



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 436**

Date Received

14-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

888121

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4YDT1701XY	KEYSTONE	KEYSTONE	1900			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> 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 Truck <input type="checkbox"/> Other _____

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

Component 06011010	Part Name(s) FUEL: LPG CONTAINER (TANK) ATTACHMENTS (STRAPS/BOLTS)	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 Failure	Date(s) of Failure(s) _____ Mileage 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 Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**CONSUMER WAS GOING 65MPH AND NUT ON METAL ROD HOLDING PROPANE TANK PULLED THROUGH AND ROLLED UNDER TRAILOR, CAUSING VEHICLE TO JACK KNIFE. THERE WAS NO ACCIDENT OR FIRE.  
\*AK**

COPIED FROM NHTSA FORM 436

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> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 436</b></p> <p>Date Received: JUN - 7 AM 10:30 14-MAY-2001 OFFICE DEFECTS INVESTIGATION</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 691807</p>		<p>Od. or _____                  rd_dt _____                  od_rt _____                  up_ltr _____</p> <p>Reference No. 888121</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?                  In the absence of an _____ provide your name and address to the vehicle manufacturer.</p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>Signature of Owner _____</p>		<p>Date 5/24/01</p>		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 In the absence of an \_\_\_\_\_ provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 5/24/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>4YDT1701XY</b>	Vehicle Make <b>KEYSTONE</b>	Vehicle Model <b>CABANA 1740</b>	Vehicle Year <b>2000</b> <del>1999</del> <b>2WD</b>	Current Odometer Reading <b>N/A (Trailer)</b>
Purchase Date <b>Sept. 1999</b>	Dealer's Name <b>Trailer City</b> 236 Front St City <b>Hempstead</b> State <b>NY</b> Zip Code <b>11550</b>		Engine Size <b>N/A</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <del>Used</del>	Transmission Type <b>N/A</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <b>N/A</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <b>N/A</b> <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 <b>N/A</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>JWR</b>
Drive Train <b>NA</b> <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 checked="" type="checkbox"/> Other <b>TRAILER</b>	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> 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 type="checkbox"/> Other	

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

Component <b>06011010</b>	Part Name(s) <b>FUEL LPG CONTAINER (TANK) ATTACHMENTS (STRAPS/BOLTS)</b> <b>platform</b>	Location <b>Center</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>First</b>	Date(s) of Failure(s) <b>15-JUL-2000</b> Mileage at Failure(s) <b>300</b> Vehicle Speed at Failure(s) <b>65 mph</b>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <b>—</b>	Number of Fatalities <b>—</b>	Estimated Property Damage <b>\$8,000=Orig. Cost - Salvage</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Enclosed</b>
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

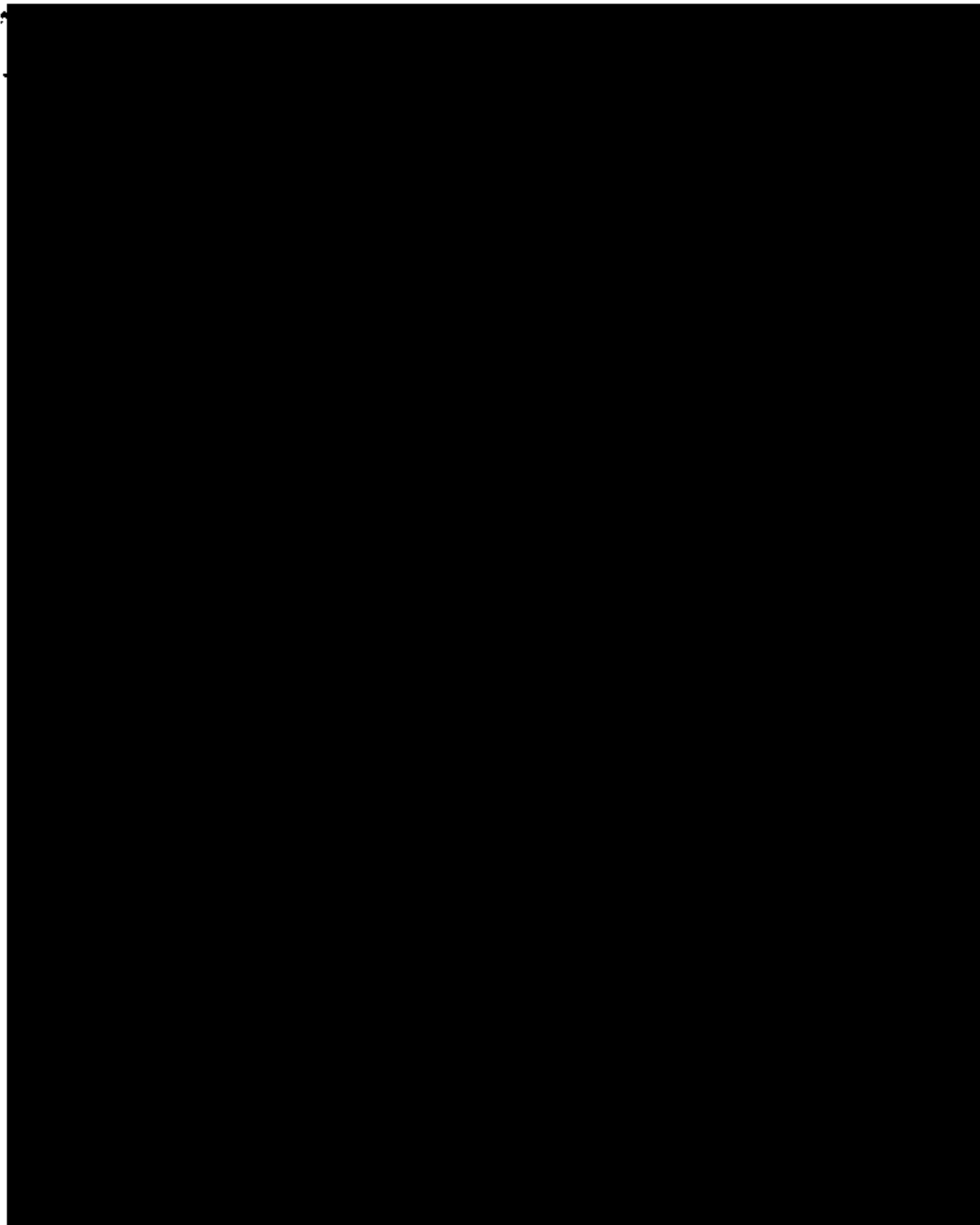
CONSUMER WAS GOING 65MPH AND NUT ON METAL ROD HOLDING PROPANE TANK PULLED THROUGH AND ROLLED UNDER TRAILOR, CAUSING VEHICLE TO JACK KNIFE. THERE WAS NO ACCIDENT OR FIRE. \*AK

