

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

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department
of TransportationNational 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

Date Received

16-SEP-2015

FEB 22 2016

Repository ☐Reference No.
10764273**OWNER INFORMATION (Type or Print)**

Name

Address

City

RAYMOND

State

OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Make

FOREST RIVER

Model

VENGEANCE

Model Year

2014

4X4FVGG22EY

Date Purchased

01-27-2014

Dealer's Name and Telephone Number

SPECIALTY RV SALES (740) 652-1919

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

LANCASTER

State

OH

Zip Code

43130

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

06-SEP-2015

☐ Cruise Control**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 110000 ELECTRICAL SYSTEM

Failure Mileage

500

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

1

Number of Deaths

0

Reported to Police

Y

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 2014 FOREST RIVER VENGEANCE. THE CONTACT STATED THAT THERE WAS AN ABNORMAL ODOR COMING FROM THE FRONT STORAGE COMPARTMENT. THE CONTACT INSPECTED THE STORAGE AREA AND DISCOVERED THAT THE SMALL METAL BOX BURNED HIS RIGHT ARM. MEDICAL ATTENTION WAS NOT REQUIRED. THE CONTACT OPENED THE BOX AND DISCOVERED THAT THE WIRES MELTED. A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 500. THE VIN WAS NOT AVAILABLE.

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 to 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.

The incident happened on the morning of Sept. 6, 2015. It was the beginning of our third day camping at the Indian Lake State campgrounds in Ohio.

As we were getting around to start the day my spouse, [REDACTED] smelled something hot coming from the front storage compartment. She brought this to my attention and I started to investigate the problem. I brought this to the attention of our friends and family that were camping with us.

While removing the items in the front storage compartment the hot electrical smell started to become overwhelming. The smell seemed to be localized but was spreading now outside of the compartment. While removing the last of the chairs I just happened to bump the small metal electrical box with my right arm. Instantly I was burnt by the box. Immediately I ran around the camper and disconnected the electrical power source. Our friend Greg Spires and my uncle, [REDACTED] [REDACTED] were there to assist in finding out what was going on and why I burnt my arm.

The small steel box is called Automatic Transfer Relay Switch, Model PD52(P). Photos of the box are attached. We then removed the cover from the relay box. Inside of the box were melted wires and melted main legs of the electrical connection. Photos of the damage inside the box are attached also. Seeing this damage we then called the park ranger to file a report. The rangers report is also attached. Then we called the park manager so that he could inspect the damage.

After the ranger and the park manager left we decided to investigate further. This was because the park manager and his maintenance man found the park electrical connections, voltages, and amperes were correct at the box. The electrical connections were all loose. We couldn't believe it. The set screws that tighten the wires to the electrical legs wasn't even hand tight, all the set screws were

loose. If we hadn't woke up when we did my wife and I could have died because the relay box is right under our bed.

It was Sunday when this happened but my wife and I took the cover to the nearest camper store, Philips Happy Hollow in Indian Lake. The owner was very helpful and she found the relay box in a parts book. This part would not be able to be there for over a week. Due to this fact we had to leave the campground two days early.

On Tuesday we went to Camping World in London, Ohio and ordered the part ourselves. When the part came in I hired Castle Rock electric, Jerry McClary owner, to install the electrical box.

The reason why we did not take the camper to the place where we bought it is because of the conversation I had with Specialty RV sales in Lancaster, Ohio. I called the service department on the Tuesday after Labor Day. The person on the phone said he couldn't believe that would happen and asked if we had done something to cause it. He also said that they wouldn't be able to get the part in for at least two weeks if that was the problem. He also couldn't get a person to look at it for at least a week after we took it to them. Then he told me the part would cost at least five hundred dollars, just for the part. I was very upset after that phone call to say the least.

I called the manufacturer, Forest River, and of course I had to leave a message. It took them over a week to return my phone call. The representative from Forest River was not a very nice person. She was extremely rude, very accusatory, and very uncooperative. After our conversation she said that she had to turn her report into her supervisor and then she would get back with us. To this day Forest River has not contacted us.

We have had nothing but a bad experience with this dealership from the time we purchased our camper. First we bought the camper on Jan. 27, 2014 but was unable to pick up the camper until the end of

March because they were unable to move it. It was frozen to the ground. Then we getting ready to go camping Memorial week end but the front slid out got stuck out. We had to call a service man and he unplugged it so we could go that weekend but couldn't use the slide. When we got back from camping we took the camper to be worked on at Specialty RV and they had the camper for the whole month of June. So out of the first year we owned the camper we actually only had it for eight months out of twelve. We should have known we were in trouble from the beginning.

What my family and I would like to happen is to be reimbursed the two days cost of camping we missed. The cost of the relay box and the installation cost. Then Forest River should be made to check each and every one of these boxes. It is very unsafe and could cause many deaths unless this safety issue isn't addressed.

My family and I wish to thank you for any help that you could give us. All names and addresses are available upon request.

