



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** 1367

Date Received

31-MAY-2002

Ord. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8010839

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		
PLEASE FILL IN	MICHELIN	MXV4	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 type="checkbox"/> Other _____

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

Component 02750010	Part Name(s) TIRES:SIDEWALL	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) _____ 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)

LEFT FRONT TIRE WENT FLAT DUE TO SEPARATION OF SIDE WALL. OTHER TWO TIRES ARE BEGINNING TO CRACK. SIZE 195/60R15, DOT#FUDACHYX276.\*AK

COPIED FROM NHTSA FORM 101

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 <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 1367 Date Received: 31-MAY-2002 Office: DEFECTS INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Ed_or _____ rt_dt _____ od_rt _____ up_lr _____ Reference No. 8010839	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 756723 LOCUST VALLEY NY [Redacted]			
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 In the absence of an authorized signature, your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date 7/14/02			
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. NO. (VIN) (located on back of windshield on driver's side) YJL5549VL374240 <b>PLEASE FILL IN</b>		Vehicle Make: VOLVO Vehicle Model: MXV4 MODEL Vehicle Year: 1997 Current Odometer Reading: 37481	
Purchase Date: 8/26/99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name: PENN TOYOTA, LTD. City: GREENVALE State: NY Zip Code: 11548 Engine Size (CID/CC/L): _____ No. Cylinders: 5 <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	
Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport 1/lt <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 <input type="checkbox"/> Truck	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component: 02750010 Part Name(s): TIRES:SIDEWALL		Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear Failed Part(s): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	
No of Failures: 3 TIRES Date(s) of Failure(s): 5/23/02 - 5/31/02 - 6/3/02 Mileage at Failure(s): (N/A) TIRES WERE ON CAR AT PURCHASE Vehicle Speed at Failure(s): (N/A) ALL 3 TIRES COULD NOT FUDACHYX 276		Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLICATION INCIDENT INFORMATION</b> (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 checked="" type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured: - 0 - Number of Fatalities: - 0 - Estimated Property Damage: - 0 - Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N.A.	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b> LEFT FRONT TIRE WENT FLAT DUE TO SEPARATION OF SIDE WALL. OTHER TWO TIRES ARE BEGINNING TO CRACK. SIZE 195/60R15, DOT#FUDACHYX276. AK OTHER TWO TIRES HAD TO BE REPLACED ALSO DUE TO INSPECTION SHOWING STEEL FROM BELTS WAS COMING THROUGH THE SIDEWALLS AS WITH THE SEPARATED TIRE.			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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.</small>			

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

I DON'T BELIEVE ANYTHING LIKE THIS SHOULD  
HAVE HAPPENED TO ONE MICHELIN TIRE NO LESS  
THREE TIRES ALL AT ABOUT THE SAME TIME.  
THAT IS - ONE SEPARATED + TWO WITH THE STEEL  
BEARING TO SHOW THROUGH THE SIDEWALL.  
I MIGHT HAVE BEEN A STRAIGHT HAD I DRIVEN ON  
THE MICHELINS A BIT LONGER ACCORDING  
TO MY MECHANIC.

(NEW SUBJECT:) I HOPE YOU DON'T MIND MY ADDING MY TWO CENTS  
ON THESE XENON HIGH INTENSITY HEADLIGHTS. MR. SCHIRALLI IS  
ABSOLUTELY ON TARGET. I HAVE BEEN ASKING ATTACH ADDITIONAL SHEETS IF NECESSARY  
THAT QUESTION FROM THE FIRST TIME I WAS "BLINDED" THEY ARE  
ABSOLUTELY WRONG + DANGEROUS

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 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

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

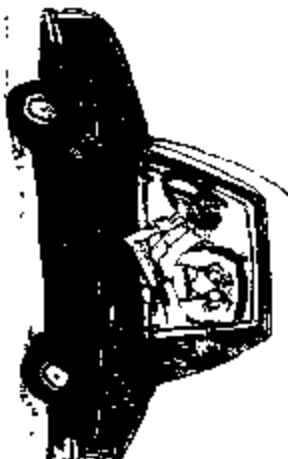
**DASH2DOT**

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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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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