

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department
of Transportation

National 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

30-JUN-2017

AUG 22 2017

Repository ☐

Reference No.

11002552

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

NORTH FORT MYERS

State

FL

Zip Code

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

1FCNF53S020

Make

FOREST RIVER

Model

GEORGETOWN

Model Year

2002

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

☐ Cruise Control

Multiple Failure:

Incident Date(s)

01-JUN-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS)

Failure Mileage

31000

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

0

Number of Deaths

0

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 2002 FOREST RIVER GEORGETOWN MOTOR HOME. WHILE OPERATING THE MOTOR HOME, A BURNING ODOR WAS PRESENT COMING FROM THE BRAKES. WHEN ATTEMPTING TO STOP, THE BRAKE PEDAL EXTENDED TO THE FLOORBOARD AND THE VEHICLE DID NOT IMMEDIATELY STOP. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO DIAGNOSED THAT THE FOUR BRAKE CALIPER ASSEMBLIES WERE FAULTY AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED AND THE FAILURE WAS REMEDIED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE, BUT NO ASSISTANCE WAS OFFERED. THE CONTACT WAS INFORMED THAT THE VEHICLE WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 09V110000 (SERVICE BRAKES), ALTHOUGH THE FAILURES WERE IDENTICAL. THE LOCAL DEALER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 31,000.

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.

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

6-1-17: While driving around the Washington D.C. area
slow pace traffic-stop & go at approximately
2-2 1/2 hours. Georgetown-(Forest River 2002) started
~~settling~~ with soft/spongy pedal (Almost to floor): smoking
brakes: (Checked brake fluid it turned to gel. Looked
On line shows recall # 09v11000 (Exact same is what
happened). Called FORD to report (#case [REDACTED]). Told to call local
FORD-NO ASSISTANCE offered. CALLED BACK FORD CORP MOTORHOME-NO
ASSISTANCE.

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

TAMPA
FL 335
05 AUG '17
PM 5 L



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**



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



G. JEFFRIES SERVICES .LLC

Invoice

T/A BG SERVICES
1107 Severnview Drive
Crownsville MD 21032

Date	Invoice #
6/2/2017	

Bill To

P.O. No.	Terms	Project
GEORGE TOWN		

Quantity	Description	Rate	Amount
	REPLACE LEAKING REAR BRAKE CALIPERS AND PADS. REPLACE FRONT BRAKE CALIPERS AND PADS. REPLACE MASTER CYLINDER. FLUSH BRAKE LINES AND ABS SYSTEM. FILL WITH NEW FLUID AND BLEED.	1,650.00	1,650.00
		Total	\$1,650.00

G. JEFFRIES SERVICES .LLC
T/A BG SERVICES
1107 Severnview Drive
Crownsville MD 21032

06/02/2017

SALE

Total: \$1,650.00

Visa

xxxxxxxxxxxx

Exp. Date:

xx / xx

Name:

Auth. Code:

Trans. ID:

PI0101657550

QuickBooks Trans. No:

Merchant No.:

5247710009869009

Thank you for your business

CUSTOMER COPY