



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 436	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
05-SEP-2000	
Reference No. 869534	

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		
4VZBN8191XCO33943	GULF STREAM	SCENIC CRUISE	2000			
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 type="checkbox"/> New <input checked="" 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"/> 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 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 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 14-MAY-2000 Mileage at Failure(s) _____ 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

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

HEADLIGHTS AREN'T POSITIONED IN A MANNER IN WHICH CONSUMER COULD SEE AT NIGHT. DEALER TRIED TO ADJUST THE DAY TIME RUNNING LAMPS WITH 100 WATTS AND 50 WATTS TO MAKE NIGHT DRIVING BETTER. VEHICLE HAS BEEN TO THE DEALER SO MANY TIMES, THEY COULDN'T DO ANYTHING ABOUT IT.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 438</p>	
	<p>Date Received</p> <p>05-SEP-2000</p> <p>SAFETY DEFECTS INVESTIGATION</p>	<p>Od or</p> <p>rt, dt</p> <p>od, rt</p> <p>up, tr</p>	<p>Reference No.</p> <p>869534</p>

<p>634159</p>	<p>Work Number</p> <p>Home Num</p>
---------------	------------------------------------

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

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

Signature _____ Date 4/5/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Reading
	GULF STREAM	SCENIC CRUISER	2000	
Purchase Date	Dealer's Name	Engine Siz (CID/CC/L)	<input checked="" type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
5-5-00	Gulfstream Coach		<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	Zip Code	No Cylinders
	Naples	FL	34109	6
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
				Vehicle Type
				<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
				Body Style
				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck

Class Motor Home

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
00002000	LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
#1 Night	14-MAY-2000	1500	
			Failed Part(s)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			NHTSA Previously
			<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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
<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)

HEADLIGHTS AREN'T POSITIONED IN A MANNER IN WHICH CONSUMER COULD SEE AT NIGHT. DEALER TRIED TO ADJUST THE DAY TIME RUNNING LAMPS WITH 100 WATTS AND 50 WATTS TO MAKE NIGHT DRIVING BETTER. VEHICLE HAS BEEN TO THE DEALER SO MANY TIMES, THEY COULDN'T DO ANYTHING ABOUT IT.*AK

This is still a problem lights are unsafe to drive by at night.

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.

FOR AGENCY USE ONLY 436

Date Received: 05-SEP-2000
 Reference No.: 869534
 Work Number: 634159

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 www.nhtsa.dot.gov/hotline
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-DOT

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

In the absence of your signature, the signature of the manufacturer of the vehicle is required.

Signature: _____ Date: 4/15/01

VEHICLE INFORMATION

Vehicle ID# (VIN): (located in front of windshield on driver's side) _____
 Vehicle Make: GULF STREAM
 Vehicle Model: SCENIC CRUISER
 Vehicle Year: 2000
 Current Odometer Reading: _____

VEHICLE INFORMATION

Purchase Date: 5-5-00
 Dealer's Name: GULFSTREAM (back)
 City: Kappanee, State: IND, Zip Code: 46550
 New Used

Transmission Type: Automatic Manual
 Lock Brakes: Yes No
 Cruise Control: Yes No

Vehicle Type: Car Van Minivan Other
 Drive Type: Front Rear 4-wheel

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 09002000
 Part Name(s): _____
 Location: Front Left Right Rear

Lighting: General or Unknown Component: Head Lights

Failed Parts: Original Replacement

Date(s) of Failure(s): 14-MAY-2000
 Mileage at Failure(s): 1500
 Vehicle Speed at Failure(s): _____

No of Failures: #1 Night

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
 Number of Persons Injured: _____
 Number of Fatalities: _____
 Estimated Property Damage: _____
 Reported to Police: Yes No

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

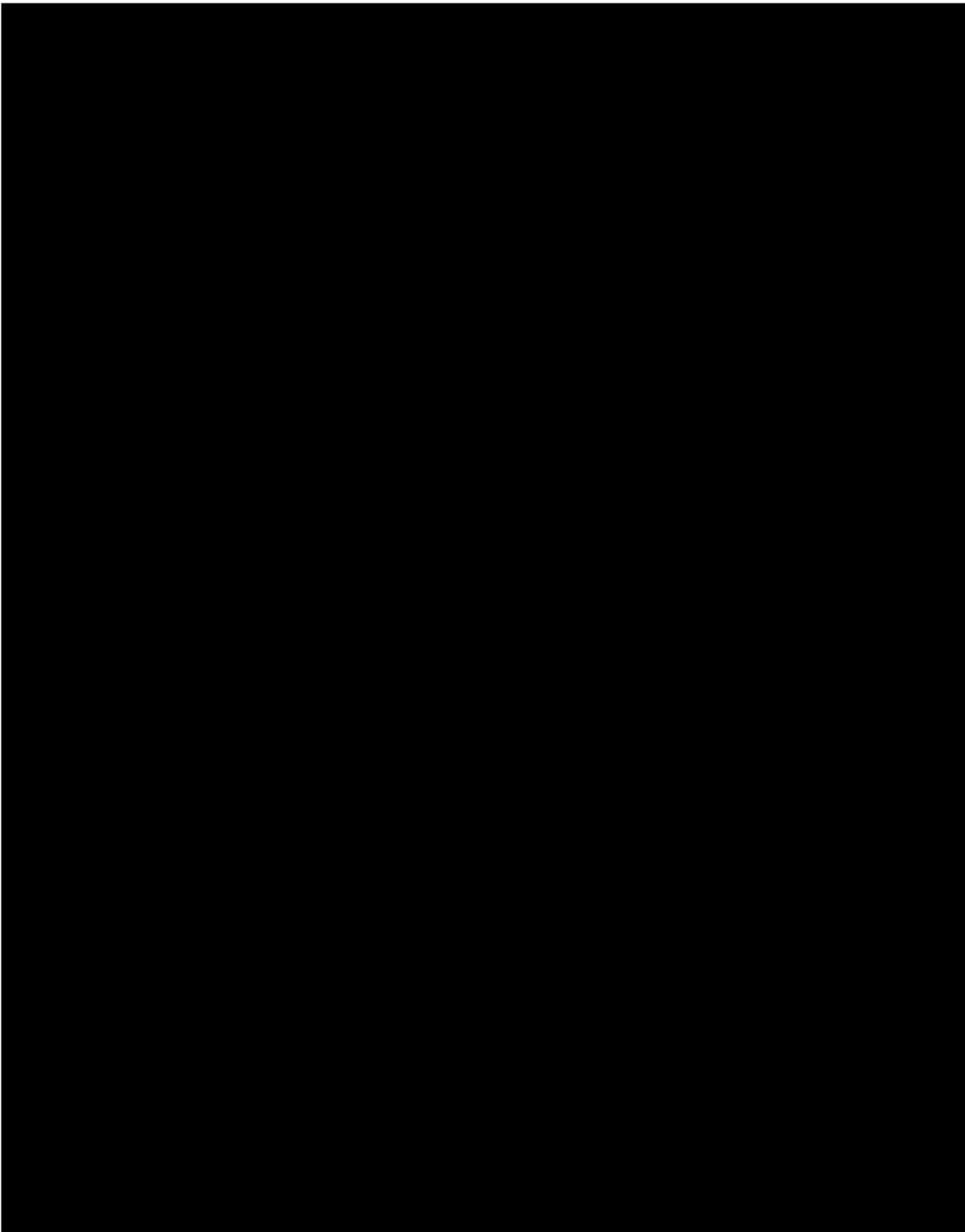
HEADLIGHTS AREN'T POSITIONED IN A MANNER IN WHICH CONSUMER COULD SEE AT NIGHT. DEALER TRIED TO ADJUST THE DAY TIME RUNNING LAMPS WITH 100 WATTS AND 50 WATTS TO MAKE NIGHT DRIVING BETTER. VEHICLE HAS BEEN TO THE DEALER SO MANY TIMES, THEY COULDN'T DO ANYTHING ABOUT IT. AK THIS IS STILL A PROBLEM LIGHTS ARE UNSAFE TO DRIVE BY AT NIGHT.

