



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

27-NOV-2006

Repository

Reference No. 10174409

OWNER INFORMATION (Type or Print)

Name, Address, City (RIVERDALE), State (MI), Zip Code

Daytime Telephone Number, Evening Telephone Number, E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO. Signature of Owner, Date 12/5/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number (4YDF2802350), Make (KEYSTONE), Model (SPRINGDALF), Model Year (2005), Date Purchased (11-MAY-05), Dealer's Name and Telephone Number (AMERICAN RV 616-455-3250), Engine: No: Cylinders, Fuel Type, Original Owner [X], Dealer's City (GRAND RAPIDS), State (MI), Zip Code (49548), Transmission Type, Antilock Brakes, Cruise Control, Powertrain, Vehicle Component Code (161100 STRUCTURE: FRAME AND MEMBERS: UNDERBODY SHIELDS), Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) (27-NOV-2006), Failure Mileage, Failure Speed

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 THE FIFTH WHEEL TRAILER WAS PARKED, THE INNER WALL AND WALL FRAME SUPPORTS COLLAPSED WITHOUT WARNING. THE TRAILER WAS INSPECTED BY THE DEALER, WHO DETERMINED THE FRAME SUPPORTS WERE NOT ADEQUATE, AND THE OUTRIGGERS NEEDED TO BE REPLACED. ALSO, THE TRAILER HAD ADDITIONAL SUPPORTS INSTALLED ALONG THE FRAME WALL AND FLOOR. THE PROBLEM PERSISTED, AND THE MANUFACTURER WAS ALERTED. AFTERWARDS, THE TRAILER WAS TAKEN TO THE DEALER TO AWAIT FURTHER INSPECTION.

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)

See enclosed paper work from  
Keystone to American RV and  
back again -

ATTACH ADDITIONAL SHEETS IF NECESSARY

NATIONAL HIGHWAY  
TRAFFIC SAFETY ADM  
400 7TH ST SW  
WASHINGTON DC 20590

OFFICIAL BUSINESS



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

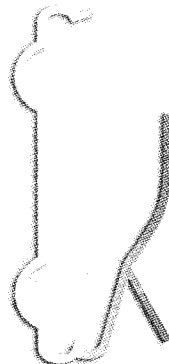
POSTAGE WILL BE PAID BY ADDRESSEE

ATT Tom BOWMAN

US DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
OFFICE OF DEFECTS INVESTIGATION, NVS-210  
400 7TH ST SW  
WASHINGTON DC 20077-8214



Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
**888-327-4236**

[www.nhtsa.gov](http://www.nhtsa.gov)



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



12-506

US Department of Transportation National Highway Traffic  
Safety Administration Office of Defects Investigation  
400 7th Street SW  
Washington DC 20077-8214

[REDACTED]  
Riverdale Michigan [REDACTED]

Dear Mr Bowman,

Here is the paper work I have on the defects of the 2005  
Springdale 5th wheel vin 4YDF280235C [REDACTED] Purchased May  
11 2005, taken back to dealer May 2006. There are issues we  
felt that are safety concerns to us.

The outriggers bending ,the wall dropping down , and there is  
someting they are talking about up by the kingpin, as well as  
flex in the wall. We feel that this trailer is a saftey hazard to the  
road. Please look this over and advise us as to what you feel,  
and if we can get any other information needed or let us know  
if we are the first to find this problem. We as a consumer we  
have a right to saftey in products we purchase, according to  
the consumer products Saftey Commission(CPSC)

Thank you for your time  
[REDACTED]

7-19-06 1st time sent to Factory -  
this is as close as I can make out what

No# 1 they wrote:

Outriggers on both sides are bending outriggers  
not heavy enough, Jack up floor and replace  
outriggers with ones made of stronger metal.

No#2

Metal is cracked in corner of s/o (slide out toward  
front. Flex in side wall Remove top two pieces of  
metal ? \_\_\_\_\_ ? \_\_\_\_\_ slide out? \_\_\_\_\_ 14X18 panel  
to corners of s/o (slideout) opening added new  
metal Removed and ? \_\_\_\_\_ bedroom window.

NO#3

Cabinets has pulled away from wall due to  
outriggers bending replace outriggers and screws to  
hold cabinets to walls.