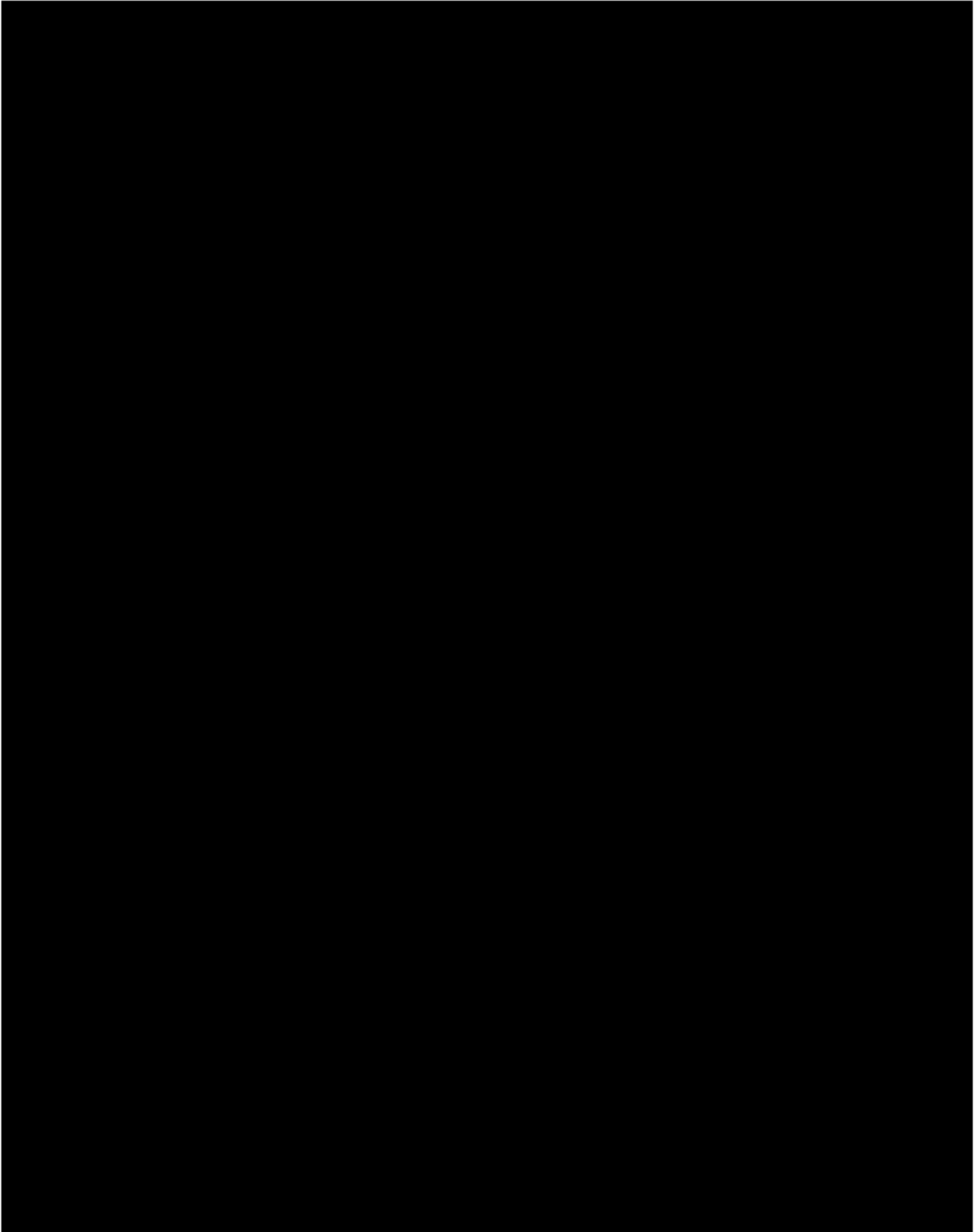
Notes, See: #1 My Letter of 22 August 2000; includes narrative and pictures of failed parts. I have these parts in my possession.  
 #2 See Police Report  
 #3 Ad for TRR #4 JACO Response

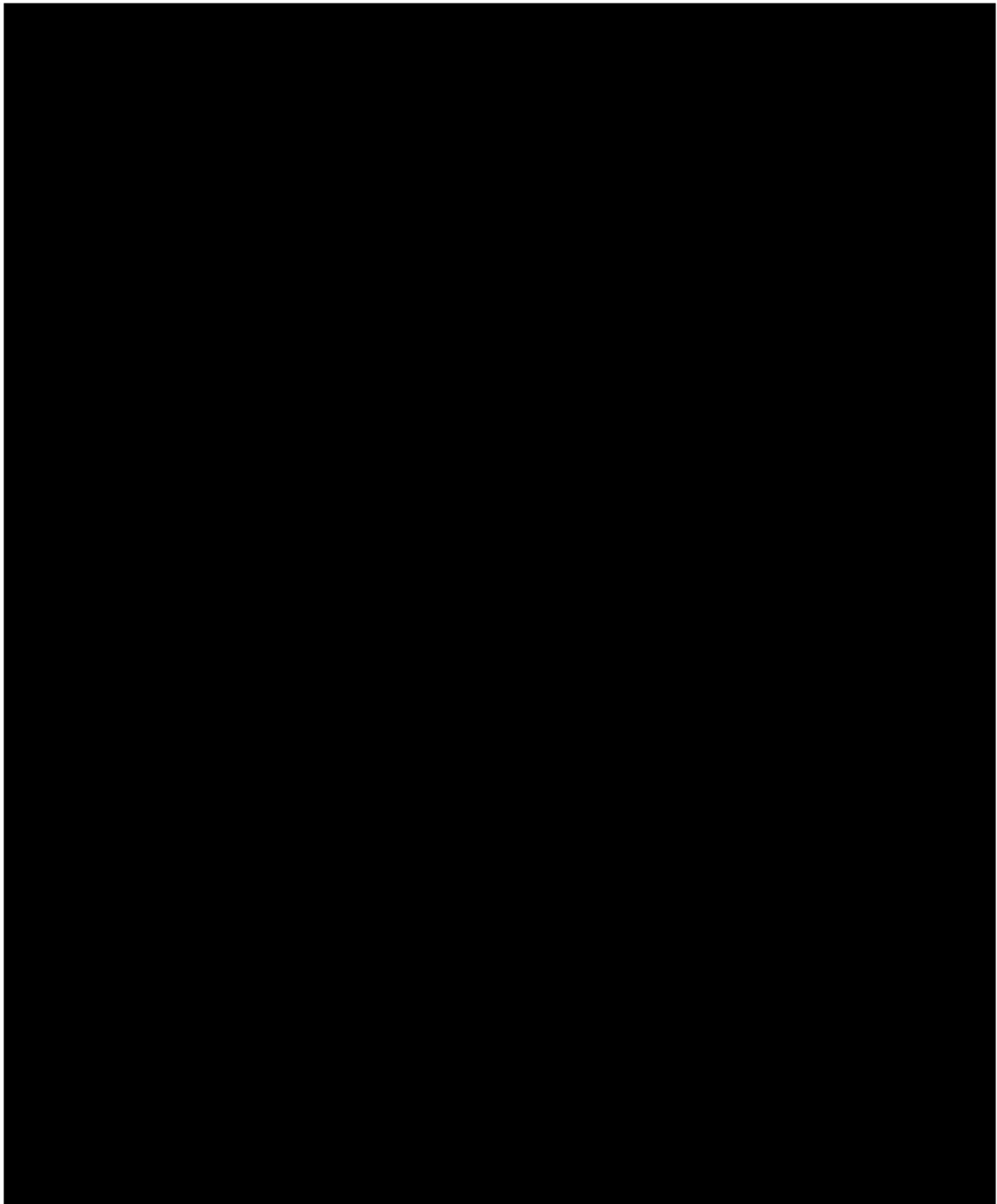
**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

