

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET:www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                   |                                                                                      | FOR AGENCY USE ONLY 100148                         |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | Date Received<br><b>OCT 12 2010</b><br>05-AUG-2010 | Repository <input type="checkbox"/><br>Reference No.<br>10347511 |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                    |                                                                  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | Daytime Telephone Number                           |                                                                  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | E-mail Address                                     |                                                                  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State                                                                                | Zip Code                                           | Evening Telephone Number                                         |
| LOCKPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NY                                                                                   |                                                    |                                                                  |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                    |                                                                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                    |                                                                  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | Make                                               | Model Year                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dealer's Name and Telephone Number                                                   |                                                    | Engine: No: Cylinders                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| Original Owner <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dealer's City                                                                        | State                                              | Zip Code                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Antilock Brakes                                             | Powertrain                                         | Multiple Failure:                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Cruise Control                                              |                                                    | Incident Date(s)<br>01-AUG-2010                                  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                    |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | Failure Mileage                                    | Failure Speed                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                    |                                                                  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tire Model (Name or Number)                                                          |                                                    | Tire Size (Example P215/65R15)                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location:                                  |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tire Failure Type:                                                                   |                                                    |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                    |                                                                  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date Manufactured:                                                                   | Model No./Name:                                    |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Installation System:                                                                 |                                                    |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Failed Part:                                                                         |                                                    |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    |                                                                  |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                    |                                                                  |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                    |                                                                  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Number of Persons Injured                          | Number of Deaths                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                    | Reported to Police<br>N                                          |
| 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).                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                    |                                                                  |
| TL* THE CONTACT OWNS A DURA LAST (NA) ROTOR. THE ROTOR WAS PURCHASED AS AN AFTERMARKET PART FROM A LOCAL AUTO SUPPLIES STORE. THE ROTOR WAS INSTALLED ON A 1983 BUICK LESABRE. THE CONTACT STATED THAT THE OUTER BEARING OF THE ROTOR FRACTURED ON THE VEHICLE. THE CONTACT ATTEMPTED TO REPLACE THE ROTOR BUT FOUND THAT THE RACES HAD BEEN REMOVED, MAKING IT IMPOSSIBLE TO REPLACE THE OUTER BEARING. THE CONTACT STATED THE DESIGN CAUSED THE CASTING TO TOUCH THE SPINDLE INSTEAD OF ONLY THE ROLLER. THE MANUFACTURER ADVISED THAT IF THE CASTING WAS TOUCHING THE SPINDLE, IT COULD CAUSE THE ROTORS TO FRACTURE. |                                                                                      |                                                    |                                                                  |
| THE ROTOR CASTING HAS A CENTER WEB WHICH IS NOT MEETING OEM SPECS. THIS SMALLER <del>WEB</del> DIAMETER THAN OEM MAKES IT ALMOST IMPOSSIBLE TO REMOVE THE OUTER BRG. CUP (BRG. RACE)                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                    |                                                                  |
| 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.                                         |                                                                                      |                                                    |                                                                  |

INCORRECT  
INFORMATION

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

THE 1ST PROBLEM WAS EASILY SOLVED. AUTOZONE ALLOWED A CUSTOMER RETURN A INCORRECT BRG IN A INCORRECT TINKEN BOX THE SET#3 HAD A SET#2 IN IT.

THERE IS A SERIOUS ERROR REMAINING ON THE CASTING DESIGN OF THE DURALAST ROTOR. IT HAS A INNER WEB WHICH IS NOT IN THE OEM PART. THIS WEB INTERFERS IN REMOVAL OF THE OUTER CUP (RACE) AND SINCE THE I.D. OF WEB IS NON MACHINED IT COULD MAKE CONTACT WITH THE SPINDLE. THIS WEB MATERIAL IS DANGEROUS AND SHOULD NOT EXIST.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC  
POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:  
Use the enclosed form to file a report.

or visit:  
[www.safercar.gov](http://www.safercar.gov)

or call:  
Vehicle Safety Hotline  
888-327-4236



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



PRIDE

Lockport NY