



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 284

Date Received

22-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888863

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>(Locate at bottom of and/or above driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1GBLP37J7T3307648 | FLEETWOOD | PACE ARROW | 1996 | | | |
| Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|--|--|--|
| Component 13130000 | Part Name(s) STRUCTURE:BODY | 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 |
|--|---|---------------------------|----------------------|--------------------------|--|

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

**GRILL ASSEMBLY CAME LOSE DUE TO BOLTS RUSTING AND DROPPING DOWN ONTO BATTERY.
MANUFACTURER HAS BEEN NOTIFIED.*AK**

CONTINUE ON REVERSE

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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 284</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | <p>693419</p> | | <p>Date Received: 01 JUN 8 AM 10:50 22 MAY 2001 OFFICE DEFECTS INVESTIGATION</p> | |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> | | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> | | <p>Reference No. 888863</p> | |
| <p>Signature of Owner _____</p> | | <p>Date 6/4/01</p> | | <p>Work Num _____ Home Num _____</p> | |
| VEHICLE INFORMATION | | | | | |
| <p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side)</p> | | <p>Vehicle Make</p> | <p>Vehicle Model</p> | <p>Vehicle Year</p> | <p>Current Odometer Reading</p> |
| <p>1GBLP37J7T3307648</p> | | <p>FLEETWOOD</p> | <p>PACE ARROW</p> | <p>1996</p> | <p>17,000.00</p> |
| <p>Purchase Date</p> | | <p>Dealer's Name <u>Holiday Rambler</u></p> | | <p>Engine Size (CID/CC) <u>454</u></p> | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p> |
| <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p> | | <p>City <u>Orl.</u> State <u>Fla</u> Zip Code <u>32803</u></p> | | <p>No Cylinders <u>8</u></p> | |
| <p>Transmission Type</p> | <p>Antilock Brakes</p> | <p>Restraint System</p> | | <p>Cruise Control</p> | <p>Drive Train</p> |
| <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p> | | <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> |
| <p>Vehicle Type</p> | | <p>Body Style</p> | | | |
| <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>RV</u></p> | | <p><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</p> | | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| <p>Component 13130000</p> | <p>Part Name(s) STRUCTURE:BODY</p> | | <p>Location</p> | | <p>Failed Part(s)</p> |
| | | | <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p> | | <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p> |
| <p>No of Failures</p> | <p>Date(s) of Failure(s) <u>5-5-01</u> Mileage at Failure(s) <u>17</u> Vehicle Speed at Failure(s)</p> | | <p>Failed Part(s) Available?</p> | <p>NHTSA Previously Contacted?</p> | |
| | | | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| APPLICATION INCIDENT INFORMATION | | | | | |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form) | | | | | |
| <p>Crash</p> | <p>Fire</p> | <p>Number of Persons Injured</p> | <p>Number of Fatalities</p> | <p>Estimated Property Damage</p> | <p>Reported to Police</p> |
| <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><u>0</u></p> | | | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | | | |
| <p>GRILL ASSEMBLY CAME LOSE DUE TO BOLTS RUSTING AND DROPPING DOWN ONTO BATTERY. MANUFACTURER HAS BEEN NOTIFIED.*AK</p> | | | | | |
| CONTINUE ON BACK IF NEEDED | | | | | |
| <p>The Privacy Act of 1974—Public Law 93-579 The 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> | | | | | |