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 1367

Date Received	Repository
2004 APR 20 AM 9:30 17-MAR-2004	Reference No. 10063398

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City CAVE CITY	State AR	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [redacted] *name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 4/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1ND52TXX[redacted]	CHEVROLET	MALIBU	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
20-MAR-03	Charles Landers	4	unLeaded
Original Owner ☐	Dealer's City: Cave City	State: Ar	Zip Code: 72521

Transmission Type			Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	190000 TIRES Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
April 3rd-03 March 15, 04	60000	1. 45 mph 2. Stone	was not moving - Having air Putin it

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
FIRESTONE	AFFINITY	P215R592
DOT No. (Example: DOTMALSABC036) PLEASE FILL IN	☐ Original Equipment ☐ Prior Repair	Failure Location: Batesville, AR - Cave City
Tire Component Code: 190000 TIRES		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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No		None	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 ON THE HIGHWAY RIGHT FRONT TIRE BLEW OUT AND CAME APART. ALSO, LEFT TIRE BLEW OUT AND SEPARATED UPON PULLING INTO A REPAIR SHOP TO FILL THE TIRE WITH AIR BECAUSE AIR WAS SEEPING OUT. THE CAUSE OF THE BOTH TIRE BLOWOUT WAS NOT DETERMINED. *AK

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