

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

06-JUN-2000

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

Reference No.

863092

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
1GBLP37J6V3313864	WINNEBAGO	ADVENTURER	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

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

Component 08000000	Part Name(s) ELECTRICAL SYSTEM	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
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No. of Failures	Date(s) of Failure(s) 00-AUG-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 29000	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING ALL OF A SUDDEN ELECTRICAL SYSTEM SHUTDOWN. THERE WAS NO POWER STEERING OR POWER BRAKES WHEN THIS HAPPENED. ADVENTURER STARTED AGAIN AFTER PULLING SOME OF THE FUSES WHICH WERE NOT BLOWN OUT. MANUFACTURER HAS BEEN NOTIFIED ABOUT THE PROBLEM. THE PROBLEM COULD NOT BE DETECTED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

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.



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National Highway Traffic Safety Administration

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NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
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<b>FOR AGENCY USE ONLY</b> 118	
Date Received: <u>06 JUN 2000</u>	Office: <u>DEFECTS INVESTIGATION</u>
Od_or: _____	Ref: _____
od_ft: _____	up_tr: _____
Reference No.:	<u>863092</u>
Work Number:	<u>NONE</u>
Hom: _____	

**OWNER INFORMATION (Type or Print)**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: 612837

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, please print name and address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <u>1G8LP37J6V3313264</u>	Vehicle Make <u>WINNEBAGO</u>	Vehicle Model <u>ADVENTURER</u>	Vehicle Year <u>1998</u>	Current Odometer Reading <u>35,789</u>
Purchase Date: _____	Dealer's Name: _____	Engine Size (CID/CCA) <u>Varley 454</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>TEMPLE</u> State <u>TX</u> Zip Code _____	No Cylinders <u>6</u>		

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>Motorhome</u>	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 <u>Motorhome</u>
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <u>08000000</u>	Part Name(s) <u>ELECTRICAL SYSTEM</u>	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 <u>9</u>	Date(s) of Failure(s) <u>08-AUG-1999</u> Mileage at Failure(s) <u>29000</u> Vehicle Speed at Failure(s) <u>0-15-50-65</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <u>N/A</u>	Number of Fatalities <u>N/A</u>	Estimated Property Damage <u>N/A</u>	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)**

WHILE DRIVING ALL OF A SUDDEN ELECTRICAL SYSTEM SHUTDOWN. THERE WAS NO POWER STEERING OR POWER BRAKES WHEN THIS HAPPENED. ADVENTURER STARTED AGAIN AFTER PULLING SOME OF THE FUSES WHICH WERE NOT BLOWN OUT. MANUFACTURER HAS BEEN NOTIFIED ABOUT THE PROBLEM. THE PROBLEM COULD NOT BE DETECTED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK ON AUG 8 OF 1999 AFTER FACTORY REPAIRED PASSENGER-SIDE WINDSHIELD COACH WOULD NOT START - TECHNICIAN PULLED 4 FUSES AND REPAIRED THEM - THEN COACH STARTED BUT HAD NO MORE TROUBLE UNTIL MAY 2000 WHEN WE DROVE FROM GEORGETOWN TO JUST IN TEXAS COACH CONTINUOUSLY RUN WE STOP TO SHOP AND IT WON'T START AGAIN UNTIL I PULL THE FUSES AND REPLACED THE SAME ONES BACK IN THEN IT START, ONE MAY 17 COACH WOULD NOT START AGAIN UNTIL I PULL THE FUSES IT STARTED AGAIN WE MOVE SOME 100 FEET AND IT STOP

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.



**Customer Service**  
 946 South 4th Street  
 Forest City, Iowa 50436  
 515-582-6960

Name **BOBINSKI D**  
 Address **101 DAN TRAIL**  
**GEORGETOWN 78628**

Serial No. **10G658281515** Date of Appt. **05/30/2000**  
 Chassis No. **1GBLP37D6V3313864** Order Type **R**  
 Model **W3G32RQ** Year **1998** Color Code **322**  
 Mileage **34662** D.O.P. **07/17/1998** Built Date **08/06/1997**  
 WIT No. **O.O. YES** Days in Shop **4**

