Form Approved: O.M.B. No. 2127-0008

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

2007 MAR 30 AM 7:41

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
29-DEC-2006	Reference No. 10177336

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City TAMPA	State FL	Zip Cod [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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FDXE45S21H [redacted]	COACHMEN	LEPRECHAUN	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
2-25-06	DUSTY'S CAMPER WORLD	V10	GAS
Original Owner ☐	Dealer's City: BARTOW	State: FL Zip Code: 33830	

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Vehicle Component Code: 351000 EQUIPMENT:RECREATIONAL VEHICLE Multiple Failure: 1 (RECALL)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
26-DEC-2006			DOMETIC 2-DR REFRIGERATOR

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL* - THE CONTACT RECEIVED THE HIGHWAY MAGAZINE FROM GOOD SAMS REGARDING THE DOMETIC REFRIGERATOR RECALL 06E076000. THE MOTOR HOME IS A 2001 COACHMEN LEPRECHAUN, MODEL# RM2652 AND SERIAL # 04500353. THE CONTACT TRAVELS FREQUENTLY, AND IS CONCERNED WITH THE SAFETY RISK INVOLVED, ITCOULD CAUSE A FIRE. THE CONTACT WILL ALSO CALL DOMETIC PER INSTRUCTIONS IN HER MAGAZINE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY