



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

05-MAR-2008

9 AM 7:23

Reference No.

10220160

**OWNER INFORMATION (Type or Print)**

Name

Address

City

MADISONVILLE

State

KY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: 3/11/08

**VEHICLE INFORMATION**

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

4YDT215223

Make

KEYSTONE

Model

CABANA

Model Year

2003

Date Purchased  
01-JUL-03

Dealer's Name and Telephone Number

Boyers R.V.

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

EVANSVILLE

State

Ind.

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

980000 OTHER

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
23-JUL-2003

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: 7/02

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

0

Number of Deaths

0

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 2003 KEYSTONE CABANA. THE CONTACT BECAME SICK AFTER BEING IN THE VEHICLE FOR APPROXIMATELY ONE HOUR. A NEWS BROADCAST STATED THAT THE VEHICLE HAD FORMALDEHYDE. THE CONTACT DID NOT HAVE THE VEHICLE INSPECTED OR TESTED FOR FORMALDEHYDE. NO OTHER VEHICLE INFORMATION WAS AVAILABLE.

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.