



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

2007 DEC 12 AM 11:15  
 28-NOV-2007

FOR AGENCY USE ONLY 100148

Date Received  Repository

Reference No.  
10210191

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
 Address: [REDACTED]  
 City: ST. PETERSBURG State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 1FDWE35815H [REDACTED]		Make GULF STREAM	Model VISTA CRUISER	Model Year 2006
Date Purchased 18-APR-07	Dealer's Name and Telephone Number LONG VIEW SUPER STORE		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City ADOVA	State FL	Zip Code 33527	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code 010000 STEERING	
Multiple Failure: 1				

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

Incident Date(s) 18-APR-2007	Failure Mileage 1845	Failure Speed 0	
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**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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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**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).

TL\*THE CONTACT OWNS A 2006 GULF STREAM 5211 YELLOW STONE (NA). WHEN THE CAP WAS PLACED ONTO THE FRAME, THE WEIGHT DISTRIBUTION BECAME OFF BALANCE. AS A RESULT, THE STEERING IS OFF BALANCE AND CAUSES THE VEHICLE TO MOVE FROM LANE TO LANE. THE DEALER PROMISED TO REPAIR THE VEHICLE, BUT NO REPAIRS HAVE BEEN MADE AS OF YET. THE VIN WAS INVALID. THE POWERTRAIN, ENGINE SIZE, AND NUMBER OF CYLINDERS WERE UNKNOWN. THE FAILURE MILEAGE WAS 1,845 AND CURRENT MILEAGE WAS 2,400.

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.