



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 151

Date Received

13-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004009

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 windshield and driver's side)</small>	Vehicle Make DUNLOP	Vehicle Model SP SPORT	Vehicle Year 1900	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" 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 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 1	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ 70	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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)


WHILE DRIVING 70MPH THE VEHICLE'S LEFT REAR TIRE STARTED TO DEFLATE DUE TO A PUNCTURE AND THE TREAD SEPARATING FROM THE SIDEWALL. NLM

CONFIDENTIAL - NHTSA

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.

Whoever started to fill this out at NHTSA screwed it up!!

Form Approved: O.M.B. No. 2127-0038

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 151</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted]</p> <p>738793</p>		<p>Date Received: 02 APR 16 13-FEB-2002 AM 8:16:5</p> <p>OFFICE DEFECTS INVESTIGATION</p>		<p>Reference No. 800-709</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an answer, your name and address to the vehicle manufacturer.</p>		<p>Signature of Owner: [Redacted]</p> <p>Date: 4/4/02</p>			
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>WBS8G69330KEY80976</p>		<p>Vehicle Make</p> <p>BMW</p>	<p>Vehicle Model</p> <p>M-3 SP SPORT</p>	<p>Vehicle Year</p> <p>1999</p>	<p>Current Odometer Reading</p> <p>30,000 mi</p>
<p>Purchase Date</p> <p>7-99</p>		<p>Dealer's Name</p> <p>BMW of DARIEN</p>		<p>Engine Size (CID/CC/L)</p> <p>3.1L</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City</p> <p>DARIEN State CT Zip Code ?</p>		<p>No. Cylinders</p> <p>6</p>	
<p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
		<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>		<p>Body Style</p> <p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>	
FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component</p> <p>02740000</p>	<p>Part Name(s)</p> <p>TIRES:TREAD DUNLOP SP(S)8080E(S)PRT</p> <p>SIZE 245/40ZR17</p>		<p>Location</p> <p><input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p> <p>1</p>	<p>Date(s) of Failure(s)</p> <p>MID-FEBRUARY 2002</p> <p>Mileage at Failure(s)</p> <p>APPROX. 28,000</p> <p>Vehicle Speed at Failure(s)</p> <p>70</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>—</p>	<p>Number of Fatalities</p> <p>—</p>	<p>Estimated Property Damage</p> <p>—</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>WHILE DRIVING 70MPH THE VEHICLE'S LEFT REAR TIRE STARTED TO DEFLATE DUE TO PUNCTURE AND THE TREAD SEPARATING FROM THE SIDEWALL. NLM WHEN THE TIRE WAS REMOVED AND EXAMINED, THERE WAS NO EVIDENCE OF A PUNCTURE. IN SEPT. 1999, WHEN THE CAR WAS NEARLY NEW, THE RIGHT REAR TIRE FAILED UNDER SIMILAR CIRCUMSTANCES - EXCEPT THAT IT HAPPENED AT ABOUT 55MPH. AGAIN, THE TREAD SEPARATED FROM THE SIDEWALL.</p>					
CONTINUE ON BACK IF NEEDED					
<p>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>					

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

(INFORMATION ON TIRE FAILURE(S) IF APPLICABLE)

TIRE IDENTIFICATION NO.:

D O T D M C 9 0 3 Y MANUFACTURER/TIRE NAME DUNLOP SP SPORT 8080 E SIZE 245/40ZR17

* 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)

AND AGAIN THERE WAS NO EVIDENCE OF A PUNCTURE! BOTH TIMES, THE TIRES WERE INFLATED TO PRECISELY 49 PSI, AS RECOMMENDED BY BMW FOR THE REAR TIRES WHEN THE CAR IS FULLY LOADED (ALTHOUGH EACH TIME, ONLY 2 PEOPLE WERE IN THE CAR). I'M A STICKLER FOR CHECKING TIRE INFLATION (I WAS AN AUTO WRITER FOR 42 YEARS UNTIL I RETIRED IN 1999), SO I KNOW THAT NEITHER TIRE WAS UNDER INFLATED WHEN IT FAILED. WHEN TWO OF THE 4 OEM TIRES ON A VEHICLE FAIL CATASTROPHICALLY, SOMETHING MUST BE WRONG.

I HAVE THE MORE-RECENTLY FAILED TIRE AND CAN SUPPLY IT TO YOU OR DUNLOP IF YOU WISH. (IF NOT, PLEASE LET ME KNOW SO I CAN DISPOSE OF IT.)

★ U.S. G.P.O.: 1992 - 625-897/6208

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

400 Seventh St., S.W.
Washington, D.C. 20590

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