



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 1038

Date Received

29-JUN-2001

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rp_lr

Reference No.

891688

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4SLA0GW251114383	CHEVROLET TRUCK	SAFARI	2001	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 checked="" 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 03200000	Part Name(s) 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 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DUE TO LOCATION OF BRAKE FLUID CONTAINER, BRAKE FLUID IS IMPOSSIBLE TO CHECK OR REFILL, BRAKE FLUID CONTAINER IS LOCATED UNDERNEATH VEHICLE. PLEASE PROVIDE ANY FURTHER DETAILS. CHASSIS IDENTIFICATION NUMBER IS S4041014383.*AK

CONTINUED 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.

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.

CONTINUE FAILURE IS NECESSARY

GOODYEAR COMPANYS TECH BOOKS, SAY NOT TO WORK UNDER VEHICLE USING HYD LEVELING JACKS!

DUE TO LOCATION OF BRAKE FLUID CONTAINER, BRAKE FLUID IS IMPOSSIBLE TO CHECK OR REFILL, BRAKE FLUID CONTAINER IS LOCATED UNDERNEATH VEHICLE. PLEASE PROVIDE ANY FURTHER DETAILS. CHASSIS IDENTIFICATION NUMBER IS S40 1014383.AK

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

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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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

APPLICATION INCIDENT INFORMATION

No. of failures	Date(s) of Failure(s)		Mileage at Failure(s)		Vehicle Speed at Failure(s)	
	Failed Part(s)		Available?		NHTSA Previously Contacted?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	03200000	Part Name(s)	BRAKES:HYDRAULIC SYSTEM	
Location	Front	Left	Right	Rear
Failed Part(s)	Original <input type="checkbox"/> Replacement <input type="checkbox"/>			
Transmission Type	<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Manual	Articlock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Restraint System	3-Point Belt	Motorbelt	2-Point Belt	Passengerside A bag
Drive Train	Front	Rear	4-Wheel	Other
Vehicle Type	Car	Van	Motorcycle	Other
Body Style	2-Door	4-Door	Stationwagon	Pick Up Truck
Other Class	<input checked="" type="checkbox"/>			

Purchase Date	4-30-01	Dealers Name	DAVE ARBAGAST RV DEPOT	City	TRIOY	State	OHIO	Zip Code	45373
Engine Size	83L	Engine Type	Turbo	Fuel Injection	Gas	No Cylinders	6		

Vehicle Ident. No. (VIN)	4SLA0GW251174933	Vehicle Make	SAFARI MOTOR COACHES, INC.	Vehicle Model	SERENGETI HOOB	Vehicle Year	2001	Current Odometer Reading	7100
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Signature of Owner _____

Date 2/16/01

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Work Number _____

Home Number _____

699963

Vehicle Owner's Questionnaire (VOQ)

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

1-888-327-4236
www.nhtsa.dot.gov/hotline

DATE RECEIVED: 01 JUL 20 AM 11:05
OFFICE: DEFECTS INVESTIGATION
ADDRESS: 891688

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