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 100145

Date Received: 13-MAY-2003 (2003 MAY 27)
Repository ☐
Reference No.: DP2-86

OWNER INFORMATION (Type or Print)

Name
Address
City: STATEN ISLAND | State: NY | Zip Code
Daytime Telephone Number | E-mail Address
Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES
In the absence of an e or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/13/03

VEHICLE INFORMATION

[redacted] | Make: VOLKSWAGEN | Model: PASSAT | Model Year: 2002

Date Purchased | Dealer's Name and Telephone Number: LIFE QUALITY AUTOMOBILES OF BAY RIDGE | Engine: No. Cylinders | Fuel Type:

Original Owner ☒ | Dealer's City: BROOKLY NY | State: NY | Zip Code: 11220

Transmission Type | ☒ Antilock Brakes ☒ Cruise Control | Powertrain | Vehicle Component Code: 190000 TIRES | Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-APR-2003			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: MICHELIN | Tire Model (Name or Number): 21555R16 MXV4 PLUS | Tire Size (Example P215/65R15): P225 55 16

DOT No. (Example: DOTMLSABC038) | ☒ Original Equipment ☐ Prior Repair | Failure Location: Rt near Tire - Morehead Kentucky

Tire Component Code: 190000 TIRES | Tire Failure Type: TIRE MELTED + SIDE WALL BLEW OUT

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 problem(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	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).

THE VEHICLES TIRE BLEW OUT WHILE DRIVING. *NLM The tire sidewall blew out & the rubber of the tire melted into a mush. The tire was original eqpt w/ approx. 9,000 miles of use. A replacement tire was purchased & installed at Ed's Shell Station in Morehead Kentucky. The damaged tire was discarded

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