



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

29-MAY-2002

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

Reference No.

8010633

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>(Location at bottom of windshield and driver's side door)</small> |                                                                                    | Vehicle Make<br><b>BIG O</b>                                                                                                                                                                                                         | Vehicle Model<br><b>BIG O</b>                                                     | Vehicle Year<br><b>1900</b>                                                                                                                  | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                 | Dealer's Name _____<br>City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic             | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                       | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____<br>Body Style<br><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><b>02750010</b> | Part Name(s)<br><b>TIRES:SIDEWALL</b>                                                                      | 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) <b>26-MAY-2002</b><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<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)

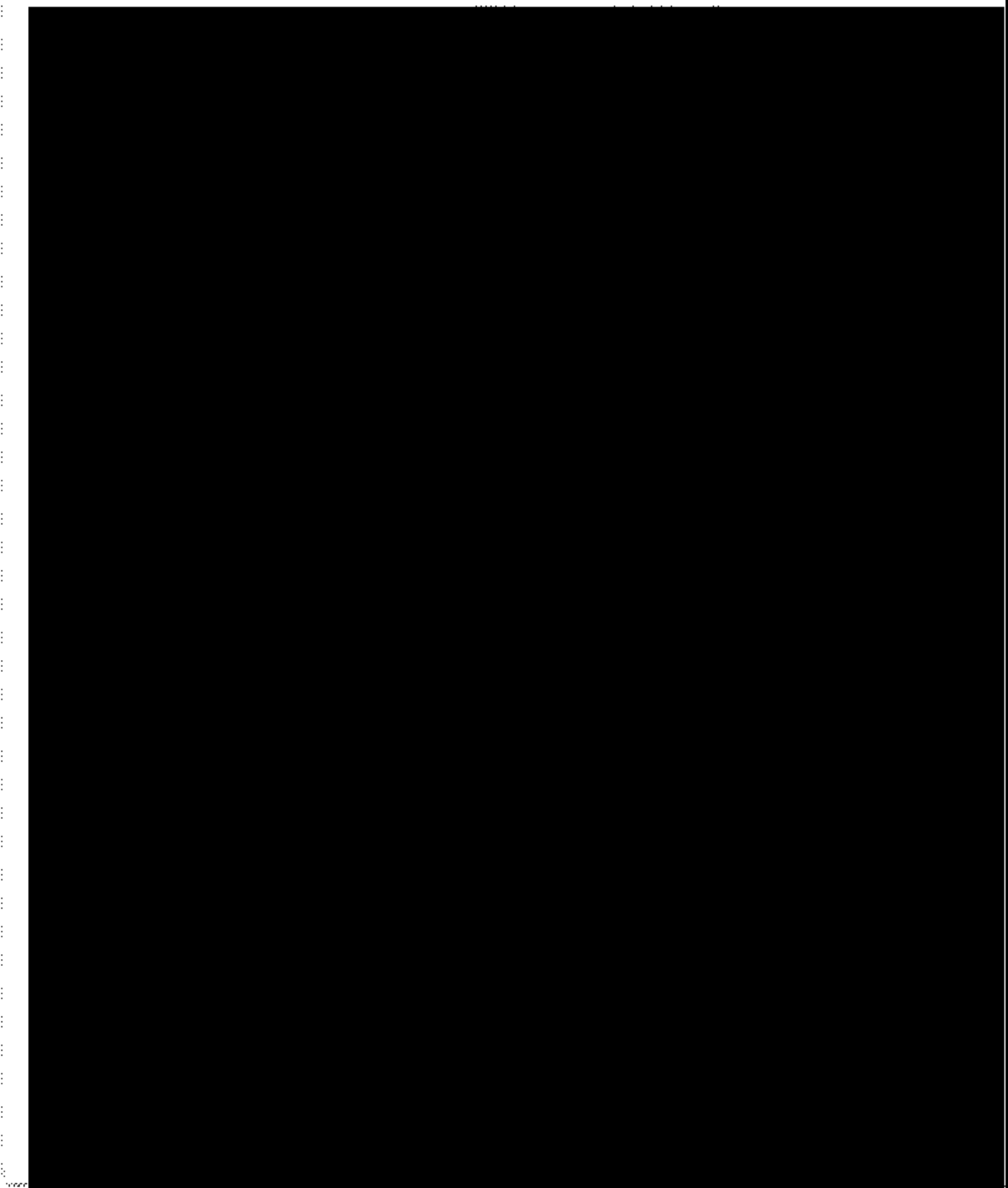
**BIG O ALL SEASON RADIAL, P215/70R15, DOT DBM3BJLR3401, REPLACEMENT EQUIPMENT WITH 1300 MILES ON A 2000, BUICK, LESABRE. SIDEWALL BLOWOUT AT 70 MPH, NO INJURIES.\*AK**

