Form Approved: O.M.B. No. 2127-0008

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

2009 MAY -5 PM 1:55

FOR AGENCY USE ONLY 100148	
Date Received: 01-APR-2009	Repository ☐
	Reference No.: 10263874

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City: NEWPORT	State: NC	Zip Code [redacted]	

Do you authorize N[redacted] of your vehicle? ☐ YES ☒ NO
In the absence of [redacted]ddress to the vehicle manufacturer.
Signature of Owne[redacted] Date 04/19/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4YDF340264D[redacted]	MONTANA	2004 4 SLIDE	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
01/12/2006				N/A	N/A
☐ Original Owner	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s): 01-DEC-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

	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: 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 KEYSTONE FIFTH WHEEL RV TRAILER. THE VEHICLE HAS A DOMETIC REFRIGERATOR, MODEL RM2852. THE CONTACT RECEIVED A RECALL NOTICE FOR THE DOMETIC REFRIGERATOR. DOMETIC STATED THAT THE REFRIGERATOR WAS OUT OF WARRANTY AND HE WOULD HAVE TO CALL A DEALER AND PAY FOR THE REPAIR. CURRENTLY, THE TWO DOOR REFRIGERATOR DOES NOT WORK AT ALL. COOLANT WAS LEAKING IN THE REAR OF THE REFRIGERATOR, WHICH IS LOCATED NEXT TO THE GAS LINE. THE CONTACT HAD TO TURN OFF THE GAS LINE AND THEN TURN OFF THE REFRIGERATOR BEFORE A FIRE OCCURRED IN THE RV. THE NHTSA CAMPAIGN ID NUMBER WAS UNKNOWN.

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

STATE OF NORTH CAROLINA

MVR 191 (Rev 11/01)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER	YEAR MODEL	MAKE	BODY STYLE
4YDF340264D[redacted]	2004	MONT	CT

TITLE NUMBER [redacted]

TITLE ISSUE DATE 01/12/2006

PREVIOUS TITLE NUMBER [redacted]

MAIL TO:
WACHOVIA BANK NATIONAL ASSOCIATION
PO BOX 50010
ROANOKE VA 24022-5010

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

[redacted]
NEWPORT NC [redacted]

The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN 01/10/2006
WACHOVIA BANK NATIONAL ASSOCIATION
PO BOX 50010
ROANOKE VA 24022

LIEN RELEASED BY:
SIGNATURE [signature]
TITLE [illegible] DATE 10-31-06

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

80755916

040 TIC0404

[redacted]
Newport, NC. [redacted]

Phone: [redacted]
Cell: [redacted]
date: 04-23-2009

Dear Sir:

No mechanical work has been done on this unit. It just went bad before the end of the warranty and was not caught before the warranty went out. I was told by a recall notice to cut off the gas and I did as told and yet, I did smell ammonia in Dec. 2008 and did not put 2-2 on the refrigerator problem and checking with the rep. Dealer listed closest to me, with the ammonia gone the heat shield replacement on the recall letter would not help because of the ammonia had already gone and the lp gas was a safty factor to shut off and not use until the heat shield was replaced. A leak, in the refrigerator ammonia line, weld was the problem.. Not the heat shield. Dometic refrigerator Co. Told me to cut off the lpgas and not use it.

My e-mail address is [redacted] and you may send me your information what to do next. I'm without a refrigerator.. Thank you.

[redacted]

Dear Consumer: NVS-216fb

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(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 drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. 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 vehicles 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 a 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.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