

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                   |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                             |                                                                                      | <b>FOR AGENCY USE ONLY 100148</b> |                                                                  |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br><div style="position: absolute; top: 0; right: 0; text-align: right;">           2009 JUN 16 PM 1:21         </div>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | Date Received<br>23-JUN-2009      | Repository <input type="checkbox"/><br>Reference No.<br>10274723 |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                   |                                                                  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | Daytime Telephone Number          |                                                                  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | E-mail Address                    |                                                                  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                                | Zip Code                          | Evening Telephone Number                                         |
| DUNKIRK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NY                                                                                   |                                   |                                                                  |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>7/1/09</u>                                                                                                                                                                                                                                                     |                                                                                      |                                   |                                                                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                   |                                                                  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | Make                              | Model                                                            |
| 1F6MF53Y470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | NEWMAR                            | BAY STAR                                                         |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dealer's Name and Telephone Number                                                   |                                   | Model Year                                                       |
| 9-17-08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (716) BALLARD'S CAMPING CENTER 649-9654                                              |                                   | 2008                                                             |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dealer's City                                                                        | State                             | Fuel Type:                                                       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HAMBURG                                                                              | N.Y.                              | GAS                                                              |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Engine:                                                                              | No. Cylinders                     |                                                                  |
| AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | 10                                |                                                                  |
| <input checked="" type="checkbox"/> Antilock Brakes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Powertrain                                                                           | Multiple Failure:                 | Incident Date(s)                                                 |
| <input checked="" type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORD                                                                                 |                                   | 14-MAR-2009                                                      |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                   |                                                                  |
| Vehicle Component Codes: 020000 SUSPENSION, 010000 STEERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                   | Failure Mileage                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                   | 800                                                              |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                   |                                                                  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tire Model (Name or Number)                                                          | Tire Size (Example P215/65R15)    |                                                                  |
| DOT No. (Example: DOTM9ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location:                 |                                                                  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tire Failure Type:                                                                   |                                   |                                                                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                   |                                                                  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date Manufactured:                                                                   | Model No./Name:                   |                                                                  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Installation System:                                                                 |                                   |                                                                  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Failed Part:                                                                         |                                   |                                                                  |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                   |                                                                  |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                   |                                                                  |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fire                                                                                 | Number of Persons Injured         | Number of Deaths                                                 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  | 0                                 | 0                                                                |
| Reported to Police                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                   |                                                                  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                   |                                                                  |
| <b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br><b>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).</b>                                                                                                                                                                                                                                                                                            |                                                                                      |                                   |                                                                  |
| TL*THE CONTACT OWNS A 2008 NEWMAR BAY STAR RV. WHILE DRIVING VARIOUS SPEEDS OR IF THE RV IS IN CLOSE PROXIMITY TO ANOTHER LARGE VEHICLE, IT WILL SWAY AND ROCK FROM SIDE TO SIDE AND BECOME DIFFICULT TO HANDLE. THE CONTACT STATED THAT THE VEHICLE LACKS STABILITY. HE SPOKE TO A DEALER AND WAS INFORMED THAT HE SHOULD SLOW DOWN TO 45 MPH WHEN THE FAILURE OCCURS, WHICH SHOULD CORRECT THE ISSUE. THE CONTACT FEELS THAT THIS IS AN INSUFFICIENT ANSWER. THE FAILURE MILEAGE WAS 800 AND CURRENT MILEAGE WAS 5,500.                                                           |                                                                                      |                                   |                                                                  |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                   |                                                                  |
| 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)

NEWMAR CORP. STATES THIS CONDITION IS COMMON WITH A CLASS A UNIT, THEREFORE THEY WILL NOT TAKE ANY CORRECTIVE ACTION.

BALLARD'S SAMPING CENTER STATES THAT IF I WISH TO PURCHASE AFTER MARKET EQUIP. TO CORRECT THE PROBLEM THEY WOULD INSTALL IT "FREE OF CHARGE".

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

SUFFALO NY 142

06 JUL 2009 PM 5 L

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

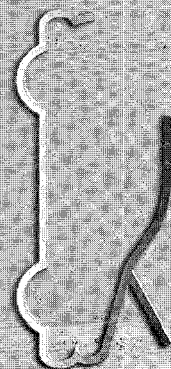
POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

20077-9382



Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

[www.safercar.gov](http://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

