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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b><br/>To Report Vehicle Safety Defects<br/>1-888-DASH-2-DOT<br/>(1-888-327-4236)<br/>INTERNET: www.nhtsa.dot.gov/hotline</p>                                                                                                              |  | <p>FOR AGENCY USE ONLY 100148</p>              |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Date Received 09-MAY-2005<br/>205 JUN 20 AM 5</p>                                                                                                                                                                                                                                                           |  | <p>Repository <input type="checkbox"/></p>     |  |
| <p>Name [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p>Daytime Telephone Number [REDACTED]</p>                                                                                                                                                                                                                                                                     |  | <p>Reference No. 50120487</p>                  |  |
| <p>Address [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Evening Telephone Number [REDACTED]</p>                                                                                                                                                                                                                                                                     |  | <p>E-mail Address [REDACTED]</p>               |  |
| <p>City COLUMBIA State MS Zip Code [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <p>Do you authorize NHTSA to report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br/>In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.<br/>Signature of Owner [REDACTED] Date 6-5-05</p> |  |                                                |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>17 digit Vehicle Identification Number located at bottom of windshield on driver's side<br/>1N4BA41E040 [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Make NISSAN</p>                                                                                                                                                                                                                                                                                             |  | <p>Model MAXIMA</p>                            |  |
| <p>Date Purchased 10-JUL-03</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Dealer's Name and Telephone Number<br/>1st Tech 728 864 6411</p>                                                                                                                                                                                                                                            |  | <p>Model Year 2004</p>                         |  |
| <p>Original Owner <input checked="" type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Dealer's City Gulfport A State MS Zip Code 39503</p>                                                                                                                                                                                                                                                        |  | <p>Engine: No. Cylinders</p>                   |  |
| <p>Transmission Type AUTOMATIC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <p><input checked="" type="checkbox"/> Antilock Brakes<br/><input checked="" type="checkbox"/> Cruise Control</p>                                                                                                                                                                                              |  | <p>Powertrain FRONT WHEEL DRIVE</p>            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Vehicle Component Code 102000 TIRES:SIDEWALL</p>                                                                                                                                                                                                                                                            |  | <p>Fuel Type: Gas</p>                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p>Multiple Failure: 1</p>                                                                                                                                                                                                                                                                                     |  |                                                |  |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>Incident Date(s) 01-JAN-2005</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>Failure Mileage 25,602</p>                                                                                                                                                                                                                                                                                  |  | <p>Failure Speed</p>                           |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>Tire Make GOODYEAR</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Tire Model (Name or Number) RADIAL</p>                                                                                                                                                                                                                                                                      |  | <p>Tire Size (Example P215/65R15) 18</p>       |  |
| <p>DOT No. (Example: DOTM4BABC036)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p><input checked="" type="checkbox"/> Original Equipment<br/><input type="checkbox"/> Prior Repair</p>                                                                                                                                                                                                        |  | <p>Failure Location Cracking on all Tires.</p> |  |
| <p>Tire Component Code 102000 TIRES:SIDEWALL</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                |  | <p>Tire Failure Type CRACK</p>                 |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>Make</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>Date Manufactured</p>                                                                                                                                                                                                                                                                                       |  | <p>Model No./Name</p>                          |  |
| <p>Seat Type</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p>Installation System</p>                                                                                                                                                                                                                                                                                     |  |                                                |  |
| <p>Child Seat Component Code</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p>Failed Part</p>                                                                                                                                                                                                                                                                                             |  |                                                |  |
| <p><b>ADDITIONAL INCIDENT INFORMATION</b><br/>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                |  | <p>Number of Persons Injured</p>               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                |  | <p>Number of Deaths</p>                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                |  | <p>Reported to Police N</p>                    |  |
| <p>Narrative Description of Incident(s), Crash(es), and Injury(ies).<br/>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).</p>                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>DT: CONTACT STATES THAT THE GOODYEAR TIRES ON HER VEHICLE ARE CRACKING. ONE TIRE IS CRACKING ON BOTH SIDES, THREE ARE ON THE INSIDE OF THE TIRE. *AK</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>I had to replace all tires. Nissan told me the tires were good, that were Cracked. on 1-28-05</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |
| <p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.</p> |  |                                                                                                                                                                                                                                                                                                                |  |                                                |  |

# 1020467

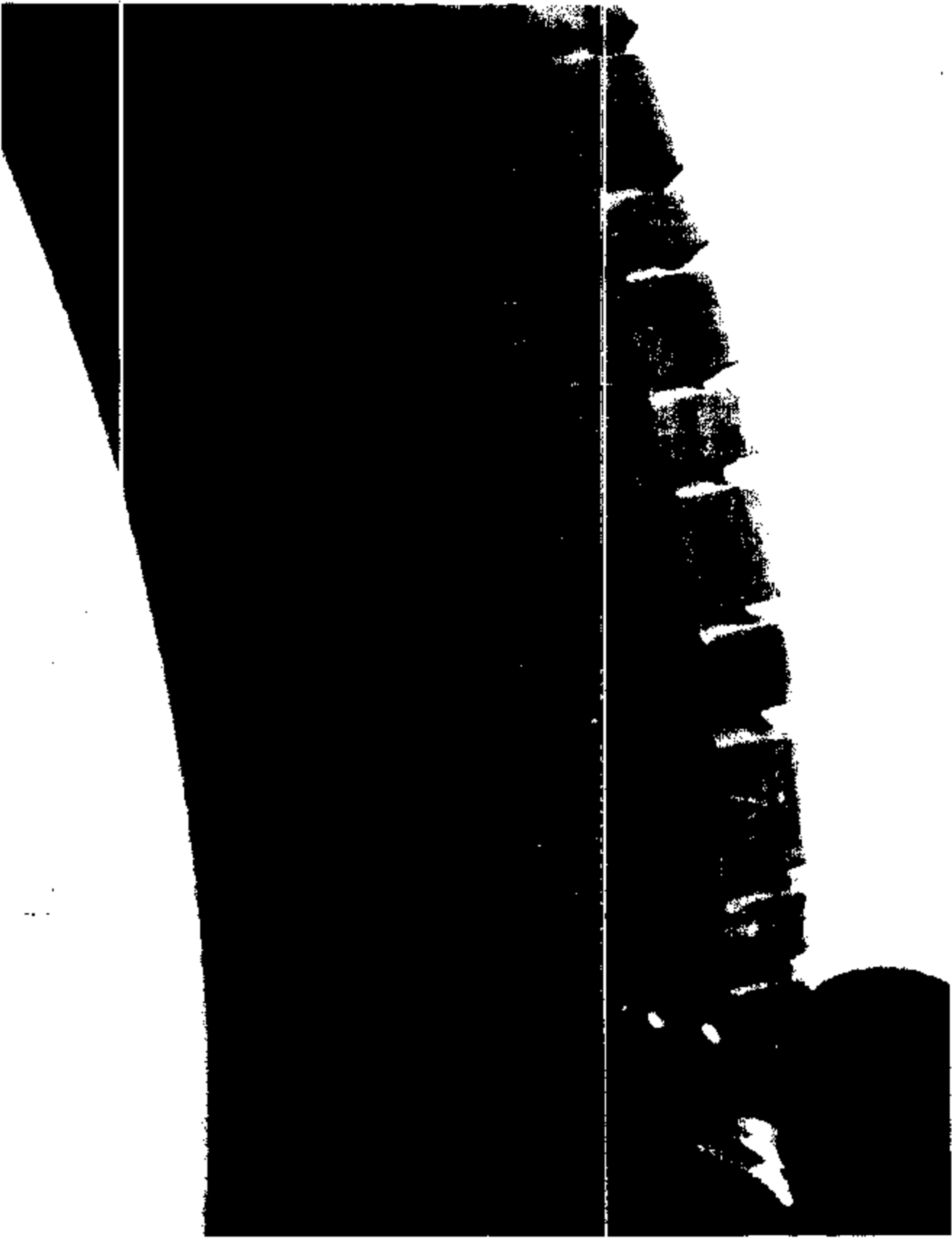
This tire dented on Both sides other 3 just inside

7-6-8



16120167

# 10126467



0-10-0

#1020467

Tire Size 18"

Original Equipment

**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).**