[REDACTED] and [REDACTED]

From: [REDACTED]
To: [REDACTED]
Sent: Monday, January 04, 2016 7:43 PM
Attach: KIMG0173_resized_1.jpg

Sent from my Verizon Wireless 4G LTE smartphone

Model PD52(P)
Automatic Transfer Relay Switch

NOT IGNITION PROTECTED
RATED 240 VAC, 50A, 70A Neutral

WARNING

DANGER OF ELECTRICAL SHOCK.
MULTIPLE 120/240 VOLT POWER
SOURCES. ALL SOURCES MUST
BE TURNED OFF BEFORE
SERVICING. REFER SERVICE TO
A QUALIFIED ELECTRICIAN

AVERTISSEMENT

DANGER DE CHOC ELECTRIQUE.
COUPER TOUTES LES SOURCES
D'ALIMENTATION AVANT DE FAIRE
L'ENTRETIEN ET LES REPARATIONS.
PLUS D'UN CIRCUIT SOUS
TENSION VOIR SCHEMA.

FOR NON-EMERGENCY APPLICATIONS

PROGRESSIVE DYNAMICS, INC.

MARSHALL, MI

www.progressivedyn.com



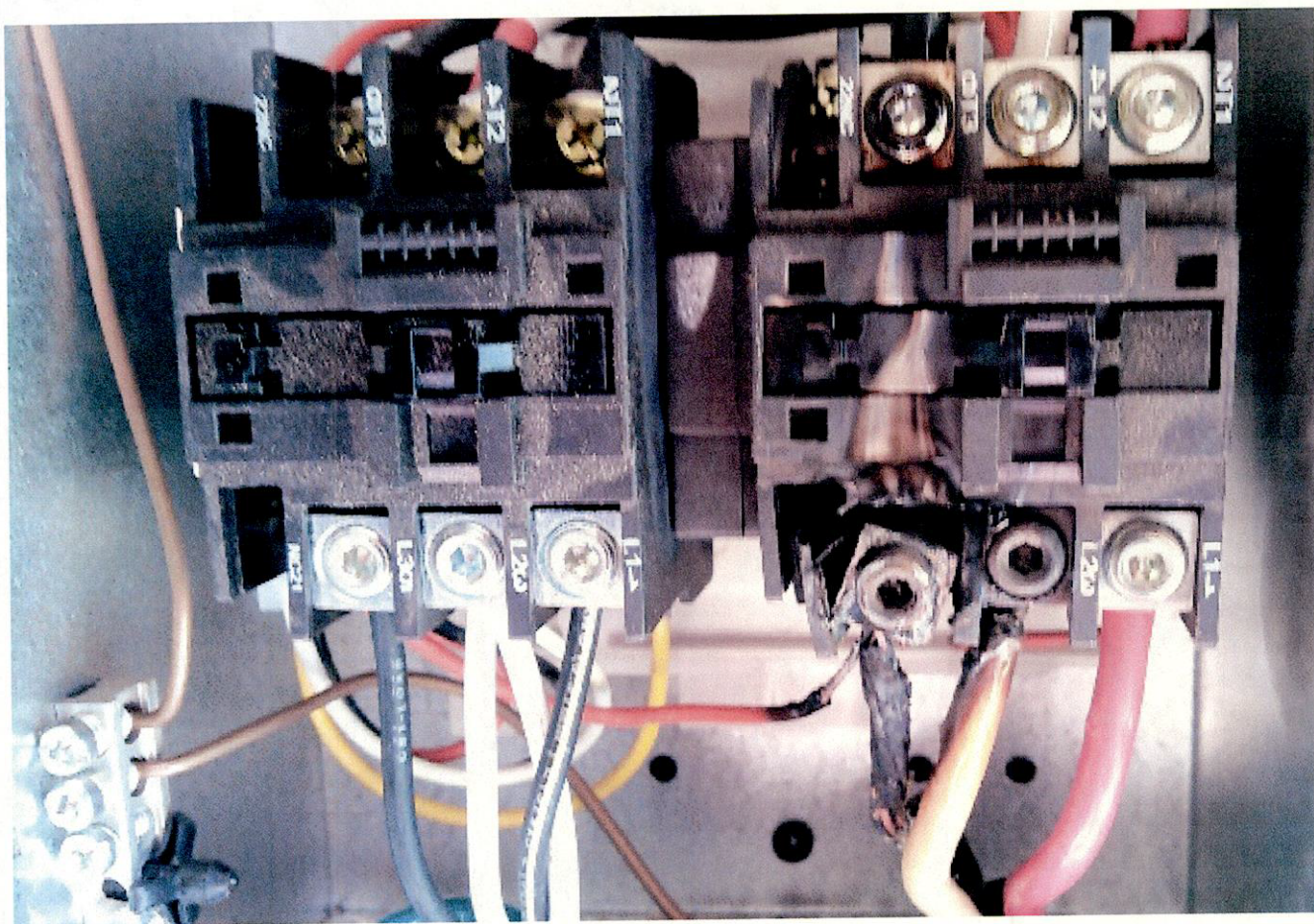
UL LISTED
CONFORMS TO
ANSI/UL STD 1000
CERTIFIED TO CSA
STD C22.2 NO. 14
TYPE 1 ENCLOSURE

