



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

11-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

742272

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FCMF53G6VJA22905	UNKNOWN	UNKNOWN	1998	

Purchase Date 01-JUL-2099	Dealer's Name _____	Engine Size (CID/CC/L) 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000 02100000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS SUSPENSION:INDEPENDENT FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 08-JUL-2000 8748 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE FRONT END DESIGN CAUSES WATER TO FILL HEADLIGHTS AND SHORT OUT. ALSO THE DESIGN AND PLACEMENT OF THIS HEADLIGHT ASSEMBLY CAUSES POOR ROAD ILLUMINATION. I WILL FORWRD TO YOUR DEPARMENT PICTURES AND ALL OF THE CORRESPONDENCE I HAVE HAD WITH THE MANUFACTURER, PARTS SUPPLIER, CONSUMER AFFAIRS AND BETTER BUSINESS BUREAU REGARDING THIS MATERIAL

CONTINUED ON REVERSE

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.



Forest River
1803 Century Dr.
Goshen, IN 46528
219-533-3167

APR 25 2001 10:25
FAX

add to 742272

Fax Transmittal

To: <i>AL Jimenez</i>	Phone:
Company: <i>NHTSA</i>	Fax: <i>202-366-7882</i>
From: [REDACTED]	Date: <i>4-19-01</i>
RE: <i>Customer Service</i>	Pages: <i>3</i>
Customer Service front desk: 219-534-3167	
Desk Phone: [REDACTED]	

Urgent For Review Please Comment Please Reply

ODI # 742272

Table 1. Mean (SD) age, height, weight, body mass index (BMI), and body fat percentage of the 100 children in the study

Variable	Mean (SD)
Age (years)	10.1 (0.5)
Height (cm)	141.5 (10.5)
Weight (kg)	36.5 (10.5)
BMI (kg m ⁻²)	23.0 (3.5)
Body fat (%)	15.5 (3.5)

2.2.2. Anthropometric characteristics of the children

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 children in the study are shown in Table 1. The children were 10.1 years old, 141.5 cm tall, 36.5 kg in weight, 23.0 kg m⁻² in BMI, and 15.5% body fat.

2.2.3. Anthropometric characteristics of the parents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 parents in the study are shown in Table 2. The parents were 40.1 years old, 170.5 cm tall, 75.5 kg in weight, 25.8 kg m⁻² in BMI, and 20.5% body fat.

2.2.4. Anthropometric characteristics of the siblings

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 siblings in the study are shown in Table 3. The siblings were 10.1 years old, 141.5 cm tall, 36.5 kg in weight, 23.0 kg m⁻² in BMI, and 15.5% body fat.

2.2.5. Anthropometric characteristics of the grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 grandparents in the study are shown in Table 4. The grandparents were 65.1 years old, 165.5 cm tall, 75.5 kg in weight, 28.5 kg m⁻² in BMI, and 25.5% body fat.

2.2.6. Anthropometric characteristics of the great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-grandparents in the study are shown in Table 5. The great-grandparents were 80.1 years old, 155.5 cm tall, 75.5 kg in weight, 31.5 kg m⁻² in BMI, and 30.5% body fat.

2.2.7. Anthropometric characteristics of the great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-grandparents in the study are shown in Table 6. The great-great-grandparents were 95.1 years old, 145.5 cm tall, 75.5 kg in weight, 36.5 kg m⁻² in BMI, and 35.5% body fat.

2.2.8. Anthropometric characteristics of the great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-grandparents in the study are shown in Table 7. The great-great-great-grandparents were 110.1 years old, 135.5 cm tall, 75.5 kg in weight, 41.5 kg m⁻² in BMI, and 40.5% body fat.

2.2.9. Anthropometric characteristics of the great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-grandparents in the study are shown in Table 8. The great-great-great-great-grandparents were 125.1 years old, 125.5 cm tall, 75.5 kg in weight, 46.5 kg m⁻² in BMI, and 45.5% body fat.

2.2.10. Anthropometric characteristics of the great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-grandparents in the study are shown in Table 9. The great-great-great-great-great-grandparents were 140.1 years old, 115.5 cm tall, 75.5 kg in weight, 51.5 kg m⁻² in BMI, and 50.5% body fat.

2.2.11. Anthropometric characteristics of the great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-grandparents in the study are shown in Table 10. The great-great-great-great-great-great-grandparents were 155.1 years old, 105.5 cm tall, 75.5 kg in weight, 56.5 kg m⁻² in BMI, and 55.5% body fat.

2.2.12. Anthropometric characteristics of the great-great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-grandparents in the study are shown in Table 11. The great-great-great-great-great-great-great-grandparents were 170.1 years old, 95.5 cm tall, 75.5 kg in weight, 61.5 kg m⁻² in BMI, and 60.5% body fat.

2.2.13. Anthropometric characteristics of the great-great-great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-great-grandparents in the study are shown in Table 12. The great-great-great-great-great-great-great-great-grandparents were 185.1 years old, 85.5 cm tall, 75.5 kg in weight, 66.5 kg m⁻² in BMI, and 65.5% body fat.

2.2.14. Anthropometric characteristics of the great-great-great-great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-great-great-grandparents in the study are shown in Table 13. The great-great-great-great-great-great-great-great-great-grandparents were 200.1 years old, 75.5 cm tall, 75.5 kg in weight, 71.5 kg m⁻² in BMI, and 70.5% body fat.

2.2.15. Anthropometric characteristics of the great-great-great-great-great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-great-great-great-grandparents in the study are shown in Table 14. The great-great-great-great-great-great-great-great-great-great-grandparents were 215.1 years old, 65.5 cm tall, 75.5 kg in weight, 76.5 kg m⁻² in BMI, and 75.5% body fat.

2.2.16. Anthropometric characteristics of the great-great-great-great-great-great-great-great-great-great-great-grandparents

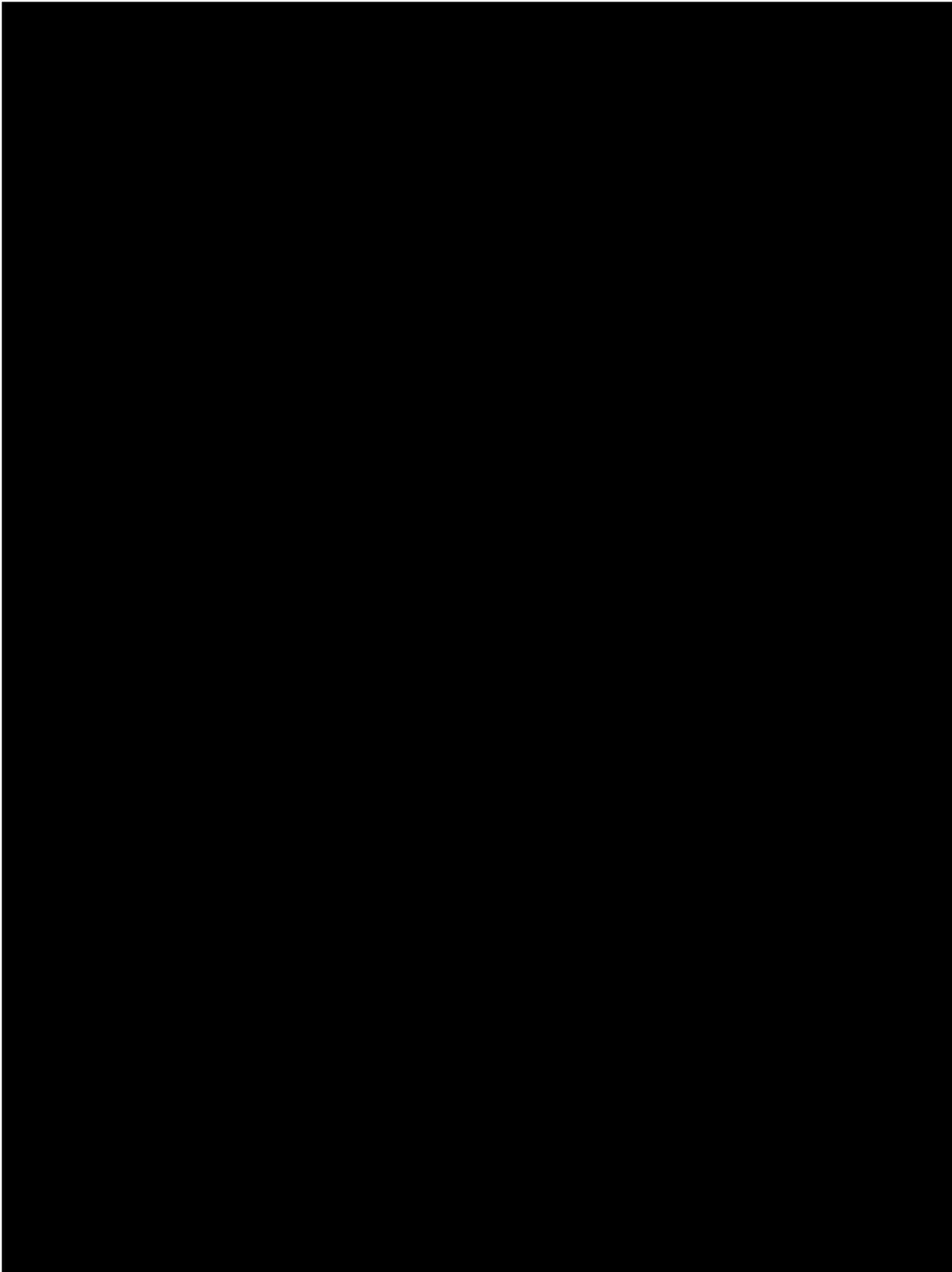
The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-great-great-great-great-grandparents in the study are shown in Table 15. The great-great-great-great-great-great-great-great-great-great-great-grandparents were 230.1 years old, 55.5 cm tall, 75.5 kg in weight, 81.5 kg m⁻² in BMI, and 80.5% body fat.

