



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
2008 OCT -2 PM 2:32
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

16-JUL-2008

Reference No.
10234518

OWNER INFORMATION (Type or Print)

Name

Address

City

GREENWOOD LAKE

State NY

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 authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/11/2008

VEHICLE INFORMATION

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

1RF4346488

Make

HOLIDAY RAMBLER

Model

ENDEAVOR

Model Year

2008

Date Purchased

8/FEB 2008

Dealer's Name and Telephone Number

COLTON RV

Engine: COMMINGS

No: Cylinders

Fuel Type:

DIESEL

Original Owner

Dealer's City NORTH
TONAWANDA

State NY

Zip Code 14120

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-JUL-2008

Failure Mileage

3046

Failure Speed

0

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

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 2008 HOLIDAY RAMBLER ENDEAVOR. AFTER RETURNING FROM SOUTH CAROLINA, THE CONTACT'S SON IN-LAW NOTICED SMOKE COMING FROM THE REAR PASSENGER SIDE OF THE VEHICLE. HE OPENED THE SIDE COMPARTMENT AND FLAMES APPEARED. A FIRE EXTINGUISHER WAS USED TO EXTINGUISH THE FIRE. THE FOLLOWING MORNING, THE CONTACT CALLED THE MANUFACTURER AND THEY ADVISED HIM TO TAKE THE VEHICLE TO THE ALPINHAUS RV DEALER. THE CONTACT WAS INFORMED THAT THEY WOULD HAVE TO GET A TECHNICIAN TO INSPECT THE VEHICLE. THE DEALER CALLED THE CONTACT AND STATED THAT ALL THE REPAIRS WOULD BE COVERED UNDER WARRANTY. THE FAILURE AND CURRENT MILEAGES WERE 3,046.

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.

Fire was 7th July.

ALPIN HAUS
1863 STATE HWY 5S
AMSTERDAM NY
USA
12010
518 842-5900

SHOP WORK ORDER # 142021

Completed Date:	Customer Name:
Invoice#:	Address:
Author: RC/PJM/SRV	: GREENWOOD LAKE, NY
Stock No:	Cell Phone:
Stock Desc: 2008 HOLIDAY RAMBLER	Phone#(res):
Model: ENDEAVOR	Phone#(bus):
Serial#:	Purchased Date:
Chassis#:	Date In: 10 JUL 08
Miles/Hrs: 0.0	Promised Date: 10 JUL 08
Zone::	Scheduled Date:
Key#: 6417	License#:
Engine:	Promised Time: 02:00pm
Engine#:	Boat Name:
Trailer:	Dealer#: NYS SHOP REG #3290116
Trailer#:	Unit Type: A-CLASS A MOTORHOME
Location: IH	:
Warranty Date:	:

 Job # Description WORK REQUIRED Type

1 PER AT MONACO PER PHONE W - 0.00

CONVERSATION WITH CUSTOMER. THE INVERTOR
 MAY HAVE OVER HEATED AND OVERCHARGED
 BATTERIES AND DAMAGED SOME WIRES.

PER HE WAS COMING BACK FROM
 SOUTH CAROLINA AND HIS SON WANTED TO
 CHARGE HIS PHONE SO HE PULLED OVER AND
 PUSHED THE BUTTON FOR THE INVERTOR AND
 HEARD A POP BUT HE THOUGHT THE SOUND
 CAME FROM THE BACK OF THE TV. HE GOT
 BACK FROM A TRIP

AND PLUGED HIS COACH @ HIS DAUGHTERS'
 HOUSE AND WENT TO BED BECAUSE IT WAS
 LATE AROUND 11:30PM A SHORT TIME LATER
 HIS DAUGHTER CAME OUT TO HIS COACH AND
 SAID THERE IS SMOKE POURING OUT FROM
 UNDERNEATH .BY THE TIME HE GOT OUTSIDE
 THE COACH WAS ON FIRE WITH FLAMES
 ROLLING OUT OF THE BOTTOM. THEY WERE
 ABLE TO EXTINGUISH THE FIRE WITH FIRE
 EXTINGUISHERS.

THE UNIT WAS PLUGGED IN AT THE TIME BUT
 THERE WAS NO ELETRICAL APPLIANCE RUNNING
 WHEN THIS HAPPENED.

Work Order : 142021

2 C/S THE FRIDGE IS COOLING, WILL NOT MAKE ICE, DOMETIC FRIDGE, CUSTOMER HAS HAD THE THERMOSTAT REPLACED 2 TIMES ALREADY.

W - 0.00

**

RECORD MODEL AND SERIAL NUMBER.

PLEASE CHECK AND ADVISE.

3 C/S THE PASSENGER SEAT SWITCH FOR THE RECLINER PARTS, THE SWITCH STICKS ON.

W - 0.00

4 C/S THE SPEAKERS IN THE BEDROOM ARE CRACKLING AND NO SOUND OUT OF ANOTHER ONE.

W - 0.00

5 C/S THE VENT IN THE TOILET DOES NOT WORK AUTOMATICALLY. THE VENT TO RAISE THE LID WILL NOT GO UP, CAN MANUALLY RAISE THE LID.

