



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 [ ]

16-OCT-2006
2006 OCT 31 PM 2:15

Reference No:
10170965

OWNER INFORMATION (Type or Print)

Name
Address
City: MODESTO State: CA Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner Date: 10/23/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1EB1T192751
Make: FLEETWOOD Model: PIONEER Model Year: 2005

Date Purchased: 30-JUL-05 Dealer's Name and Telephone Number: DAN GAMEL MODESTO RV CENTER 209-545-5535 Engine: No: Cylinders Fuel Type:

Original Owner: [X] Dealer's City: SALIDA State: CA Zip Code: 95368

Transmission Type: [ ] Antilock Brakes [ ] Cruise Control Powertrain: Vehicle Component Code: 222000 SEATS:MID/REAR ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-OCT-2006 Failure Mileage Failure Speed: DINNING BENCH BROKE LOOSE WHEN LEANED BACK TO DRINK A COKE. (POOR WORKMANSHIP)

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 [X] No Fire [ ] Yes [X] No Number of Persons Injured Number of Deaths 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: THE CONTACT STATED WHILE SITTING ON A BENCH SEAT AND LEANING BACKWARD THE BACK OF THE SEAT FELL WITHOUT WARNING. THE VEHICLE WAS TAKEN TO THE DEALER WHO DETERMINED THE SEAT NEEDED TO BE REPAIRED. \*AK BUT WAS NOT COVERED UNDER WARRANTY. TRAILER WAS IN STORAGE FOR OVER A YEAR BEFORE BEING USED. DUE TO OTHER CIRCUMSTANCES THAT REQUIRED OUR PRESENTS.

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.

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

I WAS SITTING AT THE TABLE DRINKING A COKE, I LEANED BACK TO TIP THE CAN UP, WHEN I FELT THE BACK COME APART FROM THE SEAT. IF I HAD LEANED BACK HARD I COULD HAVE FELL OVER BACKWARD AND HIT MY HEAD EITHER ON THE BED OR THE FLOOR. I THINK THE BACK OF THAT BENCH COULD HAVE BEEN INSTALLED WITH MORE SUPPORT AND WITH SCREWS INSTEAD OF STAPLES. THE MATERIAL FOR THAT BENCH COULD BE THICKER AND BRACED BETTER FOR THAT POSITION. I MADE THE REPAIR MYSELF GIVING THE BENCH AND BACK MORE SUPPORT. ATTACH ADDITIONAL SHEETS IF NECESSARY

J.S. Department  
of Transportation

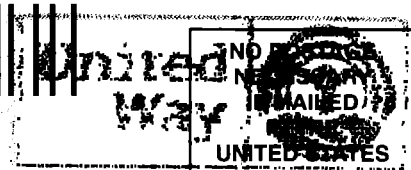
**National Highway  
Traffic Safety  
Administration**

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

Official Business  
Penalty for Private Use \$300

STOCKTON/STK  
CA 952

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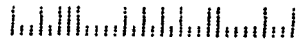


**BUSINESS REPLY MAIL**

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-210  
400 7th Street, SW  
Washington, DC 20590



**Think your vehicle  
has a safety defect?**



**If so:  
Use the enclosed  
form to file a report.**

**or visit:  
www.safercar.gov**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



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