


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

\* Circled information below has been Changed

Form Approved O.M.S. No. 2127-9002

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> 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 21-OCT-2011 NOV 1 - 2011		Repository <input type="checkbox"/> Reference No. 10432374	
<b>OWNER INFORMATION (Type or Print)</b>							
Name		Address		City		State	
[Redacted]		[Redacted]		GRINNEL		IA	
Zip Code		Daytime Telephone Number		Evening Telephone Number		E-mail Address	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	
<i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>							
<b>VEHICLE INFORMATION</b>							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4X4FSEM29AJ[Redacted]				Make FOREST RIVER		Model SIERRA	Model Year 2010
Date Purchased		Dealer's Name and Telephone Number			Engine: No: Cylinders		Fuel Type:
Original Owner <input type="checkbox"/>		Dealer's City		State	Zip Code		
Transmission Type		<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain		Multiple Failure:	Incident Date(s) 07-OCT-2011
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>							
Vehicle Component Code: 162000 STRUCTURE: BODY						Failure Mileage	Failure Speed
<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: DOTM1A9ABC036)		<input type="checkbox"/> Original Equipment <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> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>							
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured 1	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 2010 FOREST RIVER SIERRA RV. THE CONTACT STATED THAT THE EXTENSION FOR THE KITCHEN COUNTER TOP THAT FOLDED UP AND DOWN WAS A SAFETY HAZARD. (THERE WAS A BUTTON ON BOTH SIDES OF THE SHELF THAT WERE PUSHED IN TO RELEASE THE SHELVES) THE CONTACT STATED THAT WHEN THE SHELF WAS RELEASED, IT DROPPED DOWN HARD AND SEVERED THE TIP OF THE THUMB FROM THE CONTACT'S RIGHT HAND. THE CONTACT BELIEVED THE FAILURE TO BE A SAFETY HAZARD BECAUSE OF HOW HARD THE SHELF IS RELEASED AND THE WAY IT IS DESIGNED. THE FAILURE MILEAGE WAS UNAVAILABLE. UPDATED 10/31/11 *BF							
* ITS not a button, its like a spring loaded flip lever on each side. I'm the contact [Redacted] IT happened to my wife [Redacted]							



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

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

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 failure(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 driver's 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

Fax 202-366-1767