Price	Each	LC	QTY	Part Number	Price	Subject	Labor Description	Labor Hours	Labor Charge
						<b>SUBJECT</b>			
							ENGINE CUTS OUT WHEN DRIVING.	2.00	
							RESTARTS AFTER SETTING SHORT		
							TIME CHECKED FOR ENGINE CODES.		
							NO CODES AT THIS TIME.		
							CHECKED FOR DAMAGED OR LOOSE		
							WIRING OK. NEEDS ROAD TEST		
							OKAY AT THIS TIME		
							SKYLIGHT AT SHOWER CRACKED.	1.60	
001	G		2	10971-B-01-000			SKYLIGHT AT SHOWER CRACKED.		
							OVERTIGHTENED SCREWS. REMOVE		
001	G		1	11466-01-02A			OVERTIGHTENED SCREWS. REMOVE		
							OLD LIGHT. CLEAN, REPLACE		
001	G						OLD LIGHT. CLEAN, REPLACE		
							SKYLIGHT, SEAL		
002	G						SKYLIGHT, SEAL		
							PASS. SIDE FRONT WINDOW LEAKS	0.40	
							WATER. SMALL VOID IN SEAL.		
							RESEALED VOID.		
003	G						RESEALED VOID.		
							ADJUST D/S DOOR. REMOVE INNER	0.80	
							DOOR SKIN. ADJUST OUTSIDE		
							DOOR HANDLE. REINSTALL INNER		
							DOOR SKIN		
004	G		1	101145-01-06A			DOOR SKIN		
							ADJUST ENTR DOOR. WILL NOT	0.50	
							STAY LOCKED. DOOR OUT OF ADJUST.		
							MENT. BAD DEAD BOLT. REPLACED		
							DEAD BOLT. READJUSTED STRICKER		
							ON MAIN DOOR		
005	G		2	128810-21-01A			ON MAIN DOOR		
							CHECK DRAWER GUIDES. BROKEN	1.40	
005	G		2	128810-22-01A			CHECK DRAWER GUIDES. BROKEN		
							IN DINETT. REMOVED OLD RAILS		
							AND REPLACED		
005	G		2	128810-23-01A			AND REPLACED		
							SLIDER, 22" LEFT DRAWER		
005	G		2	128810-24-01A			SLIDER, 22" LEFT DRAWER		
							BACET-ADJUSTABLE, LEFT		
005	G		2	128811-01-01A			BACET-ADJUSTABLE, LEFT		
							BACET-ADJUSTABLE, RIGHT		
005	G		2	128811-02-01A			BACET-ADJUSTABLE, RIGHT		

34211

Serial # 10G 658 281515  
model WCG 3249  
9 2 3 2 9

**Don Hewlett**  
Chevrolet Oldsmobile Buick  
7001 South IH 35 P.O. BOX 789  
Local (512) 930 5881 Austin (512) 981-3000  
GEORGETOWN, TEXAS 78627

\*INVOICE\*

DUPLICATE 1  
PAGE 1



SERVICE ADVISOR: 59 SHANN GRANTHAM

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
WHITE	97	CHEVROLET MOTOR HOME	1GBLP37J6V3313864	CL9FLD	35789/35789	T.76	
DEL DATE	PRGD. DATE	WARR. EXP	PROMISED	PO NO	RATE	PAYMENT	INV. DATE
01JAN1997			14:30 05JUL00		0.00	CASH	21JUN2000

R.O. DRENED	READY	OPTIONS
12:06 07JUN00	06:27 21JUN00	ENG:7.4 Liter V8 MFI HO WRN

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES TAHT WHEN FILL FUEL TANK THE GAS GAUGE FLUTUATES AND WILL GO DOWN TO 1/2 AND AND THEN WILL MOVE TO 3/4 OF TANK

CAUSE:

- L1228 SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) -
- REPLACE REAR TANK
- 122 WS94 2.10 (N/C)
- 1 25162571 SENDER (N/C)
- 1 25163473 W-PUMP (N/C)
- FC: 6C
- PART#: 25162571
- COUNT: 2
- CLAIM TYPE:
- AUTH CODE:
- OJ

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

35789 BURNED WIRE INSIDE TANK WARRENTY REPLACED SENDER IN TANK. REPLACED CLUSTER IN DASH BACAUSE OF MALFUNTIO- NING FUEL GUAGE. HOURS SOLD . ARE WARRENTY...

B CUSTOMER STATES THAT HE WILL BE DRIVING DOWN THE ROAD THE VEHICLE WILL DIE AND WILL NOT START UNTIL HE TAKES THAT GAUGE FUSE OUT AND WILL PUT FUSE IN AND THE COACH WILL START

MH MOTOR HOME REPAIRS.  
122 CPT 0.00 0.00 0.00  
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

35789 BURNED WIRE GOING TO FUEL PUMP WARRENTY REMOVED FUEL TANK REMOVED FUEL PUMP ASSY & REPLACED, REINSTALLED FUEL & READ TESTED & PRESSURE TESTED FUEL SYSTEM.

C\*\* MOTOR HOME-COMMERCIAL VEHICLE STATE INSPECTION

NOT CE PURSUANT TO §70.001, TEXAS PROPERTY CODE  
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §§ 603, Texas Business and Commerce Code, IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR A CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAIOR OR DRAWER OF THE CHECK OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OR THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED

IT IS UNDERSTOOD THAT THIS COMPANY ASSUMES NO RESPONSIBILITY FOR LOSS OR DAMAGE BY THEFT OR FIRE TO VEHICLES PLACED WITH THEM FOR STORAGE, REPAIR OR REPAIR, OR DAMAGE TO VEHICLES WHEN CALLED FOR RENT DELIVERY, OR WHILE ROAD TESTING. "The Below bill for labor and material is approved, and an express mechanic's lien is granted on said vehicle to secure the payment thereof, said obligation being payable in Georgetown, Williamson County, Texas and in event of default I agree to pay in addition thereto a reasonable attorney's fees; permission is granted to you to drive said vehicle on any street or road for the purpose of testing and inspection same."

