



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

27-MAR-2002

Od. or

rt. dt

pd. rt

rp. lr

Reference No.

8006486

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4KZFS332XY1002420	GENERAL	AMERL 550	1900			
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 checked="" 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 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) 18-MAR-2002	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) 8000		
	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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THE LEFT REAR TIRE HAD A TREAD SEPARATION AND A BLOWOUT WHILE DRIVING 60-62 MPH, WITH THE DRIVER AND ONE ADULT PASSENGER IN A 2000 NATIOAL RV, SEABREEZE (ORIGINAL EQUIPMENT, TIRE SIZE LT 245/75R16, DOT# UNAVAILABLE). MANUFACTURER WAS NOTIFIED.  
NLM

COPIES OF THIS FORM ARE:

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.



DOT Auto Safety Hotline

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: MAY 22 2002  
27-MAR-2002  
DEFECTS OFFICE INVESTIGATIVE  
Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.  
8006486

OWNER INFORMATION (Type or Print)

[Redacted] 74552  
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, please provide your name and address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 5 / 1 / 02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 4KZFS332XY1002420  
Vehicle Make TIRE MAKE GENERAL  
Vehicle Model AMERI 550  
Vehicle Year 2000 1998  
Current Odometer Reading \_\_\_\_\_

Purchase Date 4-19-2001  
Dealer's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Engine Size (CID/CC/L) \_\_\_\_\_  
No. Cylinders \_\_\_\_\_  
 New  Used  
 Turbn  
 Diesel  
 Gas  
 Fuel Injectio

Transmission Type  Manual  Automatic  
Antilock Brakes  Yes  No  
Restraint System  3-Point Belt  Motorbelt  
 Driverside Airbag  2-Point Bel  
 Passengerside Airbag  
Cruise Control  Yes  No  
Drive Trail  Front  Rear  4-Wheel  
Vehicle Type  Car  Sport Util Truck  
 Van  Minivan  Motorcycle  
 Other 5TH WHEEL  
Body Style  2-Door  
 4-Door  
 Stationwagon  
 Pick Up  
 Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000  
Part Name(s) TIRES:TREAD  
Location  Left  Right  Original  
 Front  Rear  Replacement

No of Failures 1  
Date(s) of Failure(s) 18-MAR-2002  
Mileage at Failure(s) 8000  
Vehicle Speed at Failure(s) 60  
Failed Part(s)  Yes  No  
NHTSA Previously  Yes  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  Yes  No  
Fire  Yes  No  
Number of Persons Injured NONE  
Number of Fatalities NONE  
Estimated Property Damage 1000  
Reported to Police  Yes  No

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

CONSUMER STATES THE LEFT REAR TIRE HAD A TREAD SEPARATION AND A BLOWOUT WHILE DRIVING 60-82 MPH. WITH THE DRIVER AND ONE ADULT PASSENGER IN A 2000 NATIOAL RV. SEABREEZE (ORIGINAL EQUIPMENT, TIRE SIZE LT 245/75R16, DOT# UNAVAILABLE). MANUFACTURER WAS NOTIFIED. NLM 5TH WHEEL TRAVEL TRAILER.  
TIRE PRESSURE WAS CHECKED THE PREVIOUS EVENING AT 79-79.5 P.S.I.. TIRES ARE RATED AT 3042 AT 80 P.S.I. I HAD WEIGHTED THE TRAILER SEVERAL MOS. PRIOR TO THE BLOWOUT. THE COMBINED AXLE WEIGHT WAS 10520 (4 TIRES)  
OVER

CONTINUE ON BACK IF NEEDED

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

MARKING ON TIRE (ADH C98) (239) DK 48872 L 3301 28079  
CONTINENTAL TIRE NORTH AMERICA CHARLOTTE N.C. HAS TIRE  
THEY HAVE MADE A SETTLEMENT FOR DAMAGE TO TRAILER & PAID  
FOR A REPLACEMENT TIRE

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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 NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

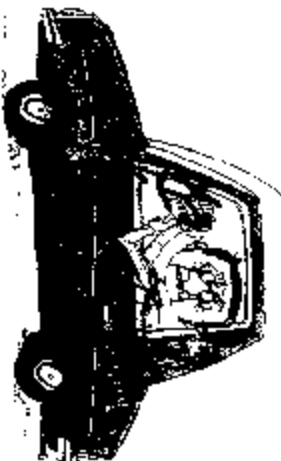
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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Administration  
<http://www.nhtsa.dot.gov/online>

