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

2005 SEP 27 AM 3:57

FOR AGENCY USE ONLY 100148

Date Received	Repository
01-SEP-2005	
	Reference No. 10135089

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City MARKESAN	State WI	Zip Code	Evening Telephone Number

Do you authorize NHTS [redacted] *ufacturer of your vehicle?* ☒ YES ☒ NO
In the absence of an au [redacted] *name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9/16/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FDXE45S1 [redacted]	FOREST RIVER	MOTORHOME	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-FEB-02	INTERSTATE RV			No: Cylinders 10	Gas
Original Owner ☒	Dealer's City LODI	State WI	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-AUG-2005	39743	55	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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: CONTACT STATED THE BRAKE PADS COMPLETELY LOOSENED FROM THE BACKING PADS ON THE REAR OF 2002 MOTOR HOME, MANUFACTURER SUNSEEKER. THE CHASSIS WAS A 2001 SIZE E-450. THIS OCCURRED ON 8-24-2005. THE CONTACT WAS TRAVELING ON FAIRLY DECENT ROADS. HE WAS GOING AT 55-60 MPH WHEN THIS HAPPENED. THE CONTACT WAS DOING HIS OWN REPAIR WORK. HE REPORTED OF HAVING NO PROBLEMS WITH THE BRAKES PRIOR TO THIS. Possible loss of brakes, New brake pads installed both rear axles caliper and rotor replaced right rear axel. Old pads and rotor are available.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY