

S/N	Make	Model	Production Yr	Facility	GAWR	Date of Manufacture	Production Shift	Date of Warranty
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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

06-MAR-2014

Repository Reference No.
10567696

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City VENTURA

State CA

Zip Code [REDACTED]

Daytime Telephone Number
[REDACTED]Evening Telephone Number
[REDACTED]E-mail Address
[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
[REDACTED]Make
FOREST RIVERModel
COLUMBUSModel Year
2013

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

Multiple Failure:

Incident Date(s)

 Cruise Control

17-JUL-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)

Failure Mileage
5500Failure Speed
55

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

 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).

THIS IS A 5TH WHEEL TRAILER. IT IS TOWED BY A 2012 F250 WITH FACTORY BRAKE CONTROLLER. THE BRAKES ON THE TRAILER SEEMED TO BE GETTING WEAKER EACH TIME I TOWED IT AND I KEPT INCREASING THE GAIN ON THE CONTROLLER TO COMPENSATE. HOWEVER ON THIS DATE AS I WAS EXITING HWY. 101 AT EL CAPITAN STATE BEACH AT 55 MPH THERE WAS LITTLE-TO-NO BRAKING VIA THE TRAILER, I HAD TO BRAKE HARD WITH THE TRUCK'S BRAKES TO MAKE A TURN AT THE END OF THE OFF RAMP. IT WAS QUITE CONCERNING. AFTER THE WEEKEND CAMPING WE RETURNED HOME CAUTIOUSLY AND CALLED BARBER RV IN VENTURA, CA AND MADE AN APPOINTMENT TO HAVE IT CHECKED OUT UNDER WARRANTY. WE DROPPED IT OFF AT BARBER RV ON AUGUST 26, 2013. UPON INSPECTION BARBER RV FOUND GREASE ALL OVER THE INSIDES OF THE DRUMS AND SATURATED BRAKE PADS, PROBABLY FROM FAULTY SEALS. THE BAKES WERE CLEANED AND NEW PARTS INSTALLED. BARBER RV USED AFTERMARKET PARTS AS THEY ARE NOT IMPRESSED WITH PARTS FROM THE AXLE/BRAKE MANUFACTURER LIPPERT COMPONENTS. EVEN THOUGH THEY ARE MUCH BETTER AFTER THE REPAIRS, THE BRAKES STILL DON'T STOP LIKE OUR PREVIOUS 5TH WHEEL, OR LIKE THIS COLUMBUS DID WHEN WE FIRST TOOK DELIVERY IN FEB. 2013. WE EVEN TOOK IT BACK TO BARBER RV TO VERIFY THAT THERE WEREN'T OTHER ISSUES, I ALSO HAD THE F250'S CONTROLLER CHECKED BY A FORD FACILITY.

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.



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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1364

Date Received
20-FEB-2014

Repository
Reference No.
10566135

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CARLTON State MN Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 [REDACTED] Make FOREST RIVER Model COLUMBUS Model Year 2013
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) 01-OCT-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 031100 SERVICE BRAKES, ELECTRIC 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: DOTM9ABC036) 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 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).

GREASE CONTAMINATION ON BRAKE LININGS --- 7000 LBS CAPACITY LIPPERT AXLES [COMPLAINT FILED BY BOWMAN (ODI) AFTER PHONE CONVERSATION WITH OWNER].

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
12-FEB-2014	Reference No. 10564143

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	LINDON	State	UT	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
[REDACTED]	FOREST RIVER	COLUMBUS	2014
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			30-SEP-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 200000 WHEELS, BRAKES (PWS)	Failure Mileage	Failure Speed
	1900	0

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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		0	0	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).

UPON INSPECTION IT WAS FOUND THAT GREASE SEALS HAD FAILED ON ALL FOUR WHEEL ASSEMBLIES. GREASE HAD LEAKED OUT AND COATED THE BRAKE ASSEMBLIES. BRAKING ACTION HAD BEEN DIMINISHED SUBSTANTIALLY. IN OCTOBER 2013, A LOCAL DEALER REPLACED ALL FOUR BRAKE ASSEMBLIES AND SEALS UNDER FOREST RIVER WARRANTY.

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

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FOR AGENCY USE ONLY 100148

Date Received

Repository

09-FEB-2014

Reference No.
10563621

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City RISING SUN

State MD

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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

[REDACTED]

Make FOREST RIVER

Model COLUMBUS

Model Year 2014

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

Multiple Failure:

Incident Date(s)

Cruise Control

06-SEP-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)

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: 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

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).

