

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

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue
or black ink pen only.
CORRECT MARK: ●

Date Received **30-Aug-02** Odor
Reference No. n-dt
up-It

CITY

STATE

ENTER ZIP CODE

Dundee

Florida

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER

August 15th 2002
DATE

VEHICLE IDENT. NO. (VIN) (Completed on back of this form) **2G4WD14W6J1** VEHICLE MAKE **Buick** VEHICLE MODEL **Regal** MANUFACTURE DATE **1998** MODEL YEAR **1998**

VEHICLE MANUFACTURER

☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☐ Other
☐ Daimler/Chrysler ☒ General Motors ☐ Hyundai ☐ Seab ☐ Toyota ☐ VW

PURCHASE DATE

☐ New
☐ Used

DEALER'S NAME

CITY

STATE

ZIP CODE

ENGINE SIZE

(CID/CC/L)

FUEL SYSTEM

FUEL TYPE

TRANSMISSION TYPE

ANTILOCK BRAKES

RESTRAINT SYSTEM

CRUISE CONTROL

NO. CYLINDERS **6**

☐ Turbo ☐ Diesel ☐ Manual ☐ Yes ☐ No
☒ Fuel Injection ☒ Gas ☒ Automatic

☐ Driveside Airbag ☐ 2-Point Belt
☐ Passengerside Airbag ☐ Motorbelt
☒ 3-Point Belt

☒ Yes
☐ No

DRIVETRAIN

VEHICLE TYPE

DOORS

BODY STYLE

☐ Front ☐ 4-Wheel
☒ Rear

☒ Car ☐ Minivan ☐ Truck ☐ Other
☐ Van ☐ Sport Utility ☐ Motorcycle

☒ 2-Door ☒ Hatchback ☐ Sedan
☐ 4-Door ☐ Pick Up Truck ☐ Stationwagon

COMPONENT

☐ Child Seat
☐ Electrical Lights & Alarms
☐ Engine & Cooling System
☐ Equipment
☐ Fuel System, Exhaust
☐ Heater, Defrost, Ventilation
☐ Interior
☐ Parking Brake
☐ Power Train
☐ Service Brakes
☐ Steering
☐ Structure
☐ Suspension
☐ Visual Systems
☐ Other

NO. OF FAILURES

1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

INCIDENT DATE

March 18th 2001

MILEAGE AT INCIDENT

241618

VEHICLE SPEED AT INCIDENT

47 mph

FAILED PART(S)

☒ Original
☐ Replacement

HANDICAPPED ADAPTIVE

☐ Yes ☐ No

FAILED PART(S) AVAILABLE?

☒ Yes ☐ No

NHTSA PREVIOUSLY CONTACTED?

☐ Yes ☒ No

To report defective or failed tire provide the following: Tire
Brand, Tire Name, Tire Size (include all number and letters).

TIRE NAME

BF Goodrich Excellent

COMPLETE TIRE SIZE

A/S P205/70 R14 M+S

TIRE BRAND

☒ BF Goodrich
☐ Cooper
☐ Firestone
☐ Goodyear
☐ Kelly Springfield
☐ Michelin
☐ Yokohama
☐ Other

Please describe
in detail the
incident(s),
Failure(s),
Crash(es), and
Injury(es) on
the back of
this form.

CRASH

☒ Yes
☐ No

NUMBER OF PERSONS INJURED

1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

FIRE

☐ Yes
☒ No

NUMBER OF FATALITIES

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

CAUSE OF INCIDENT

☐ Wear/Corroded/Rust
☐ Weak/Poor Fit/Loose
☐ Cut/Torn
☐ Disconnect/Fell Off
☒ Erratic/Poor Performance
☐ Excessive Effort
☐ Noisy
☐ Leaks
☐ Short
☐ Locks/Sticks/Grabs
☐ Stability/Vibration
☐ Broken

RESULT OF INCIDENT

☒ Explosion/Fire
☒ Loss of Control
☐ Poor Visibility
☐ Inadvertent Start
☐ Rollover
☐ Stalls
☐ Sudden Acceleration

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

On March 19th 2001 between the hours of 4^{pm}-6^{pm} I was traveling west on Route 542 (Dundee Road) when suddenly and overpoweringly the right front tire exploded directing the vehicle to the right and down the embankment into a ditch. As a result of this crash I suffered back, left rib, neck and shoulder, chest and knee injuries and is currently under treatment with a physician.

Cause of accident:

Tread separation from tire

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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 to 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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HS Form 350 (Rev. 5/99)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



VEHICLE OWNER

QUESTIONNAIRE

(VEHICLE)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use

Tire ID# : BHKEWH 11158 618

P205170 R14 M+S

PC965 AC3

E-25266-H

26988

Tread Plys: 1 Polyester + 2 steel

Side wall Plys: 1 Polyester Radial Tubeless

Tire Name : BF Goodrich Excentric A/S

Complete Tire size: P205170 R14 M+S

Tire Brand : BF Goodrich

Contact # : Michelin North America - 1-800-847-8425

Respectfully Reply:



Dundee, FL



**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**