**(Page \_\_\_\_\_ | through Page 22 )**



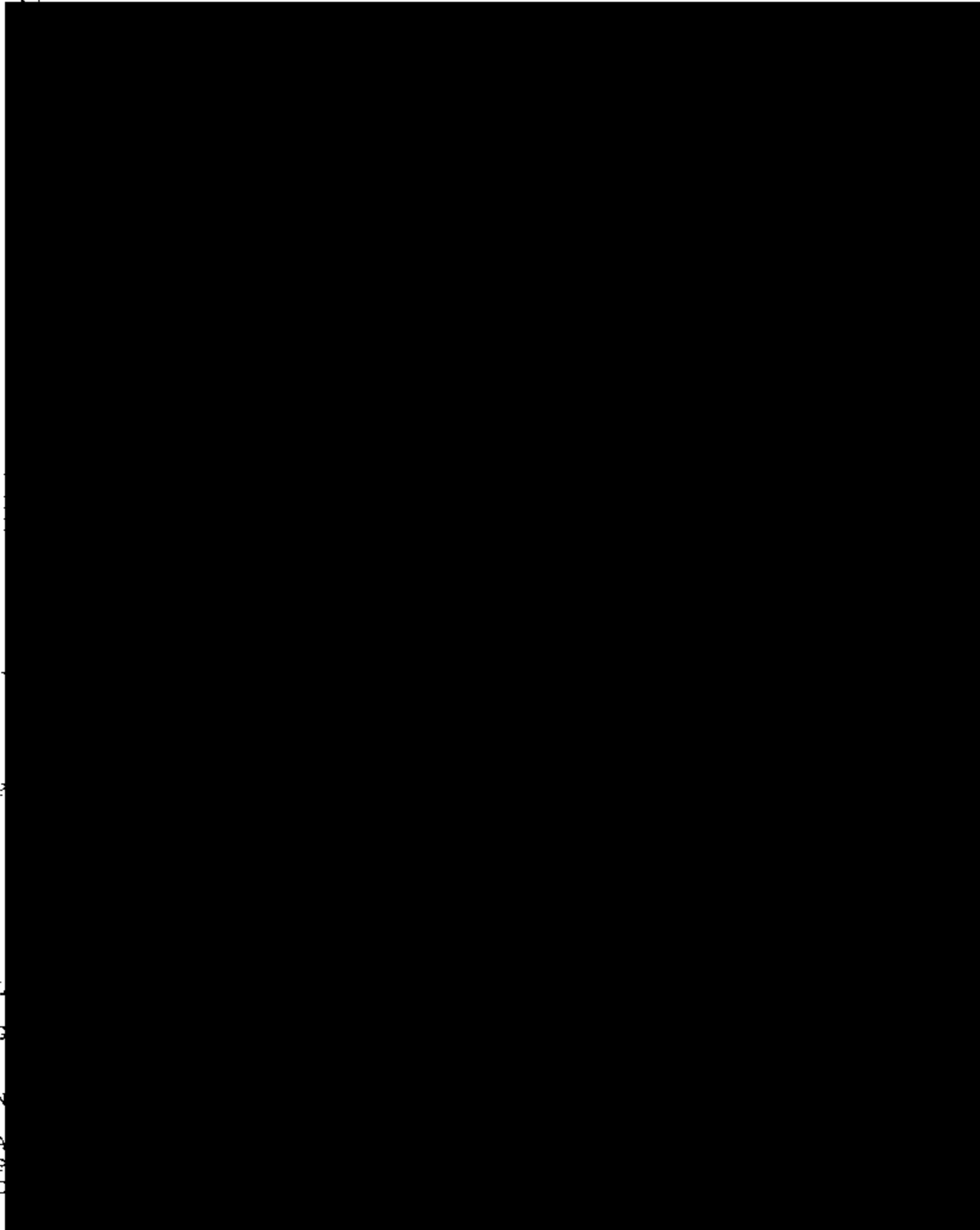




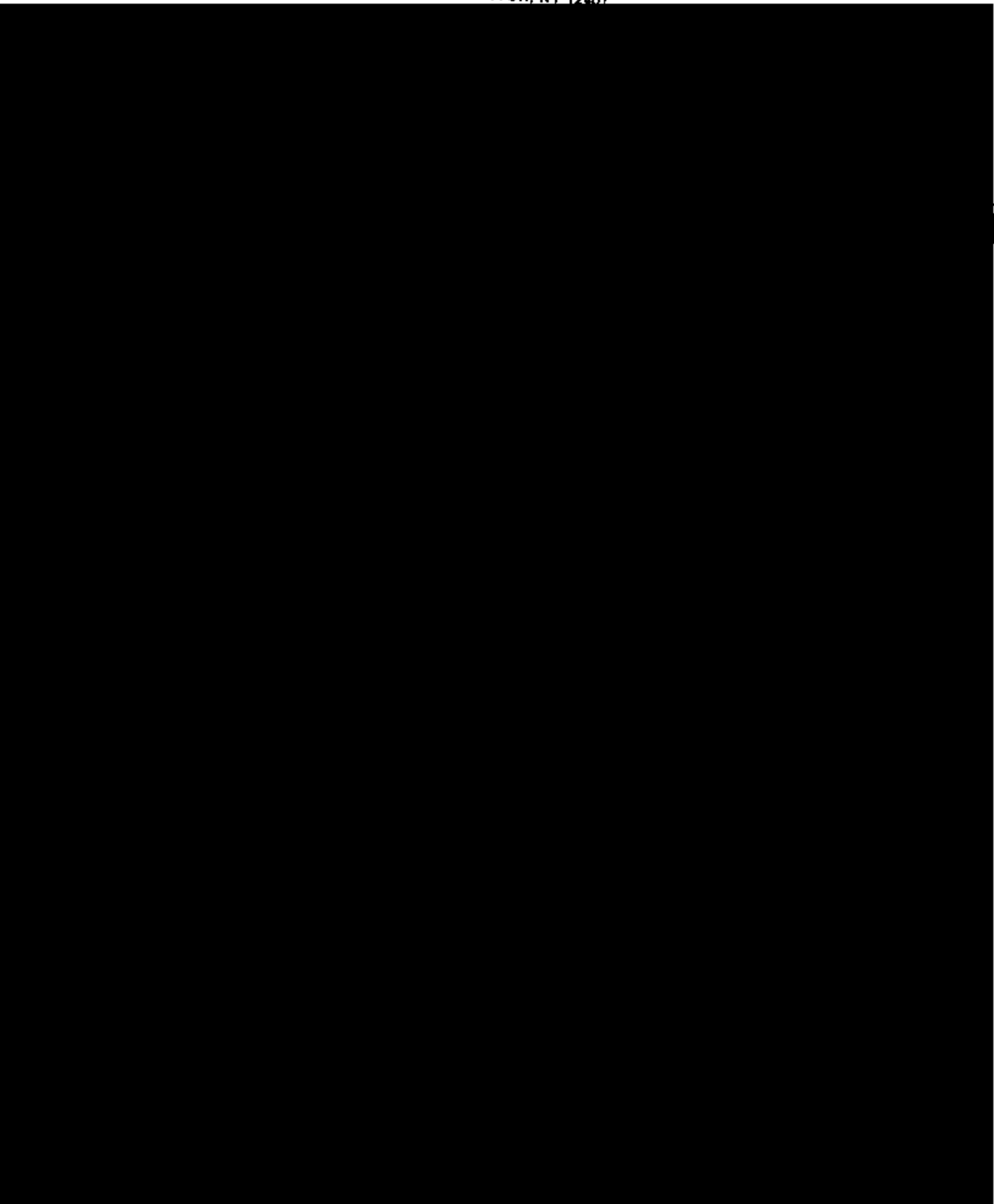


451.

