*why not - 29,500*  
*LARGER INSULATED?*

345



Features: Open living area • Lots of closet space • Neo-angle shower • Double sofa seating • Split bath

## Model 345

Options	A, B, C
Chassis	Ford
Fuel tank	75 gal.
Wheelbase (with tag axle)	234.5"
GVWR (lbs.)	18,000
Base weight	N/A
Length	35'9"
Width	100"
Overall height with A/C	11'7"
Fresh water system (appx. gal.)	70
Grey water (appx. gal.)	53
Black water (appx. gal.)	53
LP gas capacity (appx.)	100 lbs.
Sleeping capacity	4

Note: Base weight = weight of motorhome as produced at factory without options, cargo, occupants, fresh water, LP or dealer-installed accessories.

# A'Veigh We Go

211 Mae McKee Road  
 Chuckey, TN 37841  
 (423)257-7985

## WEIGHING RECORD

NOTE: ALL RATINGS AND WEIGHTS IN POUNDS

Donald DeCoste

Record # 7033

DATE: 9/26/99

MOTORHOME/TRUCK: 1999 Damon Challenger

TOWED CAR/TRAILER:

RATINGS												
FRONT	RIGHT FRONT	0	3,515	HITCH	0	0	0	OUTER TIRES				
	3,740	0	3,515	TOW	0	0	0	INNER TIRES				
	7,000	0	11,000	VERTICAL	0	0	0	AXLES				
	75	9	75									
	3,740	0	3,515									
	LEFT FRONT	0	3,515									
GWWR: 18,000		GCWR: 0		TOW BAR: 0		GVWR: 0						

LOAD MEASUREMENTS												
FRONT	2,860	0	6,100	TOW	0	0	0	RIGHT TIRES				
	5,860	0	12,050	VERTICAL	0	0	0	AXLES				
	3,000	0	5,950									
	0	0	0									
	MOTORHOME/TRUCK WEIGHT: 17,910		TOWED CAR/TRAILER WEIGHT: 0		COMBINED WEIGHT: 17,910							
	Unloaded Tow Truck: 0											

MARGINS												
(GREEN NUMBERS = SAFETY MARGIN)						(RED NEGATIVE NUMBERS) = OVERLOAD!						
FRONT	880	N/A	930	TOW	N/A	N/A	N/A	RIGHT TIRES				
	1,140	N/A	(-1,050)	VERTICAL	N/A	N/A	N/A	AXLES				
	740	N/A	1,080									
	GWWR: 90		GCWR: N/A		TOW BAR: N/A		GVWR: NA					

INVOICE					
WEIGHING: 2	AXLES @ \$0.00	OR \$30 PLUS \$0	SUB TOTAL		\$30.00
			MINUS DISC.		\$0.00
			PLUS TAX		\$0.00
			TOTAL		\$30.00

PAID

THANKS FOR HAVING YOUR "WEIGH" WITH US!



April 14, 2000



RE: 99B0335CFK4017 dop 12/7/98

Dear Mr. [REDACTED]

This letter is in response to our recent telephone conversation. Let me start by saying that even though you are out of warranty, your satisfaction and enjoyment of your Challenger Motorhome is very important to our corporation. We do pride ourselves in our responsiveness to our customers and their request. Unfortunately, we will not replace the rear end and re-certify a Ford chassis.

As you are aware, DAMON has every intention of fulfilling our obligations as outlined in the terms of our "Limited Warranty". We are confident that there will be no need to make corrections to the Ford chassis now or in the future. However, if such a need arises, DAMON will take action.

We understand your weight concerns and this simple request for a letter. DAMON will stand behind any mechanical failures that Ford does not cover under Ford's three- (3) years or 36,000 miles protection on their chassis. If you should require suspension or rear end service work under this special coverage by DAMON, present this letter to the service provider. They in turn will contact DAMON for authorization prior to making any repairs.

We are taking this action Mr. DeCoste as part of our on going efforts to maintain your confidence in your Challenger. Customer satisfaction is and always has been primary to our corporation and we are hopeful that this commitment confirms our interest in our individual owners.

Respectfully,

A handwritten signature in cursive script that reads "Art Konecny".

Art Konecny  
Regional Service Manager

Cc: Campers Inn-Art Bedard  
Randy Denton

City of Nashua Landfill  
840.W.HOLLIS ST.NASHUA.N.H.  
Ph 594-0029  
MICHAEL ZIBULIS (SUPERVISOR)

Sold To: 3003  
CAMPERS INN  
550 AMHERST STREET  
NASHUA, NH 03063

Truck 3003 REG.870F P/U CAMPERS INN

Material 210 CERTIFIED GROSS WEIGHTS

Price/Ton	0.00	Gross Wgt	16220 (lbs)	Material Chg	10.00
Min. Chg.	10.00			Other Chg	0.00
				Total Due	10.00

WEIGH MASTER

DRIVER

COMMENTS

*Michael Zibulis*  
*Robert M. Luce*

FRONT AXLE - 5720

REAR AXLE - 10420

16140

NASHUA

U.S. Transportation  
Steve Borotzky  
202-366-1412  
call P 11:00  
til

335 Challenger #4017

G VWR 18000 LB

UVW 15360 LB

NCC 2640 LB

G CWR 21000 LB

76 GAL @ 633 LB @ 8.33 LB5