



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

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: 8/16/01
Reference No.:
Oct or _____
rd _____
of _____
to _____

OWNER INFORMATION (Type or Print)

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1GBLP37J3V3310047		WINNEBAGO CHEVROLET	ADVENTURER P-32 CHASSIS	052297 05/22/97	1997
VEHICLE MANUFACTURER					
<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input checked="" type="checkbox"/> Other <input type="checkbox"/> DaimlerChrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE		DEALER'S NAME		CITY	STATE
4/28/98		COLLEGE PARK AV		RALEIGH	NC
ENGINE SIZE		FUEL SYSTEM		FUEL TYPE	TRANSMISSION TYPE
CID/CC/LI 7.4L		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection <input checked="" type="checkbox"/> Gas		<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic
NO. CYLINDERS		ANTILOCK BRAKES		RESTRAINT SYSTEM	
8		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorized <input checked="" type="checkbox"/> 3-Point Belt	
DRIVETRAIN		VEHICLE TYPE		DOORS	BODY STYLE
<input type="checkbox"/> Front <input type="checkbox"/> 4 Wheel <input checked="" type="checkbox"/> Rear		<input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		2-Door 4-Door	<input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Station Wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>AUTO PARK</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	2 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ 2 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	See ATTACHED SHEET	MILEAGE AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other		
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	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		

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="checkbox"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	<input type="checkbox"/> Wear/Corrosion/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> None <input type="checkbox"/> Loose <input type="checkbox"/> Short <input type="checkbox"/> Loose/Slacks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	<input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="checkbox"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



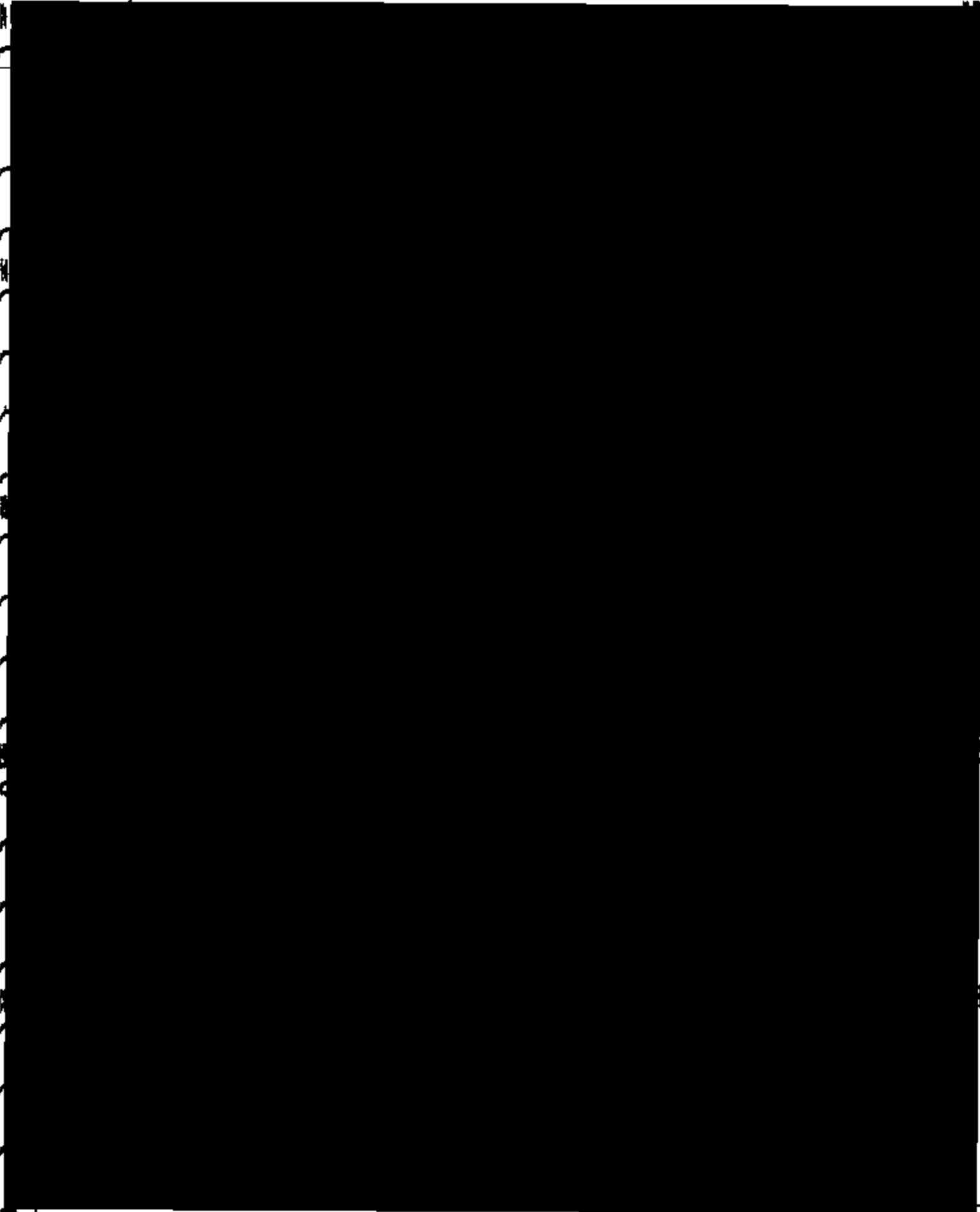
04368

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 1 through Page 6)



Att. # 1



ATT 2

Ir
la

ca
Eq
De

St
C

X Customer Signature

ATT. 2

A/R FILE

100

101

102