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
17-MAY-2010	Reference No. 10330802

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City COTATI	State CA	Zip Code	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
16HG538294A	HAULMARK	TRAILER	2004

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
10-3-03	Haulmark Industeres	Pat Sall 574-264-9661	No: Cylinders	
Original Owner ☒	Dealer's City Bristol Indiana	State IN / Zip Code 46507		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: 4 tires in 5 yrs.	Incident Date(s) multiple 28-JUN-2007

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 190000 TIRES	Failure Mileage	Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
UNIROYAL	LAREDO	LT 235/85 R 16
DOT No. (Example: DOTMAL9ABC036)	☑ Original Equipment ☐ Prior Repair	Failure Location: multiple
Tire Component Code		Tire Failure Type: Delamination

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).

TL*THE CONTACT OWNS A 2004 HAULMARK WT5 TRAILER. THE CONTACT STATED THAT HE HAD RECURRING FAILURES WITH HIS TIRES. WHILE DRIVING AT HIGHWAY SPEEDS, THE CONTACT STATED THAT HE HAD A TIRE BLOWOUT ON FOUR DIFFERENT OCCASIONS. WHILE HAVING THE VEHICLE SERVICED FOR THE FOURTH BLOWOUT, THE CONTACT WAS INFORMED THAT THE ORIGINAL TIRES INSTALLED ON THE VEHICLE WERE E RATED BUT THE VEHICLE WAS SUPPOSED TO BE EQUIPPED WITH G RATED TIRES. THE G RATED TIRES ARE MANUFACTURER TO SUPPORT A HEAVIER LOADING WEIGHT THAN THE E RATED TIRES. THE CONTACT CALLED THE MANUFACTURER AND INFORMED THE CONTACT THEY WOULD ONLY REPLACE ONE OF THE TIRES. THE FAILURE AND CURRENT MILEAGES WERE UNKNOWN.

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

Case # 26030167

8-31-2010

Maria,

This is the original bill of sale stating "G" rated tires, the Repair bills for replacing the under rated "E" Rated tires, and the installation of the proper "G" rated tires.

Thank you,

[redacted]

3/3/2010 **ESTIMATE** No. 4025822

[redacted]
Cotati, CA
[redacted]

MCLEA'S TIRE RETAIL - 4
100 STONY POINT ROAD
Petaluma, CA 94952
707-776-0640

YEAR	MAKE	MODEL	MILEAGE	TAG	TERMS	P.O. NO.	SALESMAN
	FT TRAILI		1	[redacted]			RM / RM

CODE	DESCRIPTION	MECH	QTY	PRICE	AMOUNT
	Fax to 707-795-5957				
TIR	LT235/85R16 GOODYEAR G614 14 PLY TIRE		4	309.95	1239.80
PKG	INSTL TIRE INSTALL PACKAGE		4	35.00	140.00
---	DISMOUNT & MOUNT		1		
---	COMPUTERIZED WHEEL BALANCE		1		
MSC	HIGH PRESSURE METAL STEM		4	7.95	31.80
	Dave, FYI the tires that came on your trailer new are Lt 235/85r16 Uniroyal 10ply 80psi tires that carry 3,042lbs per tire, which carry 12,168 lbs total all 4 tires. Your tires have been exploding due to being under rated for your gvwr of 14,000lbs on yout trailer. You have to get the proper rated tires on this trailer before you go on any more races. The proper tires are on this estimate for your review. Any questions please call me at 707-333-0081 Thank you Rick Mclea				

CALIFORNIA STATE RECYCL	7.00
LT TIRE DISPOSAL - EPA #C/	14.00
SALES TAX	114.44

5/3/2010 **ESTIMATE** No. 4025822

[redacted]
Cotati, CA [redacted]

MCLEA'S TIRE RETAIL - 4
100 STONY POINT ROAD
Petaluma, CA 94952
707-776-0640

YEAR	MAKE	MODEL	MILEAGE	TAG	TERMS	P.O. NO.	SALESMAN
	FT TRAIL		1	[redacted]			RM / RM

CODE	DESCRIPTION	MECH	QTY	PRICE	AMOUNT

TOTAL DUE	1547.04
AMOUNT PAID	0.00
AMOUNT DUE	1547.04

TOPS Sys

CARBONLESS FORM 3841

NO CARBON REQUIRED

BILL OF LADING

TRIPLICATE

ALTERNATE STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

Name of Carrier: CPU - David Mawtooth	Carrier's No.	Date 10/21/03	Shipper No.
TO Consignee: Tom's Boats & RV's	FROM Shipper:		
Street			
Destination Independence, MO Zip Code			Emergency Response Phone No.
Route:		Vehicle No.	

No. Shipping Units	*HM	Kind of Package, Description of Articles, Special Marks and Exceptions	*Weight (Sub. to Corr.)	RATE	✓	CHARGES
1		ETG 85X38 WT5/ 9939		Inside MSO		
				sent to dealer 10/8		
		Gen door Repair				
		(WG)				

REMIT C.O.D. TO: ADDRESS

C.O.D. AMT: 0

C.O.D. FEE: PREPAID ☐ $ COLLECT ☐

TOTAL CHARGES: $

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$_____ per _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other charges.

_____ (Signature of Consignor)

FREIGHT CHARGES

Check Appropriate Box:

☐ Freight prepaid ☐ Collect

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of receipt by the carrier of the property described in the Original Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

"This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation."

[redacted] Shipper, Per _____ Agent, Per _____

Permanent post office address of shipper * Mark with "X" to designate Hazardous Material as defined in Title 49 of Federal Regulations. For further details on TRANSPORTING HAZARDOUS MATERIALS see Federal Regulations 49 CFR, Part 172.

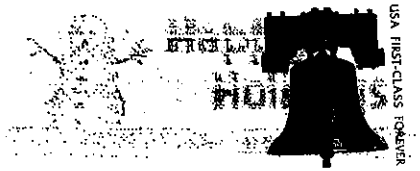
TOPS FORM No. 3841 Printed in the U.S.A.

1

[redacted]
Cotati, CA [redacted]

NORTH BAY CA 949

02 DEC 2010 PM 1 L



US DOT
NHTSA
1200 New Jersey SE
Washington, DC 20590