NO#4 Hot skin test

No#5 LP lock up and prop presser OK

NO#6 Clean

NO#7 sink broken rebuilt and replaced shelf under  
kitchen sink.

NO#8 Replace vent pipe cover

NO#9 Replace ? \_\_\_\_\_ of kitchen sink ? \_\_\_\_\_ hose?  
due to W \_\_\_\_\_? damage.

NO#10 Replace front due to W? \_\_\_\_\_ damage.

NO#11 Replace cabinet front.

NO#12 Panel by the step is popping loose remove  
seam tape ? \_\_\_\_\_ stapples Replace seam tape

NO#13 Kitchen sink is cracked replaced sink

No#14 Cabinet over fridge is coming loose Has w?  
\_\_\_\_\_ damage replace front

SAFETY  
ISSUE

Flex  
SAFETY  
ISSUE

NO#15 Furnace seemed hard to use, ? \_\_\_\_\_ furnace  
and found ? \_\_\_\_\_ needed ? \_\_\_\_\_ worked OK ?  
\_\_\_\_\_ adjustment.

NO#16 Switch for slide out doesn't always work  
replaced switch.

NO#17 Stove top seemed unlevel removed stove  
leveled counter top and replaced stove.

NO#18 The metal on front of unit has screws pulling  
loose remove screws and added washers with rubber  
backing?

# WARRANTY CLAIM



## Keystone RV Company

2642 Hackberry Dr.  
Goshen, IN 46526  
P.O. Box 2000 (46527-2000)  
Phone: 866-425-4369  
Fax: 888-410-0044

Shipping address:

Customer Service: Return Parts  
2425 Davis Drive  
Goshen, IN 46526

CLAIM # [REDACTED]

Servicing Dealer: Keystone RV Dealer # \_\_\_\_\_ Date In: 7/19  
 Dealer Signature: [Signature] Date Out: 7/28  
 Date: 7/28/06  
 I certify that I have performed these repairs in accordance with Keystone Warranty policies.

Authorization # \_\_\_\_\_ Brand Springdale  
 Model # 280 Unit Serial # 4YDF280235C

Retail Customer: \_\_\_\_\_  
 Owner's Phone: [REDACTED] Date of Purchase: 5/11/05  
 Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I have inspected my RV and the repairs made are satisfactory.

Transient Customer  Labor Rate \_\_\_\_\_ /hr Claim Date \_\_\_\_\_

Note: Claims must be returned with defective parts and parts order number within 30 days of repairs

Qty.	Part #	Part Description / Parts Order Number	Parts Cost	Markup 15%	Total Parts

Complaint / Cause / Correction	Operation No.	Hours	Dollar Amount
1) Outriggers on both sides are bending - outriggers not heavy enough - jacked up floor and replaced outriggers with ones made of stronger metal			
2) Metal is cracked in corner of s/o toward front. - Flex in side wall - removed top two pieces of metal were remaining slide out. Added 14" x 18" panel to corners of s/o opening added new metal. Removed and reinstalled below on window			
Total Labor			

Sublet Company (Attach Original Sublet Bill)		PARTS TOTAL	
CLAIM APPROVED BY		LABOR TOTAL	
CLAIM ADJUSTED BY		SUBLET TOTAL	
CLAIM CODES		FREIGHT TOTAL	
FOR FACTORY USE ONLY	TOTAL SUBLETS	CLAIM TOTAL	
	CLAIM TOTAL		

Appliance model & serial required on all appliance repairs.

**Please return warranty claim in same box as must return parts.**

Copy of sublet bill required.  
 Labor amount claimed excessive.  
 The hourly warranty rate has been Adjusted to \$ \_\_\_\_\_ per hour.  
 Dealer's responsibility / PDI.  
 Parts not being paid, will be created by Parts Department.  
 Parts being sent to you PO # \_\_\_\_\_  
 See explanation...  
 Explanation: \_\_\_\_\_

OFFICE USE ONLY	Amount approved for payment	\$	Warranty Administrator	Date
Vendor Charge Back	Part	Labor	Freight	Total
				DM#

PLEASE PRESS HARD White: KEY CS Copy  
 Claim paid by check number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Canary: Dealer Copy Pink: Customer Copy







