

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



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

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 00148

Date Received
DEC 5 2011
03-NOV-2011

Repository
Reference No.
10434063

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **DELL RAPIDS** State **SD** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [REDACTED]

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4X4FFLD27C1 [REDACTED]

Make **FOREST RIVER** Model **FLAGSTAFF** Model Year **2012**
Camper *5th wheel*

Date Purchased **May-2011** Dealer's Name and Telephone Number **North view Campers** Engine: No: Cylinders **N.A.** Fuel Type: **N.A.**

Original Owner Dealer's City **Sioux Falls** State **S.D.** Zip Code [REDACTED]

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) **01-JUN-2011**

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **010000 STEERING** Failure Mileage **500** Failure Speed **55**

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) 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 [REDACTED] Number of Deaths [REDACTED] 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 2012 FOREST RIVER FLAGSTAFF. WHILE DRIVING APPROXIMATELY 55 MPH THE CONTACT NOTICED THE VEHICLE BEGAN TO SWAY FROM SIDE TO SIDE WHILE ATTACHED TO ANOTHER VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER FOR DIAGNOSTIC TESTING. THE DEALER SUGGESTED THE CONTACT INFLATE THE TIRES TO ~~THE~~ MAXIMUM RECOMMENDED INFLATION. THE CONTACT STATED THAT DOES NOT REMEDY THE FAILURE BUT HELPS REDUCE THE MOVEMENT. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 500.

** Dealer suggested to inflate tires 15 PSI above maximum recommended inflation.*

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.