I PURCHASED A 2014 FORREST RIVER/PALOMINO/COLUMBUS 320RS IN APRIL OF 2013. ON A CAMPING TRIP IN SEPTEMBER I RECEIVED A MESSAGE ON THE DASH OF MY TRUCK TO CHECK THE TRAILER BRAKES. WHEN I GOT TO THE CAMPSITE I FOUND THE EMERGENCY BRAKE CABLE HAD BEEN PULLED OUT, ACTIVATING THE BRAKES. PROBLEM WAS, I DIDN'T FEEL THE BRAKES. WHEN I GOT HOME I REMOVED THE R/F WHEEL OF THE 5TH WHEEL. IT WAS COVERED IN GREASE. I THEN CHECKED THE OTHER WHEELS AND FOUND ALL FOUR TO HAVE FAILED GREASE SEALS, THREE OF THE FOUR SHOE ASSEMBLIES COVERED IN GREASE, AND ONE WHEEL, THE L/R THE BRAKE WIRES WERE SEVERED. AFTER TAKING IT TO AN INCOMPETENT RECOMMEND SERVICE FACILITY, I ENDED UP REPLACING ALL FOUR BRAKE ASSEMBLIES MYSELF. AFTER 5-6 SHORT, AND ONE VERY LONG TRIP WITH THIS UNIT, IT IS A MIRACLE THAT THERE WAS NOT AN ACCIDENT. THERE ARE APPARENTLY MANY OF THESE COLUMBUS 5TH WHEELS WITH THIS ISSUE. SHAME ON FORREST RIVER FOR USING LIPPERT INDUSTRIES FOR THE AXLES OF THESE CAMPER. I KNOW WITH MY UNIT IT IS A WORKMANSHIP ISSUE AS ALL FOUR SEALS WERE DAMAGED ON INSTALLATION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
09-FEB-2014	Reference No. 10563591

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LIVE OAK	State TX	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	Make FOREST RIVER	Model COLUMBUS	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 25-MAR-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 200000 WHEELS, BRAKES (PWS)	Failure Mileage	Failure Speed
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

BRAKE SEALS ARE OVER GREASED OR BROKEN. WE'VE HAD OUR UNIT GO BACK TO THE MANUFACTURERS FACTORY FOR WORK & HAD THEM CHECK THE BRAKES & SEALS. THE UNIT CAME BACK WITH DIFFERENT WHEELS AND BRAKES BUT THE ISSUE OF LITERALLY HAVING LITTLE TO NO BRAKES WHEN PULLING WAS MOST DEFINITELY STILL THERE. LIPPERT MAKES THE BRAKE & PARTS AND WE TRIED CONTACTING THEM ABOUT THIS DANGEROUS ISSUE. WE WERE NOT HELPED MUCH AT ALL. WE VOICED OUR PROBLEM TO LIPPE VIA PHONE, EMAIL & THEIR FACEBOOK WALL. THE MANUFACTURER OF OUR UNIT SAYS IT'S LIPPERT'S PROBLEM. ALL IT WILL TAKE IS US GOING DOWN A HILL IN OUR F350 PULLING OUR 42FT. UNIT WITH THESE DEFECTIVE BRAKES THAT ARE BEING PRE ASSEMBLED BY LIPPERT AND APPLIED BY FOREST RIVER'S COLUMBUS PALOMINO FACTORY STAFF, THERE IS NO TELLING HOW MANY LIVES CAN AND WILL BE TAKEN INCLUDING OURS DUE TO THIS ISSUE. WE ARE ALSO MEMBERS OF A COLUMBUS RV GROUP AND WE ARE NOT ALONE IN OUR SCREAM FOR HELP AND FOR THESE BRAKES AND PARTS TO BE RECALLED!!!

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

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National Highway Traffic Safety Administration

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
29-JAN-2014

Repository
Reference No.
10561961

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MAUD State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 [REDACTED]
Make FOREST RIVER Model COLUMBUS Model Year 2013
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) 10-JUN-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS) Failure Mileage 200 Failure Speed 10

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

FROM THE TIME WE BOUGHT OUR NEW FIFTH WHEEL TRAILER, IT HAD NOT APPEARED TO STOPP LIKE PREVIOUS TRAILERS WE HAD OWNED. I EVEN WENT AND TRADED IN A ONE YEAR OLD F-250 FOR A F-350 DUALY AND IT STILL DID NOT SEEM TO STOP PROPERLY. AFTER OUR ONLY TRIP OF APPROXIMATELY 500 MILES, WE FIGURED OUT THAT WE TRULY HAD NO TRAILER BRAKES. WE IMMEDIATELY TOOK IT BACK TO OUR DEALER WHO PULLED ALL THE WHEELS AND BRAKE ASSEMBLIES. ALL OF THE BRAKES WERE COVERED WITH GREASE AND EVIDENTLY THE REAR SEALS WERE BLOWN. LIPPERT WAS CONTACTED AND THEY SENT FOUR ENTIRELY NEW BRAKE ASSEMBLIES. THIS WAS AN EXTREMELY DANGEROUS SITUATION WHEN PULLING A TRAILER WEIGHING APPROXIMATELY 13,000 POUNDS. WE HAVE NOT USED IT SINCE THE BRAKES WERE CHANGED AND I CERTAINLY HOPE THE SEALS DO NOT FAIL AGAIN AND ARE OF A DIFFERENT TYPE.
VIN PASSED ## PALOMINO COLUMBUS 2013 RS320

