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

Date Received	Repository
11-AUG-2004 2004 NOV 12 PM 12:34	Reference No. 10087663

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City TROY / State VA / Zip 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

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4X4FFLD263D[redacted]	FOREST RIVER	FLAGSTAFF 425D	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code: 190000 TIRES
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-AUG-2004			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
CARLISLE	CARLISLE	FT205/75R15

DOT No. (Example: DOTMAL9ABC036)	☒ Original Equipment ☐ Prior Repair	Failure Location:
8LUL		

Tire Component Code	Tire Failure Type
190000 TIRES	

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 ON THE HIGHWAY PASSENGER SIDE REAR TIRE BLEW OUT AND DAMAGED THE PANEL BEHIND THE WHEEL. A SPARE TIRE WAS INSTALLED. FIFTY MILES FOLLOWING THIS THE FRONT PASSENGER TIRE BLEW OUT. THE CAMPER WAS DRIVEN HOME ON 3 WHEELS. A MECHANIC AND A TIRE RETAIL STORE OWNER INDICATED THAT THE TIRES BLEW OUT BECAUSE THEY WERE NOT ADEQUATE ENOUGH TO SUPPORT THE WEIGHT OF THE CAMPER. THE CAMPER WAS BEING TOWED BY A FORD F150 2002. THE TIRES MAXIMUM LOAD WAS 18/20 LBS.*AK

F250

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