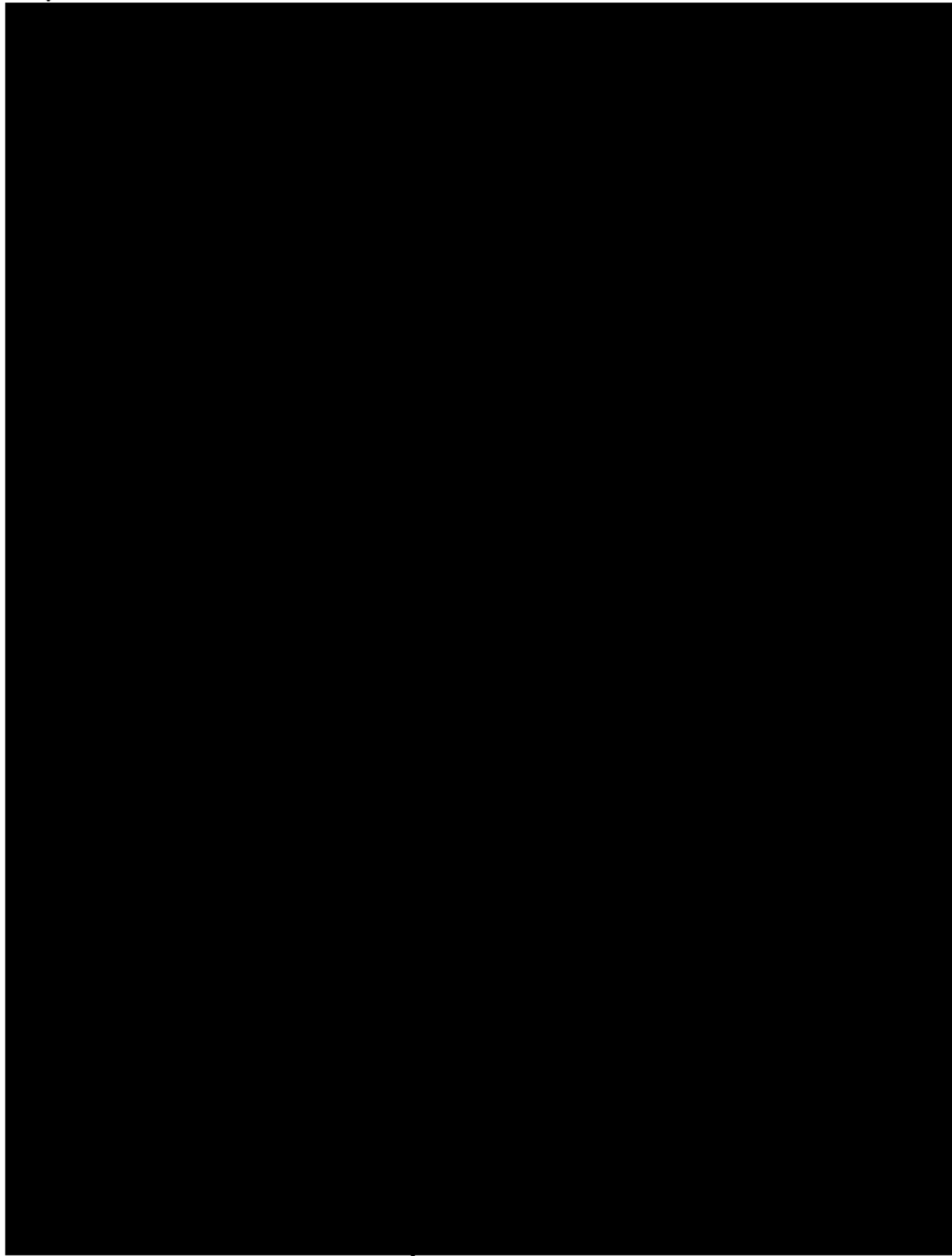
CONTINUE ON BACK IF NEEDED

