



US Department
of Transportation
National Highway
Traffic Safety
Administration

Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236
www.safercar.gov

2005

10145374

OWNER INFORMATION (Type or Print)

Name	Address	City	State	Zip	Phone Number
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Appt. No.	Model	Year	Current Mileage	Date	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	12/02/05	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you receive a complaint about model performance on your vehicle.

Signature of Owner

Date 12/02/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Model	Year	Current Mileage
JM1B52226	Proton	2000	50000
Date Purchased	Dealer's Name and Telephone Number	Engine	Fuel Type
5/00	Keene Benzley Mazda		<input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input checked="" type="checkbox"/> Gas
<input type="checkbox"/> Original Owner	Dealer's City	Year	No. Cylinders
<input checked="" type="checkbox"/> Automatic	BOSTON	2000	4
Transmission Type	<input type="checkbox"/> Antilock Brakes	<input type="checkbox"/> All-Wheel Drive	<input type="checkbox"/> Four-Wheel Drive
<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Cruise Control	<input type="checkbox"/> Front-Wheel Drive	<input type="checkbox"/> Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
TIRE	9-19-05	40877	60 mph	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make/Brand	The Model/Line	Tire Size (Example: P18/80H1500)
Continental	General	P185/65R14
Failed Structure	Failed Location	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair
<input checked="" type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Prior Repair
Failure Type	<input type="checkbox"/> Road Hazard	<input type="checkbox"/> Out of Round
<input type="checkbox"/> Blownout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input checked="" type="checkbox"/> Tread Separation	<input type="checkbox"/> Front <input type="checkbox"/> Rear	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Model Number and Name
Seat Type	Installed in Vehicle Using the:
<input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other	<input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system <input type="checkbox"/> Vehicle Air Bag
Failed Part. Describe Failure Below	
<input type="checkbox"/> Base <input type="checkbox"/> Harness/Straps <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Frame <input type="checkbox"/> Other	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Police Report No.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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



33-889-002 PD

Continue on back.

The Privacy Act of 1974 - Public Law 93-502 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free of charge 888-327-4236

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

In review. While driving on the highway at 60 mph, I heard a horrendous loud noise at the rear of my vehicle. I stopped to see what the problem was. I found the tread on my rear tire had stripped off & lying in pieces on the highway. The tread had damaged my wheel well, fender, bumper as it came flying off the tire. I was able to drive slowly to the first tire store as the highway is paved with a new tire. After a very lumpy ride on what was left on the tire, I had to make arrangements to have my vehicle repaired, rent a vehicle to drive to work while repairs were made.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 78173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, MS-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle has a safety defect?

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Office of Defects Investigation
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