**F**



KINGSTON, NY 12401



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Payment From Buyer 7/28/00

*Annex F*

Check Amount 1895.00CR

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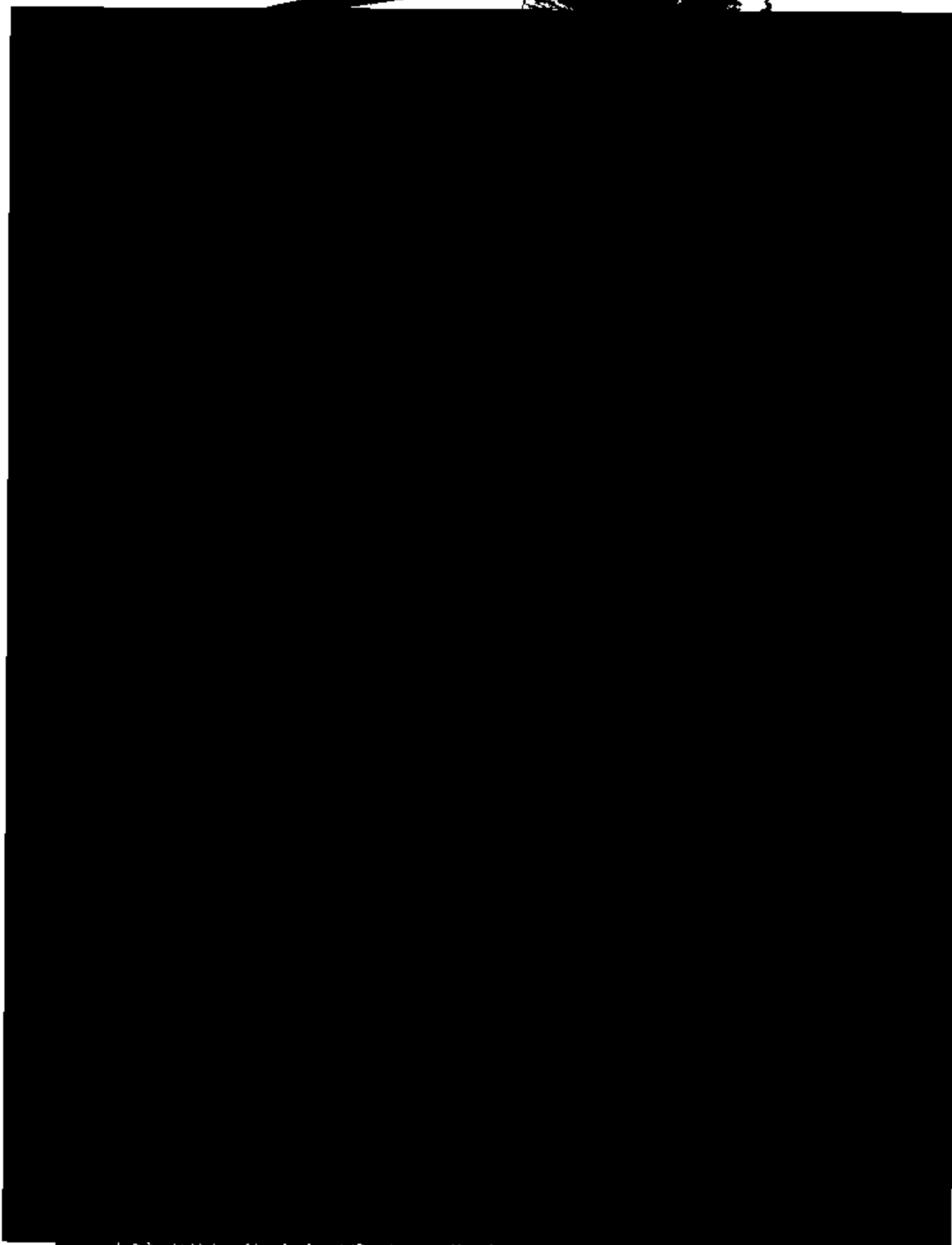
