



U.S. Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-6399
DC METRO AREA 202-998-0123

2004 MAR 31 AM 8:43

FOR AGENCY USE ONLY

DATE RECEIVED	RECEIVED NYS-215	od, or rt, dr od-rt up-ltr
	2004 MAR 30 A 10:58	REFERENCE NO 10065308
OFFICE OF DEFECTS INVESTIGATION		

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS
[REDACTED]
[REDACTED], 2A
JOHNSON Bayou.

DAY TIME TELEPHONE NO. (AREA CODE)
[REDACTED]

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

VEHICLE IDENTIFICATION NO. 4U2AAHBV91C292992	VEHICLE MAKE NEWMAR	VEHICLE MODEL KOUNTRY STAR	MODEL YEAR 2001
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CURRENT ODOMETER READINGS	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/COOL)	<input checked="" type="checkbox"/> TURBO DIESEL <input type="checkbox"/> GAS FUEL INJECTN
[REDACTED]	<input type="checkbox"/> NEW <input type="checkbox"/> USED		NO. CYLINDERS 6	

TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRIVETRAIN <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER <input checked="" type="checkbox"/> R.V.
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FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT	PART NAME(S) TIRES	LOCATION <input type="checkbox"/> LEFT FRONT <input checked="" type="checkbox"/> RIGHT REAR	FAILED PART(S) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
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NO. OF FAILURES 1	DATE(S) OF FAILURE(S) JUNE 2003	MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MILEAGE AT FAILURE(S) 11,000		
	VEHICLE SPEED AT FAILURE(S)		

APPLICABLE ACCIDENT INFORMATION

ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST\$	POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
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NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

INSIDE REAR PASSENGER TIRE BLEW. FELT VEHICLE WANTS TO PULL TO ONE SIDE. I WAS ON A TRIP IN NOVA SCOTIA WHEN THIS HAPPENED. I CALLED MICHELIN BUT THEY SAID IT WOULD TAKE A WEEK TO HAVE A TIRE SENT SINCE VEHICLE WAS STILL UNDER WARRANTY. TIRES WERE INFLATED TO 100 PSI.

CONTINUE ON BACK IF NEEDED

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.