

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

117

Date Received

13-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

870749

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
3FCMF53GXNJA06352	FLEETWOOD	BOUNDER	1993	

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

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 Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt			<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 13100000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	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 1	Date(s) of Failure(s) 10-SEP-2000	Mileage at Failure(s) 53	Vehicle Speed at Failure(s) 65	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 0	Number of Fatalities 0	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)

WAS DRIVING 65MPH & HEARD A POP AFTER GETTING ONTO THE OFF RAMP. VEHICLE WENT TO THE LEFT. STEERING HAD LOCKED UP. STARTED TO SLOW MOTORHOME DOWN & THEN STEERING UNLOCKED. STOPPED MOTORHOME & CHECKED IT. STRUCTURE FRAME OF MOTORHOME WAS LEANING TO THE LEFT. HAD MOTORHOME TOWED. MECHANIC INDICATED THE PART HOLDING WHEELS TO FRAME WAS A "WALKING POLE" & WOULD NEED TO BE REPLACED. BEEN IN TOUCH WITH FLEETWOOD & FORD. FLEETWOOD MANUFACTURER INDICATED IT WAS A FORD CHASSIS & FORD'S PROBLEM. FORD WAS TRYING TO ORDER THE PART FOR THE FRAME. *AK

CONTINUE ON BACK IF NEEDED

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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
3FCMF53GXNJA06352	FLEETWOOD	BOUNDER	1993	

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

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 Utility Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt			<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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Component 13100000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	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 1	Date(s) of Failure(s) 10-SEP-2000	Mileage at Failure(s) 53	Vehicle Speed at Failure(s) 65	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

