



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 3/27/00	Order _____
Reference No.	File # _____
	VS-27 _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) 1GBLP37N6S3306789		VEHICLE MAKE Chevy Fleetwood	VEHICLE MODEL Southwind	MANUFACTURE DATE	MODEL YEAR 1995	
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daihatsu/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE 11/95	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME FINDLAY RV Center	CITY LAS Vegas	STATE NV	ZIP CODE 89121	
ENGINE SIZE CID/CC/1 454	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbel <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No
NO. CYLINDERS 8	DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear		VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other Motorhome <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

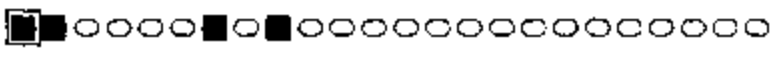
FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brakes <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other Gas Valve failure	NO. OF FAILURES <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input checked="" type="radio"/> 10	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 9/28/99	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 29476	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	VEHICLE SPEED AT INCIDENT N/C	FAILED PART(S) <input type="radio"/> Original <input checked="" type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No	

APPLICABLE 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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Flint <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Ergonic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Crabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Exposure/Tire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stall <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



00323

narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

Sticking (Failure) MAGIC
Chef high output stove
Valve will not shut off
when hot. The stove
manufacture is MAGIC
Chef (MAYTAG 800-544-
5513). This item is my
opinion and should be considered
life-threatening. The
problem can not be repair
because of design flaw.
If you can not shut off
the LP Gas coming into
the Coach this is very
~~dangerous~~ dangerous.
The manufacture refuses to
Take any action to
correct the poor design.

Continue on additional page if necessary

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502 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. The NHTSA proceeds with administrative enforcement in litigation against a manufacturer, your response, or a substantial summary thereof, may be used in support of the agency's action.

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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use



NO POSTAGE
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IN THE
UNITED STATES



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

www.nhtsa.dot.gov/hotline



1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

and dial toll free at

DASH 2 DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

(V00Q)

QUESTIONNAIRE

OWNER'S

VEHICLE

