

OF INFORMATION ACT (FOIA). 5 U.S.C. 552(B)(6)

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOQ \(NHTSA\)](#)
Subject: FW: Follow up to ODI Complaint -----11323179 -----
Date: Monday, July 13, 2020 9:46:47 AM
Attachments: [REDACTED]

From: [REDACTED]
Sent: Saturday, July 11, 2020 10:11 AM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: Fwd: Follow up to ODI Complaint -----11323179 -----

CAUTION: This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.















FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at:
www.FloridaCrashPortal.com

Crash Number	Reporting Agency FLORIDA HIGHWAY PATROL		
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CRASH IDENTIFIERS

County of Crash GADSDEN	City or Place of Crash UNINCORPORATED	<input type="checkbox"/> City Limits	Crash Date/Time 12/04/2019 10:20 AM	Reported Date/Time 12/04/2019 10:21 AM
Roadway Description for Location of Occurrence INTERSTATE 10				

VEHICLE

V01	Year 2010	Make FORD	Model EXPLORER	Color WHI	State CA	License Number	Registration Expires 1/4/2019	<input type="checkbox"/> Permanent Registration	VIN 1FMEU5BE1A
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person)		
Address			Address Other			City VISALIA	State CA	Zip Code	
Owner Phone Number		Owner Phone Number (other)		Insurance Company NATIONWIDE INSURANCE			Insurance Policy Number		
Trailer One	License Number	State CA	Reg Expires	Permanent Reg NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg Expires	Permanent Reg NO	VIN	Year	Make	Length	Axles

VEHICLE

V02	Year 2014	Make PTRB	Model TR	Color WHI	State MO	License Number	Registration Expires 9/30/2020	<input type="checkbox"/> Permanent Registration	VIN 1XPWDP9X4ED
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person) BARLOW TRUCK LINES INC		
Address			Address Other			City FAUCETT	State MO	Zip Code	
Owner Phone Number		Owner Phone Number (other)		Insurance Company AON RISK SERVICES SOUTHWEST			Insurance Policy Number		
Trailer One	License Number	State	Reg Expires	Permanent Reg NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg Expires	Permanent Reg NO	VIN	Year	Make	Length	Axles

PERSON RECORD

Person Type DRIVER	NI#	Vehicle# V01	First Name	Last Name	Suffix
Address		Address Other		City VISALIA	State CA
Phone Number	Phone Number (other)	Other Comments (Write In)			

REPORTING OFFICER

ID Number 4458	Rank TROOPER	Name THOMPSON, R N	Troop / Post H	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 850.410.3048
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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 <input type="checkbox"/>
04-MAY-2020	Reference No. 11323179

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LUTZ	State FL	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 4UZAHAHAK13C	Make GULF STREAM	Model YELLOWSTONE	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) Dec 4, 2019 20 APR 2006

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 210000 TRAILER HITCHES Hidden Hitch Model 64-6003 Recall # 06E033000	Failure Mileage 0	Failure Speed 65 mph
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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: DOTM19ABC036)	<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 # Y
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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 2003 GULF STREAM YELLOWSTONE RV. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 06E033000 (TRAILER HITCHES) HOWEVER, THE PART TO DO THE RECALL REPAIR WAS NOT AVAILABLE. HIDDEN HITCH LOCATED AT 47912 HALYARD DR, SUITE. 100, PLYMOUTH, MI 48170, (800)632-3290, WAS CONTACTED AND CONFIRMED THE PART WAS NOT AVAILABLE. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL STATED: 0-UNREPAIRED RECALL.

Failure occurred Dec 4, 2019. Towed vehicle collided with other vehicle when part failed. My vehicle was destroyed.

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.



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

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Date Received

04-MAY-2020

Repository

Reference No. 11323179

OWNER INFORMATION (Type or Print)

Name, Address, City (LUTZ), State (FL), Zip Code

Daytime Telephone Number

E-mail Address

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number (4UZAHAHAK13C), Make (GULF STREAM), Model (YELLOWSTONE), Model Year (2003), Date Purchased, Dealer's Name and Telephone Number, Engine: No: Cylinders, Fuel Type, Original Owner, Dealer's City, State, Zip Code, Transmission Type, Antilock Brakes, Cruise Control, Powertrain, Multiple Failure, Incident Date(s) (Dec 4, 2019, 20 APR 2006)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 210000 TRAILER HITCHES. Hidden Hitch Model 64-6003 Recall # 06E033000. Failure Mileage 0, Failure Speed 65 mph

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: DOTM19ABC036), 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 (Yes/No), Fire (Yes/No), Number of Persons Injured, Number of Deaths, Reported to Police

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).

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Failure occurred Dec 4, 2019. Towed vehicle collided with other vehicle when part failed. My vehicle was destroyed.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LUTZ State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

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VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4UZAHAHAK13C [REDACTED] Make GULF STREAM Model YELLOWSTONE Model Year 2003
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s)
20-APR-2006

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 210000 TRAILER HITCHES Failure Mileage 0 Failure Speed 0

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 Yes No Fire Yes No Number of Persons Injured Number of Deaths 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).

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