813043A

and

From: [REDACTED]
To: [REDACTED]
Sent: Monday, January 04, 2016 7:33 PM
Attach: KIMG0168_resized_1.jpg

Sent from my Verizon Wireless 4G LTE smartphone

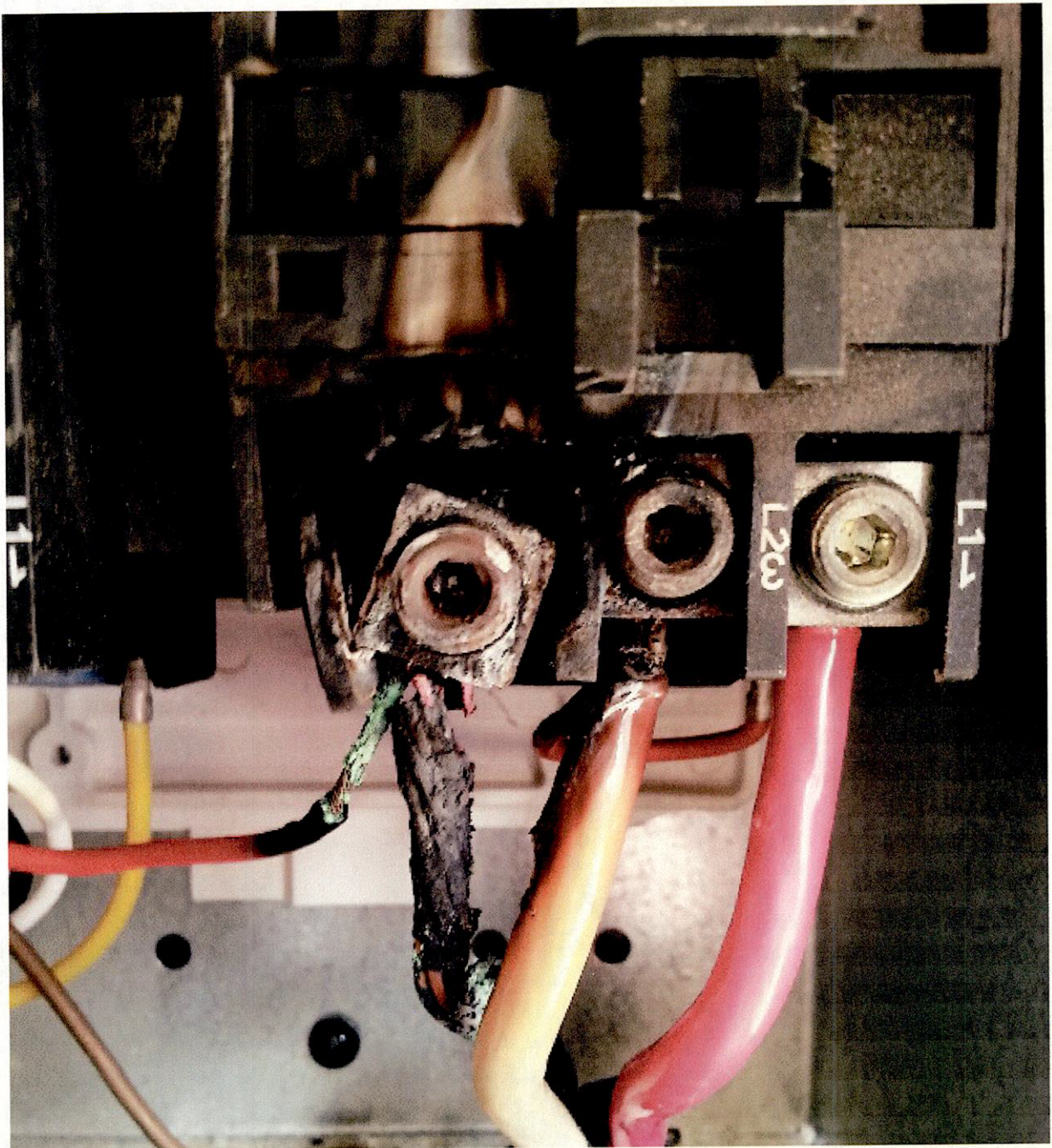


1/4/2016

and

From: [REDACTED]
To: [REDACTED]
Sent: Monday, January 04, 2016 7:42 PM
Attach: 20150908_105215_resized.jpg

