



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

**Auto Safety Hotline**

## Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 258**

Date Received

11-NOV-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

754387

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4C3AU52N1XE019476	CHRYSLER	SEBRING	1999			
Purchase Date 01-SEP-1998	Dealer's Name _____	Engine Size (CID/CC/L) 3.0	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 2	Date(s) of Failure(s) 06-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 9000		
	Vehicle Speed at Failure(s) 60		

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

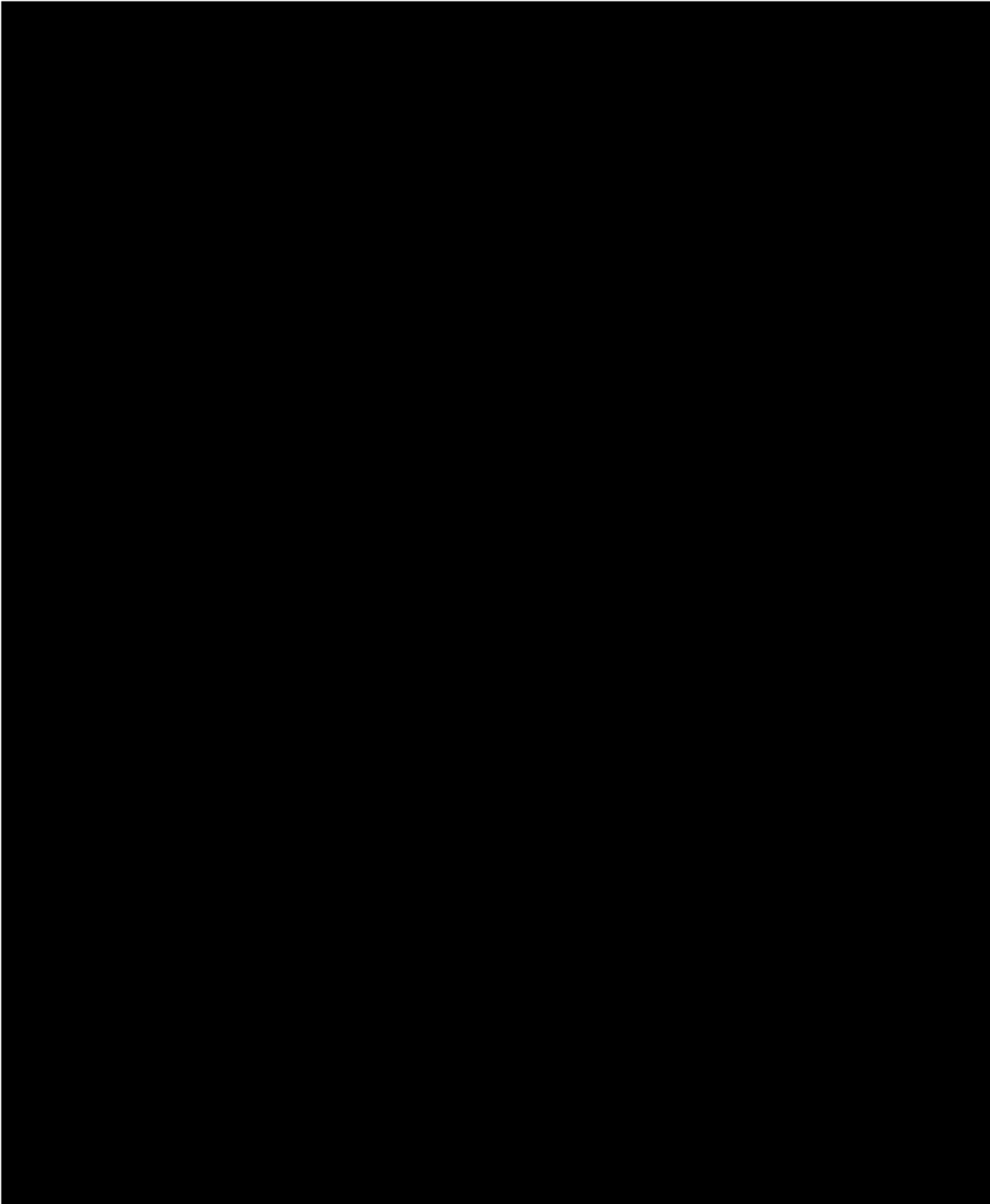
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ON OCTOBER 16, 2001 THE CAR HAD A BLOWOUT ON THE RIGHT REAR PASSENGER SIDE. UPON TAKING THE TIRE TO DISCOUNT TIRE, THEY STATED THE TIRE WAS FAULTY AND BLEW FROM WITHIN, AND WOULD RETURN THE TIRE TO THE COMPANY. THEN ON NOVEMBER 6, 2001, THE SECOND TIRE BLEW ON THE RIGHT REAR SIDE AGAIN, ON AN INTERSTATE AT 60MPH, THIS TIME THE CAR ROCKED BACK AND FORTH THEN SPUN AROUND THREE TIMES BEFORE COMING TO A STOP NEXT TO THE CONCRETE WALL FACING ONCOMING TAFFIC. THE TOW TRUCK WAS CALLED AND THEY CHANGED THE TIRE STATING THE TIRE BLEW FROM WITHIN AND THE RIM WAS DAMAGED.\*AK

CONTINUED ON REVERSE

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.



