



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

OWNER INFORMATION (Type or Print)

Name

St _____ Apt. No. _____

City Boonsboro State MD Zip Code _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will not provide information or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/20/04

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side)

Make

Model

Year

4X4ICFSA153DFlagstaff CT425D2003Purchased Date
6-25-04Dealer's Name
Keystone RVEngine Size
(Cyl/CC/L)☐ Turbo
☐ Diesel☒ New ☐ UsedDealer's City
State LineState PA

Zip Code _____

No. Cylinders _____

☐ Gas
☐ Fuel InjectionManufacture Date
(on driver's door or pillar)

Transmission Type

☐ Manual
☐ Automatic

Restraint System

☐ Driverside Air Bag ☐ Motorbelt
☐ Passengerside Air Bag ☐ 2-Point Belt
☐ 3-Point Belt

Cruise Control

☐ Yes
☐ No

Drivetrain

☐ Front
☐ Rear
☐ 4-Wheel

Vehicle Type

☐ Car ☐ Sport Utility
☐ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☒ Other Tent Camper

Body Style

☐ 2-Door ☐ 4-Door
☐ Stationwagon
☐ Pick Up Truck
☒ Other Tent Camper

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)

Location

☐ Left ☐ Right
☐ Front ☒ Rear

Failed Part(s)

☒ Original
☐ Replacement

Handicap Adaptive Equip

☐ Yes
☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand

Tire Name

Complete Tire Size

DOT No.

No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA Previously
Contacted?☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Fatalities

0

Reported to Manufacturer

☒ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

During our first night in our new camper my grandson fell out of the rear bed while sleeping. He was on the inside of the bed and his mother was on the outside of the bed. At about 5am she woke up because he was crying he could not be found in the bed, everyone in the camper was waken up because she realized that he was outside. Screaming once she got him, she realized that he had fallen through the velcro and one thing that

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

In place to hold the tent wall closed. He fell 4 and half feet to the ground which luckily only scared him and made him cry. But as easily as he fell out another child could fall out and be killed.

The manufacture was called at 574-1642-2640 ext 105 his response was simply that children should not be put in the beds ~~and~~ or he should have been put in the dining table that converts to a bed. But he was advised the he could have just as easily fall out of that. He offer no further assistance. Or any way to fix the problem.

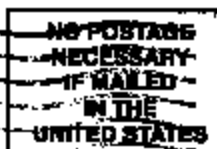
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



BUSINESS REPLY MAIL

FIRST CLASS 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
(V00Q)**



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

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1-888-327-4236

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