

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

119

Date Received

06-JUL-2000

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

Reference No.

864825

 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
1EC5P242XX2951325	FLEETWOOD	PROWLER	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
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06115000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:ATTACHMENTS	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) 28-JUN-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No
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## 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)

WHEN PULLING INTO A PARKING SPACE THE HOLDING TANK FELL OUT FROM UNDERNEATH THE VEHICLE. ALSO, THERE WAS NO STRAPS TO SUPPORT THE TANK TO KEEP THE TANK UP. CONSUMER HAS CONTACTED THE DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.\*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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1-888-327-4236

DATE RECEIVED  
06 JUL 2000  
OFFICE  
06 JUL 2000  
INVESTIGATION  
REFERENCE NO. 864825

#### OWNER INFORMATION (Type or Print)

618598

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 an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) \_\_\_\_\_

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

4ECP242XX296182E

FLEETWOOD

PROWLER

1999

Current Odometer Reading

Purchase Date 11-98

Dealer's Name Banks Top Motor Home  
City Montgomery, IL State IL Zip Code \_\_\_\_\_

Engine Size (CID/CCL) \_\_\_\_\_  
No. Cylinders \_\_\_\_\_  
Turbo  Diesel  Gas  Fuel Injection

Transmission Type

Articulation Brakes

Restraint System

3-Point Belt  Motorized  2-Point Belt  Driver's Side Airbag  Passenger's Side Airbag

Manual  Automatic

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

WARRANTY: A PARKING SPACE THE HOLDING TANK FELL OUT FROM UNDERNEATH THE VEHICLE. ALSO, THERE WAS NO STRAPS TO SUPPORT THE TANK UP, CONSUMER HAS CONTACTED THE DEALER, PLEASE PROVIDE ANY FURTHER DETAILS. AK  
Dealer repaired holding tank straps, also Dealer repaired additional straps for tank, bolts were replaced on original supports, Dealer very comp. Tank View  
Missing on original supports, Dealer very comp. Tank View  
DOT for Tank Assembly  
CONTINUE ON BACK IF NEEDED

Crash  Yes  No  
Fire  Yes  No  
Number of Persons Injured \_\_\_\_\_  
Number of Fatalities \_\_\_\_\_  
Estimated Property Damage \_\_\_\_\_  
Reported to Police  Yes  No

#### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(es) on the back of this form)

No of Failures 1  
Date(s) of Failure(s) 28 JUN 2000  
Mileage at Failure(s) \_\_\_\_\_  
Vehicle Speed at Failure(s) \_\_\_\_\_  
Failed Part(s) Available?  Yes  No  
NHTSA Previously Contacted?  Yes  No

Component 08115000  
Part Name(s) Grey Water Tank Assembly-Attachments  
Location  Front  Left  Right  Rear  
Failed Part(s) Original  Replacement

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

Body Style  2-Door  4-Door  Station Wagon  Pick Up Truck  Other   
Vehicle Type  Car  Sport UTV  Truck  Motorcycle  Minivan  Other   
Drive Train  Front  Rear  4-Wheel  Other   
Outake Control  Yes  No  
Restraint System  3-Point Belt  Motorized  2-Point Belt  Driver's Side Airbag  Passenger's Side Airbag

Engine Size (CID/CCL) \_\_\_\_\_  
No. Cylinders \_\_\_\_\_  
Turbo  Diesel  Gas  Fuel Injection

Vehicle Ident. No. (VIN) \_\_\_\_\_  
Vehicle Make FLEETWOOD  
Vehicle Model PROWLER  
Vehicle Year 1999  
Current Odometer Reading \_\_\_\_\_

#### VEHICLE INFORMATION

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

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

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

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