(This occurred at 6:15 a.m. in the morning on 696 and Hoover-Warren). Upon calling a tow truck to change the tire (Sterling Car Care), the mechanic stated the tire had excellent tread and there were no holes or etc, but the tire had blow from within around the entire back of the tire and the rim was destroyed. (Bill enclosed)

The tire and rim was taken to Roseville Chrysler ( Mike Richl's) on 11/7/01. The service manager Pete and Dan looked at the tire and stated that happens all the time and there was nothing they could do.

I then called the Good Year Company and spoke to a Shannon on 11/7/01, who arranged an appointment for me to take the tire and rim to the Good Year Service Center in Madison Heights, for a Gary to look the tire over. Upon arriving at the Service Center at 3:00 p.m., I was told he left for the day by the Service Manager Sam, and would have to return on 11/8/01. On 11/8/01, I called first and was told Gary would be there, but wasn't, however a Gilbert could help me. Upon arriving at the Good Year Center, Sam (The Service Manager) stated he knew why I was there, however, Gary was not there and I would have to wait until Gary could be located. However, Gilbert stated he spoke with me and he could assist me. However, Gilbert didn't assist me. Sam assisted me after saying he could not help me the day before even after he looked at the tire the day before. Five mechanics proceeded to look at the tire, taking it off the rim and whatever else. They did state it appears to be a faulty tire and I would be sent paper work to fill out.

**I am asking for restitution for both tires, the damaged rim, and replacement of the three remaining tires. Also, if I had two blowouts on two out of five tires who is to say I won't have more. I was lucky that I was not killed or severely hurt when the car had the blowout on 696 and ended up facing oncoming traffic.**

I thank you for reviewing this complaint and ask for your assistance in obtaining justice.

ENC: *ef*

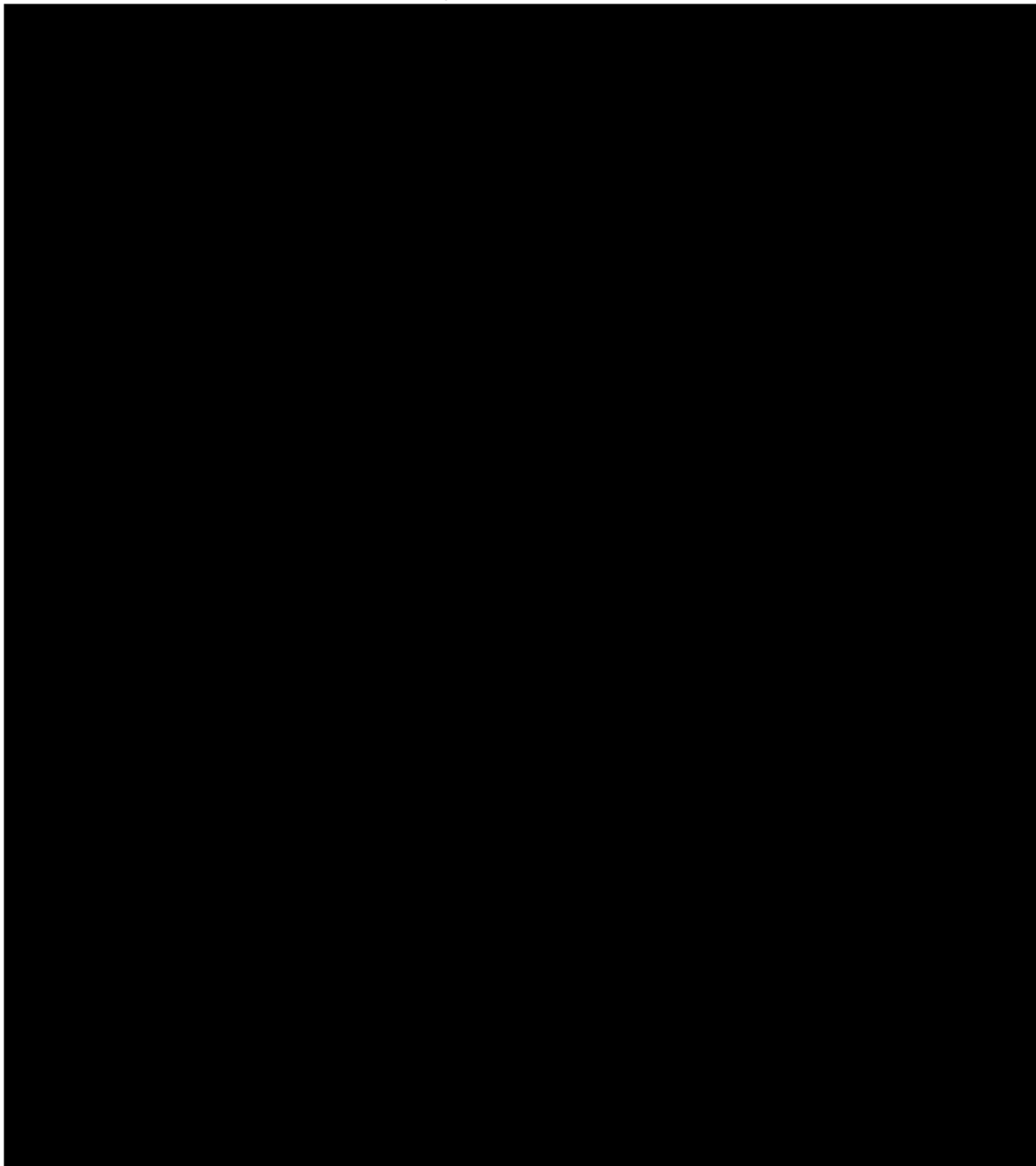
Sincerely;

