



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

**Vehicle Owner's Questionnaire**

**NATIONWIDE 1-800-424-9393**  
**DC METRO AREA (202) 366-0123**  
**INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 117**

Date Received

**25-JAN-2001**

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_lfr \_\_\_\_\_

Reference No.

**879062**

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>1FCNF53S4Y0A04403</b>	<b>TIFFIN</b>	<b>ALLEGRO</b>	<b>2000</b>			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component <b>12250000</b>	Part Name(s) <b>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES</b>	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
No. of Failures	Date(s) of Failure(s) 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
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**RECEIVED RECALL 00E048000 IN MAIL. CONTACTED MOTOR HOME DEALERSHIP. WAS INFORMED THAT NO PARTS WERE AVAILABLE FOR REPAIRS OF SEAT BELT BUCKLES.\*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.

DOT Auto Safety Hotline				FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received <u>25-JAN-2001</u> FEB 13 2001 DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)				Reference No.	
<div style="background-color: black; width: 100%; height: 20px;"></div> 670085				879062	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner <div style="background-color: black; width: 100%; height: 20px;"></div>				Date <u>02/06/01</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FCNF53S4Y0A04403		TIFFIN	ALLEGRO	2000	7,253
Purchase Date	Dealer's Name		Engine Size (CID/COIL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<u>01-13-2000</u>	<u>L &amp; Z JOYNS</u>		<u>10</u>		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City	State	Zip Code		
<u>SEFFNER</u>	<u>FL</u>	<u>33584</u>			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>DISTRIBUTOR</u> <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
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	Part Name(s)	Location		Failed Part(s)	
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?		
<u>UNKNOWN</u>	Mileage at Failure(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
RECEIVED RECALL 00E048000 IN MAIL. CONTACTED MOTOR HOME DEALERSHIP. WAS INFORMED THAT NO PARTS WERE AVAILABLE FOR REPAIRS OF SEAT BELT BUCKLES. *AK  ENCLOSED FIND THE RECALL NOTICE FROM AM-SAFE COMMERCIAL PRODUCTS STATING THE REASON FOR THE RECALL, AND STEPS TO BE TAKEN TO OBTAIN REPLACEMENT PARTS. ALL STEPS TAKEN HAVE RESULTED WITHOUT SUCCESS TO OBTAIN THE REPLACEMENT PARTS FROM DEALER OR MANUFACTURER. OVER					
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.					





AM-SAFE COMMERCIAL PRODUCTS, INC. ( INDIANA DIVISION)

23845 County Rd 6, Units A & B

Elkhart, Indiana 46514

PH: (219) 266-8330 • FAX: (219) 266-8288

August 31, 2000

16361

TIFFIN MOTOR HOMES

P.O. BOX 596

502 4TH STREET

RED BAY

AL 35562

### SAFETY RECALL NOTICE

Am-Safe Commercial Products Recall Campaign Number 000801

NHTSA Reference No. 00E 048

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

#### Reason for recall

Am-Safe Commercial Products has determined that a defect exists in several lots of center push button buckles that were manufactured in December 1999 and early 2000. Buckle pawls from several affected lots were observed to have deformations to the edges of the surface intended to contact the connector during loading. The tools for the connectors intended for use with these buckles were modified in October and November of 1999. The new connector geometry locates the contact point between the pawl and the connector on the deformed areas of the pawl. The deformation is such that during engagement, the connector may be unable to transfer the load to the buckle. In some cases, this can cause the buckle to unlatch and leave the occupant unrestrained.

Some of these buckles were shipped as raw components and some were used to make seat belt assemblies. Our records indicate that buckles or assemblies with buckles from the affected lots were shipped to you in the orders listed on the attachment.

Please locate the above referenced buckles and assemblies in your inventory and customer base. Please return any unused/in stock affected components to Am-Safe Commercial Products and contact us as soon as possible regarding replacement.

For belts that have been installed in vehicles, we request that you notify the vehicle owners that received seat belts from the indicated lots and arrange to have only the push button buckle half of the seat belt replaced. The replacement of each buckle half can be completed in ¼ hour or less. Am-Safe Commercial Products will provide replacement buckle halves free of charge on request and will reimburse the estimated cost of replacement at the current and customary rate. Please return all replaced buckle halves to Am-Safe Commercial Products along with your record of the vehicle model, VIN and date of replacement.

For belts or buckles that were sold separately, please notify customers to return only the push button buckle half of the seat belts for replacement. As with vehicle-mounted belts, Am-Safe Commercial Products will provide replacement push button buckle halves free of charge on request.

Please refer all questions to Jeff Fields at Am-Safe Commercial Products, 219-266-8330.

THE FOLLOWING IS A SAMPLE LETTER YOU MAY WANT TO USE TO NOTIFY  
**YOU CUSTOMER**  
\*\*\*\*\*DRAFT\*\*\*\*\*

Notification Date

Customer Contact

Customer Name

Customer Address

## **SAFETY RECALL NOTICE**

Am-Safe Commercial Products Seat Belts  
NHTSA Reference No. 00E 048

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Am-Safe Commercial Products, the company that manufactures the seat belts for your vehicle, has determined that a defect exists in several lots of lap belt (type I) and 3-point restraint system (type II) seat belt assemblies containing a center push button buckle. The defect is such that on some seat belts, the buckle and connector may unlatch during a collision, leaving the occupant unrestrained. Bodily injury to the occupant could result if this occurs.

Our records indicate that seat belts from the affected lots were supplied with your vehicle. Please *Contact us at (Dealer Phone #) for instructions on what to do to correct problem.*

If you are unable to obtain replacement seat belts without charge to you, or within a reasonable time, you may contact the Administrator in care of N.H.T.S.A., 400 Seventh Street, Washington, D.C. 20590 or toll free through the Auto Safety Hotline at 1-800-424-9393 (Washington, D.C. residents may call 202-386-0123).

We apologize for any inconvenience this recall may cause you. As always our first priority is the safety of the people using our products.

Sincerely,

Company Representative

\*\*\*\*\*DRAFT\*\*\*\*\*