

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1364	
U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	
Date Received <b>DEC 12 2011</b>		Repository <input type="checkbox"/>	
16-NOV-2011		Reference No. 10436968	
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	
MINDEN	NV		
Evening Telephone Number			
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).			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4YDF34326BA		Make KEYSTONE	Model MONTANA HIGH COUN
		Model Year 2011	
Date Purchased 6/11/11	Dealer's Name and Telephone Number HOLIDAY WORLD		Engine: No: Cylinders N/A
Fuel Type: N/A	Original Owner <input checked="" type="checkbox"/>	Dealer's City KATH	State TX
		Zip Code 77494	
Transmission Type N/A	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain N/A	Multiple Failure: N/A
		Incident Date(s) 16-NOV-2011	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 020000 SUSPENSION - TRAILER LISTING, TIRE ON LOWER SIDE RUBBING WHEEL WELL CAUSING TIRE WEAR		Failure Mileage 1000	Failure Speed N/A
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make		Tire Model (Name or Number)	
		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	
Tire Component Code		Failure Location:	
		Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:		Date Manufactured:	
Seat Type:		Model No./Name:	
Child Seat Component Code:		Installation System:	
Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>			
(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	
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).			
OWNER REPORTS THAT VEHICLE EXHIBITS A SIDE-TO-SIDE TILT (DRIVER-SIDE IS 1-1/2" LOWER THAN PASSENGER SIDE) DUE TO UNEVENLY DISTRIBUTED SIDE-TO-SIDE LOADING. OWNER REPORTS RESULTS OF WEIGHING UNLOADED WEIGHING VEHICLE BY RIGHT AND LEFT SIDE: RIGHT SIDE: 3880 LBS; LEFT SIDE 4760 LBS (TOTAL 8640 LBS). TOTAL IS 9360 LBS. WHEN TRAILER LOADED -- WIGHT DISTRIBUTION LOADED WAS NOT MEASURED. OWNER REPORTS NO OBSERVED CONCERNS REGARDING VEHICLE HANDLING, AXLE CAPACITY= 10,400 LBS (5200 LBS X 2).  TRAILER TIRE ON FORWARD AXLE @SIDE RUBBING WHEEL WELL AND HAS ABRASION VAPOR BARRICA ABOVE TIRE & TIRE SHOWS ABNORMAL TREAD WEAR.			
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.			



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Bill To:

MINDEN, NV

Lookup	Qty	Description	Price	Ext Price
93163	4	25.25" 5 LEAF	\$44.42	\$177.68
B2	4	9/16" LOCKING SHACKLE NUT	\$1.59	\$6.36
N3	4	9/16" LOCKING SHACKLE NUT	\$1.59	\$6.36
LABOR	2	LABOR - GENERAL	\$85.00	\$170.00
INSTALL LEAF SPRING				
SHOP SUPPLIES	1	SHOP SUPPLIES	\$17.00	\$17.00

Subtotal: \$377.40  
 Local Sales Tax 7.725 % Tax: + \$16.02  
**RECEIPT TOTAL: \$393.42**

Credit Card: \$393.42 American Express

Total Deposit Taken: \$0.00  
Balance Outstanding: \$0.00

*Any discrepancy in work must be addressed in writing within 30 days of the date of this receipt. All sales are final. No returns/refunds after 30 days from purchase. Return must be in resaleable condition. No returns accepted on special order items or pre cut material. A restock fee may apply. Credit issued in same manner as originally paid.  
I accept and acknowledge work performed*

**SIGNATURE:** \_\_\_\_\_ **PRINTED:** \_\_\_\_\_