



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 26-JUN-2006	Repository <input type="checkbox"/>
	Reference No. 10160794

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	
City	NORTH AUGUSTA	State	SC	Zip Code	[REDACTED]
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Signature of Owner				Date 8/12/06	

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4X4FWCD26 [REDACTED]		Make UNKNOWN Forest River	Model UNKNOWN Wild Cat	Model Year 9999 2002
Date Purchased 02-JUL-05	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 022141 SUSPENSION:REAR:SPRINGS:LEAF SPRING ASSEMBLY:LEAF		
Multiple Failure: 3				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-JUN-2006	Failure Mileage	Failure Speed	
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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*: THE CONTACT STATED THREE TIRES BLEW OUT ON THE TRAVEL TRAILER. UPON INSPECTING THE VEHICLE, THE WELD WAS NOTICED TO BE BROKEN LOSE WHERE THE REAR SPRING CONNECTED TO THE FRAME. THE CONTACT EXPRESSED BROKEN WELD MAYBE THE REASON FOR THE TIRE FAILURES. THE DEALERSHIP HAS BEEN ALERTED AND THERE WERE NO RECALLS ON THE TRAILER. THE MANUFACTURER OF THE TRAILER IS FOREST RIVER INC. THE MODEL IS WILDCAT; #WCF28 BH. *AK

The spring bracket had no weld penetration on one side of frame causing bracket to tear loose tearing large section of frame. The axle shifted back out of line causing tires to heat up. Poor welding This is a Manufacturing Problem

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 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.