2.2.17. Anthropometric characteristics of the great-great-great-great-great-great-great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-great-great-great-great-great-grandparents in the study are shown in Table 16. The great-great-great-great-great-great-great-great-great-great-great-great-grandparents were 245.1 years old, 45.5 cm tall, 75.5 kg in weight, 86.5 kg m⁻² in BMI, and 85.5% body fat.

2.2.18. Anthropometric characteristics of the great-great-great-great-great-great-great-great-great-great-great-great-great-grandparents

The mean (SD) age, height, weight, BMI, and body fat percentage of the 100 great-great-great-great-great-great-great-great-great-great-great-great-great-grandparents in the study are shown in Table 17. The great-great-great-great-great-great-great-great-great-great-great-great-great-grandparents were 260.1 years old, 35.5 cm tall, 75.5 kg in weight, 91.5 kg m⁻² in BMI, and 90.5% body fat.





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INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1058

Date Received

29-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

742272

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FCMF53G6VJA22905	FOREST RIVER	WINDSONG	1998	

Purchase Date 01-JUL-1999	Dealer's Name _____	Engine Size (CID/CC/L 8CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 08-JUL-2000 8745	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THE FRONT END DESIGN CAUSES WATER TO FILL HEADLIGHTS AND SHORT OUT, ALSO THE DESIGN AND PLACEMENT OF THE HEADLIGHT ASSEMBLY CAUSES POOR ROAD ILLUMINATION, MANUFACTURER HAS PAYED FOR REPLACEMENT LIGHTS AND HAS FOWARDED AN ADDITIONAL ONE HUNDRED DOLLARS TO PURCHASE ADD ON LIGHTS, STILL THE PROBLEM WITH DESIGN AND FUNCTION EXISTS. *JB

CONFIDENTIAL - NHTSA

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.



People Saving People

1-888-DASH-2-DO1

Vehicle Owner's Questionnaire

Office of Defects Investigation

VOQ Confirmation

[Please proceed to the end of this page, after confirming your input, and select the "Submit VOQ to NHTSA" button. NHTSA will not receive a record of your complaint unless this button is selected.]

Owner Information

FirstName:	[REDACTED]	Home Phone:	[REDACTED]
LastName:	[REDACTED]	Work Phone:	[REDACTED]
MI:	[REDACTED]	Ext:	[REDACTED]
Organization:	[REDACTED]	Fax Number:	[REDACTED]
Address 1:	[REDACTED]	Email Address:	[REDACTED]
Address 2:	[REDACTED]		
City:	[REDACTED]		
State:	[REDACTED]		
Zip:	[REDACTED]		

Would you like to receive a mailed signature card authorizing release of your vehicle information to manufacturers? Yes

Vehicle Information

Vehicle Identification Number (VIN): 3FCMF53G6VJA22905

Vehicle Make:	FOREST RIVER	Vehicle Model:	WINDSONG
Vehicle Year:	1998	Current Odometer Reading:	35000
Purchase Date:	07/99	New or Used:	New

Engine Size:	8	Antilock Brakes:	No
No. Cylinders:		Driverside Airbag:	No
Fuel Injection:	No	Passengerside Airbag:	No
Turbo:	No	Side Airbag - Driver:	No
Fuel Type:	Gas	Side Airbag - Passenger:	No
Drivetrain:	Front	3-Point Belt:	No
Cruise Control:	Yes	Motor Belt:	No

Body Style: MOTOR HOME 2-point Belt: No

Dealer Information

Name: FOREST RIVER INC CUSTOMER RELATIONS
 Address: 3010 COLLEGE AVE , PO BOX 124
 City: GOSHEN
 State: IN
 Zip: 46527
 Phone: (219) 534-3167

Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg Contacted	NHT Conts
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage	Poli Rep
LIGHTING HEAD LIGHTS	NA	Left	Front	Original	NA	07/08/2000	8746	NA	Yes	No
	No	No	NA	NA	NA	NA	NA	NA	NA	No

Information on Tire Failure

DOT Number: NA
 Manufacturer: NA
 Tire Name: NA
 Complete Tire Size: NA

Comments: THE FRONT END DESIGN CAUSES WATER TO FILL HEADLIGHTS AND SHORT OUT. ALSO THE DESIGN AND PLACEMENT OF THIS HEADLIGHT ASSEMBLY CAUSES POOR ROAD ILLUMINATION. I WILL FORWRD TO YOUR DEPARMENT PICTURES AND ALL OF THE CORRESPONDENCE I HAVE HAD WITH THE MANUFACTURER, PARTS SUPPLIER, CONSUMER AFFAIRS AND BETTER BUSINESS BUREAU REGARDING THIS MATERIAL





People Saving People

1-888-DASH-2-1001

Vehicle Owner's Questionnaire

Office of Defects Investigation

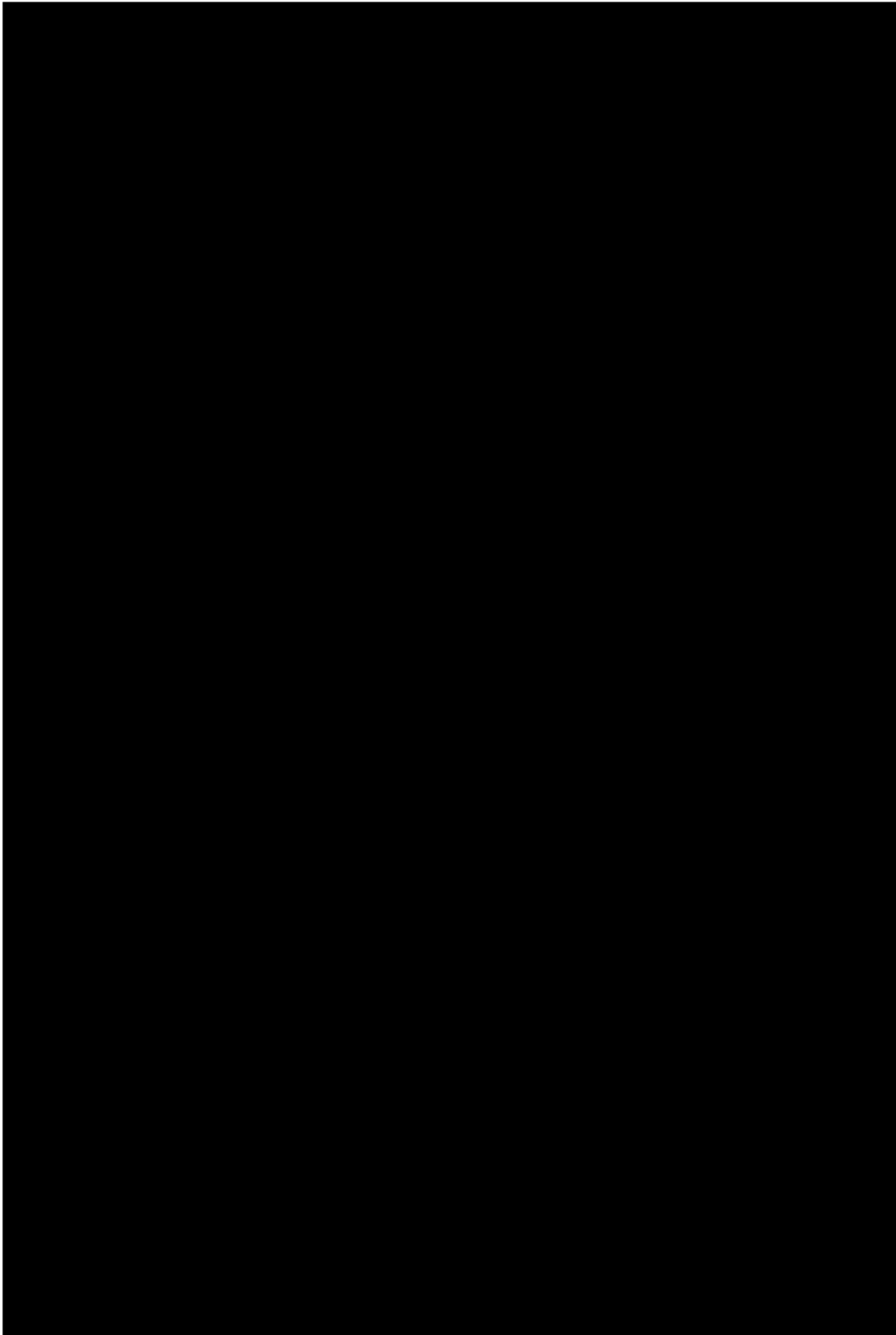
VOQ Submitted**VOQ Status: In Process****ODI Number: 742272**

