



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 <b>2/26/02</b>	Order _____
Reference No.	n-It _____
	od-It _____
	up-It _____

DAYTIME TELEPHONE NUMBER

## OWNER INFORMATION (Type or Print)

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN Reported at bottom of windshield on driver's side) <b>4U26E FBC6YCH38528</b>	VEHICLE MAKE <b>EXPEDITION</b>	VEHICLE MODEL <b><del>EXPEDITION</del></b>	MANUFACTURE DATE <b>SEPT, 2000</b>	MODEL YEAR <b>2001</b>
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 <b>FREIGHTLINER</b> <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE <b>12-20-00</b>	DEALER'S NAME <b>DAN GAMEL R.V. 9700 HILLYVIEW AVE</b>	CITY <b>NEWCASTLE</b>	STATE <b>CA</b>	ZIP CODE <b>95658</b>
ENGINE SIZE (CID/CC/L) NO. CYLINDERS	FUEL SYSTEM <input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection	FUEL TYPE <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input type="checkbox"/> No
RESTRAINT SYSTEM <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motor/belt <input type="checkbox"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <b>RV</b> <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

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

<b>COMPONENT</b> <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input checked="" type="checkbox"/> Engine & Cooling System -suppress. Fuel System, Exhaust Heater, Defrost, Ventilation Interkr <input type="checkbox"/> Jacking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input checked="" type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
	VEHICLE SPEED AT INCIDENT	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell OFF <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input checked="" type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		

PLEASE DO NOT WRITE IN THIS AREA



05249

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

I am the owner of a 3/4 motor horse (2007 Kawasaki) whose chassis is manufactured by Kawasaki of the Czech by KLEBERWOOD Corp. It has traveled about 10,000 miles since being built but within the past few months I've been experiencing occasional problems with the front suspension. When I take it on a highway it will suddenly unexpectedly "bump" in or up or down and motion while traveling on the freeway so I'm compelled to reduce my speed immediately & almost stop before being able to commence moving again safely. It does not resume when I start up but you never know when it will occur. Also, sometimes when taking a sharp slow turn like exiting a driveway, the coach occasionally will suddenly sway precariously from side to side to the extent you fear it will tip over. I have had it checked by the local Pelgolliner representative in Sacramento, CA, as well as spoken to their main office in Danbury, CT. I have been assured that fine proper specifications have been adhered to & that the problem likely is that the miller of this unit was installed too deep & each wheel would require larger "shocks". I have contacted the dealer who advises that Woodward, in turn, disputes this allegation & disclaims any corrective responsibility. Both parties agree that larger "shocks" would probably solve my problem but this is not covered by either warranty so it is my responsibility to undertake this corrective action. This is the classic "pass the buck" response!

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 Administration. Your response may be used to answer the NHTSA's determination whether a manufacturer should take appropriate action to correct a safety defect. The NHTSA processes 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.

Mark Requested by NCS EW-285228-1554521 HMOB Printed in USA. Copyright 1999 by National Computer Systems, Inc. All rights reserved. Form 9/99

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

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

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



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**(V00)**

**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](http://www.nhtsa.dot.gov/hotline)