



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

09-FEB-2017
MAY 01 2017

Repository ☐

Reference No.
10953706

OWNER INFORMATION (Type or Print)

Name

Address

City CHALLIS

State ID

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify, locate, and contact 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).

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4X4SSZ104FN

Make
FOREST RIVER

Model
SOFTSIDE

Model Year
2015

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

04-FEB-2017

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 162900 STRUCTURE: BODY: ROOF AND PILLARS

Failure Mileage

Failure Speed
50

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: DOTMAL9ABC036)

☐ 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

Number of Deaths

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 2015 FOREST RIVER PMCM (NA) HITCHED TO A 2015 GMC SIERRA 1500. WHILE DRIVING 50 MPH, THE CAMPER ROOF FLEW OFF. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED BY AN INDEPENDENT MECHANIC OR DEALER. THE CONTACT STATED THAT THE BRACKETS, SCREWS, AND CLAMPS MALFUNCTIONED. THE MANUFACTURER WAS NOTIFIED OF THE ISSUE. THERE WAS NO MILEAGE.

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)

This was on 101 California. I am Thankful
nobody was behind me.

TIME: 5 AM

This could have easily killed or injured
some body

Capitain of a volleenfeed fire department
North Guster Rural Fire Retired

ATTACH ADDITIONAL SHEETS IF NECESSARY

Sorry no pictures of Top id the Road
Fire anything I did was to remove all
Road hazards

U.S. Department
of Transportation

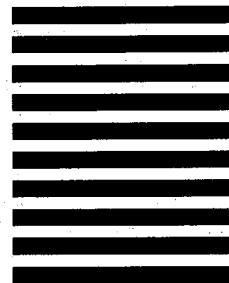
National Highway
Traffic Safety
Administration

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

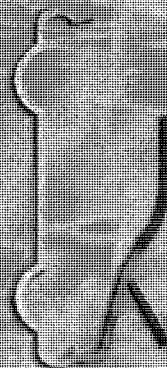
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, 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



OFFICE OF DEFECTS INVESTIGATION (ODI)
U.S. Department of Transportation
National Highway Traffic Safety Administration

Pages were destroyed during
the mail process, therefore
they will be omitted .