TERMS: CASH, CHECK OR CREDIT CARD

Signed \_\_\_\_\_

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

CUSTOMER COPY

DESCRIPTION	LABOR AMOUNT	PARTS AMOUNT	GAS, OIL, LUBE	SUBLET AMOUNT	MISC. CHARGES	TOTAL CHARGES	LESS INSURANCE	SALES TAX	PLEASE PAY THIS AMOUNT
TOTALS	7.00	0.00	0.00	0.00	5.50	12.50	0.00	0.00	12.50

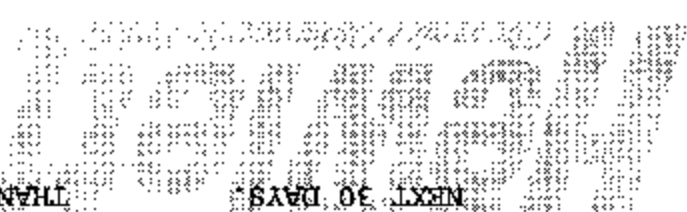
**TERMS: CASH, CHECK OR CREDIT CARD**

ALL THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OR REFINANCE OF THE MOTOR VEHICLE IS SUBJECT TO THE REPAIR AGREEMENT I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REFINANCE IN ACCORDANCE WITH 19.001, Texas Business and Commerce Code. A PAYMENT FOR THE REPAIR OR REFINANCE OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER OR A CREDIT CARD TRANSACTION IS DEPOSITED IMMEDIATELY INTO THE ACCOUNT OF THE PERSON WHO HAS NO ACCOUNT OR THE ACCOUNT FROM WHICH IT IS DRAWN ON THE CREDIT CARD ACCOUNT HAS BEEN CREDITED.

THE MOTOR VEHICLE IS SUBJECT TO THE REPAIR AGREEMENT I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REFINANCE IN ACCORDANCE WITH 19.001, Texas Business and Commerce Code. A PAYMENT FOR THE REPAIR OR REFINANCE OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER OR A CREDIT CARD TRANSACTION IS DEPOSITED IMMEDIATELY INTO THE ACCOUNT OF THE PERSON WHO HAS NO ACCOUNT OR THE ACCOUNT FROM WHICH IT IS DRAWN ON THE CREDIT CARD ACCOUNT HAS BEEN CREDITED.

ALL THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OR REFINANCE OF THE MOTOR VEHICLE IS SUBJECT TO THE REPAIR AGREEMENT I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REFINANCE IN ACCORDANCE WITH 19.001, Texas Business and Commerce Code. A PAYMENT FOR THE REPAIR OR REFINANCE OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER OR A CREDIT CARD TRANSACTION IS DEPOSITED IMMEDIATELY INTO THE ACCOUNT OF THE PERSON WHO HAS NO ACCOUNT OR THE ACCOUNT FROM WHICH IT IS DRAWN ON THE CREDIT CARD ACCOUNT HAS BEEN CREDITED.

PAID JUN 21 2000



WE AT DON HEWLETT CHEVROLET, OLDS, AND BUICK WANT YOU TO BE COMPLETELY SATISFIED. IN ORDER FOR DON HEWLETT TO REMAIN #1 IN CENTRAL TEXAS WE ARE ASKING ALL OF OUR CUSTOMERS TO PLEASE FILL OUT AND RETURN YOUR CUSTOMER SURVEY THAT YOU WILL RECEIVE FROM GENERAL MOTORS IN THE NEXT 30 DAYS. THANK YOU!

5789 INSPECTION #H04054448

PARTS:	0.00	LABOR:	7.00	OTHER:	5.50	TOTAL LINE C:	12.50
MISC 1 YEAR STICKER	14 CPT	0.00					

PIYR MOTOR HOME-COMMERCIAL VEHICLE STATE INSPECTION

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
12	06	07	JUN00	06:27			
01	JAN1997			14:30	CASH	0.00	21JUN2000
NO OPENED				READY	OPTIONS: ENG:7.4 liter V8 MFI HO WRN		
DEL DATE	PRD DATE	WARR EXP	PROMISED	PO NO	DATE	PAYMENT	INV DATE
	97	CHEVROLET MOTOR HOME	1GBLP37J6V3313864	C19FLD	35789/35789	1.76	
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	

SERVICE ADVISOR: 59 SHANN GRANTHAM



7001 SOUTH IH 35 P.O. BOX 789  
MADRID 15121 631 8300  
GEORGETOWN, TEXAS 78627

**Don Hewlett**

PAGE 2  
DUPLICATE 1

\*INVOICE\*

9 2 3 2 9



342