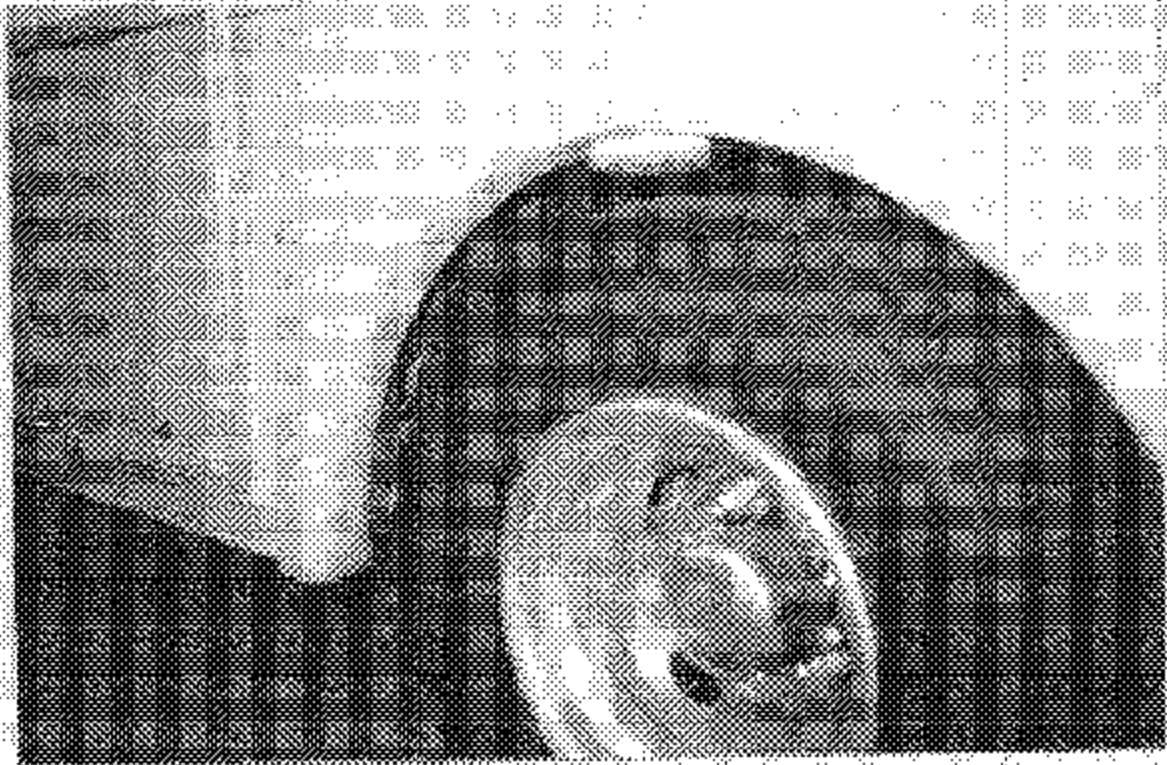
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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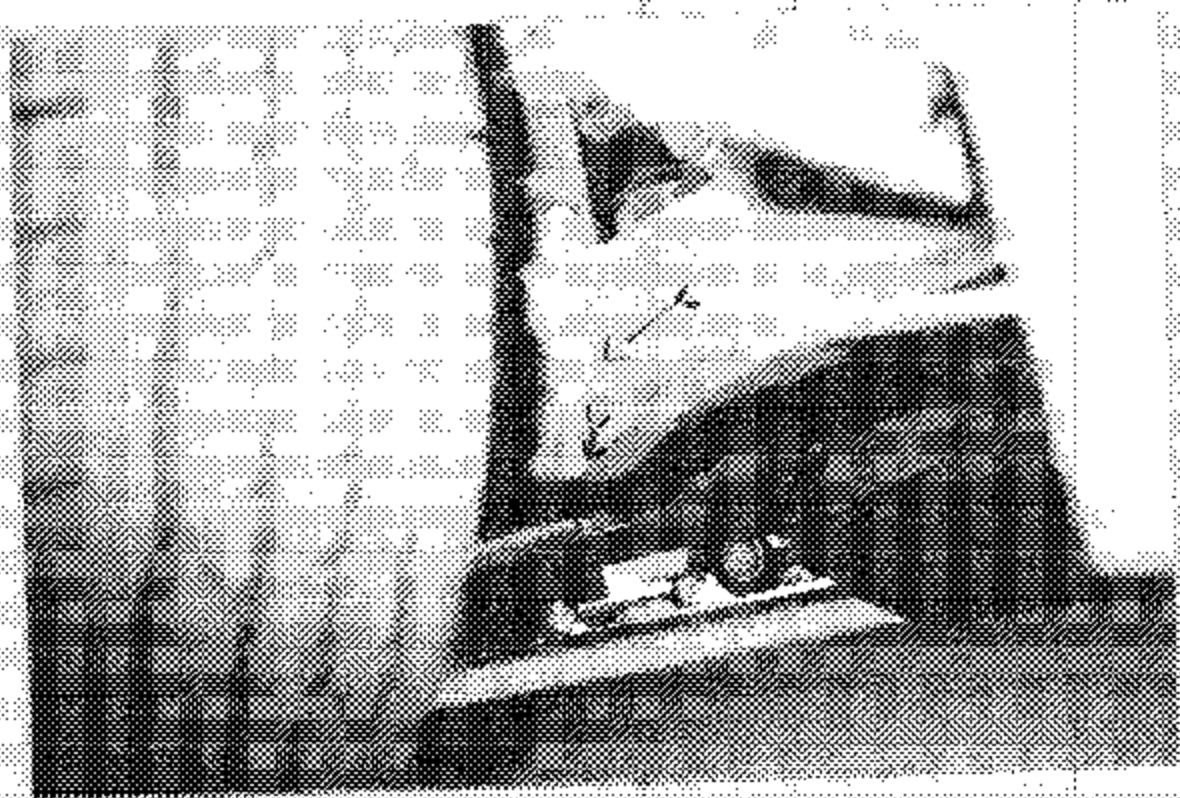
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

