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 100079

Date Received	Repository
2003 JUN 24 PM 3 18 (27-MAY-2003)	Reference No. 10021609

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City SAINT JOHNS	State MI Zip Code	Evening Telephone Number	

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 6/16/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4FDXE45Y1Y [illegible] 1FDXE45Y1Y	FOUR WINDS	CHATEAU	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
10-15-99	Odyssey RV Inc			V-10	Gas
Original Owner ☐	Dealer's City ELKHART	State Indiana	Zip Code 46514		

Transmission Type			Vehicle Component Code
AUTO	☐ Antilock Brakes ☒ Cruise Control	Powertrain Ford	194000 TIRES:VALVE
			Multiple Failure: 1 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-MAY-2003 11-03-02 5-10-03	13,950 19,650	1) 2 tires 2) 2 tires 3) 2 tires	Valve stems

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Firestone	Steel Tex Radial RHS	LT225/75/R16
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 injur(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 THE VEHICLES TWO REAR TIRE VALVES BROKE AND THE TIRES WENT FLAT (FIRESTONE STEEL RADIAL F4S SIZE#LT225/75R16-MS, PLEASE PROVIDE THE DOT NUMBER). *NLM. *AK

VDIL IXD 319
VDIL IXD 329
VDIL IXD 629

Unable to obtain the numbers on the tires without removing the tires from the vehicle which would be costly to me.

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