



# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS  
888-327-4236  
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received	Repository <input type="checkbox"/>
08-29-06	
Reference No.	
10167964	

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
 Street No.: [Redacted] Apt. No.: [Redacted]  
 City: Louisville State: TN. Zip Code: [Redacted] E-r: [Redacted]

Daytime Telephone Number: [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 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 [Redacted]

Signature of Owner: [Redacted] Date: 8/18/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 1C9AS15142A [Redacted]

Make: Columbia Model: Aliner Year: 02 Current Mileage: N/A

Date Purchased: 2/1/03 Dealer's Name and Telephone Number: LARRY'S Camper Sales + Service Engine: [Redacted] Fuel Type:  Diesel  Hybrid  Gas  Other

Original Owner Dealer's City: Union City State: TN. Zip Code: [Redacted] No. Cylinders: [Redacted]

Transmission Type:  Manual  Automatic  
 Antilock Brakes  Cruise Control  
 Powertrain:  All-Wheel Drive  Rear-Wheel Drive  Front-Wheel Drive  Four-Wheel Drive

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component Name: Rear Bumper Incident Date(s): July 22, 2006 Failure Mileage: [Redacted] Failure Speed: [Redacted] 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: P215/65R1105): [Redacted]

Failed Structure:  Tread  Sidewall  Bead DOT No. (Example: DOT MAL9ABC036 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 Installed in Vehicle using the:  Vehicle safety belt  LATCH system\*  
 Failed Part. Describe Failure Below:  Base  Harness/Buckle  LATCH Connector  Shell  Handle  Other \*Vehicle info required

**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	Police Report No.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	[Redacted]	[Redacted]	[Redacted]

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):  
Installed a bolt on bumper mounted bike rack. Put 2 light weight bikes on the bike rack. The 1st trip taken the bumper separated from frame of camper. The bumper could have fallen off with bike rack + hit a vehicle behind us! The owner's manual states that a bike carrier can be installed. This is a serious safety concern!

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 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 202-366-7882