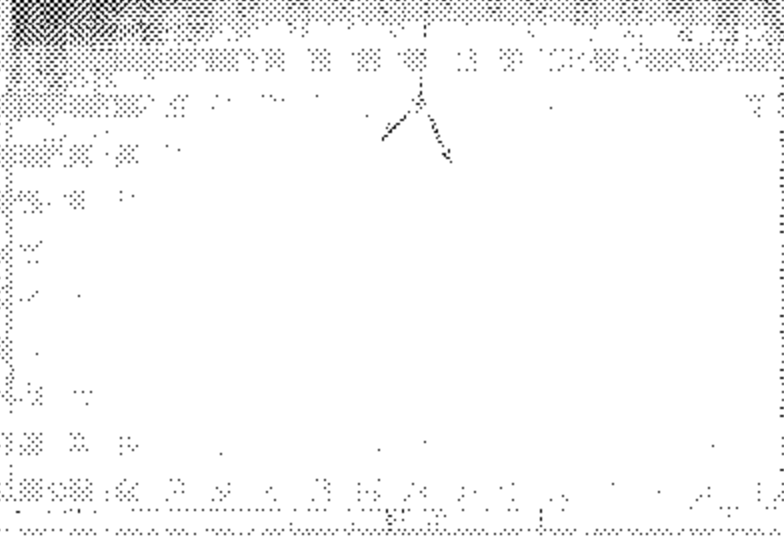
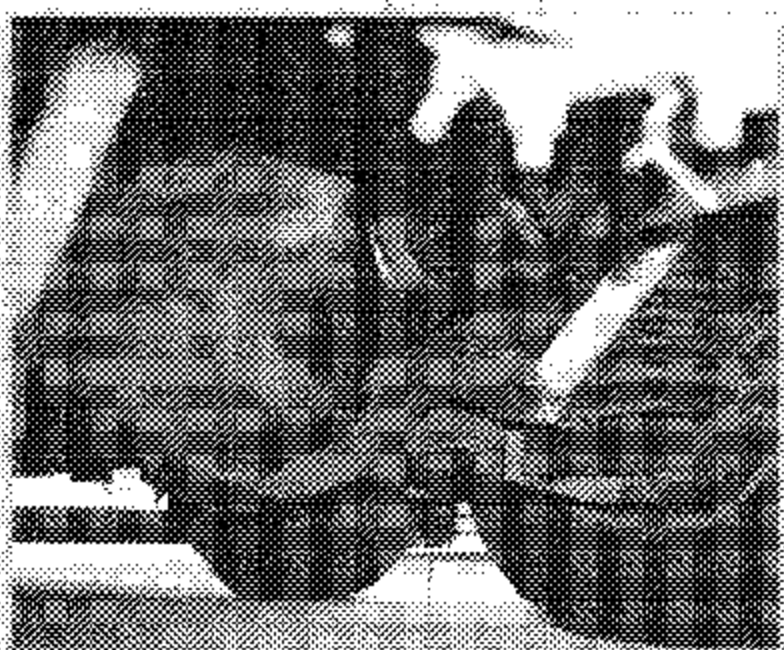
WAS DRIVING 65MPH & HEARD A POP AFTER GETTING ONTO THE OFF RAMP. VEHICLE WENT TO THE LEFT. STEERING HAD LOCKED UP. STARTED TO SLOW MOTORHOME DOWN & THEN STEERING UNLOCKED. STOPPED MOTORHOME & CHECKED IT. STRUCTURE FRAME OF MOTORHOME WAS LEANING TO THE LEFT. HAD MOTORHOME TOWED. MECHANIC INDICATED THE PART HOLDING WHEELS TO FRAME WAS A "WALKING POLE" & WOULD NEED TO BE REPLACED. BEEN IN TOUCH WITH FLEETWOOD & FORD. FLEETWOOD MANUFACTURER INDICATED IT WAS A FORD CHASSIS & FORD'S PROBLEM. FORD WAS TRYING TO ORDER THE PART FOR THE FRAME. *AK


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OWNER INFORMATION (Type or Print) [Redacted] 9174						
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date 10/11/06						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 3FCMF53GXNJA06352		Vehicle Make FLEETWOOD	Vehicle Model BOUNDER	Vehicle Year 1993	Current Odometer Reading 58,500	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 460 No Cylinders 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input 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"/> Crivlerside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" 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 Motorhome	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
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 13100000	Part Name(s) STRUCTURE;FRAME;MEMBERS AND BODY		Location <input checked="" type="checkbox"/> Left <input 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 1	Date(s) of Failure(s) 10-SEP-2000 Mileage at Failure(s) 58 Vehicle Speed at Failure(s) 65		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 0	Number of Fatalities 0	Estimated Property Damage 	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
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October 10, 2000

Rose
Owners Relations
2350 Fleetwood Dr.
P.O. Box 5700
Riverside, Calif. 92517

Reference:
1993 Bounder Motorhome
Vin No. 3FCMF53GXNJA06352

Dear Rose,

Per our conversation on Oct 8, 2000. Enclosed you will find the pictures that you requested for the mechanic to see.

The pictures show the broken piece from the old beam also pictures of the replaced one. The mechanic from Nick Nicholas Ford and at Gist Motor Home Sales says that this should have never happened. The mechanic at Camper Corral says that he has seen this one other time, but should have never happened.

I have contacted the National Highway Traffic Safety Administration. They want all the correspondence information that I have about the Fleetwood walking beam problem. They are interested in this matter because this I feel is a safety problem. The motorhome was going down the road in a angle, plus tilting to the left side. This could have caused a serious accident if the home came off the frame onto the highway.

I don't feel that I should have to pay this bill of \$1,474.29, just because there is a defect with the walking beam that Fleetwood manufactures.

Enclosed you will find the invoice from the Ford dealership.

Thank you for your time and consideration in this matter and I look forward in hearing from you soon.

Sincerely,



CC US Dept of Transportation
CC Owners Relations
2350 FLEETWOOD DR.