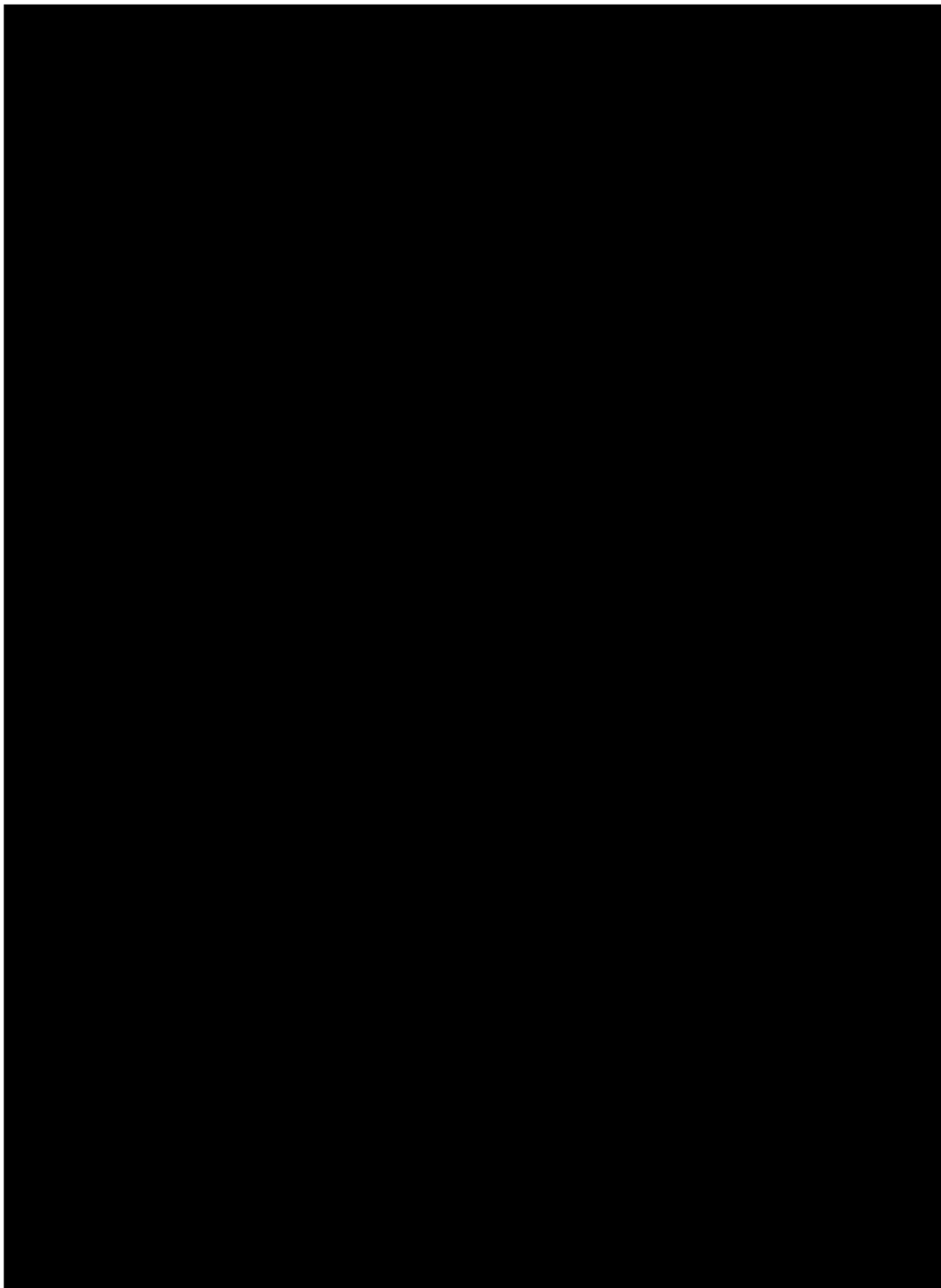
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

