



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 241

Date Received

01-MAR-2002

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

Reference No.

8004852

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)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small> |                                                             | Vehicle Make                                                                                                                                                                                                                  | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                                |
| KMHJS35S4YU956079                                                                                         |                                                             | MICHELIN                                                                                                                                                                                                                      | XGT                                                         | 1900                                                                                                                                         |                                                                                                                                                                                                                                                         |
| Purchase Date                                                                                             | Dealer's Name _____                                         |                                                                                                                                                                                                                               | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                     | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                               | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                                                                                         |
| Transmission Type                                                                                         | Antilock Brakes                                             | Restraint System                                                                                                                                                                                                              | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                           |                                                             |                                                                                                                                                                                                                               |                                                             |                                                                                                                                              | Body Style                                                                                                                                                                                                                                              |
|                                                                                                           |                                                             |                                                                                                                                                                                                                               |                                                             |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____                                                |

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

|                       |                                 |                                                                                                                                          |                                                                                             |
|-----------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02750010 | Part Name(s)<br>TIRES:SIDEWALL  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 01-MAR-2002 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                       | Mileage at Failure(s) 24500     |                                                                                                                                          |                                                                                             |
|                       | Vehicle Speed at Failure(s)     |                                                                                                                                          |                                                                                             |

### APPLICATION INCIDENT INFORMATION

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

|                                                                   |                                                                  |                           |                      |                          |                                                                                |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

SIGN OF CRACKING IS SHOWING ON FRONT AND REAR DRIVER'S SIDE TIRES ON A 2001, HYUNDAI, ELANTRA; ORIGINAL EQUIPMENT, TIRE SIZE P195/60R14, DOT# HNBHBMHX389. DEALER / MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

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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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                   |                                                                                                                     | <b>FOR AGENCY USE ONLY</b> 241                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | Date Received: <u>01-MAR-2002</u><br>Office: <u>DEFECTS INVESTIGATION</u><br>Reference No.: <u>8004852</u>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | Work Number: _____<br>Home Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| [Redacted Owner Information]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     | 741361                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                             |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| Signature of Owner: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | Date: ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>KMHJS35S4YU956079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | Vehicle Make<br><b>MICHELIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vehicle Mode<br><b>XGT</b>                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | Vehicle Year<br><b>1999 2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Current Odometer Reading<br>_____                                                                                                                                                           |
| Purchase Date<br><b>4-29-2000</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dealer's Name <u>College Park Honda-Hyundai</u><br>City <u>College Park</u> State <u>MD</u> Zip Code <u>20740</u>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Engine Siz. (CID/CCA) _____<br>No. Cylinders <u>4</u><br><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag                                                                                                                                                                                                                      | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                       |
| Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util. <input type="checkbox"/> 2-Door<br><input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Other <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck |                                                                                                                                                                                             |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| Component<br><b>02750010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s)<br><b>TIRES:SIDEWALL</b>                                                                               | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear                                                                                                                                                                                                                                                                                         | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                         |
| No of Failures<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date(s) of Failure(s) <u>01-MAR-2002</u><br>Mileage at Failure(s) <u>24500</u><br>Vehicle Speed at Failure(s) _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Failed Part(s) Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | Number of Persons Injured<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of Fatalities<br>_____                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | Estimated Property Damage<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| <b>SIGN OF CRACKING IS SHOWING ON FRONT AND REAR DRIVER'S SIDE TIRES ON A 2001, HYUNDAI, ELANTRA; ORIGINAL EQUIPMENT, TIRE SIZE P195/60R14, DOT# HNBHBMHX389. DEALER / MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK</b>                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| 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. |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |

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 H N B H B M 8 X 3 8 9

MANUFACTURER/TIRE NAME

MICHELIN

SIZE

P195/60 R14

\* 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)

AFTER I REPORTED TO YOUR OFFICE I WENT TO THE DEALER WHERE I BOUGHT MY CAR. WHEN TOLD ME TO GO TO THE STORE WHERE THAT BRAND SELL, WHICH ONE WAS NTB ON BELTSVILLE MD. 6640 SUNNYSIDE AVE. PHONE# 301 401-3403. THE EMPLOYEE OF THIS STORE CALLED TO THE MAIN OFFICE I HOPE THEN I SPOKE WITH THEM AND THEY TOLD ME THAT THEY WERE GOING TO REPLACE THOSE 2 TIRES WHICH ARE DEFECTIVE, FREE OF CHARGE, BUT I HAD TO BUY THE OTHER 2 TIRES YOU CAN BE REPLACED ALL 4 TIRES, TO WHICH I REFUSED, BECAUSE IT SEEMS TO ME LIKE I WAS GOING TO PAY FOR THE DAMAGE ONES, SINCE THE OTHER TIRE(S) ARE GOOD SHAPE THERE NO NEED TO REPLACE, SO I LEFT THE STORE WAITING FOR YOUR INTERVISION IN THIS MATTER.

THANK YOU

ATTACHED IS A PAPER WORK THEY DID AT THIS STORE WHEN THEY COMMUNICATED WITH THE MAIN OFFICE. IN WHICH STATES FREE OF CHARGE (NO CHARGE). SUPPOSIDLY THEY TOLD THE EMPLOYEAT TO DO SO. I HOPE YOU UNDERSTAND I MEANT OF THIS REPORT.

★ U.S. G.P.O.: 1982-022-8771 00000

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

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

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Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

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

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