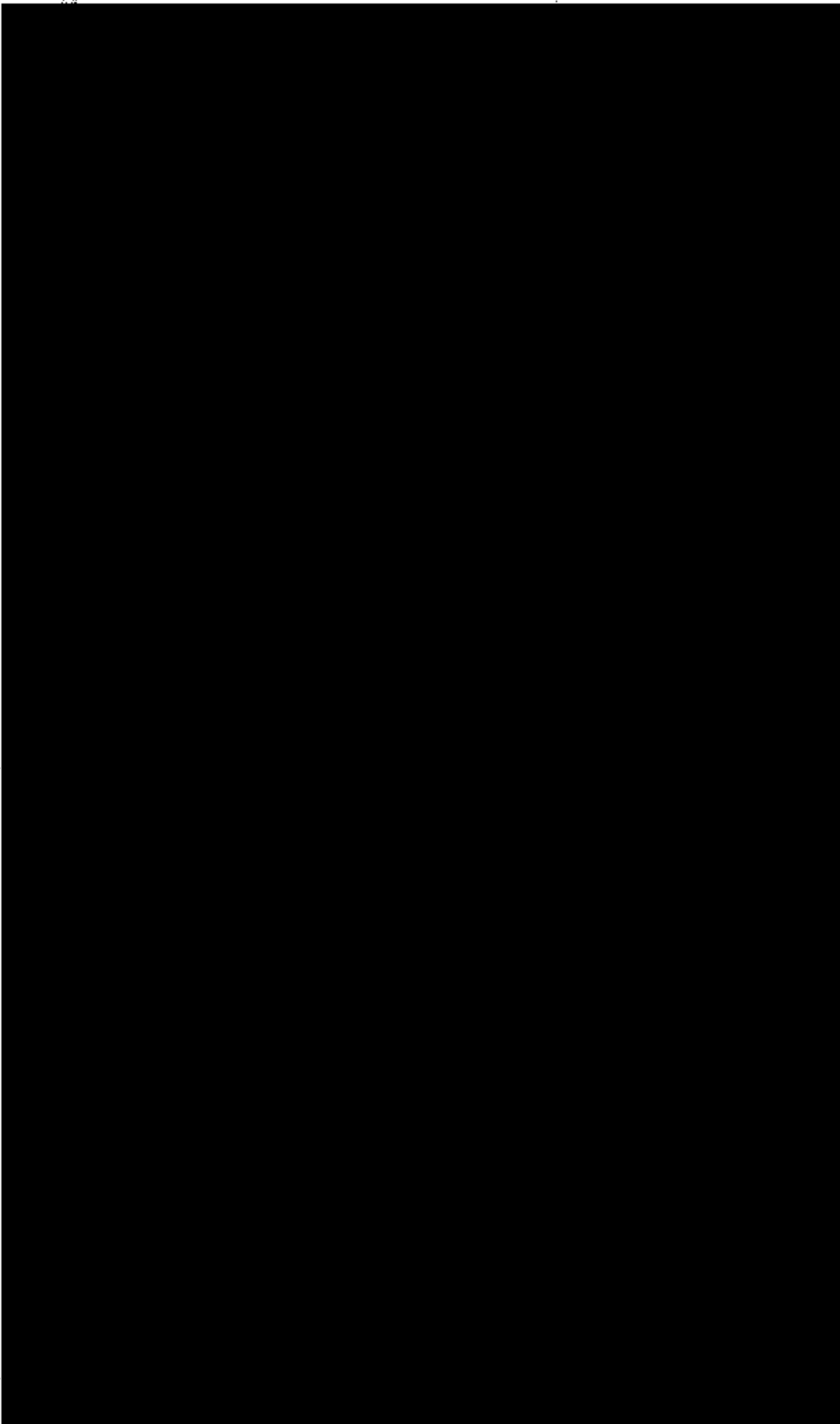


cc: Attorney General  
Good Year  
Chrysler Customer Center

**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

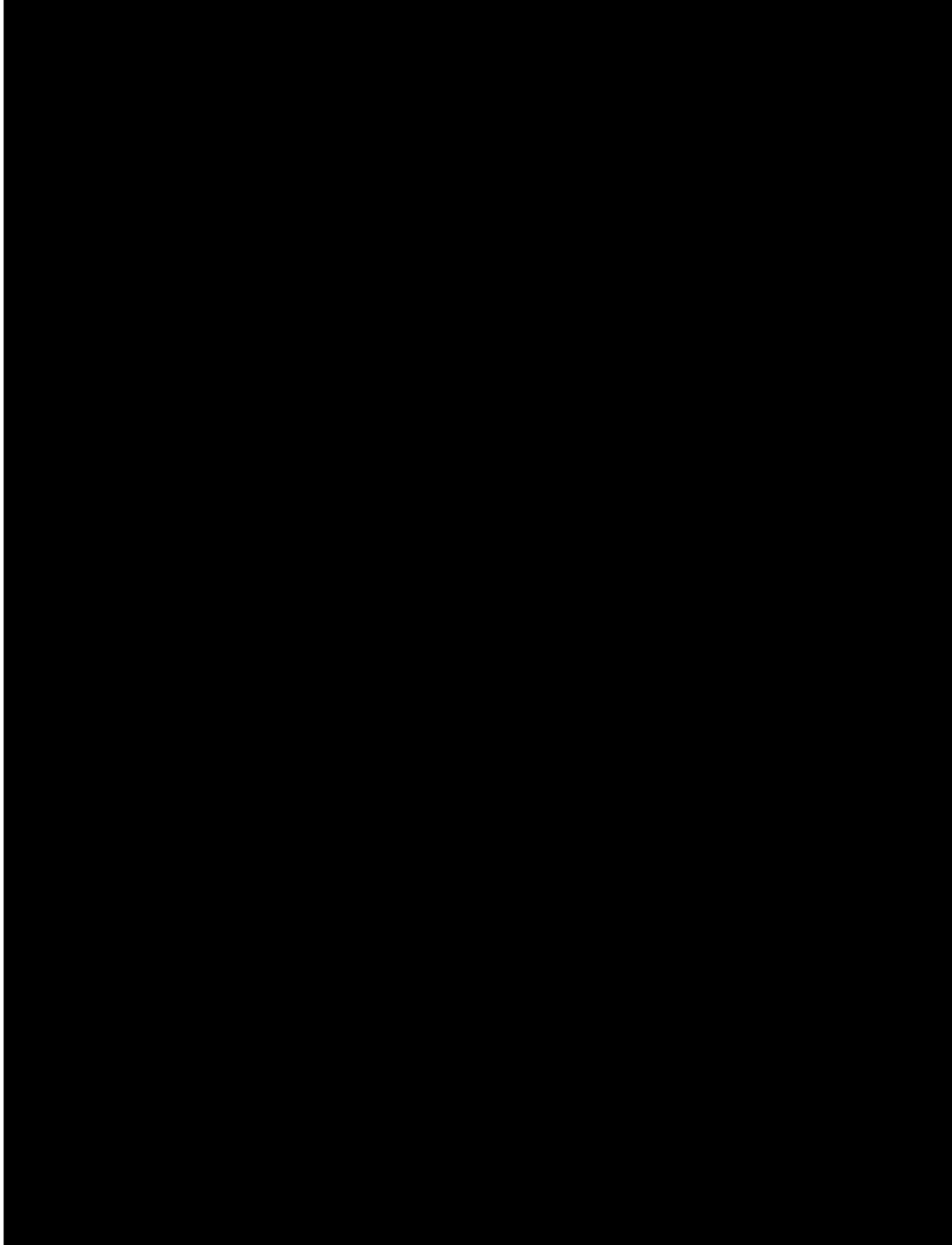
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**VEHICLE INFORMATION**

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4C3AU52N1XE019476	GOODYEAR	EAGLE	1900	

Purchase Date <b>01-SEP-1998</b>	Dealer's Name _____	Engine Size (CID/CC/L) <u>3.0</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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No of Failure <b>2</b>	Date(s) of Failure(s) 06-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CONTINUE ON REVERSE

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