



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 1038

Date Received

31-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001243

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>(Leave blank for use by manufacturer)</small>	Vehicle Make GENERAL	Vehicle Model AMERI-TECH	Vehicle Year 1900	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	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	Dates of Failure(s) <u>15-DEC-2001</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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

ORIGINAL EQUIPMENT, GENERAL AMERI-TECH TIRES, SIZE P23575R15, DOT#3HL27W443; REAR DRIVER'S SIDE TREAD SEPARATED WHILE TRAVELING 65MPH. DEALER HAS BEEN CONTACTED. CONSUMER HAS TIRES. CONSUMER IS REQUESTING TO SEND TIRES TO OFFICE OF DEFECTS. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUE 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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 103B</p> <p>Date Received <u>31-DEC-2001</u></p> <p>Reference No. <u>8001243</u></p>
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OWNER INFORMATION (Type or Print)	
[Redacted]	731604
Work Number	[Redacted]
Home Number	[Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [Redacted] Date 1/17/02

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <u>JN8HD17V4RW234830</u>	Vehicle Make <u>Nissan</u>	Vehicle Model <u>Patfinder</u>	Vehicle Year <u>1990</u>	Current Odometer Reading <u>58500</u>
Purchase Date <u>August 1990</u>		Dealer's Name <u>Yonkers Nissan</u>		Engine Size (CID/CC/L) _____
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>YONKERS</u> State <u>NY</u> Zip Code _____	No. Cylinders <u>6</u>		<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection

Transmission Type <input checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02740000</u>	Part Name(s) <u>General tire/continental AMERIC TRAC P235/75R15</u>	Location <input checked="" type="checkbox"/> Left front <input type="checkbox"/> Right front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures _____	Date(s) of Failure(s) <u>15-SEP-2001 July 14 2001</u>	Mileage at Failure(s) <u>54800</u>	Vehicle Speed at Failure(s) <u>65 MPH</u>
		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previous y <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$728.72</u>	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ORIGINAL EQUIPMENT, GENERAL AMERI-TECH TIRES, SIZE P23575R15, DOT#3HL27W443; REAR DRIVER'S SIDE TREAD SEPARATED WHILE TRAVELING 65MPH. DEALER HAS BEEN CONTACTED. CONSUMER HAS TIRES. CONSUMER IS REQUESTING TO SEND TIRES TO OFFICE OF DEFECTS. PLEASE PROVIDE FURTHER DETAILS.*AK

tread kicked up, smashing rear left panel, back left light fixture and mud flap. car swerved across three lanes before control was regained at very slow speed. No other cars were in immediate vicinity. Would like to drop tire off at PC office



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

48-2112
2-67

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

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I am unsatisfied with tire manufacturer's rationale explaining failure. I never had a problem with the tire previously and it was given the go-ahead at dealer the previous visit. It showed no signs of imminent failure. Please contact me on when I can drop tire off in downtown Washington, DC. All 4 tires were replaced immediately after incident. I do not go off roading with vehicle.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail.

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)

0	0	1	3	H	L	2	7	V	H	3
MANUFACTURER/TIRE NAME AMERI TRAC										
SIZE P235/75R15										

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)