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

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
16-JAN-2014

Repository
Reference No.
10560304

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NORCO State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address [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 [REDACTED]
Make FOREST RIVER Model COLUMBUS Model Year 2013
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) 16-JAN-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS) Failure Mileage 6000 Failure Speed 0

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

THE LIPPERT 6K AXLE ON THE LISTED 5TH WHEEL TRAILER, WHEEL SEALS FAILED ALLOWING GREASE TO CONTAMINATE THE BRAKE SHOES, DIMINISHING OR ELIMINATING BRAKING ABILITY OF THE TRAILER. THIS IS AN ON GOING AND RE-OCCURRING PROBLEM WITH THESE AXLES, NOT JUST ON THE COLUMBUS/FOREST RIVER LINE. PHOTOGRAPHS ARE AVAILABLE UPON REQUEST.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
29-SEP-2013	Reference No. 10546092

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LEBANON	State MO	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	Make FOREST RIVER	Model COLUMBUS	Model Year 2013
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: 1
			Incident Date(s) 02-SEP-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)	Failure Mileage 500	Failure Speed 55
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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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

I HAVE NOTICED SINCE WE FIRST PURCHASED OUR COLUMBUS 340RK FIFTH WHEEL THAT THE BRAKES DID NOT FEEL ADEQUATE. HOWEVER, BEING A FIRST TIME OWNER OF SUCH A BIG TRAILER I WASN'T SURE IF IT WAS NORMAL OR NOT. ON OR ABOUT 2 SEPTEMBER 2013 WE ALMOST LOST CONTROL OF THE VEHICLE WHILE DESCENDING A STEEP GRADE. UPON INSPECTING THE BRAKES I DISCOVERED THAT THREE OF THE FOUR WHEEL HUB ASSEMBLIES HAD DEFECTIVE INNER WHEEL GREASE SEAL THAT ALLOWED GREASE TO COMPLETELY COAT THE BRAKES. I CALLED LIPPERT (LCI) TO REPORT MY SITUATION AND THE FACT THAT THERE WERE SEVERAL OTHER COLUMBUS OWNER'S THAT I WAS AWARE OF THAT CAME ACROSS THE SAME ISSUE WITH ONE OR MORE BRAKES HAVING BEEN COATED WITH GREASE. I WAS TOLD BY [XXX] IN THE LCI WARRANTY DEPARTMENT THAT THIS DIDN'T CONSTITUTE A RECALL AND TRIED TO MAKE LIGHT OF THE SITUATION. I AM SURE THAT THERE ARE MANY MORE COLUMBUS OWNERS OUT THERE WITH LESS EXPERIENCE THAN ME THAT MIGHT NOT KNOW HOW TO INSPECT THEIR BRAKES OR KNOW THAT THEY SHOULD INSPECT THERE BRAKES. HOPEFULLY THE NHTSA CAN FORCE SOME SORT OF REQUIRED SAFETY INSPECTION OR RECALL TO INSURE THE SAFETY OF ALL RV OWNERS THAT HAVE THESE SAME TYPE OF BRAKES AS THEY ARE COMMON THROUGHOUT THE INDUSTRY. LIPPERT HAS AGREED TO REPLACE ALL FOUR OF MY BRAKE ASSEMBLIES UNDER WARRANTY; HOWEVER, I FEEL THEY COULD DO MORE TO PROTECT THE UNKNOWING OWNERS OF THESE RV'S.

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.



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 <input type="checkbox"/>
18-SEP-2013	Reference No. 10544291

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City VACAVILLE	State CA	Zip Code
	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	Make FOREST RIVER	Model COLUMBUS	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 25-MAY-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)	Failure Mileage 300	Failure Speed 28
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N
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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 2014 FOREST RIVER COLUMBUS FIFTH WHEEL. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 28 MPH, THE BRAKE PEDAL WAS ENGAGED WITH A DELAYED RESPONSE. THE CONTACT SWERVED AND THEN CRASHED INTO ANOTHER VEHICLE. THE FRONT SEAT PASSENGER OF THE SECOND VEHICLE SUSTAINED UNKNOWN INJURIES. A POLICE REPORT WAS NOT FILED. THE FRONT DRIVER'S SIDE FENDER AND REAR BUMPER OF THE CONTACT'S VEHICLE BECAME SLIGHTLY DETACHED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER, WHO INFORMED THE CONTACT THAT THE FOUR BRAKE ASSEMBLIES WOULD NEED TO BE REPLACED. THE VEHICLE WAS SCHEDULED FOR REPAIRS. THE MANUFACTURER WAS NOT NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 300.

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

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