



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
2007 JAN 30 AM 7:41
02-JAN-2007

Repository

Reference No.
10177535

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ELDON State MO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address

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
5B4MP67G72 [REDACTED] Make NEWMAR Model KOUNTRY STAR Model Year 2003

Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
No: Cylinders _____

Original Owner Dealer's City _____ State _____ Zip Code _____

Transmission Type Antilock Brakes Cruise Control Powertrain _____
Vehicle Component Code 351000 EQUIPMENT:RECREATIONAL VEHICLE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 29-DEC-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 No Fire Yes 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).

TL* - THE CONTACT RECEIVED RECALL 06E076000 ON DOMETIC REFRIDGERATOR RM 3862. THE CONTACT STATED THAT HE CALLED THE TOLL FREE NUMBER PROVIDED BY DOMETIC ,AND THAT HE WAS TOLD THAT THERE WAS NOTHING THEY COULD DO FOR HIM. THE CONTACT HAD UNPLUGGED THE DOMETIC REFRIDGERATOR BECAUSE IT WAS NOT COOLING, AND IT WAS LEAKING A YELLOW FLUID. THE CONTACT HAS A 2003 KOUNTRY STAR PURCHASED FROM NEW MAR. THE CONTACTS RV WAS PARKED WHEN THE DOMETIC STOPPED COOLING AND BEGAN LEAKING. *AK

OVER

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 to 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)

After obtaining the recall number (06E076000) from your office I contacted Dometic and talked with the National Service Manager. They agreed to fix the fridge. I took the RV to Camping World in Tallassee Fla on January 19th and they installed a new cooling unit. I have just returned from Florida and so far the unit is working O.K. Thanks so much for your help. Dometic did not acknowledge a recall until I give them the Recall # Thanks again for your help.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

MISSOURI 652
13 MAR 2007 PM 1 L
American Red Cross
March is Red Cross Month
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

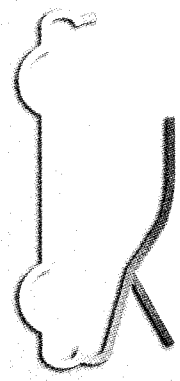
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

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

or call:
Vehicle Safety Hotline
888-327-4236



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

