



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: 14-JUL-2009
 Repository:
 Reference No.: 10276773

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: KANKAKEE State: IL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
 Signature of Owner: [REDACTED] Date: 7/22/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [REDACTED] Make: [REDACTED] Model: [REDACTED] Model Year: [REDACTED]
 Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
 Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Transmission Type: Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 01-APR-2007

FAILED COMPONENT(S)/PART(S) INFORMATION

Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
 DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
 Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
 Seat Type: [REDACTED] Installation System: [REDACTED]
 Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 2002 FOREST RIVER CARDINAL FIFTH WHEEL RV. THE VEHICLE HAS A DOMETIC REFRIGERATOR, MODEL RM2852. THE REFRIGERATOR WAS LEAKING A YELLOW LIQUID THAT FILLED THE ENTIRE TRAILER WITH AN AMMONIA ODOR AND CAUSED THE PET DOG TO BECOME ILL. THE VEHICLE WAS TAKEN TO TWO DIFFERENT DEALERS. DOMETIC STATED THAT REGARDLESS OF NHTSA CAMPAIGN ID NUMBER 07V085000 (EQUIPMENT: RECREATIONAL VEHICLE), THEY WOULD NOT COVER THE REPAIR FOR THEIR REFRIGERATOR. THE CONTACT BELIEVES THAT THE MANUFACTURER SHOULD BE RESPONSIBLE SINCE THE UNIT WAS UNDER A RECALL. THE REFRIGERATOR HAS NOT BEEN REPAIRED. Replaced unit 7/15/09. Cost 1,150.00

02 Cardinal Vin # 4X42SAN271A [REDACTED]

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 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.