W - 0.00

6 C/S THE ENTRY DOOR, THE STAY AT THE TOP OF THE DOOR IS BROKEN, THE STAY GOES THE OPPOSITE WAY. IT HAS ALSO DAMAGED THE TOP OF THE DOOR. WILL NEED PICTURES OF THE TOP OF DOOR.

W - 0.00

7 C/S THE REMOTE FOR THE TV, LIVING ROOM TV, IT DOES NOT WORK, CUSTOMER HAS CHANGED THE BATTERIES, STILL DOES NOT WORK.

W - 0.00

**

NEED MAKE AND MODEL AND SERIAL NUMBER OF TV.

8 C/S THE REMOTE FOR THE RADIO, DASH RADIO, IT DOES NOT WORK, CUSTOMER HAS ALSO CHANGED THE BATTERIES , STILL NOTHING. NEED RADIO INFO.

W - 0.00

9 C/S THE FRONT OF THE WINDOW CURTAINS, THE RAIL GETTING JAMMED AND WON'T LET THE CURTAINS COME AROUND.

W - 0.00

Work Order : 142021

10 C/S THE BATHROOM DOOR SQUEAKS, THE DOOR HINGES WERE ALREADY REPLACED. CUSTOMER HAS LUBRICATED THEM ALREADY AND IT STILL SQUEAKS. W - 0.00

11 THE WARDROBE DOOR WAS BROKEN, IN THE BACK BEDROOM. WILL NEED PICTURES AND MEASUREMENTS. THE LATCH IS STILL BROKEN AS WELL. W - 0.00

12 C/S THE BREAKER SWITCHES ARE BROKEN BECAUSE OF THE WARDROBE DOOR. THE TABS ARE BROKEN OFF. THESE ARE THE CIRCUIT BREAKERS IN THE MAIN CONTROL PANEL. W - 0.00

13 C/S THE FRONT OF THE LOVE SEAT HAS A STAIN ON IT. COLTON RV WAS SUPPOSE TO SEND ONE OUT. WILL NEED PICTURES TO ORDER A NEW FRONT FOR THE SEAT. W - 0.00

14 C/S THE STEERING IS OFF CENTER, IT IS TO THE LEFT A LITTLE BIT ALL THE TIME, EVEN IN THE PARKING LOTS. W - 0.00

15 C/S THE BEDROOM MIRRORS ON THE CLOSET DOOR, THE RUBBER IS NOT SET RIGHT AND THE DOORS KEEP HITTING EACH OTHER. W - 0.00

16 C/S THE DASH LEATHER HAS A COUPLE OF CRACKS AND SPLITS, THE LEATHER IS SPLIT, IT WAS REPAIRED BEFORE AND IT IS STILL NOT RIGHT. ** WILL NEED PICTURES. W - 0.00

17 C/S THE CO PILOT SEAT IS MISSING A BUTTON, THIS WHERE YOU SIT IN THE SEAT. LEATHER BUTTON. W - 0.00

18 C/S THE LIVING ROOM TV IS NOT SURE IF IT IS WORKING, PLEASE TEST. NOT SURE IF THIS WAS NOT WROKING FROM THE FIRE. W - 0.00

Continued on page 4

Work Order : 142021

Job #	Lab Code	Description	LABOR	Hours
1	0	DIAGNOSE COMPLAINT		2.00
2	0	DIAGNOSE COMPLAINT		0.50
3	82	SEE JOB DESCRIPTION		0.30
4	82	SEE JOB DESCRIPTION		0.30
5	82	SEE JOB DESCRIPTION		0.40

Customer Signature: _____

Date: _____

SAVE OLD PARTS FOR CUSTOMER _____ DISCARD OLD PARTS _____

Est. #1 Labor, Parts & Tax \$ _____ Signature _____

#2 Labor, Parts & Tax \$ _____ Signature _____

#3 Labor, Parts & Tax \$ _____ Signature _____

#4 Labor, Parts & Tax \$ _____ Signature _____

(Enter Date & Time on Signature Line When Authorized by Phone)

I hereby authorize the repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You willnot be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft accident or other cause beyoun your control. Storage fees will accrue at a rate of \$25.00 per day after 2 weeks of being notified work is complete.

NYS Repair Station #3290116

Date Vehicle Dropped Off: _____

Date of Appointment: _____

Repair Completion Date: _____

Notified of Completion: Time: _____ Date: _____

Date Released: _____

I/We the undersigned acknowledge the foregoing as factual and I/We hereby acknowledge receipt of completed copy.

Signature of Owner: _____



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216fb

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner Questionnaire (VOQ) form. Please review the form and make changes, additions, and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's side door or the driver's side door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in a vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236. Thank you for your cooperation.

Frank S. Borris, II, Acting Chief
Correspondence Research Division
Enforcement

Enclosure: VOQ