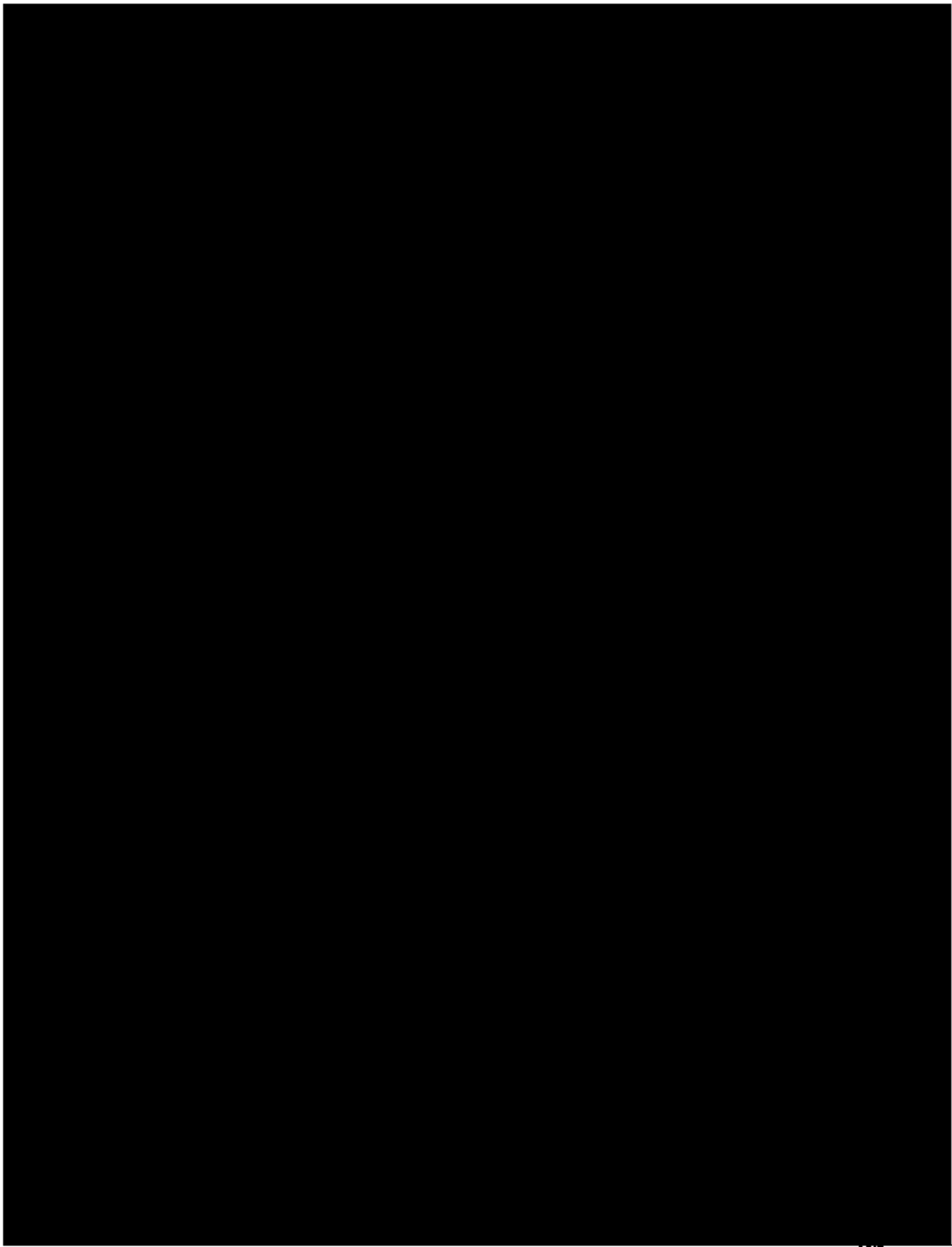
We appreciate the report you have provided. Reports from motorists are a very important source of information for our investigations. Each report is analyzed and compiled into a computerized data system to assist us in identifying potential recall inadequacies and safety defects to determine whether an investigation is warranted. The information you have provided will be reviewed and entered into our data system. It will be used with other reports to identify recall inadequacies and safety-defect trends which require our attention.