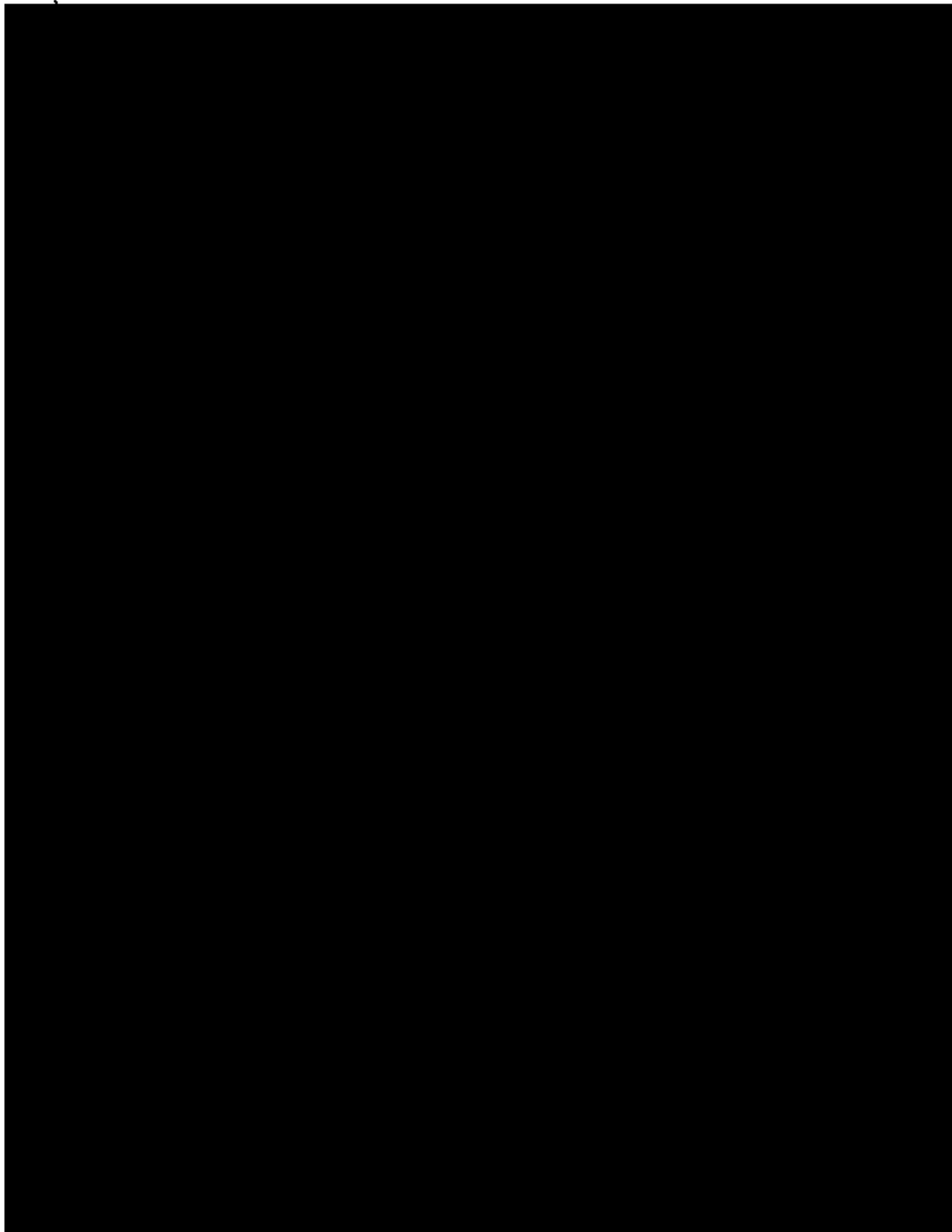
(Page 1 through Page 11)







... ..



April 6, 2001

Re: **John McCHRISTY**

On JANUARY 6, 2001, I decided to clean out my BASEMENT storage bins, as it had been too
cold since my arrival here. Upon opening the bins water came running out. All the bins

