



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department of Transportation

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT
(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

2008 JUN 16 PM 2:00
36 MAY 2008

Date Received

Repository

Reference No.
10229301

National Highway Traffic Safety Administration

OWNER INFORMATION (Type or Print)

Name

Address:

City KNOXVILLE

State TN

Zip Cod

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?
In the absence of an authorized name or address to the vehicle manufacturer. YES NO

Signature of Owner

Date

VEHICLE INFORMATION

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

Make

Model

Model Year

SER# 1SABS02N252

STARCRAFT

YEAR 2005

280 BS
Aruba TRAVEL TRAILER

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

8-18-2004

Cathey's 865-938-9878

No: Cylinders

Original Owner

Dealer's City

State

Zip Code

N/A

N/A

KNOXVILLE TN

37912

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

351000 EQUIPMENT: RECREATIONAL VEHICLE

N/A

Cruise Control

N/A

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
18-MAY-2008

Failure Mileage

Failure Speed

LEAKING Ammonia Gas from Refrigerator

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

0

0

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 2005 STARCRAFT ARUBA. THE VEHICLE HAS A DOMESTIC REFRIGERATOR, MODEL NUMBER RM2652. WHILE THE VEHICLE WAS PARKED AT A CAMP GROUND, THE CONTACT SMELLED GASOLINE COMING FROM THE REFRIGERATOR. HE EXAMINED THE REFRIGERATOR AND NOTICED THAT THE FUEL LINES ON THE REFRIGERATOR WERE COVERED IN A YELLOW DUST. THE CONTACT DID NOT NOTICE ANY DIFFERENCE IN THE REFRIGERATOR PRIOR TO THE FAILURE. THE REFRIGERATOR HAS NOT BEEN DIAGNOSED BY THE DEALER. THE PURCHASE DATE, PART NUMBER, AND LOCATION IN THE VEHICLE WERE UNKNOWN.

Sub: smelled Ammonia Gas coming From The referigatator.

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)

My wife and I opened ^{the} camper to use it, and the trailer was filled with Ammonia gas. all the food in the refrigerator and freezer was ruined. In 30 years of camping using Dometic refrigerator, I never had one do this. One more crap product made ~~out~~ on the other side of the world. IF this gas had blown out while we were sleeping we would be dead.

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U.S. Department of Transportation

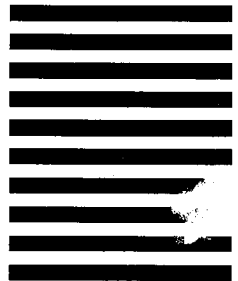
National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL

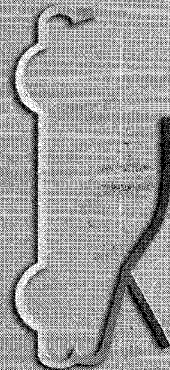
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



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