# WARRANTY CLAIM



## Keystone RV Company

2642 Hackberry Dr.  
Goshen, IN 46528  
P.O. Box 2000 (46527-2000)  
Phone: 888-426-4369  
Fax: 888-410-0044

Shipping address:  
Customer Service, Return Parts  
2425 Davis Drive  
Goshen, IN 46528

CLAIM # [REDACTED]

Servicing Dealer: <u>Keystone RV</u> Dealer Signature: <u>[Signature]</u> Date In: <u>9-13</u> Date Out: <u>9-18</u> Date: <u>9-18-08</u>	Retail Customer: [REDACTED] Owner's Phone #: [REDACTED] Date of Purchase: <u>5/11/05</u> Customer Signature: [REDACTED] Date: _____ I have inspected my RV and the repairs made are satisfactory.
Authorization # _____ Brand: <u>SPRINGDALE</u> Model # <u>280</u> Unit Serial # <u>440622X02352</u>	Transient Customer <input type="checkbox"/> Labor Rate _____ /hr Claim Date _____

Note: Claims must be returned with defective parts and parts order number within 90 days of repairs.

Qty.	Part #	Part Description / Parts Order Number	Parts Cost	Markup 15%	Total Parts

Complaint / Cause / Correction	Operation No.	Hours	Dollar Amount
1) SUSPECT BLACK TANK, NEED TO INSURE TANK WAS PROPERLY INSTALLED - ENGINEERING CHECKS - IT IS INSTALLED CORRECTLY.	JEM RICHARDSON		
2) ATTACH 12V WIRE BY REAR ORS S/O HANGING DOWN - NOT PROPERLY ATTACHED - RELOADED WIRES + RELOCATED TENSION SPRINGS.			
3) ONE OUTRIGGER WERE NOT REMOVED WHEN NEW ONES INSTALLED - DON'T REMOVE PRE RICK DRINK WIRE.			
4) FRONT METAL BY KIDS PIV NOT CAREER DESIGNER W/ISSUE. - REMOVE TENSION + RUBBER, REASSEMBLE + RE SECURE PASTED RAILS + REASSEMBLED.			
Total Labor			

Sublet Company (Attach Original Sublet Bill)		PARTS TOTAL	
CLAIM APPROVED BY	TOTAL LABOR	LABOR TOTAL	
CLAIM ADJUSTED BY	TOTAL PARTS	SUBLET TOTAL	
CLAIM CODES	TOTAL SUBLETS	FREIGHT TOTAL	
FOR FACTORY USE ONLY	CLAIM TOTAL	CLAIM TOTAL	

Appliance model & serial required on all appliance repairs.

OFFICE USE ONLY Amount approved for payment	\$	Warranty Administrator	Date
--	----	------------------------	------

Vendor Charge Back	Part	Labor	Freight	Total	Doll

Claim paid by check number: \_\_\_\_\_ Date: \_\_\_\_\_

Please return warranty claim in same box as must return parts.

Copy of sublet bill required.  
 Labor amount claimed excessive.  
 The hourly warranty rate has been Adjusted to \$ \_\_\_\_\_ per hour.  
 Dealer's responsibility / PDI.  
 Parts not being paid, will be created by Parts Department.  
 Parts being sent to you PO # \_\_\_\_\_  
 See explanation... \_\_\_\_\_  
 Explanation: \_\_\_\_\_





9-26-06 2ND Time sent to factory

NO#1 Inspected black tank, need to insure tank was properly installed Engineer checked it is installed correctly (Jim Richarson)

NO#2 Attach 12 v wire ? \_\_\_\_\_ ? \_\_\_\_\_ S/O slide out hanging down not properly attached replaced wire and replaced tenison springs

NO#3 ? \_\_\_\_\_ outrigger were not removed when new one installed ( don't remove per (Rick Drinkwine).

