

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

FOR AGENCY USE ONLY 100148



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

Date Received **OCT 17 2013** Repository

22-AUG-2013 Reference No. 10536693

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **GLADE HILL** State **VA** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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: **4X4TPUD288P [REDACTED]** Make: **FOREST RIVER** Model: **PUMA** Model Year: **2008**
Date Purchased: **6-18-07** Dealer's Name and Telephone Number: **ECONO BUILT INC 276-629-1404** Engine: No: Cylinders: Fuel Type:
Original Owner: Dealer's City: **BASSETT** State: **VA** Zip Code: **24055**
Transmission Type: Antilock Brakes Cruise Control Powertrain: Multiple Failure: Incident Date(s): **09-JUL-2013**

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **162000 STRUCTURE: BODY** Failure Mileage: **2000** 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: DOTM19ABC036) 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 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 2008 FOREST RIVER PUMA RV. THE CONTACT STATED THAT WHILE DRIVING AT AN UNKNOWN SPEED, THE FRAME BECAME DETACHED FROM THE VEHICLE. THE VEHICLE WAS TOWED TO A DEALER FOR DIAGNOSIS AND THE CONTACT WAS INFORMED THAT THE FRAME WOULD NEED TO BE STRAIGHTENED AND CROSS BRACES WOULD NEED TO BE ADDED IN AREAS THAT WERE MISSED WHEN IT WAS MANUFACTURED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND THE VEHICLE WAS REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 2,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

CROSS MEMBER Between AXELS BROKE AND CAME OUT.
WINGS HOLDING BODY TO FRAME Bent, BROKE AND CAME LOOSE
AXELS WOULD MOVE LEFT to Right 10"

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



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**



Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
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

2











