U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 MAR -5 PM 2:08

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	Repository
10-FEB-2009	Reference No. 10258200

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City OCEAN SIDE **State** CA **Zip Code** [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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8ZH8284W[redacted]	SATURN	SL1	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2004	PRIVATE Party			4	GAS
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☐ Cruise Control			21-MAY-2007

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 190000 TIRES	Failure Mileage	Failure Speed
	10000	65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
GOODYEAR	UNKNOWN ASSURANCE	185/70R14
DOT No. (Example: DOTMAL9ABC036) M6RV18HR1706	☐ Original Equipment ☐ Prior Repair	Failure Location: FREEWAY SAN Diego I-78 I-8
Tire Component Code 190000 TIRES		Tire Failure Type: BLOWOUT

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	0	0	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).

TL*THE CONTACT OWNS A 1998 SATURN SL1. THE VEHICLE HAS GOODYEAR ASSURANCE TIRES (NA), SIZE P185/70/R14 (NA). WHILE DRIVING APPROXIMATELY 65 MPH, THE REAR PASSENGER SIDE TIRE BLEW OUT WITHOUT WARNING. WITHIN ONE YEAR, SIX IDENTICAL TIRES IN VARIOUS LOCATIONS FAILED WITHOUT WARNING. THE CONTACT TOOK THE TIRES TO THE DEALER AND HAD THE FIRST SET REPLACED. SHORTLY AFTER THE REPLACEMENT, THE TIRES FAILED. THE MANUFACTURER DID NOT ASSIST AND THE TECHNICIAN COULD NOT IDENTIFY THE CAUSE OF THE FAILURE. THE CONTACT HAS POSSESSION OF THE FAILED TIRES. THE FAILURE AND CURRENT MILEAGES WERE 10,000.
HAVE 2 Vehicles Both w Purchased Goodyear Tires. Total Blow outs (Not Slow leaks) 7. I have Kept one Tire And one I have pictures [redacted]

Include, if available: Police/Fire Department Report [redacted] ATTACH ADDITIONAL SHEETS IF NECESSARY