



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 100148

Date Received
2006 MAR 22 AM 10:39
23-FEB-2006
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OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City COLONIAL BEACH 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
3FCMF53S7XJ [REDACTED] Make GULF STREAM Model SUNSPORT Model Year 1999
Date Purchased 31-MAR-99 Dealer's Name and Telephone Number SAFFORD DODGE RV Engine: No: Cylinders 10 Fuel Type: Gas
Original Owner Dealer's City THORNBURG State VA Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 114000 ELECTRICAL SYSTEM:WIRING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-FEB-2006 Failure Mileage 42825 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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).

DT*: THE CONTACT STATED AFTER DRIVING FOR AN HOUR AT NIGHT, THE VEHICLE WOULD OVERHEAT. THIS CAUSED THE INTERIOR AND EXTERIOR LIGHTS, THE DEFROSTER AND FAN TO FAIL. THE VEHICLE WAS TAKEN TO THE DEALERSHIP AND THE ROCKER SWITCH WAS REPLACED 5 OR 6 TIMES. THIS SWITCH CONTROLS THE RUNNING LIGHTS. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP AND IT WAS DETERMINED ALL OF THE COMPONENTS THAT WERE FAILING WERE CONNECTED TO THE HEADLIGHT SWITCH. THIS CAUSED AN OVERLOAD, WHICH CAUSED THE COMPONENTS TO FAIL. THE VEHICLE WAS REWIRED.

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).**