

 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	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: IONE State: WA Zip Code: [REDACTED]				Date Received: 29-MAR-2018 APR 26 2018	
				Repository: ☐ Reference No.: 11082038	
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).				Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED] E-mail Address: [REDACTED]	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4X4TWBC22HU [REDACTED]				Make: FOREST RIVER Model: WILDWOOD Model Year: 2017	
Date Purchased:		Dealer's Name and Telephone Number:		Engine: No: Cylinders:	
Original Owner: ☐		Dealer's City:		State: Zip Code:	
Transmission Type: ☐ Antilock Brakes ☐ Cruise Control		Powertrain:		Multiple Failure: Incident Date(s): 28-DEC-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 350000 EQUIPMENT, 980000 UNKNOWN OR OTHER				Failure Mileage: 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 2017 FOREST RIVER WILDWOOD. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 17V756000 (EQUIPMENT). THE CONTACT REPEATEDLY CONTACTED KIDDE CUSTOMER SERVICE AT 1-855-262-3540 AND LEFT VOICEMAILS BUT THERE WAS NO RESPONSE. THE CONTACT RECEIVED THE FOLLOWING INCIDENT NUMBER: [REDACTED] ON FEBRUARY 27, 2018 AFTER FINALLY SPEAKING WITH A REPRESENTATIVE FROM KIDDE THAT STATED THAT THE CONTACT WOULD RECEIVE THE REPLACEMENT FIRE EXTINGUISHER WITHIN 20 DAYS. THE CONTACT NEVER RECEIVED THE REPLACEMENT FIRE EXTINGUISHER AS OUTLINED IN THE RECALL.					
Finally Recieved A new fire extinguisher on 16 Apr 2018. Don't know what you guys did but <u>THANKS</u> . (4 months + hours on telephone)					
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.					