



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

06-SEP-2006

Repository ☐

Reference No.
10167454

OWNER INFORMATION (Type or Print)

Name

Address

City

MORGANTON

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening 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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FDXE45S6

Make
GULF STREAM

Model
TOURMASTER

Model Year
2006

Date Purchased
16-FEB-05

Dealer's Name and Telephone Number
RV WORLD INC. OF NOKOMIS

Engine:
No: Cylinders 10

Fuel Type:
Gas

Original Owner
☒

Dealer's City
NOKOMIS

State
FL

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
105300 POWER TRAIN:DRIVELINE:DRIVESHAFT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-AUG-2006

Failure Mileage
7700

Failure Speed
60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

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).

DT*: THE CONTACT STATED WHILE DRIVING 60 MPH ON A HIGHWAY, THE REAR OF THE VEHICLE VIBRATED. THE VEHICLE WAS DRIVEN TO THE DEALER WHERE THE DRIVE SHAFT WAS REPLACED, HOWEVER THE PROBLEM HAS REOCCURRED. THE VEHICLE WAS A 2006 GULFSTREAM BT TOURING 5291B. *AK

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 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.

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

THE DEFECT WAS NOTED FROM THE TIME THE RV WAS FIRST DRIVEN. THE ENTIRE RV VIBRATED AT SPEEDS BETWEEN 40-60 MPH. THE REPAIR INVOICE IS ENCLOSED. NOTE: 2 SETS OF DRIVE SHAFTS WERE PROVIDED TO THE REPAIR FACILITY AND ANOTHER FAILURE HAS OCCURRED. THE RV IS IN THE SHOP AT THIS TIME FOR THE SAME REPAIR. THE CONCERN WE HAVE IS FOR OUR SAFETY AND THE SAFETY OF OTHERS IS A MAJOR FAILURE OF SUBSTANDARD EQUIPMENT OCCURS ON THE HIGHWAYS. THE CURRENT FORD DEALER THAT IS DOING THE REPAIR STATED THE DRIVE SHAFT PROBLEM IS A SAFETY CONCERN.

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, NVS-210
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**

nhtsa
www.nhtsa.doi.gov
people saving people

Vehicle Owner's Questionnaire (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration



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).