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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

2005 MAR 15 AM 3:10

FOR AGENCY USE ONLY

Date Received

Od_or _____
rt_cd _____
od_rt _____
up_itr _____

Reference No.

1015626

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Street No: [Redacted] Apt. No.: [Redacted]
City: Hewlett State: Texas Zip Code: [Redacted]

Daytime 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: [Redacted] Date: 2/21/05

PRODUCT INFORMATION

Vehicle Identification No. (VIN): (Located at bottom of windshield on driver's side)
4YDF2352640 [Redacted]
Make: KEYSTONE COUGAR Model: RV 5th Wheel
Purchased Date: 1/22/04 Dealer's Name: FUN TIME RV Engine Size (CID/GAL): 272 Turbo: Diesel: Gas: Fuel Injection:
Dealer's City: Cleburne State: TX Zip Code: 7 No. Cylinders: _____
Manufacture Date (on driver's door or pillar): N/A Transmission Type: Manual Automatic
Restraint System: N/A Drivable Air Bag Motorcyclist Passenger Air Bag 2-Point Belt 3-Point Belt
Crash Control: Yes No
Drive/Steer: N/A Front Rear 4-Wheel
Vehicle Type: Car Sport Utility Van Truck Minivan Motorcycle Other RV
Body Style: 2-Door 4-Door Station Wagon Pick Up Truck Other RV

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): TIRE Location: Left Right Front Rear
Failed Part(s): Original Replacement
Handicap Adaptive Equip: Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: MISSION Tire Name: LOAD MAX Radial Complete Tire Size: ST 225/75R15
No. of Failures: 1 Date(s) of Failure(s): 12/30/2004 Mileage at Failure(s): NA Vehicle Speed at Failure(s): 60mph
Failed Part(s) Returned Available to TIRE CO in California: Yes No
NHTSA Previously Contacted?: Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash: Yes No Fire: Yes No
Number of Persons Injured: NONE Number of Fatalities: NONE
Reported to Manufacturer: TIRE CO CORP Yes No
Phone: 888-257-6077

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

We were traveling E on Highway 190, about 5 miles E of Kilbuck Texas. I saw tire debris and RV wheelwell debris in R rear view mirror + pulling over to the edge of the road. found that the R rear tire of the trailer with the entire outer tread coming loose from the tire, causing damage to the wheelwell and outer skin of the trailer. I was able to change tire and used the spare to continue the trip to my home only a short distance. upon making contact with the tire manufacturer Tire Co, they requested the tire be returned to them, which I did comply with. see attached photos

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

See Attached Bill for repair 1,526.78 - Repair of damage to 5th wheel has been in shop since 1/11/05 - of no use for us.

PS - This Tire only had a max of 1000 mi - since it was the spare used after the first tire exploded in Aug 04;

ATTACH ADDITIONAL SHEETS, IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline



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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY	
Date Received	Od_or _____ rt_dt _____ od_rt _____ up_lr _____
2005 11 27 10 41 2:55	Reference No. _____

OWNER INFORMATION (Type or Print)

Name _____		
Street _____	Apt. No. _____	
City <u>HULLY</u>	State <u>TX</u>	Zip _____

Daytime 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 2/21/05

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>4YDF285264B</u>		Make <u>RV-Keystone</u> <u>Cougar</u>	Model <u>285 EFS</u> <u>Fifth wheel</u>	Year <u>2004</u>
Purchased Date <u>1/23/04</u>	Dealer's Name <u>FUN TIME RV</u>	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Cleburne</u>	State <u>TX</u>	Zip Code <u>76031</u>	No. Cylinders _____
Manufacture Date (on driver's door or pillar) <u>08/03</u>	Transmission Type <u>NA</u> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <u>NA</u> <input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorist <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <u>NA</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive/Train <u>D/A</u> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motor <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>Fifth wheel</u>	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>RV</u>	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>TIRE</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand <u>MISSION</u>	Tire Name <u>Load Max Radial</u>	Complete Tire Size <u>ST 225/75R15</u>
No. of Failures <u>2</u>	Date(s) of Failure(s) <u>8/5/04</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) <u>5th wheel / NA</u>	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vehicle Speed at Failure(s): <u>60mph / 60mph</u>	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>NONE</u>	Number of Fatalities <u>NONE</u>	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of incident(s), failure(s), crash(es), and injury(ies).
We were traveling E on Interstate 40, approximately 20 miles E of
Jussumo, New Mexico. I saw tire and trailer wheel well debris
coming off of the trailer thru my mirror and pulled to the side
of the road. To find the right rear tire had blown thru out throwing all of
it's head and producing heavy damage to surrounding area skin and wheel
well area. I changed the tire using the spare and proceeded to location to
buy a new spare. The total repair bill for damage including tire was
\$1,007.95

Continue on back.

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to 49 U.S.C. Chapter 501. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.