Safety Issue

NO#4 Front medal by Kingpin has ? \_\_\_\_\_ ? \_\_\_\_\_ ? \_\_\_\_\_ remove trim and ? \_\_\_\_\_ ? \_\_\_\_\_ ? \_\_\_\_\_ ? \_\_\_\_\_ / \_\_\_\_\_ and reassemble

NOI#5 steps going to bedroom has 2 different peices of trim used 2 pieces ? \_\_\_\_\_ ? \_\_\_\_\_ to look uniform

NO#6 Hot skin test

NO#7 LP ? \_\_\_\_\_ propane pressure test OK

NO#8 clean

No# ( Moisture on inner front removed front medal of front end wall panels rebuilt inner wall frame reinstalled wall, replaced ? \_\_\_\_\_ ? \_\_\_\_\_ insulated and 2 pieces wall

NO#10 Lube S/O

Safety Issue

NO#11 Awning and rail not surcured to unit properly awning mounted ? \_\_\_\_\_ not in backer Remove mount and ? \_\_\_\_\_ ? \_\_\_\_\_ and inspected ? \_\_\_\_\_ ? \_\_\_\_\_ and mount into backer reanchored rail ? \_\_\_\_\_ and backer and resealed.

American R Sales & Service, Inc.  
2076th Street SW  
Grand Rapids MI  
US  
49548  
616-455-5100

SHOP WORK ORDER #

Completed: 07 SEP 06  
Invoice #:   
Author: DOUG  
Stock No:   
Year/Make: 2005 5W KEYSTONE SPRIN  
Model: 280FWIKLGL  
Serial No:   
Chassis No: 4YDF280235C  
Mileage:   
Key No:   
Location: S18  
Reqn No:   
Warr. Date: 11 MAY 05  
Customer:   
Address: RIVERDALE, MI  
Home Phone:   
Work Phone:   
Purchase Date: 11 MAY 05  
Date In: 10 JAN 06  
Promise Date: 29 SEP 06  
Schedule Date:   
License No:   
Trim:   
Promise Time: 12:00am

```
*****  
Job #      Description                WORK REQUIRED                Type  
*****  
1 CUSTOMER CALLED FROM FLORIDA TO LET US  
  KNOW THEY ARE STILL HAVING TROUBLE WITH  
  THE HOLDING TANK.  PIPE FROM TOILET TO  
  THE TANK IS PLUGED AGAIN.  RECOMENDED  
  THAT THEY TRY TO GET TANK TO CLEAR WITH  
  A STICK, FLUSH IT OUT AND TRY MURPHYS  
  OIL SOAP IN THE TANK TO ALLOW WAST TO  
  SLIDE THROUGH BETTER.  ALSO RECOMENDED  
  USING EXTRA WATER WHEN FLUSHING.  
  DOUG  
  ++CUSTOMER TRIED EVERYTHING ABOVE AND  
  IT STILL PLUGS  
  **PLUGS IN THE NECK CUSTOMER MUST USE  
  STICK TO UNPLUG ERVY USE AFTER A FEW  
  TIMES  
  
2 KITCHEN CABINET ARE PULLING LOOSE FROM  
  THE WALL  
  
3 THE PANELING BY THE STEP IS POPING  
  LOOSE.  
  
4 BLACK TANK VENT CAP IS MISSING  
  
5 KITCHEN SINK IS CRACKED IN THE FRONT  
  CORNER.  
  
W - 0.00  
W - 0.00  
W - 0.00  
W - 0.00  
W - 0.00
```

Continued on page 2

Work Order : [REDACTED]

\*\*\*\*\*

- 6 CABINET OVER THE FRIDGE IS COMING LOOSE W - 0.00
- 7 CALL FACTORY FOR WARRANTY COVERAGE E - 0.00  
 \*\*\*\*\* UNIT WENT TO FACTORY FOR  
 REPAIRS\*\*\*  
 SEE KEYSTONE WARRANTY CLAIM# [REDACTED]  
 [REDACTED] FOR DEATAILS OF  
 WHAT WAS DONE
- 8 TEST OPERATION OF FURNACE, SEEMS TO W - 0.00  
 LIGHT HARD
- 9 SLIDEOUT DOES NOT ALWAYS WORK. AT W - 0.00  
 TIMES IT JUST RACHETS AND WILL NOT  
 OPEN. CUSTOMER HAS HAD TROUBLE WITH  
 THE SWITCH WORKING.
- 10 CHECK STOVE TOP -SEEMS UNLEVEL W - 0.00
- 11 THE METAL ON THE FRONT OF THE UNIT HAS W - 0.00  
 SCREWS PULLING THROUGH.
- 12 METAL ABOVE THE SLIDEOUT IS CRACKING IN W - 0.00  
 THE FRONT CORNER OF THE UNIT.
- 13 THE OUT RIGERS UNDER THE UNIT ARE BENT W - 0.00  
 CAUSING THE TRAILER TO DROP DOWN BAD ON  
 THE PASSNGERS SIDE. THEY ARE ALSO BENT  
 ON THE DRIVERS SIDE OF THE UNIT. THIS  
 IS CAUSING PROBLEMS WITH THE CABINETS  
 IN THE REAR OF THE UNIT. THEY HAVE  
 BROKE LOOSE FROM THE WALL.

