



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 2003 SEP 23 AM 12:08
(1-888-327-4236) 20-30N-2003
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received

Repository

Reference No.
10024590

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: ARVADA State: CO Zip Code: [Redacted]

Daytime Telephone Number: 3034289623
Evening Telephone Number:

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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at Bottom of windshield on driver's side: 1FDXE45S9YH780571
Make: SHASTA Model: SHASTA Trans Master Model Year: 2000
Date Purchased: 3-01 Dealer's Name and Telephone Number: Mountain State RV 303-360-0252 Engine: No. Cylinders: 10 Fuel Type: Gas
Original Owner: [X] Dealer's City: Aurora, CO State: CO Zip Code: 80011
Transmission Type: auto Antilock Brakes Powertrain: _____ Vehicle Component Code: 190000 TIRES
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-MAY-2003
Failure Mileage: 2374
Failure Speed: 65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Steel Tex FIRESTONE Tire Model (Name or Number): LT22575R16 Tire Size (Example P215/65R15): LT 225/75 R16
DOT No. (Example: DOTM19A8BC036) Original Equipment Prior Repair Failure Location: DRIVER 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: Yes No Fine: 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).

WHILE DRIVING THE MOTOR HOME (SHASTA TRAVEL MASTER 2000), THE DRIVER SIDE REAR TIRE BLEW OUT. FIRESTONE LT 225/75R16. *AK

Road was clear & flat.

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
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).**