


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>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</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received 23-AUG-2016 DEC 21 2016</p>		<p>Repository <input type="checkbox"/> Reference No. 10897858</p>	
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>		<p>E-mail Address [REDACTED]</p>	
<p>Address [REDACTED]</p>		<p>Evening Telephone Number [REDACTED]</p>			
<p>City SPRING LAKE PARK</p>		<p>State MN</p>		<p>Zip Code [REDACTED]</p>	
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4X4TRP71XDL [REDACTED]</p>		<p>Make FOREST RIVER</p>		<p>Model R-POD</p>	
				<p>Model Year 2011</p>	
<p>Date Purchased 11-2014</p>		<p>Dealer's Name and Telephone Number COATES RV 651-488-0234</p>		<p>Engine: No: Cylinders</p>	
<p>Original Owner <input type="checkbox"/></p>		<p>Dealer's City Hugo</p>		<p>State MN Zip Code 55038</p>	
<p>Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</p>		<p>Powertrain</p>		<p>Multiple Failure: Incident Date(s) 21-AUG-2016</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 110000 ELECTRICAL SYSTEM</p>				<p>Failure Mileage 8000</p>	
				<p>Failure Speed</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>		<p>Failure Location:</p>	
<p>Tire Component Code</p>				<p>Tire Failure Type:</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Number of Persons Injured 0</p>	
				<p>Number of Deaths 0</p>	
				<p>Reported to Police N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2013 (NA) FOREST RIVER R-POD. WHILE THE VEHICLE WAS PLUGGED INTO THE CAMPSITE POWER SUPPLY, AN ELECTRICAL ARCHING NOISE WAS PRESENT AND THE FIRE ALARM ACTIVATED DUE TO SMOKE INSIDE THE CAMPER. THE PANELS UNDER THE KITCHEN SINK WERE REMOVED TO ACCESS THE ELECTRICAL PANEL, WHICH HAD SMOLDERING SPARKS AND SMOKE. THE FIRE EXTINGUISHER WAS USED TO EXTINGUISH THE FIRE, BUT THE ARCHING NOISE REMAINED AUDIBLE UNTIL THE CAMPER WAS UNPLUGGED FROM THE CAMPSITE POWER SUPPLY. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 8,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>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.</p>					

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

Multiple horizontal lines for writing the narrative description of the incident.

ATTACH ADDITIONAL SHEETS IF NECESSARY



Spring Lake Park, MN

U.S. Department of Transportation

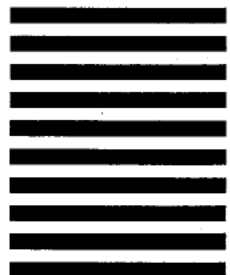
National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



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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, NEF-100
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

NHTSA
www.nhtsa.gov

Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration