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: 12-AUG-2008	Repository ☐
	Reference No.: 10237845

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City: CASTAIC	State: CA	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1TC2B401653[redacted]	CHAPARRAL	280BHS	2005

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
8-27-2005	STIER'S RV CENTER 888-898-8800	No: Cylinders 0	—

Original Owner	Dealer's City	State	Zip Code
☒	SANTA CLARITA	CA	91381

Transmission Type		Powertrain	Vehicle Component Code
—	☐ Antilock Brakes ☐ Cruise Control	—	350000 EQUIPMENT Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-MAY-2008			

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	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 2004 COACHMAN. THE VEHICLE HAS A DOMETIC REFRIGERATOR, MODEL RM2652. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 08E032000 (EQUIPMENT) AND CALLED A LOCAL RV STATION TO HAVE THE EQUIPMENT REPAIRED. HE WAS ADVISED THAT THERE WAS A SIX MONTH WAITING PERIOD. THE CONTACT CALLED ANOTHER DEALER 30 MILES AWAY. IF HE TRAVELS TO THAT DEALER, THE EXPENSE OF FUEL AND TIME OFF EXCEEDS THE COST OF INSTALLING THE REPAIR KIT. SECONDLY, THERE IS A LONG WAITING PERIOD AT THE DEALER THAT IS 30 MILES AWAY. DOMETIC DID NOT PROVIDE ANY ASSISTANCE. AS OF AUGUST 12, 2008, THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE NOT APPLICABLE.

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