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|  <p><b>DOT Auto Safety Hotline</b><br/> <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | FOR AGENCY USE ONLY 100148<br>Date Received 2007 NOV -1 AM 10:06<br>21-MAY-2006<br>Repository <input type="checkbox"/><br>Reference No. 10191348 |  |
| INFORMATION (Type or Print)<br>Name [REDACTED]<br>Address [REDACTED]<br>City LEXINGTON State KY Zip Code [REDACTED]<br>Daytime Telephone Number [REDACTED]<br>Evening Telephone Number [REDACTED]<br>E-mail Address [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                  |  |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO YES<br>In the absence of [REDACTED] name or address to the vehicle manufacturer.<br>Signature of Owner [REDACTED] Date / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                  |  |
| <b>VEHICLE INFORMATION</b><br>17 digit Vehicle Number Located at bottom of windshield on driver's side 1LNLM82W [REDACTED]<br>Make LINCOLN Model TOWN CAR Model Year 1997<br>Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED]<br>Engine: No: Cylinders 8 Fuel Type: Gas<br>Original Owner <input type="checkbox"/> Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]<br>Transmission Type <input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control Powertrain REAR WHEEL DRIVE<br>Vehicle Component Code 190000 TIRES<br>Multiple Failure: 1 ALL 5 TIRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                  |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b><br>Incident Date(s) 01-OCT-2006 Failure Mileage [REDACTED] Failure Speed [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                  |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b><br>Tire Make MICHELIN Tire Model (Name or Number) XW4 Tire Size (Example: P215/65R15) P225/60R16<br>DOT No. (Example: DOTM9ABC036) B93V222X0801 <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair Failure Location: SPARE ALL 5 TIRES<br>Tire Component Code 192000 TIRES: SIDEWALL ALL 5 TIRES Tire Failure Type DEFECTIVE SIDE WALLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                  |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b><br>Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]<br>Seat Type: [REDACTED] Installation System: [REDACTED]<br>Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                  |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)<br>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Persons Injured UNKNOWN Number of Deaths UNKNOWN Reported to Police UNKNOWN<br>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).<br>TIRES<br>I, THE CONTACT OWNS A 1997 LINCOLN TOWN CAR. THE DEALER NOTICED THAT THE VEHICLE'S TIRE (MICHELIN XW4) IS AT THE 50% MARK AND THE SIDE WALLS ARE CRACKING. THE DOT NUMBER, PURCHASE DATE, ENGINE SIZE, TRANSMISSION TYPE, AND CURRENT AND FAILURE MILEAGES WERE UNKNOWN. KNOWN. The dealer informed of this Dangerous Defect Common on Michelin Tires and he told me my tires can blow out which could cause crash and death or deaths. I wrote to Michelin and requested 50% refund on these dangerous tires but they still refuse. My tires are the tires defective and I need my money back so I can buy other tires that are good, not defective, another brand, these tires are death tires. |  |                                                                                                                                                  |  |
| 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                  |  |

Michelin Tires (A)

(over)

~~ATTACH ADDITIONAL SHEETS IF NECESSARY~~

Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration