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

2003 JUL 28 AM 11:16

FOR AGENCY USE ONLY 100079

Date Received	Repository
01-JUL-2003	☐
	Reference No. 10026361

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CLAYSBURG	State PA	Zip Code [redacted]

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 or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

[redacted]	Make	Model	Model Year
	CHEVROLET	S10	1989

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-1989	Thomas Chevrolet			No. Cylinders 6	Reg gas
Original Owner ☒	Dealer's City Bedford	State PA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☐ Antilock Brakes ☒ Cruise Control		190000 TIRES Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-JUL-2003	20,000	45 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Firestone	ATX	P205/75R15 M+S
DOT No. (Example: DOTHALSABC096)	☒ Original Equipment ☐ Prior Repair	Failure Location:
W2UL ATX 479		Passenger Rear
Tire Component Code		Tire Failure Type
G03R		Sidewall Bburst

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

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 AT 45MPH REAR PASSENGER FIRESTONE TIRE, P205/75R15, DOT-------- - BLEW UP.*AK
P205/75R15

Had checked tire pressure 3 weeks ago and was OK. As I was driving on June 30 I began hearing a noise and started to pull to the side of the road to check it out when the fire blew. You can see by the enclosed picture how bad it was.

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