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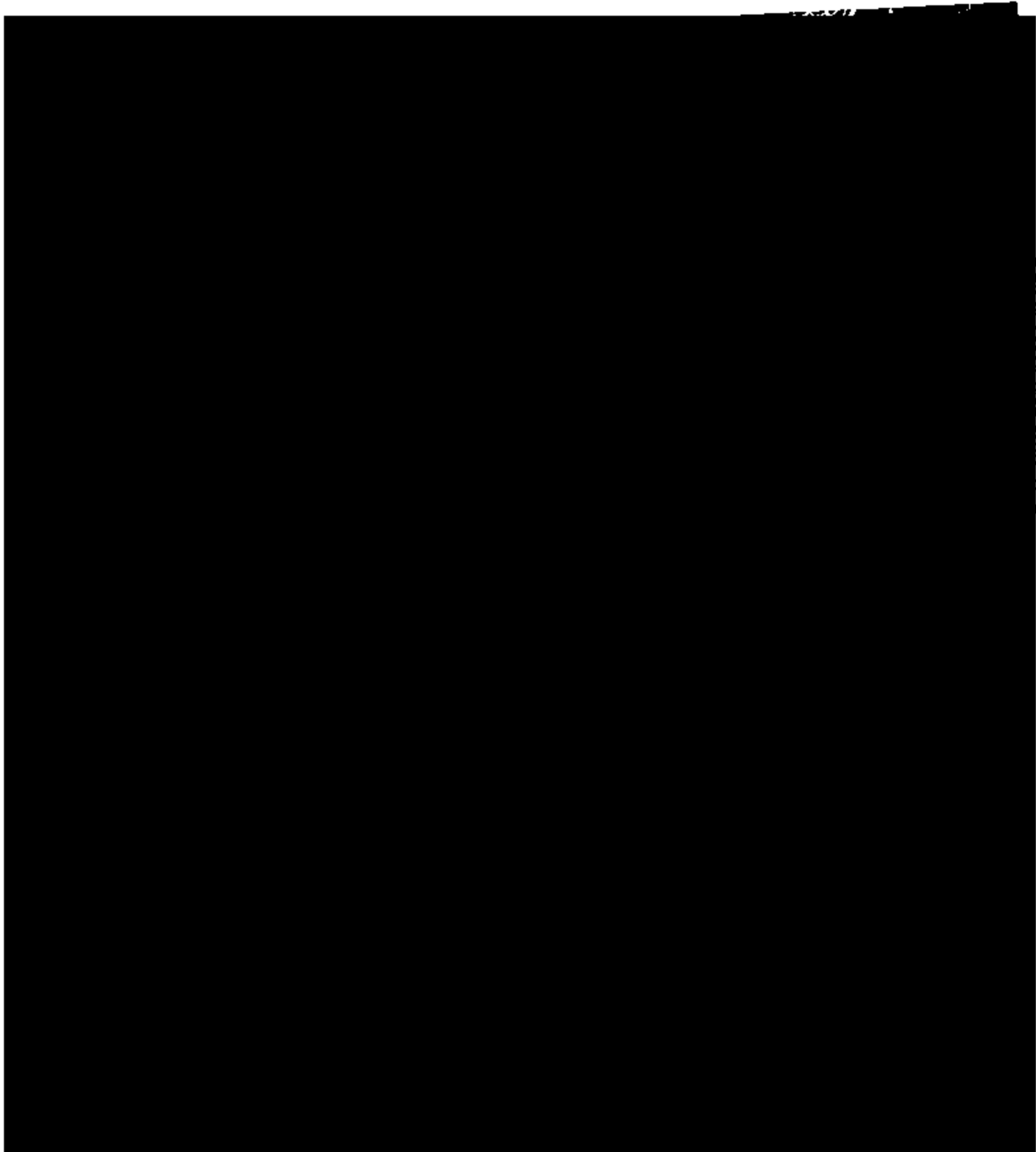
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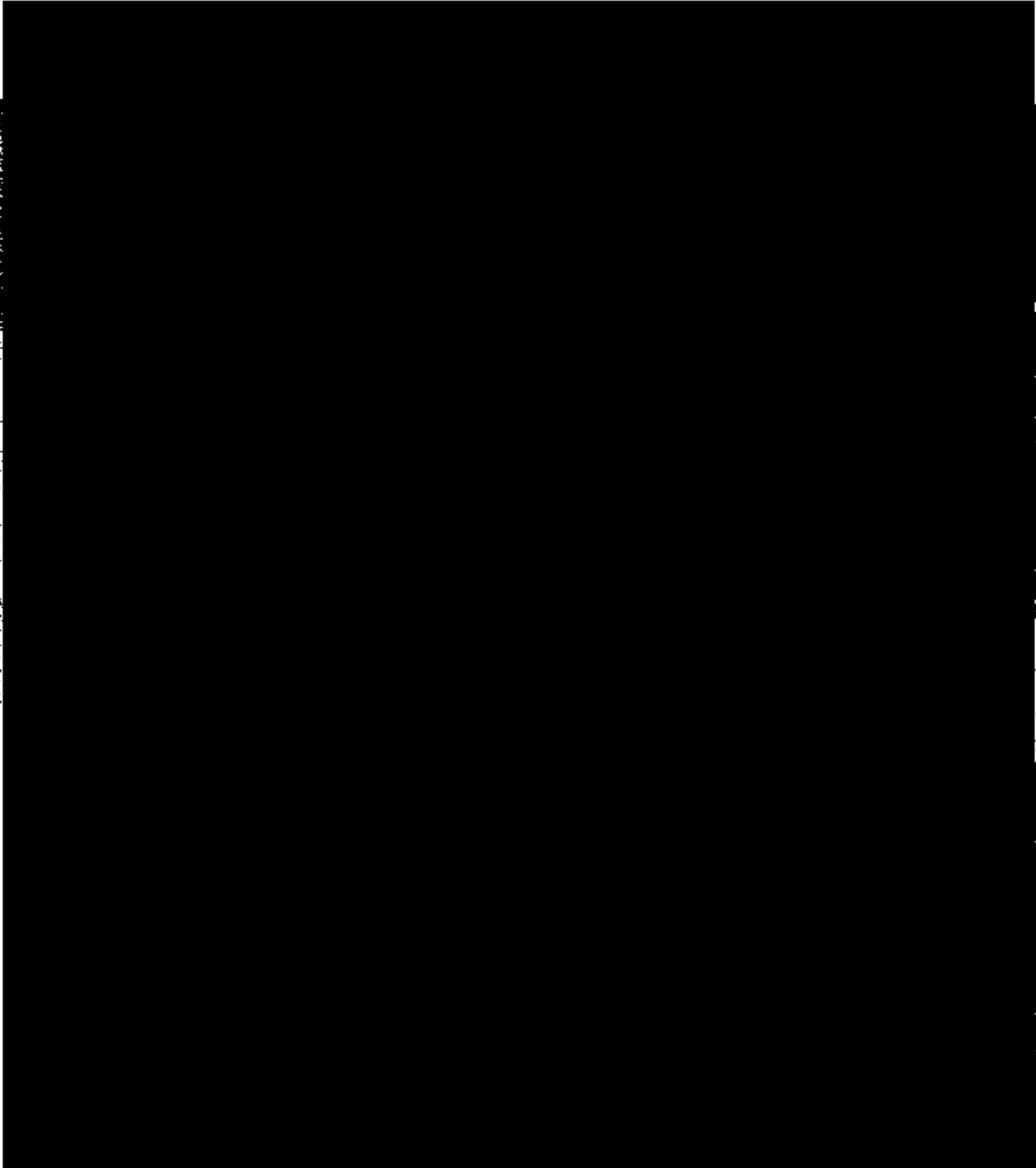
(Prepared by J. Gray  
7/29/08)

