Form Approved: OMB No. 2127-0042

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 920

Date Received: 26-MAR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 884143

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
4UZ6XJCA9XCD67044	AIRSTREAM	CUTTER	1999	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
13130000	STRUCTURE:BODY	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement
11920000	LPG LINES AND FITTINGS		
03350000	BRAKES:AIR:ANTILOCK SYSTEM		

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	21-MAR-2001 12191	☐ Yes ☐ No	☐ Yes ☐ No

Mileage 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

CONSUMER RECEIVED 3 RECALL NOTICES 01V086000/ 01V087000, AND 01V088000. CONTACTED DEALER TO HAVE THEM REPAIRED. DEALER INFORMED CONSUMER HE WOULD BE UNABLE TO MAKE MODIFICATIONS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved: O M B No. 2127-0008

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 920

Date Received: 26-MAR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 884143

OWNER INFORMATION (Type or Print)

[redacted] 682585

Work Num
Home Num [redacted]

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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4UZ6XJCA9XCD67044	AIRSTREAM	CUTTER	1999	

Purchase Date
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☒ 2-Point Belt ☐ Passengersice Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☒ Other Motor Home	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other MOTOR HOME

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
13130800	STRUCTURE:BODY	☐ Left ☐ Right ☐ Front ☒ Rear	☒ Original ☐ Replacement
11920800	LPG LINES AND FITTINGS		
0336D800	BRAKES:AIR:ANTILOCK SYSTEM		

No of Failures

Date(s) of Failure(s) 21-MAR-2001
Mileage at Failure(s) 12191
Vehicle Speed at Failure(s) _____

Failed Part(s) Available? ☒ Yes ☐ No

NHTSA Previously Contacted? ☒ Yes ☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

CONSUMER RECEIVED 3 RECALL NOTICES 01V086000/ 01V087000, AND 01V088000. CONTACTED DEALER TO HAVE THEM REPAIRED. DEALER INFORMED CONSUMER HE WOULD BE UNABLE TO MAKE MODIFICATIONS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.*AK

I DROVE COACH TO AIRSTREAM FACTOR IN JACKSON CENTER OHIO, SPENT THE WAY AND WAITED UNTIL RECALL WAS COMPLETED, AS FAR AS I KNOW WITHOUT INSPECTION AT TIME OF REPAIRS ALL WAS COMPLETED IN SATISFACTORY WORKMAN LIKE FASHION

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I WILL INSPECT WHEN I RETURN HOME AND LOOK FOR MYSELF IN MY OWN SHOP. (I OWNED AN INTERNATIONAL TRUCK AGENCY FOR 41 YEARS SO I CONSIDER MYSELF AN EXPIERENCED MECHANIC.

[redacted]

☆ U.S.G.P.O.: 1992 – [illegible]

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

AIRSTREAM

APPOINTMENT DATE 5/19/01