Sent from my Verizon Wireless 4G LTE smartphone

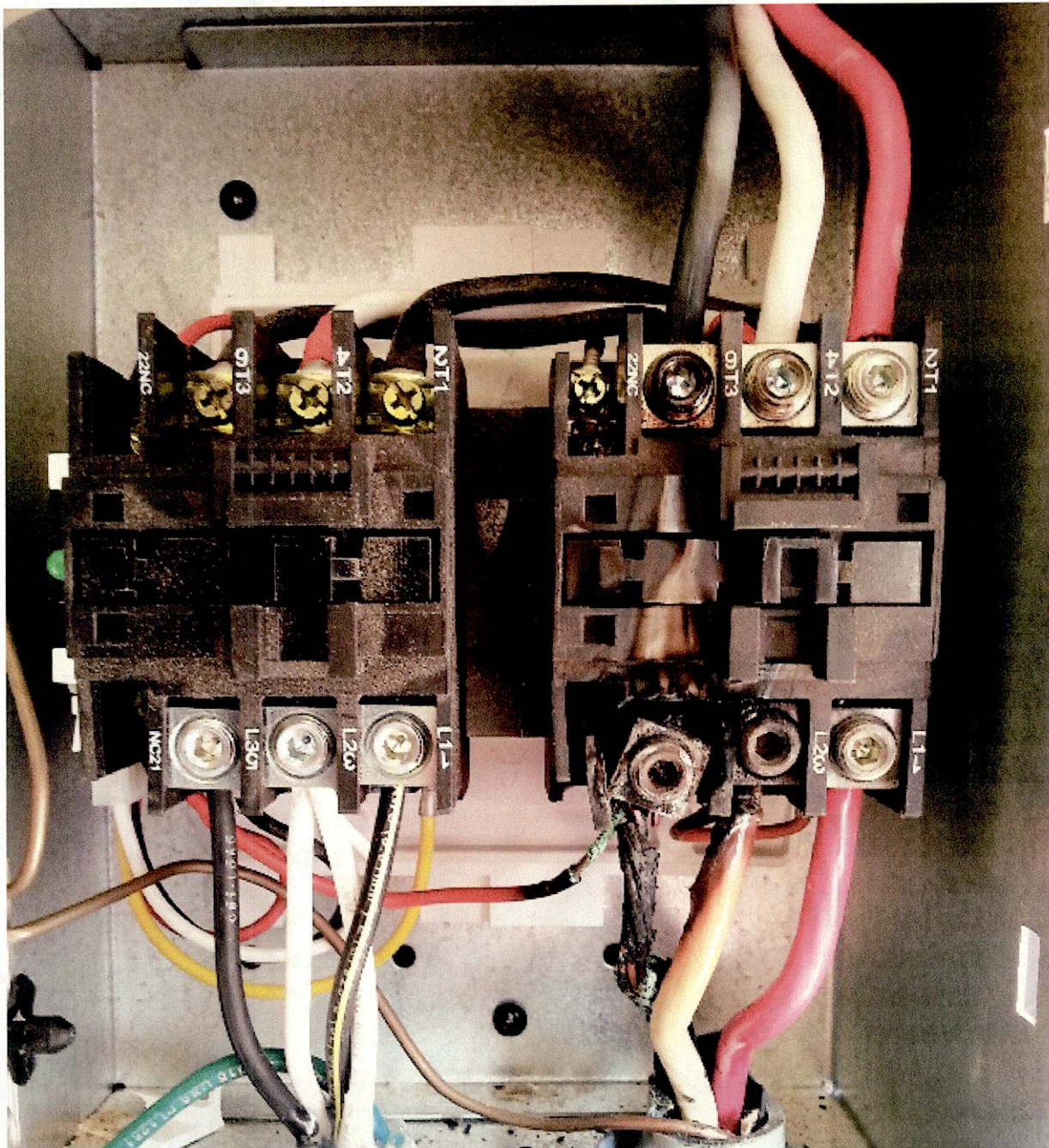


1/4/2016

and

From: [REDACTED]
To: [REDACTED]
Sent: Monday, January 04, 2016 7:42 PM
Attach: 20150908_105207_resized.jpg

Sent from my Verizon Wireless 4G LTE smartphone



1/4/2016



CAMPING WORLD

Retail Sales

PrePayment W/O #

9/8/2015

RAYMOND, OH

Phone:

Club # [REDACTED]

[illegible]

SW Tyson Cordrey - 180

I hereby authorize the said installation/repair to be done along with the necessary material and hereby grant you and your employees permission to operate the vehicle for the purpose of testing and/or inspection. It is also understood that Camping World is not responsible for loss or damage to vehicle or articles left in vehicle due to any cause beyond Camping World's control. A storage fee of \$20/day will be charged if vehicle is not picked up within 10 days of notification that the work is complete. **All parts are new unless otherwise noted.

Old parts requested
by customer. **No**

Estimate: \$260.05

Authorized By:

Labor:	\$0.00
Parts:	\$215.00
Shipping:	\$30.00
Sub Total:	\$245.00
Sales Tax:	\$15.05
Total:	\$260.05

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Customer Copy

ADMINISTRATIVE

AGENCY NAME ODNR-Indian Lake	
CALL NUMBER 999-999	*GEOCODE Stokes Twp
TO 12:20	☒ INCIDENT (NON-CRIMINAL)
TOA 13:39	☐ OFFENSE
TOC 14:00	☐ SUPPLEMENT

OHIO UNIFORM INCIDENT REPORT

*INCIDENT NUMBER [REDACTED]	
*CLEARANCES	
A ☐ Death of Suspect B ☐ Prosecution Declined C ☐ Extradition Denied D ☐ Victim Refused to Coop. E ☐ Juvenile/No Custody F ☐ Arrest - Adult	G ☐ Arrest - Juvenile H ☐ Warrant Issued I ☐ Invest. Pending J ☒ Closed K ☐ Unfounded U ☐ Unknown

*CLEARANCE DATE: 09/06/2015	CLEARED BY: Keefer
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*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
09	06	2015	12:20	09	06	2015		09	06	2015	12:20

INCIDENT LOCATION (Street, Apt., City, State, Zip)

Indian Lake State Park, 12774 St. Rt. 235 N., Lakeview, OH 43331 campground C10

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1.	1.					1. 2. 3. (Enter up to three for each offense)
2.	2.					1. 2. 3.
3.	3.					1. 2. 3.
4.	4.					1. 2. 3.
5.	5.					1. 2. 3.

B- BUYING/RECEIVING
C- CULTIVATING/MFG./PUB
D- DISTRIBUTING/SELLING
E- EXPLOITING CHILDREN
O- OPER/PROPOTING/ASSIST.
P- POSSESSING/CONCEALING
T- TRANSP/TRANSMITTING
U- USING/CONSUMING
G- OTHER GANG ACTIVITY
J- JUVENILE GANG ACTIVITY
N- NO GANG ACTIVITY

*LOCATION OF OFFENSE (Enter up to two)

1. 49 2. 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store	41 Factory/Mill/Plant 42 Other Building OUTSIDE 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other
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*SUSPECTED OF USING

A ☐ ALCOHOL
D ☐ DRUGS
C ☐ COMPUTER EQUIPMENT
N ☐ NOT APPLICABLE

*TYPE WEAPON/FORCE USED

1. 2. 3.

OFFENSE

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E
1 ☐ FORCE 2 ☐ NO FORCE *NO. PREMISES ENTERED	01 ☐ Motor Running/Keys in Car 02 ☐ Unlocked 03 ☐ Duplicate Key Used 04 ☐ Window Broken 05 ☐ Towed 06 ☐ Hot Wire 07 ☐ Slim Jim/Coat Hanger 08 ☐ Tumblers Removed 09 ☐ Column Peeled 10 ☐ Ignition Peeled	ENTRY EXIT 1 ☐ DOOR ☐ 2 ☐ WINDOW ☐ 3 ☐ GARAGE ☐ 4 ☐ SKYLIGHT ☐ 5 ☐ OTHER ☐ ENTRY EXIT 1 ☐ FRONT ☐ 2 ☐ SIDE ☐ 3 ☐ REAR ☐ 4 ☐ ROOF ☐ 5 ☐ OTHER ☐

METHODS OF OPERATION

*NO. 1	*TOTAL VICTIMS 1	*VICTIM TYPE I ☒ INDIVIDUAL B ☐ BUSINESS	F ☐ FINANCIAL INSTITUTION G ☐ GOVERNMENT	P ☐ POLICE OFFICER (IN THE LINE OF DUTY) R ☐ RELIGIOUS ORGANIZATION	S ☐ SOCIETY U ☐ UNKNOWN	O ☐ OTHER
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NAME (Last, First, Middle)

ADDRESS (Street, Apt., City, State, Zip)

[REDACTED] Raymond, OH [REDACTED]

PHONE [REDACTED]

EMPLOYER NAME AND

ADDRESS (Street, Apt., City, State, Zip)

PHONE [REDACTED]

*AGE/ D.O.B.	*SEX M	*RACE ☒ W ☐ B ☐ I ☐ A ☐ U	HGT	WGT	HAIR	EYES
OCCUPATION		SSN	*RESIDENT 1 ☐ RESIDENT 3 ☐ MILITARY 5 ☐ OTHER STATUS 2 ☒ TOURIST 4 ☐ STUDENT U ☐ UNKNOWN			

*VICTIM ☐ Y IF INJURED DESCRIBE INJURIES: ☒ N

*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI - OTHER	*VICTIM/SUSPECT RELATIONSHIP 0. 1. 2. 3. 4. 5.	*VICTIM/OFFENSE LINK
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My signature verifies that the information on this report is accurate and true

DATE

REPORTING OFFICER

Greg Keefer

BADGE NO.

3861

DATE

09/06/2015

APPROVING OFFICER

BADGE NO.

DATE

FOLLOW-UP?

If yes, follow-up Assignment:
☐ Y ☒ N

ADDITIONAL SUPPLEMENTS	☐ VICTIM WITNESS ☐ SUSPECT/ARRESTEE	☐ PROPERTY ☐ NARRATIVE	☐ STATEMENTS ☐ OTHER	FORM RECEIVED BY: ☐ INVESTIGATION	☐ INTELLIGENCE ☐ RECORDS	SPECIAL COPIES
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INCIDENT NUMBER 15NR0007277

