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

RECEIVED
03 MAR -5 PM 8:01
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 1367

Date Received	Repository
13-JAN-2003	☐
Reference No. 10003659	

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City SUWANNEE	State GA	Zip Code [redacted]	Daytime Telephone Number [redacted]
			E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number (write-in) (Location of Vehicle ID on driver's side)	Make	Model	Model Year
4UZAAHAK12CJ81977	FLEETWOOD	DISCOVERY	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12/22/02	Bankston Motor Homes 800-624-2899				DIESEL
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
Automatic	☐ Antilock Brakes ☐ Cruise Control	Powertrain	190000 TIRES Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-OCT-2002	9235	66	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
MICHELIN	MICHELIN	225/80R22.5

DOT No. (Example: DOTHALSABC036)		
	☒ Original Equipment ☐ Prior Repair	Failure Location: PASSENGER SIDE REAR

Tire Component Code	
190000 TIRES	Tire Failure Type BLOWOUT

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHILE DRIVING AT 66 MPH THE INTERIOR REAR PASSENGER SIDE TIRE, BLEW OUT. PLEASE PROVIDE MORE DETAILS.*JB

Weather was clear, Road was I-59/20 + clear of debris. At time of event Road was straight + Level. Blow out was instantaneous. Left a zipper like tear in tire sidewall that ran between Rim + Ground.

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