

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|------------------------------------------------------------------|--|--------------------|--|
|  <b>U.S. Department of Transportation</b><br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                      |  | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET:www.nhtsa.dot.gov/hotline |  | FOR AGENCY USE ONLY 100148<br>Date Received<br>28-MAY-2015 |  | Repository <input type="checkbox"/><br>Reference No.<br>10721913 |  |                    |  |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                   |  |                                                            |  | Daytime Telephone Number                                         |  | E-mail Address     |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | State                                                                                                                                                                             |  | Zip Code                                                   |  | Evening Telephone Number                                         |  |                    |  |
| HOUSTAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TX                                                                                                                                                                                |  |                                                            |  |                                                                  |  |                    |  |
| <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>                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                   |  | Make                                                       |  | Model                                                            |  | Model Year         |  |
| 5ZT2SAEC8FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                   |  | FOREST RIVER                                               |  | SHASTA                                                           |  | 2015               |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Dealer's Name and Telephone Number                                                                                                                                                |  |                                                            |  | Engine:                                                          |  | Fuel Type:         |  |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Dealer's City                                                                                                                                                                     |  | State                                                      |  | No: Cylinders                                                    |  |                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Antilock Brakes                                                                                                                                          |  | Powertrain                                                 |  | Multiple Failure:                                                |  | Incident Date(s)   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Cruise Control                                                                                                                                           |  |                                                            |  |                                                                  |  | 21-MAY-2015        |  |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| Vehicle Component Code: 200000 WHEELS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                   |  |                                                            |  | Failure Mileage                                                  |  | 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: DOTM9ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Original Equipment                                                                                                                                       |  | Failure Location:                                          |  |                                                                  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Prior Repair                                                                                                                                             |  |                                                            |  |                                                                  |  |                    |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Fire                                                                                                                                                                              |  | Number of Persons Injured                                  |  | Number of Deaths                                                 |  | Reported to Police |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               |  | 0                                                          |  | 0                                                                |  | 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 2015 FOREST RIVER SHASTA. THE CONTACT STATED THAT THE CAMPER WAS EQUIPPED WITH PASSENGER TIRES INSTEAD OF TRAILER TIRES. THE WEIGHT OF THE EQUIPMENT PLACED ON THE CAMPER BROUGHT THE CAMPER VERY CLOSE TO THE TIRES, WHICH MADE IT DIFFICULT TO MANEUVER. THE TRAILER WAS NOT TAKEN TO THE DEALER. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS NOT APPLICABLE.                                                                                                                                                             |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |
| 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. |  |                                                                                                                                                                                   |  |                                                            |  |                                                                  |  |                    |  |

**From:** [Atkins, Tanya CTR \(NHTSA\)](#)  
**To:** [Fogle, Brenda CTR \(NHTSA\)](#)  
**Subject:** FW: FW: NHTSA: Follow up to ODI Complaint: ----10721913-----  
**Date:** Wednesday, June 17, 2015 5:52:01 AM  
**Attachments:** [EVOQ EMAIL RESPONSE.doc](#)  
[10721913.pdf](#)

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**Sent:** Tuesday, June 16, 2015 10:29 AM

**Subject:** FW: FW: NHTSA: Follow up to ODI Complaint: ----10721913-----

The ODI # is in the subject line. Email 1of2.

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**From:** [REDACTED]  
**Sent:** Tuesday, June 16, 2015 10:04 AM  
**To:** DataQuality, DataQuality (NHTSA)  
**Subject:** Fw: FW: NHTSA: Follow up to ODI Complaint: ----10721913-----

I could not figure out how to make changes to my report, but I have two of these new 2015 Shasta Reissues and both have tire issues. One is at Camper World now for other issues and one is parked at my home and has not yet been taken to the dealer for this issue.

Both of my campers have less than 2" between the top of the tire to the wheel hub and I am very afraid to load them for camping or even take them out. Shasta has been notified of this problem and has issued a letter to my dealer that they will NOT be doing anything about the problem.

Your help with this matter will be greatly appreciated.

Thanks,

[REDACTED]  
[REDACTED]  
[REDACTED]  
Houston, TX [REDACTED]

On Friday, June 12, 2015 10:47 AM, "[EVOQ@dot.gov](mailto:EVOQ@dot.gov)" <[EVOQ@dot.gov](mailto:EVOQ@dot.gov)> wrote:

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to [dataquality@dot.gov](mailto:dataquality@dot.gov) or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.  
NHTSA/Office of Defects Investigation



**From:** [Atkins, Tanya CTR \(NHTSA\)](#)  
**To:** [Fogle, Brenda CTR \(NHTSA\)](#)  
**Subject:** FW: 2015 Shasta Reissue Tires (ODI# 10721913)  
**Date:** Wednesday, June 17, 2015 5:54:07 AM

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**Sent:** Tuesday, June 16, 2015 10:30 AM

**Subject:** FW: 2015 Shasta Reissue Tires

Email 2of2.

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**From:** [REDACTED]  
**Sent:** Tuesday, June 16, 2015 9:59 AM  
**To:** DataQuality, DataQuality (NHTSA)  
**Subject:** 2015 Shasta Reissue Tires

I could not figure out how to make changes to my report, but I have two of these new 2015 Shasta Reissues and both have tire issues. One is at Camper World now for other issues and one is parked at my home and has not yet been taken to the dealer for this issue.

Both of my campers have less than 2" between the top of the tire to the wheel hub and I am very afraid to load them for camping or even take them out. Shasta has been notified of this problem and has issued a letter to my dealer that they will NOT be doing anything about the problem.

Your help with this matter will be greatly appreciated.

Thanks,

[REDACTED]  
[REDACTED]  
[REDACTED]  
Houston, TX [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 failures(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 drivers' 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

