



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
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

08 JUL 2005

Reference No.
10128148

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **NEW BOSTON** State **MI** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

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 your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side
Make **STARCRAFT 29 FT. TRAVEL TRAILER** Model **ALLSTAR HOMESTEAD RANCHER** Model Year **2005**

Date Purchased **02-05** Dealer's Name and Telephone Number **GENERAL RV CENTER 1-734-284-5500** Engine: No: Cylinders **N/A** Fuel Type:
Original Owner Dealer's City **Brownstown** State **Mich.** Zip Code **48192**

Transmission Type **N/A** Antilock Brakes Cruise Control **N/A** Powertrain **N/A** Vehicle Component Code **160000 STRUCTURE**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **03-JUL-2005** Failure Mileage Failure Speed **TONGUE HITCH (FRAME)**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
Tire Component Code Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

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

Crash Yes No Fire Yes No Number of Persons Injured **0** Number of Deaths **0** Reported to Police **N**

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT: 2005 STARCRAFT HOMESTEAD RANCHER, TRAVEL TRAILER, THE CONSUMER WAS TRAVELING FROM SOUTH CAROLINA BACK TO MICHIGAN, WHILE IN VIRGINIA THE CONSUMER HAD NOTICED THAT THE TONGUE OF THE TRAILER WAS STARTING TO BEND, AFTER GOING ABOUT 40 MILES DOWN THE ROAD THE TRAILER HAD STARTED TO DROP IN THE FRONT, THE TONGUE STARTED TO CRACK ALONG THE PART THAT CONNECTED TO THE TRAILER, THE CONSUMER HAD CONTACTED THE INSURANCE COMPANY WHO HAD THE TRAILER TOWED TO A STORAGE LOT, THE CONSUMER HAD TAKEN PICTURES OF THE TRAILER. THE CONSUMER HAD TAKEN THE TRAILER TO THE DEALERSHIP WHERE IT WAS PURCHASED. THE DEALER CONTACTED THE MANUFACTURER. THE CONSUMER BELIEVES THAT THE MANUFACTURER HAS ANOTHER COMPANY PRODUCING THE TRAILER FOR THEM, STARCRAFT HAS CONTACTED THAT COMPANY, THE CONSUMER IS UNSURE OF THE COMPANY'S NAME. THE DEALER TOLD THE CONSUMER THAT THEY WOULD REPLACE THE TONGUE ON THE TRAILER, THE TRAILER SHOULD EITHER BE ON THE WAY TO BE REPAIRED OR CURRENTLY AT THE DEALERSHIP, THERE WERE NO PROBLEMS WITH THE TONGUE OF THE TRAILER WHEN THE CONSUMER HAD STARTED ON THEIR TRIP, THE CONSUMER DOES NOT FEEL THAT THIS WILL MAKE THE TRAILER SAFE, THE CONSUMER HAD PURCHASED THE TRAILER NEW, THIS WAS THE FIRST TRIP THE CONSUMER HAD TAKEN THE TRAILER ON. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This 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. If the 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.

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

TONGUE BENT - FRAME OF TRAILER WAS CLOSE TO HITTING THE GROUND - IF WE HAD NOT STOPPED WHEN WE DID I DONT KNOW WHAT WOULD HAVE HAPPENED BUT I DONT THINK IT WOULD HAVE BEEN PRETTY - THE MANUFACTURER HAD A NEW TONGUE WELDED ON TO THE TRAILER AND WE AS WELL AS OUR ATTY, DO NOT FEEL SAFE WITH A MODIFIED TRAILER THAT WE BOUGHT AS NEW & WE ARE STILL MAKING PAYMENTS ON - WE HAVE REFUSED TO ACCEPT THE TRAILER ON THE ADVICE OF OUR ATTORNEY AND THE DEALERSHIP HAS TOLD ME I WILL BE CHARGED \$10.00 PER DAY STORAGE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

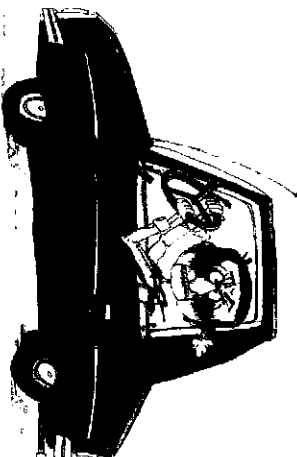
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and dial toll free at

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