



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 1367

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BRIGHTON State: CO Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [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

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: PLEASE FILL IN INL1CTM2321
Make: GULF STREAM Model: CONQUEST Model Year: 2002
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: Antilock Brakes Cruise Control Powertrain: _____ Vehicle Component Code: 190000 TIRES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-JUN-2004 Failure Mileage: 4900 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: CARLISLE Tire Model (Name or Number): CARLISLE Tire Size (Example P215/65R15): ST225/75R15
DOT No. (Example: DOTM15ABC036): _____ 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: Yes No Fire: 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 AT HIGHWAY SPEED, THE CONSUMER HEARD AN EXPLOSION. THE CONSUMER SLOW DOWN IMMEDIATELY, LOOK IN THE REAR VIEW MIRROR AND SAW RUBBER ALL OVER THE HIGHWAY. THE PASSENGER SIDE REAR TIRE BLEW OUT. THE ONLY THING THAT WAS LEFT ON THE TIRE WAS THE RIMPLIES AND THE SIDE WALL. THE TIRE MANUFACTURE WAS CONTACTED. *LA AND THEY DID NOTHING.
RADIAL

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