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) 2003 JUL
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received	Repository ☐
0 PM 12-19	Reference No. 10024474

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City MIDDLETOWN | State PA | Zip Code [redacted]

Daytime Telephone Number [redacted] | Evening Telephone Number [redacted] | E-mail Address N/A

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an [redacted] *name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 6/30/03

VEHICLE INFORMATION

[redacted]

Make: FORD | Model: HIGHTOP FORD TRUCK CUSTOMIZED VAN E-150 | Model Year: 1989

Date Purchased: 2000 | Dealer's Name and Telephone Number: PRIVATE PARTY | Engine: No. Cylinders: 8 | Fuel Type: UNLEADED

Original Owner ☐ N/A | Dealer's City: N/A | State: PA | Zip Code: 17057

Transmission Type: AUTO | ☒ Antilock Brakes | ☒ Cruise Control | Powertrain

Vehicle Component Code: 191000 TIRES:TREAD/BELT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-JUN-2003	61000	60-65MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: GOODRICH | Tire Model (Name or Number): UNK | Tire Size (Example P215/65R15): 235-15 R 70

DOT No. (Example: DOTMALSABC036) | ☐ Original Equipment ☐ Prior Repair | Failure Location: TURNPIKE AFTER EXIT #19

Tire Component Code | Tire Failure Type: RUBBER PEELED OFF

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/A	N/A	N/A

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).

WHILE DRIVING TIRE TREAD CAME APART AND DAMAGED FRONT FENDER. DEALER NOTIFIED.*AK

I WAS VERY LUCKY THAT I WAS ABLE TO CONTROL THE VAN AND THE DAMAGE WAS MINIMAL. I COULD HAVE BEEN SERIOUS. I DID NOT FEEL CONFORTABLE WITH THE OTHER TIRES ON THE VAN AND I REPLACED ALL FOUR (4) OF THEM WITH NEW TIRES A COPY OF BILL IS INCLOSED.

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

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).