



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-3393  
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  
Reference No: \_\_\_\_\_  
Order: \_\_\_\_\_  
Date: \_\_\_\_\_  
CD-R: \_\_\_\_\_  
JP-R: \_\_\_\_\_

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1RF1B0511Y2008892		MONACO	WINDSOR	11 99	2000
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"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW <input checked="" type="radio"/> Other <u>MONACO</u>					
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
7 JAN 00		ALPIN HAUS	AMSTERDAM	NY	12010
ENGINE SIZE (CID)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
505	<input checked="" type="radio"/> Turbo <input type="radio"/> Fuel Injection	<input checked="" type="radio"/> Diesel <input type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Driverside Airbag <input type="radio"/> 2 Port Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Motorcyclist <input checked="" type="radio"/> 3-Point Belt
NO. CYLINDERS				CRUISE CONTROL	
6				<input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input type="radio"/> Front <input checked="" type="radio"/> Rear	<input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input type="radio"/> 2 Door <input type="radio"/> 4 Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon	
	Other <u>Motor Home CLASS A</u>				

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

<b>COMPONENT</b> <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 Brake <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 <u>CRUISE CONTROL, WIPERS, LIGHTS, HORNS</u>	<b>NO. OF FAILURES</b> <input checked="" type="radio"/> 4	<b>To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).</b>	
	<b>INCIDENT DATE</b> 8 JAN 00		<b>TIRE NAME</b>
	<b>MILEAGE AT INCIDENT</b> 900		<b>COMPLETE TIRE SIZE</b>
	<b>VEHICLE SPEED AT INCIDENT</b> 50		<b>TIRE BRAND</b> <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
<b>FAILED PART(S)</b> <input checked="" type="radio"/> Original <input type="radio"/> Replacement	<b>FAILED PART(S) AVAILABLE?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>NHTSA PREVIOUSLY CONTACTED?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>HANDICAPPED ADAPTIVE</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			

## APPLICABLE INCIDENT INFORMATION

<b>Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.</b>	<b>CRASH</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>NUMBER OF PERSONS INJURED</b> <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	<b>CAUSE OF INCIDENT</b> <input type="radio"/> Wear/Corroded/Rust <input checked="" type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Frill Off <input type="radio"/> Fratric/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input checked="" type="radio"/> Short <input type="radio"/> Loose/Slack/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	<b>RESULT OF INCIDENT</b> <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input checked="" type="radio"/> Sudden Acceleration
	<b>FIRE</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>NUMBER OF FATALITIES</b> <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



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

While Driving and hitting  
A Bump on Interstate  
Highway, The Cruise Control  
Disengaged, The Wipers Engaged,  
The Air Horn Blew. Could Not  
Shut them off.  
AFTER Pulling off the  
Highway into A Truck Stop,  
The Cruise Control Engaged  
When I tried to Back the  
Vehicle. The Cruise  
Disengaged when I hit the  
Brakes and Reengaged As  
Soon As I took my foot off  
of the Brakes. Foot fell backwards,  
A Short was Discovered in  
the Starting Column. The  
mechanic said it was A  
FLAW in the Design and  
Requires that A Large Spring  
Be Installed. The Problem has  
occured in other Vehicles of  
the Same Manufacturer. Full  
POWER IN REVERSE IS EXCITING!!

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974 - Public Law 93-579. This information is requested pursuant to a authority vested in the National Highway Traffic Safety Administration. 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 an administrative or litigation against a manufacturer, your response, or a tabulated summary thereof, may be used in support of the agency's action.

Mark Refused by NCS EIV-225228-1366321 14706 Printed in U.S.A.  
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NCS Form 350 (Rev. 8/93)

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



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

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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UNITED STATES

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

# VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

### DASH 2 DOT

and dial toll free at

### 1-888-DASH-2-DOT

1-888-327-4236  
DOT Auto Safety Hotline  
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline