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

2008 OCT 10 PM 3:33

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 ☐
10-SEP-2008	Reference No. 10241738

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City BILLINGS	**State** MT	**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
4X4FFLD274[redacted]	FOREST RIVER	FLAGSTAFF	2004

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
4/25/04	Metra RV 406-259-2238		
Original Owner ☐	Dealer's City: Bigs, mt 59105	State	Zip Code

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	
05-SEP-2007	1000	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: 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 FOREST RIVER FLAGSTAFF 8528 RLFS FIFTH WHEEL. THE FRESH WATER TANK FELL FROM THE BOTTOM OF THE FIFTH WHEEL AS THE CONTACT WAS FILLING IT UP WITH WATER. SHE CALLED THE MANUFACTURER, BUT HAS BEEN UNABLE TO SPEAK WITH ANYONE. SHE CALLED THE DEALER FROM WHERE THE FIFTH WHEEL WAS PURCHASED AND THEY AGREED THAT THE FAILURE WAS DUE TO A MANUFACTURER DEFECT. HOWEVER, SINCE THE VEHICLE WAS NOT UNDER WARRANTY, THE DEALER COULD NOT REPAIR IT FOR FREE. THE FAILURE MILEAGE WAS 1,000. This was only the 3rd time this fifth wheel had water in the tank we have only used this 5th wheel 5 times. The manufacturer did finally call and they agreed it was a manufacture defect & they did pay for repairs.

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