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	Repository ☐
02-MAY-2017 JUN 21 2017	Reference No. 10983016

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address	[redacted]	Evening Telephone Number [redacted]	
City AMBLER	State PA	Zip Code [redacted]	

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	Model	Model Year
4VZAB2DT3CC[redacted]	TIFFIN	ALLEGRO RED	2015

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7.2.2011	STOHTIFUS			No: Cylinders 6	DIESEL
Original Owner ☑	Dealer's City WEST CHESTER	State PA	Zip Code 19382		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control	REAR WHEEL		15-FEB-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 250000 ELECTRONIC STABILITY CONTROL, 100000 POWER TRAIN, FUEL/PROPULSION SYSTEM (PWS), 063100 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM: EMISSION CONTROL	Failure Mileage 56019	Failure Speed 35

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	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 2011 (NA) TIFFIN ALLEGRO RED. WHILE DRIVING 35 MPH, THE CHECK ENGINE INDICATOR ILLUMINATED. THE DEALER DIAGNOSED THAT THE DIESEL EXHAUST FLUID, SELECTIVE CATALYTIC REDUCTION, AND GASKETS FAILED AND NEEDED TO BE REPLACED. THE RV WAS REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURES AND STATED THAT THEY WERE LOOKING INTO THE CAUSE OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 56,019. THE VIN WAS UNKNOWN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

HAD TO REPLACE THE SCR CATALYST AND BOTH NOX SENSORS. THIS SHOULD NOT HAPPEN AT THIS LOW MILEAGE. I WOULD SUSPECT SOMETHING WRONG WITH THE SYSTEM

ATTACH ADDITIONAL SHEETS IF NECESSARY

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