INCIDENT REPORT - PART 2

VICTIM [REDACTED]		OFFENSE N/A		INCIDENT NUMBER [REDACTED]				
				INCIDENT DATE AND TIME 09 06 2015				
REPORTER	NO. 1	NAME (Last, First, Middle) [REDACTED]			AGE/ D.O.B.			
	ADDRESS (Street, Apt., City, State, Zip)				SSN			
					PHONE			
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE			
STATEMENTS OBTAINED ☒ Y ☐ N TYPE: ☐ WRITTEN ☒ ORAL ☐ TAPED ☐ OTHER								
CHECK CATEGORIES ☐ STOLEN ☐ RECOVERED ☐ IMPOUNDED ☐ RECEIVED ☐ SUSPECT'S VEHICLE ☒ VICTIM'S VEHICLE ☐ UNAUTHORIZED USE ☐ ABANDONED								
VEHICLE	NO. 1	☒ DAMAGE TO VEHICLE	LIC [REDACTED]	LIS OH	LIY	LIT	VIN/OAN	*VALUE
		☐ THEFT FROM VEHICLE						
	VYR 2014	VMA Forest River	VMO Vengeance	VST	VCO TOP grey	VEHICLE LOCKED ☐ Y ☐ N	KEYS IN VEHICLE ☐ Y ☐ N	HOLD VEHICLE ☐ Y ☐ N
								RELEASE ☐ Y ☐ N
								CONTENTS ☐ Y ☐ N
	VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO. 1	VEHICLE TOWED? ☐ Y ☒ N	TOWED BY	OWNERSHIP VERIFIED BY:		TAG RECEIPT ☐ BILL OF SALE ☐ TITLE ☐ OTHER ☐
	STOLEN MOTOR VEHICLE ONLY		NO. STOLEN	AREA STOLEN ☐ BUSINESS ☐ RURAL	RESID. ☐ RURAL	ADDITIONAL DESCRIPTION		PHONE
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)							
	MOTOR VEHICLE RECOVERY ONLY		NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION ☐ Y ☐ N		WHERE RECOVERED?	
	*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE \$0.00							
PROPERTY	*LOSS CODE	QUANTITY	DESCRIPTION		*PROP CODE	*VALUE		
	VICT. NO.	VEH. NO.	MAKE/BRAND		MODEL	DATE RECOVERED		
			SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER			
	*LOSS CODE	QUANTITY	DESCRIPTION		*PROP CODE	*VALUE		
	VICT. NO.	VEH. NO.	MAKE/BRAND		MODEL	DATE RECOVERED		
			SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER			
	*LOSS CODE	QUANTITY	DESCRIPTION		*PROP CODE	*VALUE		
	VICT. NO.	VEH. NO.	MAKE/BRAND		MODEL	DATE RECOVERED		
			SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER			
			SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER			

On the above date and time [REDACTED] reported his electrical connection inside of his RV had a melted wire, the metal box had become hot, and one of the wires appeared to have been melting. I observed that there were inside of the box two rows of six screwed-in wires each, one on top of the other, and that from left to right in the second row screw and wire combination number 5 appeared to have been melted somewhat. I could still smell a burnt odor while looking inside of the box. [REDACTED] advised the smell began yesterday but he discovered the damage soon after. No fire had resulted. He didn't know if the park's electrical distribution system was somehow at fault or if it was the fault of his RV. The box read Automatic Transfer Relay Switch model PD52(P). Assistant Manager Dave Faylor also responded and took some photos. I also took photos. The breaker in the park's electrical box two which the RV was attached by its electrical cord was not tripped according to [REDACTED]. The RV is insured.