Customer Signature: \_\_\_\_\_  
Continued on page 3

Date: \_\_\_\_\_

American F Sales & Service, Inc.  
2076th Street SW  
Grand Rapids MI  
US  
49548  
616-455-5100

SHOP WORK ORDER # [REDACTED]

Completed:

Customer: [REDACTED]

Invoice #:

Address: [REDACTED]

Author: CRN

RIVERDALE, MI

Stock No: [REDACTED]

Year/Make: 2005 SPRINGDALE 280FWI

Home Phone: [REDACTED]

Model: 280FWIKLGL

Work Phone: [REDACTED]

Serial No:

Purchase Date: 11 MAY 05

Chassis No: 4YDF280235C [REDACTED]

Date In: 07 SEP 06

Mileage:

Promise Date:

Key No:

Schedule Date:

Location: TEST BAY

License No: [REDACTED]

Reqn No:

Trim: [REDACTED]

Warr. Date: 11 MAY 05

Promise Time:

\*\*\*\*\*  
Job # Description WORK REQUIRED Type  
\*\*\*\*\*

1 UNIT WENT TO THE FACTORY FOR REPAIRS W - 0.00

THE FOLLOWING IS THE LIST OF RAPAIRS  
THAT WERE NOT REPAIRED TO  
MY SATISFACTION. CHAD NEFF

THE UNIT WAS BROUGHT BACK TO THE  
FACTORY ON 9-8-06

THE CUSTOMER WAS CALLED AND MADE AWARE  
OF THIS.

2 THE 12 VOLT WIRE BY THE REAR OF THE W - 0.00  
DRIVER SIDE SLIDE ROOM IS HANGING DOWN

3 THE OLD BENT OUT RIGGERS WERE NOT W - 0.00  
REMOVE WHICH SHOULD OF BEEN.  
THE NEW ONES WERE WELDING IN IN  
DIFFERENT AREAS ALONG THE FRAME

4 THE FRONT LOWER SECTION OF METAL BY THE W - 0.00  
KINGPIN STILL HAS CRACKS OUTSIDE OF THE  
WASHER, THE METAL NEEDS TO BE REPLACED

5 THE BLACK TANK BACKS UP WHEN THE TOLIET W - 0.00  
IS USED, THE ANGLE OF THE TANK WILL  
NOT ALLOW WATER TO BREAK DOWN THE

Continued on page 2

Order : [REDACTED]

\*\*\*\*\*  
SOLIDS WHEN THEY PILE UP AT THE TOP OF  
THE TANK WHERE THE TOILET FEEDS IN.

6 THE STEPS GOING INTO THE BEDROOM HAD W - 0.00  
STRIP DOES NOT MATCH THE OTHER SIDE  
BECAUSE IT IS TAPE

7 AWNING RAIL & TOP AWNING CLEAT PULLING W - 0.00  
OFF @ TOP REAR

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

&k2SI hereby authorize the repair work hereinafter set forth to be done along with the necessary and agree that you are not responsible for loss or damage to the vehicle or articles left in the in case of fire, theft or any other cause beyond your control or for any delays caused by unavail of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or employees permission to operate the vehicle herein described on streets, highways or elsewhere f purpose of testing and/or transportation. An express mechanics lien is hereby acknowledged on t vehicle to secure the amount of the repair.

Upon notification of the completion of the service, vehicles not picked up with in 5 days will b a \$25.00 per day storage fee, unless prior arrangements have been made.  
&k0S