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
17-JAN-2007	Reference No. 10178919

OWNER INFORMATION (Type or Print)

Name			
Address			
City UMATILLA	State OR	Zip Code	Daytime Telephone Number / Evening Telephone Number

E-mail Address

Do you authorize NH [redacted] manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [redacted] our name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2-27-07

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) located at bottom of windshield on driver's side	Make	Model	Model Year
1STJBYP2X [redacted]	UNKNOWN AIRSTREAM	UNKNOWN 304 CLASSIC	9999 2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2005	TOSCANO REC. CTR			N/A	N/A
Original Owner ☐	Dealer's City LOS BANOS,	State CA	Zip Code 93635		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code
N/A		TRAVEL TRAILER	351000 EQUIPMENT:RECREATIONAL VEHICLE
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION PT# DOM-2934806106 C/L

Incident Date(s)	Failure Mileage	Failure Speed	
15-JAN-2007	N/A	N/A	TRAVEL TRAILER DOMETIC REFRIGERATOR MODEL RM3862 [redacted]

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 HAS A DOMETIC REFRIGERATOR (MODEL NUMBER RM 3862, SERIAL NUMBER 210-00075). THE CONTACT IS GETTING A NEW REFRIGERATOR 01/17/2006, AND WOULD LIKE TO KNOW HOW HE CAN BE COMPENSATED FOR THE OLD DOMETIC. THE CONTACT BELIEVES HE SHOULD BE COMPENSATED BECAUSE HE WAS HAVING NO PROBLEMS WITH THE DOMETIC PRIOR TO 01/15/2007 WHEN IT JUST COMPLETELY STOPPED WORKING. *JB

DEFECTIVE UNIT MODEL# RM3862 SER# 210-00075 [redacted]

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).