



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
07-SEP-2017
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LACEY State WA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address
Evening Telephone Number

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
1F65F5DY1E0 [REDACTED] Make FOREST RIVER Model FR3 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 Cruise Control Powertrain Multiple Failure: Incident Date(s)
08-JUN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 120000 LIGHTING (PWS) Failure Mileage 19000 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 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 FR3. THE CONTACT STATED THAT THE HEADLIGHTS BECAME DIM WHILE DRIVING AT NIGHT, WHICH MADE IT DIFFICULT TO SEE THE ROAD IN THE RAIN. THE VEHICLE WAS NOT TAKEN TO A DEALER. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND INFORMED THE CONTACT THAT THEY WOULD SELL HIM REPLACEMENT HEADLIGHTS BECAUSE THE VEHICLE WAS OUT OF WARRANTY. THE APPROXIMATE FAILURE MILEAGE WAS 19,000.

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.