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 DEC 12 AM 10:03

FOR AGENCY USE ONLY 100415

Date Received	Repository ☐
04-SEP-2007	Reference No. 10202625

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]	Evening Telephone Number [redacted]	
City PEACHTREE CITY / State GA / Zip Code [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 [redacted] vide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/27/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5B4LP37JXY[redacted]	AIRSTREAM	LAND YACHT	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
MAY 2000	LEE FAMILY TRAILER SALES 207-892-8303			No: Cylinders 8	GAS
Original Owner ☑	Dealer's City WINDHAM	State ME	Zip Code		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~01-JAN-1901~~	~~5968~~		

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	—	—	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).

DOMETIC REFRIGERATOR FAILURE. CUSTOMER STATES THAT THE REFRIGERATOR DID NOT COOL PROPERLY, HAD A SMELL OF AMMONIA, AND HAD YELLOW RESIDUE BEHIND AND ON THE SIDES OF THE UNIT. THIS WAS UNDER RECALL AND CUSTOMER PAID TO GET THE PROBLEM FIXED. *KB

THE CONSUMER STATED HAD PROBLEMS WITH THE REFRIGERATOR NOT COOLING PROPERLY AND THE WARRANTY HAD EXPIRED. THE CONSUMER STATED THAT WAS INFORMED A NEW UNIT WAS NECESSARY FOR REPAIR BY THE DEALER. THE CONSUMER STATED DOMETIC WAS AWARE A NEW UNIT WAS INSTALLED AND SENT AN EXTENDED WARRANTY FORM. THE CONSUMER PROVIDED REPAIR INVOICES AND THE COPY OF THE RECALL NOTICE. *TR

DOMETIC REIMBURSED MY EXPENSES ON THIS RECALL, AND I AM SATISFIED WITH THEM.

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