



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 758

Date Received

22-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008208

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 door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CONTINENTAL	CONTITRAC	1900			
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 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) 13-APR-2002 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONTINENTAL , CONTITRAC RADIAL, P265/75R15, DOT UNKNOWN, REPLACEMENT EQUIPMENT WITH 20000 MILES ON A 1995 FORD F 150. WHILE DRIVING 65 MPH THE PASSENGER REAR TIRE HAD TREAD SEPARATION, CAUSING \$ 1100.00 DAMAGE TO THE VEHICLE.

CONTINENTAL - RECALL

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		FOR AGENCY USE ONLY 758	
 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	
OWNER INFORMATION (Type or Print)		Date Received MAY 17 11 47 AM '02 22-APR-2002 DEFECTS INVESTIGATION	
[Redacted] 749579		Cd_or _____ rt_dt _____ od_rt _____ up_lr _____ Reference No. 8008208	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a written consent, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date 04/30/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1PTX15H9SKA20051	CONTINENTAL	CONTITRAC	1900
Purchase Date	Dealer's Name	Engine Size (CID/COD)	Current Odometer Reading
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	TIRES PLUS	5.1L	68031
	City	State	Zip Code
	LOUISVILLE	KY	40272
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport/Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
02740000	TIRES:TREAD	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
1	13-APR-2002	67,801	65 MPH
	Failed Part(s)	NHTSA Previously	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONTINENTAL, CONTITRAC RADIAL, P265/75R15, DOT UNKNOWN, REPLACEMENT EQUIPMENT WITH 20000 MILES ON A 1995 FORD F 150. WHILE DRIVING 65 MPH THE PASSENGER REAR TIRE HAD TREAD SEPARATION, CAUSING \$ 1100.00 DAMAGE TO THE VEHICLE.			
DOX # AD9V-3CW 306			
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.			

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

TREAD CAME OFF RIGHT REAR TIRE ON I64 AT 65 MPH
AFTER ABOUT 1 HR INTO MY TRIP - DID DAMAGE TO
MY RIGHT REAR QUARTER PANEL ABOUT \$5000
WORTH.

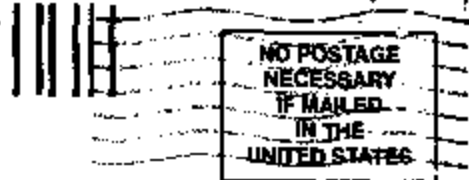
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 78173 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

20330+0001



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

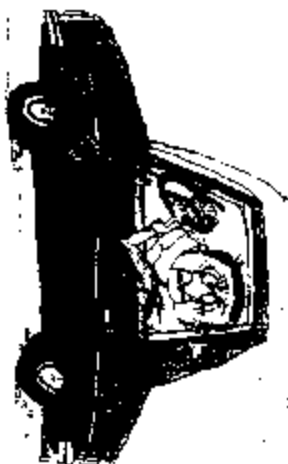
DASH2DOT

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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National Highway Traffic Safety
Administration
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