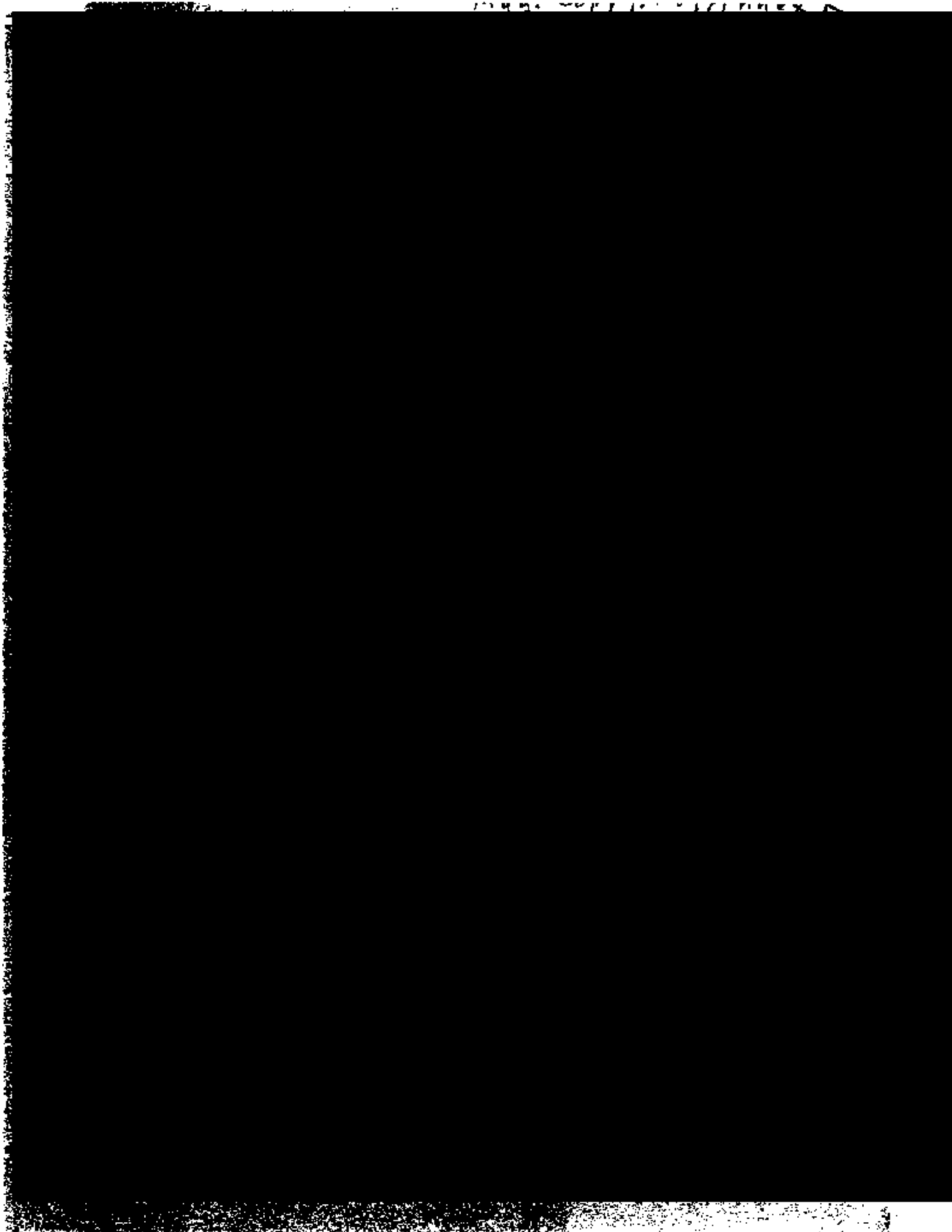
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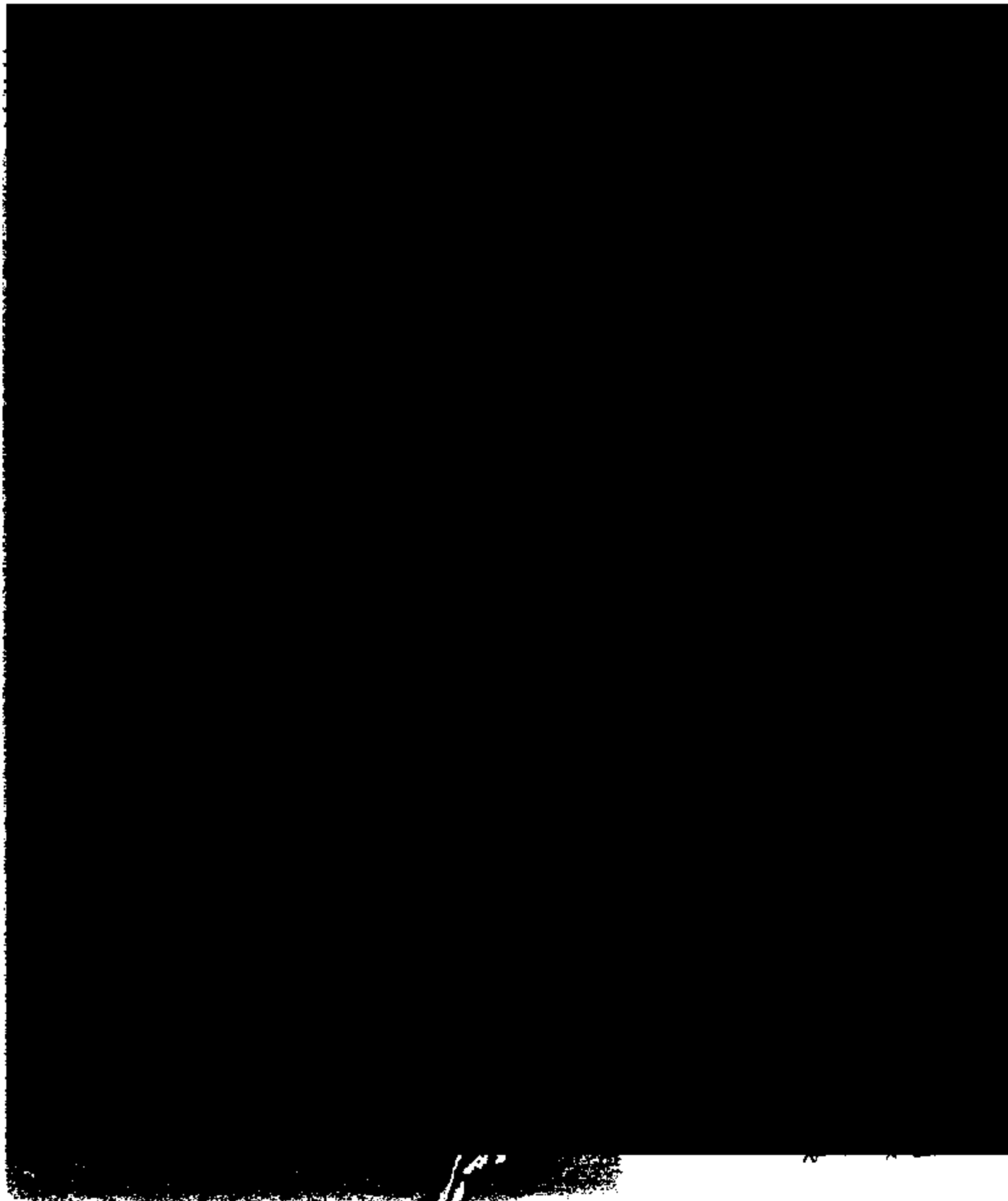


