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 | Repository ☐ |
|---|---|
| 15-SEP-2006 | Reference No. 10168345 |

**OWNER INFORMATION (Type or Print)**

| Name [redacted] | | | Daytime Telephone Number [redacted] | E-mail Address |
|---|---|---|---|---|
| Address [redacted] | | | Evening Telephone Number | |
| City STARKE | State FL | 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 a[redacted] provide your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9/24/06

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 4YDF276265E[redacted] | KEYSTONE | COUGAR | 2005 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| 03-FEB-05 | SUNCOAST RV 904 642 1600 | | | | |
| Original Owner ☒ | Dealer's City JACKSONVILLE | State FL | Zip Code 32216 | NA | NA |

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

**FAILED COMPONENT(S)/PART(S) INFORMATION**

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 15-SEP-2006 | | | |

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) |
|---|---|---|
| UNKNOWN MISSION | UNKNOWN | 225-75R15 |

| DOT No. (Example: DOTMAL9ABC036) | | | Tire Component Code | Tire Failure Type |
|---|---|---|---|---|
| WEHH2732104-27 WEHH2732104-28 | ☒ Original Equipment ☐ Prior Repair | Failure Location: PASSENGER SIDE FRONT | 190000 TIRES | 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 | 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).**

DT*: THE CONTACT STATED TWO PASSENGER SIDE FRONT TIRES BLEW OUT. THE TIRES SEPARATED AND SHREDDED. THE TIRES WERE MISSION TIRES. MANUFACTURED BY TIRECO. SIZE: 225/75/R-15. THE DEALERSHIP WAS NOTIFIED.

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