



U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

10136671

Form Approved U.M.S. No. 2127-UUUM

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Street: [Redacted] Apt. No.: [Redacted]
 City: POWINGTON State: TX Zip: [Redacted]
 Daytime Telephone Number: [Redacted]
 Evening Telephone Number: [Redacted]
 E-mail: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.
 Signature of Owner: [Redacted] Date: 8/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 1FCMEF33S710
 Make: COACHMAN Model: AURORA 2680 DS Year: 02 Current Mileage: 13,000
 Date Purchased: 08/02 Dealer's Name and Telephone Number: THE HAPPY CAMPER 817-568-1200 Engine: [Redacted] Fuel Type: Gas Diesel Hybrid Other
 Dealer's City: F. WORTH State: TX Zip Code: [Redacted] No. Cylinders: 8
 Transmission Type: Manual Automatic
 Powertrain: All-Wheel Drive Rear-Wheel Drive Front-Wheel Drive Four-Wheel Drive
 Antilock Brakes Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: REFRIGERATOR Incident Date(s): [Redacted] Failure Mileage: 13,000 Failure Speed: 0
 Failure Location: Driver Passenger Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: [Redacted] Tire Model/Line: [Redacted] Tire Name: [Redacted] Tire Size (Example: P215/65R1106): [Redacted]
 Failed Structure: Tread Sidewall Bead DOT No. (Example: DOT MALBABC086 on sidewall): [Redacted] Original Equipment Prior Repair
 Failure Type: Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model Number and Name: [Redacted]
 Seat Type: Infant Booster Integrated Convertible Other
 Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other
 Installed in Vehicle using the: Vehicle safety belt LATCH system*
 *Vehicle info required

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 Police Report No.: N/A

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
WHILE PARKED THERE WAS A MALFUNCTION IN THE REFRIGERATOR WHICH STARTED A FIRE. THE VEHICLE WAS A TOTAL LOSS.

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 administration 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 202-365-7882