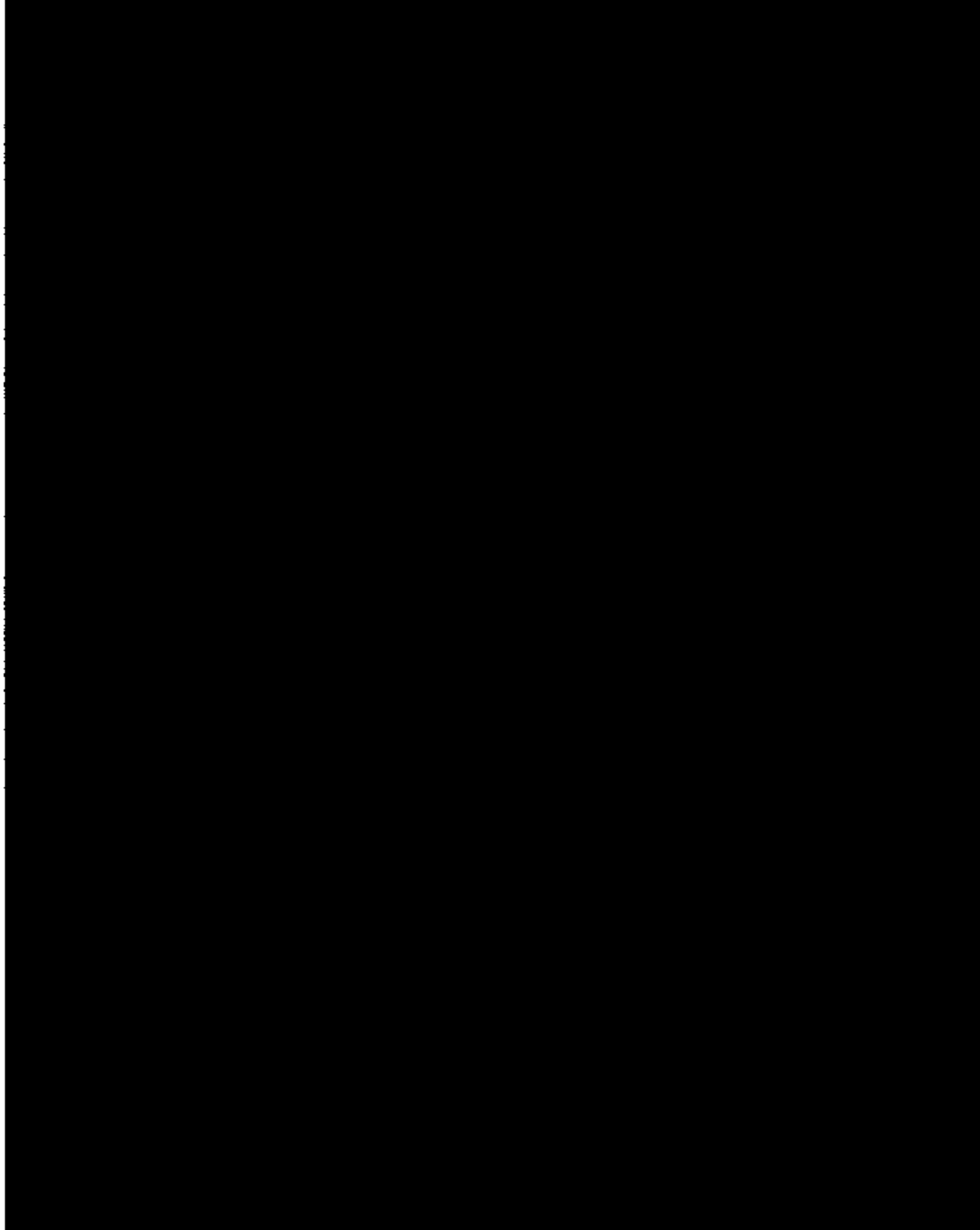
1714 • J. Neurosci., July 26, 2006 • 26(30):1711–1714











APPENDIX 15





1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

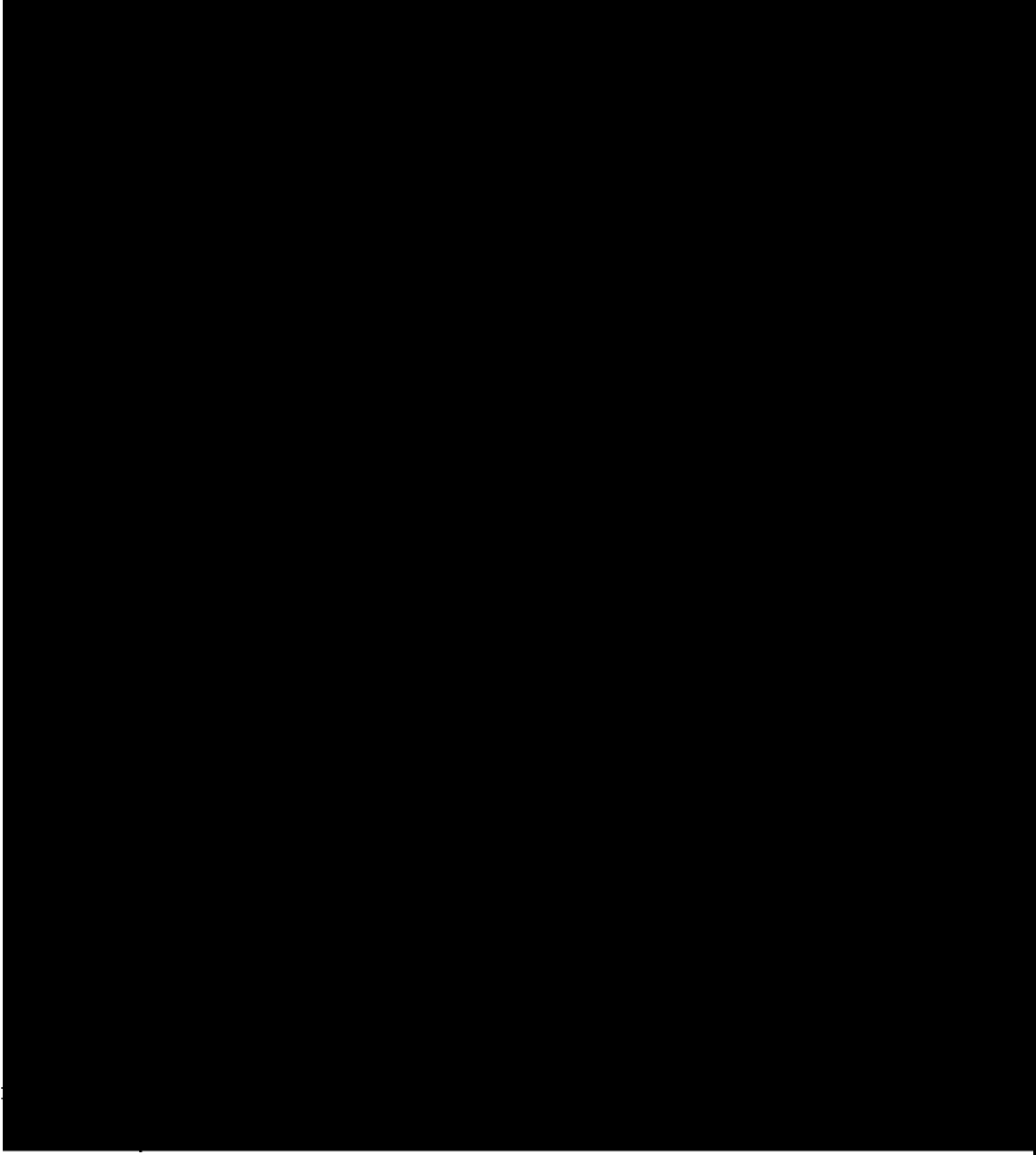
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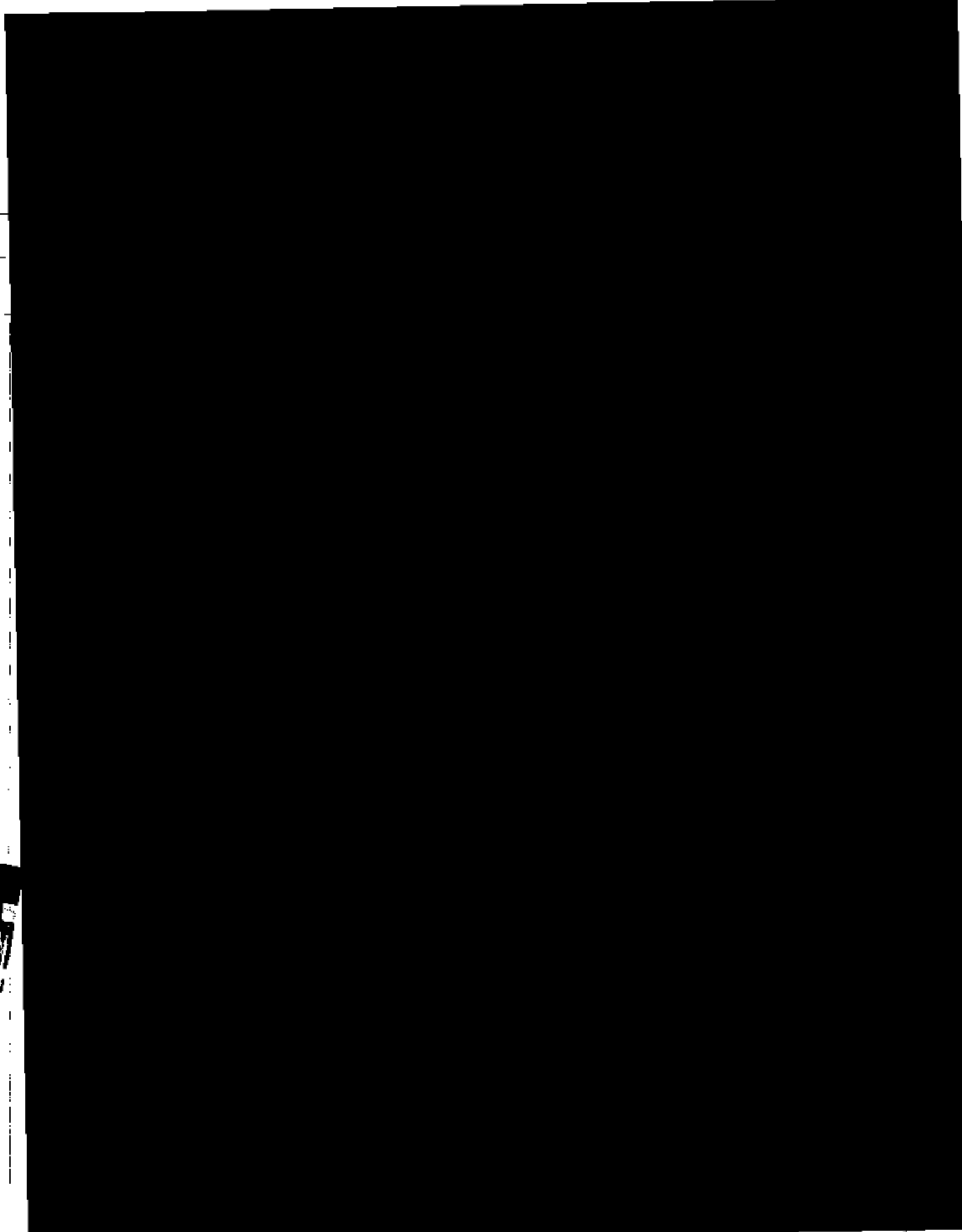
CLASSIFICATION OF REASON

APPARENT CONTRIBUTING

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