



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 [ ]

2007 DEC 12 AM 9:53

24-JUL-2007

Reference No.

10197316

OWNER INFORMATION (Type or Print)

Name [Redacted]

Address [Redacted]

City EAST HAMPTON

State MA

Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [Redacted]

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 authorized signature, provide your name or address to the vehicle manufacturer.

Signature of Owner [Redacted] Date 10/9/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4YDT298207 [Redacted]

Make

KEYSTONE

Model

COUGAR

Model Year

2007

Date Purchased

01-MAR-07

Dealer's Name and Telephone Number

Beadford RV

Engine:

No: Cylinders

2

Fuel Type:

2

Original Owner [X]

Dealer's City Brockton

State MA

Zip Code [Redacted]

Transmission Type

AUTOMATIC

[ ] Antilock Brakes

[ ] Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

090000 FUEL SYSTEM, OTHER

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAY-2007

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Milestar

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

ST255/75R15D

DOT No. (Example: DOTM19ABC036)

[X] Original Equipment [ ] Prior Repair

Failure Location:

sidewall cracking

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).

TL\*THE CONTACT OWNS A 2007 KEYSTONE COUGAR RV. THE CONTACT STATED THAT THERE WAS A HORRIBLE SMELL SIMILAR TO GASOLINE FUMES IN THE VEHICLE, WHICH BURNED HER EYES AND NOSE. THE SMELL WORSENERD IN HOT WEATHER. HER DAUGHTER HAD TO RUN OUT OF THE VEHICLE BECAUSE HER EYES WERE BURNING. THE CONTACT NOTIFIED KEYSTONE AND THEY STATED THAT IT WAS NORMAL FOR A NEW CAMPER. THIS IS NOT HER FIRST NEW CAMPER AND SHE STATED THAT SHE HAS NEVER BEFORE EXPERIENCED THESE FUMES. THE VIN, ENGINE SIZE, NUMBER OF CYLINDERS, MILEAGE INFORMATION, FUEL TYPE, FUEL SYSTEM, AND POWERTRAIN WERE UNAVAILABLE.

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)

We purchased this vehicle in March 2009. It has an odor which burns your nose and eyes. The quality of this camper is very poor. Cabinet door and handles fall off. We had a flood the first time at, from a leak in the sink. And now tires are cracking along the wheels and side walls. This camper feels very unsafe for my family. What can I do about it.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

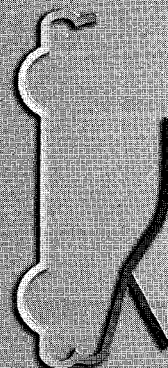
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



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