[Enter Another VOQ](#)



[Send mail to the Web Master](#)





MARCH 19, 2001

*add to
↓ GOK
5/20/02* **COPIED**

TO: NATIONAL HIGHWAY TRAFFIC SAFTY ADMN VOQ ODI#742272

FROM: RONALD H. GRAY

RE: FOREST RIVER NON RESPONSE TO HIGHWAYS

I AM ENCLOSING A COPY OF A LETTER SENT BY HIGHWAYS, WHO REPRESENTS MANY MOTOR HOME OWNERS IN ARBRITRATING DISPUTES. I WISH TO HAVE THIS DOCUMENT ATTACHED TO THE 83 PAGES WHICH WERE SENT TO YOU ON MARCH 12, 2001.

AS YOU CAN SEE FOREST RIVER HAD MADE A CHOICE NOT TO RESPOND TO THEM, WHILE OTHER COMPLAINTS I HAD WITH SUB CONTRACTORS INVOLVED RESPONDED TO HIGHWAYS AND AGREEMENTS WERE REACHED TO THE SATISFACTION OF ALL.

I KEEP PRESSING THIS ISSUE BECAUSE I SENSE THAT THIS IS A SAFETY HAZARD ISSUE AND WOULD HAVE BENEFITED THE MFG TO ADDRESS THIS ISSUE. I CONTEND THAT A NON RESPONSE TO BOTH MYSELF AND HIGHWAYS REPRESENTS AN ADMISSION OF GUILT OR A LACK OF POOR CUSTOMER RELATIONS.

IT IS MY HOPE THAT A GOVERNMENT AGENCY CAN BRING PRESSURE TO BEAR ON FOREST RIVER SINCE THEY HAVE CHOSEN NOT TO RESPOND ON AN INDIVIDUAL, BETTER BUSINESS BUREAU, ST OF FLORIDA CONSUMER COMPLAINT OR INDUSTRY ARBITRATOR.

I HAD FORWARDED A COPY OF THIS COMPLAINT TO THEM AND OF THIS DATE HAVE NOT RECEIVED ANY COMMENT OR COMMUNICATIO S FROM THEM.

I AM IN HOPES THAT YOU WILL HAVE BETTER RESULTS.

RESPECTFULLY *A*

[REDACTED]

HOMESTEAD, FL

[REDACTED]

cc/ Forest River Customer Relations
State of Florida Office of Consumer Affairs

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page 1 through Page 6)