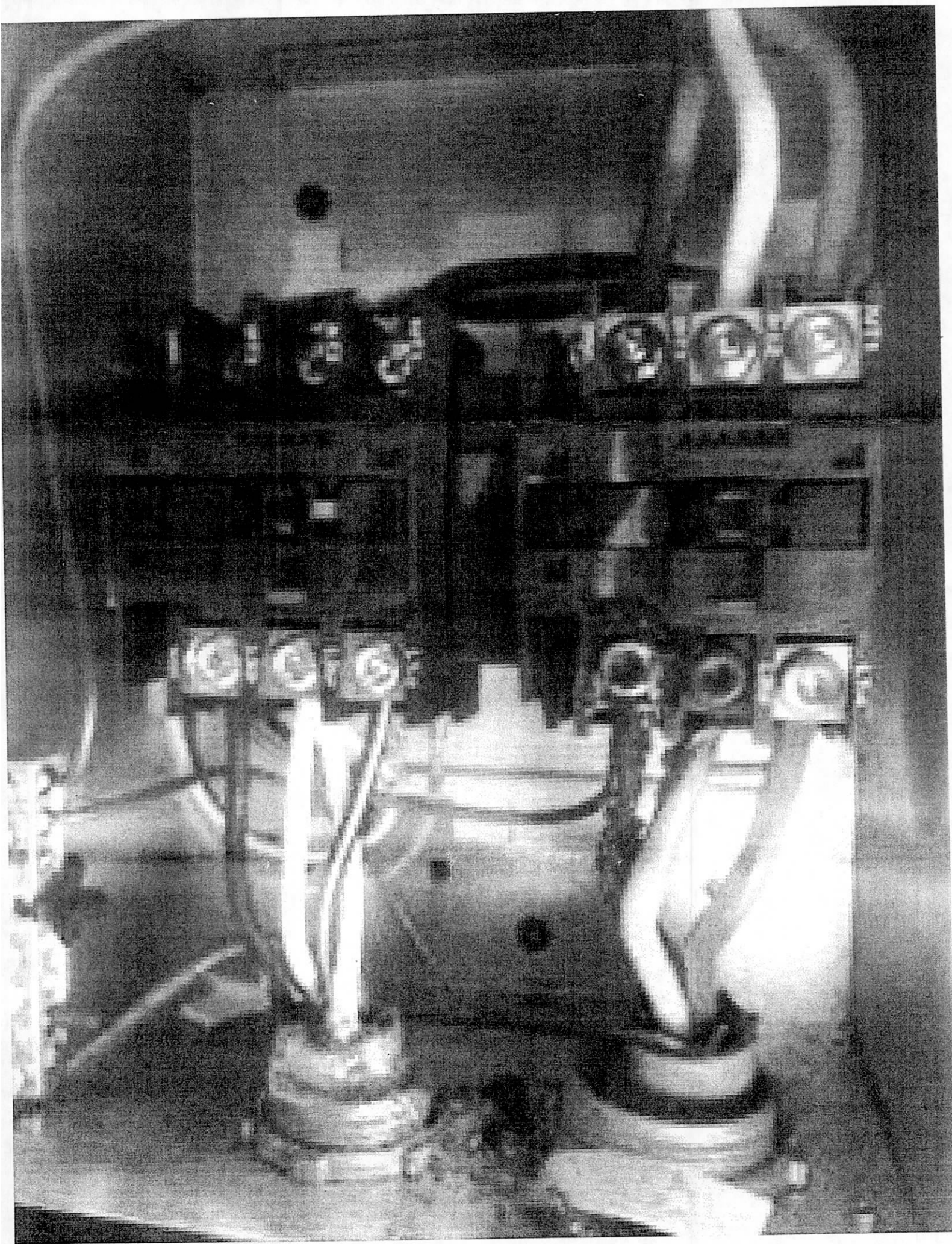
Greg,

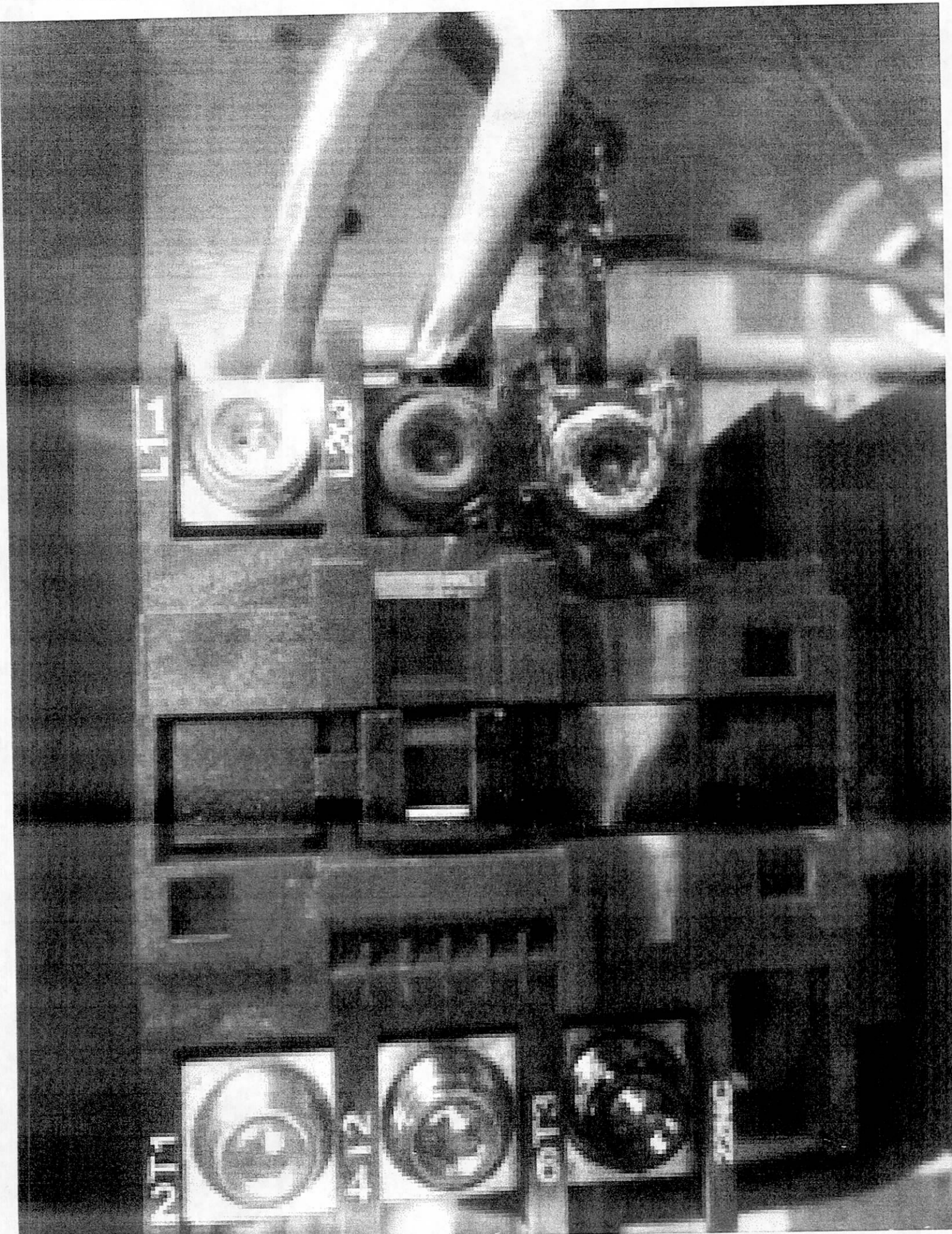
Attached are the photos of the 2014 Vengeance Fifth Wheel camper from C 10 that belonged to [REDACTED] I inspected the outlet and did not notice any burning or heat issues with our plug it. The breaker had not tripped out like they normally do when the campers are drawing to much electricity through them.

