

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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		FOR AGENCY USE ONLY 100148	
		Date Received: JAN 12 2016		Repository ☐	
		02-NOV-2015		Reference No. 10787602	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
FORT MYERS		FL			
<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	
4YDF3712XEE		KEYSTONE	FUZION	2014	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
NOV 2013	LAKESHORE RV CENTER		No: Cylinders		
Original Owner	Dealer's City	State	Zip Code		
☒	MUSKEGON	MI	49442		
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	☐ Cruise Control			29-DEC-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 020000 SUSPENSION, 162000 STRUCTURE: BODY				Failure Mileage	Failure Speed
					65
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	Failure Location:			
	☐ 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	
☐ Yes ☒ No	☐ Yes ☒ No			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 2014 KEYSTONE FUZION. WHILE DRIVING 65 MPH, THE U BOLT IN THE REAR AXLE WAS LOOSE, SHIFTED THE TIRE BEHIND THE STABILIZER JACK, AND DAMAGED THE REAR DRIVER SIDE TIRE. DUE TO THE FAILURE, THE LEAF SPRING DETACHED FROM THE VEHICLE. THE VEHICLE WAS REPAIRED AND THE MANUFACTURER WAS NOTIFIED. THE VIN WAS INVALID. THE FAILURE MILEAGE WAS UNKNOWN.					
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.					