



U.S. Department of Transportation
National 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 858

Date Received

09-JAN-2001

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

877809

OWNER INFORMATION (Type or Print)

665810

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 _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | |
|--|---------------------------------|-------------------------------|-----------------------------|--------------------------|
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GBKP37N7S3325497 | Vehicle Mak FLEETWOOD | Vehicle Model FLAIR | Vehicle Year 1996 | Current Odometer Reading |
|--|---------------------------------|-------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Siz (CID/CC/L) _____ | <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 Injectio |

| | | | | | | |
|--|--|--|---|---|--|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Anti-lock 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 type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | Cruise Contro <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Tral <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 |
|--|--|--|---|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|--|--|---|
| Component 15902100 03200000 | Part Name(s) EQUIPMENT:LIFT:WHEEL/TOWING APPARATUS BRAKES:HYDRAULIC SYSTEM | 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 | Date(s) of Failure(s) 05-JAN-2001 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | 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 <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 Fatalitic | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|---------------------|--------------------------|--|

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

CONSUMER WAS NOTIFIED BY MAIL THAT TOWING CAPACITY WAS INCORRECT. WAS TOLD WHEN VEHICLE WAS PURCHASED THAT TOWING CAPACITY WAS 3500 POUNDS, BUT HAS BEEN REDUCED TO 1000 POUNDS WITHOUT ASSISTED BRAKING. *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 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.