I dropped information for the Court of Claims to [REDACTED]. I then took a few minutes and talked to him and explained to him that I felt that it was the control box that was faulty. He then agreed and said he felt that the issue was something that the camper company should warrant.

David Faler

Assistant Park Manger
Indian Lake State Park
Canal Lands Manager
Ohio State Parks
937-843-2717 Office Phone
419-656-7069 Cell Phone
David.Faler@dnr.state.oh.us





111

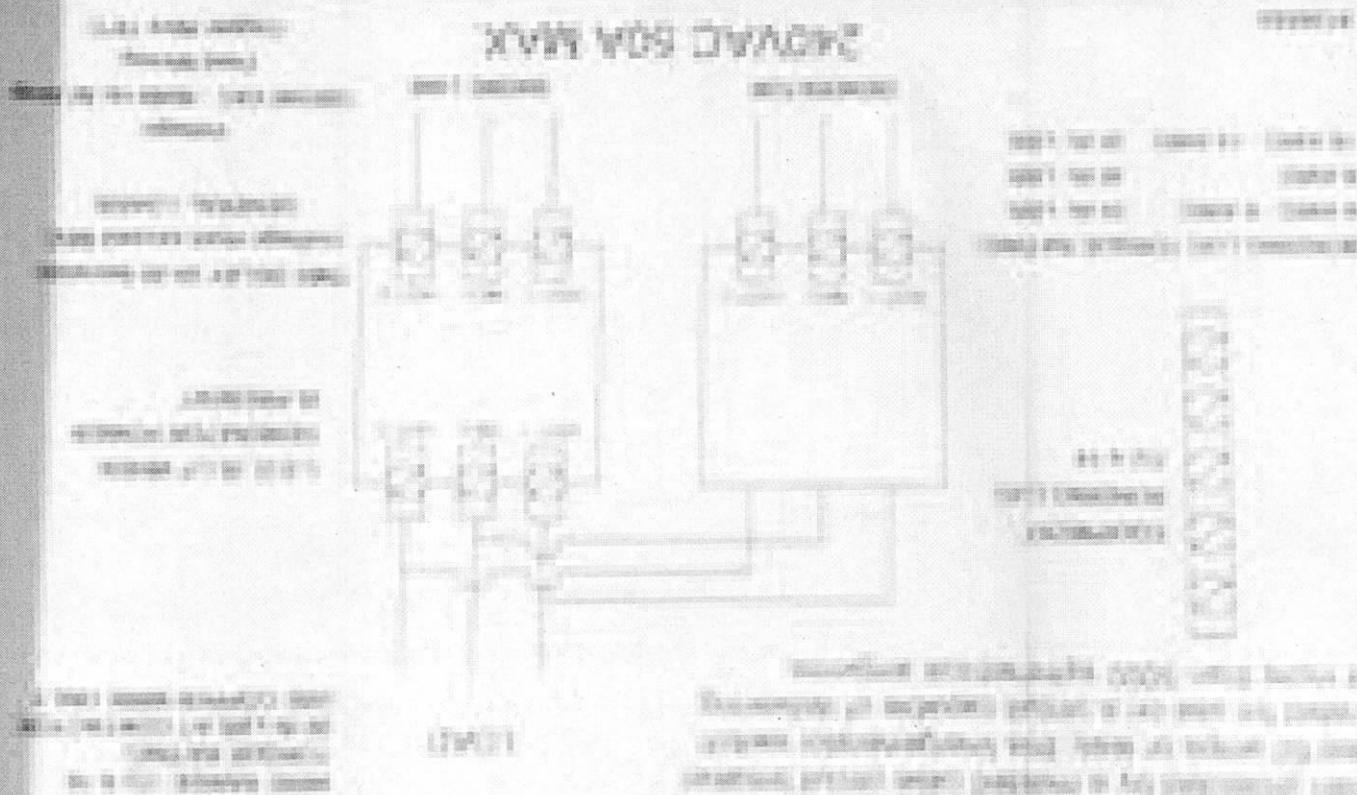
112

113

114

240VAC 50A MAX

FIGURE 1



[REDACTED]
RAYMOND, OH [REDACTED]



U. S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN.
OFFICE OF DEFECTS INVESTIGATION (NVS-210)
1200 NEW JERSEY AVENUE SE. WEST BUILDING
WASHINGTON, DC. 20590