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4238<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               | <b>FOR AGENCY USE ONLY 758</b><br>Date Received: <u>25 MAY 2002</u><br>RECEIVED<br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <u>8910633</u><br>Work Number _____<br>Home Number _____                    |                                                                           |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>756149</u><br><b>CASTLE ROCK CO</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
| 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<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner: _____ Date: <u>06/13/2002</u>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Vehicle Make                                                                                                                                                                                                                                  | Vehicle Model                                                                                                                                                                                                | Vehicle Year                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>BIG O</b>                                                                                                                                                                                                                                  | <b>BIG O</b>                                                                                                                                                                                                 | <u>2000</u><br><del>1999</del>                                            |
| Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               | <u>10,000</u>                                                                                                                                                                                                |                                                                           |
| Purchase Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dealer's Name                                                                                                                                                                                                                                 | Engine Siz (CID/CC/L)                                                                                                                                                                                        | <input type="checkbox"/> Turbo                                            |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Big O (Ara-pahoe tires)</u>                                                                                                                                                                                                                | <input type="checkbox"/> Diesel                                                                                                                                                                              | <input type="checkbox"/> Gas                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City <u>Englewood</u> State <u>CO</u> Zip Code <u>80122</u>                                                                                                                                                                                   | No Cylinders _____                                                                                                                                                                                           | <input type="checkbox"/> Fuel Injection                                   |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Antilock Brakes                                                                                                                                                                                                                               | Restraint System                                                                                                                                                                                             | Cruise Control                                                            |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| Drive Train                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Vehicle Type                                                                                                                                                                                                                                  | Body Style                                                                                                                                                                                                   |                                                                           |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Car <input type="checkbox"/> Spon Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck                 |                                                                           |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
| Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s)                                                                                                                                                                                                                                  | Location                                                                                                                                                                                                     | Failed Part(s)                                                            |
| <u>02750010</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>TIRES:SIDEWALL</u>                                                                                                                                                                                                                         | <input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                 | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date(s) of Failure(s)                                                                                                                                                                                                                         | Mileage at Failure(s)                                                                                                                                                                                        | Vehicle Speed at Failure(s)                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>26-MAY-2002</u>                                                                                                                                                                                                                            | <u>1,300 - new tire</u>                                                                                                                                                                                      | <u>70 MPH</u>                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Failed Part(s)                                                                                                                                                                                                                                | NHTSA Previously                                                                                                                                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      | <input type="checkbox"/> Yes <input 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fire                                                                                                                                                                                                                                          | Number of Persons Injured                                                                                                                                                                                    | Number of Fatalities                                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                           |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Reported to Police                                                                                                                                                                                           |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                     |                                                                           |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
| <b>BIG O ALL SEASON RADIAL, P215/70R15, DOT DBM3BJLR3401, REPLACEMENT EQUIPMENT WITH 1300 MILES ON A 2000, BUICK, LESABRE. SIDEWALL BLOWOUT AT 70 MPH, NO INJURIES.*AK</b><br><br><u>New tires - only 1,300 miles on tires</u><br><u>MM 6/13/02</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |
| 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 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. |                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                           |







Reid