



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 100148

Date Received
2005 NOV -2 PM 2:50
25-AUG-2005

Repository
Reference No.
10134315

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SANFORD State NC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address [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

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
TKY244E [REDACTED] Make GMC Model GMC TRUCK Model Year 1974
Date Purchased _____ Dealer's Name and Telephone Number SEARS Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City FAYETTEVILLE State NC Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 191000 TIRES:TREAD/BELT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-FEB-2003 Failure Mileage _____ Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN Tire Model (Name or Number) 11R245 Tire Size (Example P215/85R15) 850/R16.5
DOT No. (Example: DOTM15ABC036) B7XL Original Equipment Prior Repair Failure Location: _____
Tire Component Code 191000 TIRES:TREAD/BELT 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 Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police 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).

OT: THE CALLER SAID THREE TIRES BLEW OUT. IT SOUNDED LIKE A GUN SHOT. THE CALLER SAID THE STEEL TREAD CAME OFF. WHEN SHE TOOK THE TIRES TO THE DEALER THE FORTH ONE HAD A BULGE ON THE TREAD, AND THEY TOOK IT OFF THE VEHICLE. THE CALLER SAID THAT THE VEHICLE WAS SITTING STILL ALL THREE TIMES. THE TIRES HAD ABOUT 8000 MILES ON THEM, THE TREAD DEPTH WAS LIKE NEW. VEHICLE WAS ONLY DRIVEN LOCALLY. DEALER DID NOT WANT TO HELP HER, AND TOLD THE CALLER TO CALL THE MANUFACTURER. IN TURN, THE MANUFACTURER SAID THE TIRES WERE SOLD TO SEARS ONLY AND SHE NEEDS TO GO BACK TO THEM. THE TIRES ARE MICHELIN SEARS ROAD HANDLER LOAD RANGE E STEEL BELTED RADIAL, 850/R16.5; AND DOT # B7XL.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

We have the two sites + welcome anyone to come and inspect them.

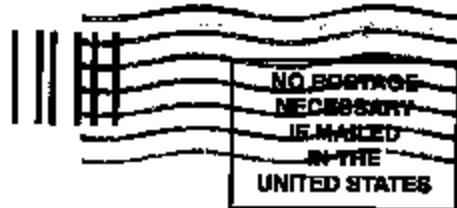
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U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

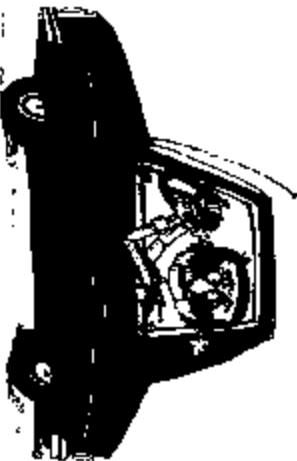
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and dial toll free at

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