



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 252

Date Received

03-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010951

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1SAASD1FB21AN1838		STARCRAFT	2108	2002	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
					☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 26-MAY-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 500		
	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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING ABOUT 65MPH ON HIGHWAY HEARD T TIRE POPPYING. WAS ABLE TO PULL OVER TO THE SHOULDER. RIGHT TIRE TREAD SEPARATED FROM WHEEL. CARLISLE ST, 175-80 D13, DOT ALJU1901.*AK

COPIES OF REPORTS - FREE -

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

252

Date Received

Od_or
rt_dt
od_rt
up_lr

Reference No.

8010951

Work Number

Home Number

OWNER INFORMATION (Type or Print)

IN

757054

ELKVILLE

WV

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 6/1/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1SAAS01F821AN1838		STARCRAFT	2108	2002	
Purchase Date	Dealer's Name		Engine Size (CID/GCC)	☐ Turbo	
☒ New ☒ Used	City Fairmont State WV Zip Code		No. Cylinders	☐ Diesel	
				☐ Gas	
				☐ Fuel Injection	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual	☐ Yes	☐ 3-Point Belt	☐ Yes	☐ Front	☐ Car
☐ Automatic	☒ No	☐ Driverside Airbag	☐ No	☐ Rear	☐ Van
		☐ Passengerside Airbag		☐ 4-Wheel	☐ Minivan
					☐ Other
					☐ Sport Utility
					☐ Truck
					☐ Motorcycle
					☐ Body Style
					☐ 2-Door
					☐ 4-Door
					☐ Stationwagon
					☐ Pick Up
					☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02740000	TIRES: TREAD	☐ Left ☐ Front	☒ Right ☒ Rear
			☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	26-MAY-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s)		
	500		
	Vehicle Speed at Failure(s)		
	15		

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	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☒ No

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

WHILE TRAVELING ABOUT 65MPH ON HIGHWAY HEARD T TIRE POPPING. WAS ABLE TO PULL OVER TO THE SHOULDER. RIGHT TIRE TREAD SEPARATED FROM WHEEL. CARLISLE ST, 175-80 D13, DOT ALJU1901.*AK

CONTINUE ON BACK IF NEEDED

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