Form Approved: O.M.B. No. 2127-0008

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** ☐
07-APR-2009	Reference No. 10264359

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City PLATTSMOUTH	**State** NE	**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	Make	Model	Model Year
WD2PD744545[redacted]	GULF STREAM	VISTA CRUISER	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-MAR-05	SUNCOAST RV 865-970-7080			No: Cylinders 5	Diesel
Original Owner ☐	Dealer's City LOUISVILLE	State TN	Zip Code 37777		

Transmission Type			Multiple Failure:	Incident Date(s)
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	Powertrain	1	31-JAN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 162000 STRUCTURE: BODY	Failure Mileage	Failure Speed
	18637	62

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Iniured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL*THE CONTACT OWNS A 2004 GULF STREAM VISTA CRUISER MOTOR HOME. WHILE DRIVING 62 MPH, THE SIDE PANEL FELL OFF THE SIDE OF THE VEHICLE. THE CONTACT CALLED THE INSURANCE COMPANY AND WAS INFORMED THAT THE GLUE DRIED UP AND FAILED. THEY STATED THAT THE OTHER SIDE PANEL WILL SOON DETACH AS WELL. GULF STREAM WAS NOTIFIED, BUT DID NOT ASSIST. THEY REFUSED TO SPEAK TO THE CONTACT AND TRANSFER HER TO THE PARTS DEPARTMENT. THE INSURANCE COMPANY WILL NOT COVER THE REPAIR COST AND NO ONE ELSE WILL SPEAK WITH HER. THE FAILURE MILEAGE WAS 18,000. UPDATED 05/15/09 *BF
THE CONSUMER STATED A STATE FARM REPRESENTATIVE LOOKED AT THE VEHICLE AND DETERMINED IT WAS A WEAR AND TEAR ITEM AND THE GLUE THAT ORIGINALLY HELD THE PANEL IN PLACE AD JUST DRIED UP. UPDATED 05/18/09.

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