

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

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

21-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

868211

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G3GR62C00X411056	OLDSMOBILE	AURORA	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <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"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 19-MAR-2000 Mileage at Failure(s) 10007 Vehicle Speed at Failure(s) 2	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? 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 <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	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	---------------------------	---

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

PE00 020: CONSUMER WAS TRAVELING ABOUT 65MPH ON THE HIGHWAY AND HEARD A NOISE. SHE SLOWED DOWN VEHICLE, AND IT STARTED SHAKING. SHE PULLED VEHICLE OVER, AND FRONT DRIVER'S SIDE TIRE TREAD HAD SEPARATED. GOODYEAR, EAGLE GA TOURING M/F, P23560R16996.

~AK

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.



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

DOT Auto Safety Hotline

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

00007-5 AM 10:49
21-AUG-2000

Od_or _____
rt_dt _____
od_rl _____
up_ltr _____

OFFICE OF INVESTIGATION

Reference No.

868211

OWNER INFORMATION (Type or Print)

627892

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of a manufacturer, NHTSA will NOT provide your name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 9/15/00

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (located on the left or windshield on driver's side) 1G3GR62C00X411056	Vehicle Make OLDSMOBILE	Vehicle Model AURORA	Vehicle Year 1999	Current Odometer Reading 11804
---	-----------------------------------	--------------------------------	-----------------------------	--

Purchase Date	Dealer's Name SHAFFER OLDS	Engine Size (CID/CC/L) 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City VALPARAISO State IN Zip Code	No. Cylinders	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Jit <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 checked="" 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 checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	------------------------------------	--	--

No. of Failures 0	Date(s) of Failure(s) 19-MAR-2000	Mileage at Failure(s) 49907 5774	Vehicle Speed at Failure(s) 80-65 MPH	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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
--	---	---------------------------------------	----------------------------------	---------------------------------------	---

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

PE00 020; CONSUMER WAS TRAVELING ABOUT 65MPH ON THE HIGHWAY AND HEARD A NOISE. SHE SLOWED DOWN VEHICLE, AND IT STARTED SHAKING. SHE PULLED VEHICLE OVER, AND ~~FRONT REAR~~ DRIVER'S SIDE TIRE TREAD HAD SEPARATED. GOODYEAR, EAGLE GA TOURING M/F, P23560R16995. *AK

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T P 2 3 5 6 0 R 1 6

MANUFACTURER/TIRE NAME RADIAL
GOODYEAR EAGLE GA TOURING

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

There were 5 passengers in the car at the time that the tread completely peeled off on a wet pavement at a speed of 65 MPH.

The Test driver that G-M sent to change the tire said I was lucky that the car did not roll over. - I have no confidence when I drive over 45-50 MPH. I would like to know if other people have had this problem with their GOODYEAR tires

☆ U.S. G.P.O.: 1992 - 623-897 / 80086

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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

MIDWEST TIRE & AUTO REPAIR

1250 U.S. 41 • SCHERERVILLE, IN 46375 • (219) 322-1712

"We want your business . . .
We will earn your trust"™

Also visit us at
www.midwestauto.com

***** RETAIL INVOICE *****

03/22/00

11:54am

Cust No	Order No
CR0001	302152
Order Date	Inv Date
03/22/00	03/22/00
Store	Inv No
01	190400

Vehicle Information

License : 4H1171
Make : OLDS
Model : AQUORA
Year : 1999
Mileage : 57760
Hand Tickets : 202402



E
R

Sales Person: JO JIM ORGON

Purchase Order No:

Item Number	Description	Quantity	Price	FET	Disc	Extended
12300	CHECK TIRE CONDITION AND PRESSURE SPARE FOR WARRANTY	1.00	0.00	0.00	0.00	0.00
12300	NON STOCKING TIRE Adjusted Item	-1.00	75.50	0.00	0.00	-75.50
12300	NON STOCKING TIRE PRASMERIA 6YEAR EAGLE BR	1.00	116.99	0.00	0.00	116.99
ADJ	ADJUSTMENT SERVICE CHARGE	1.00	12.95	0.00	0.00	12.95
12300	INDIANA TIRE TAX	1.00	0.25	0.00	0.00	0.25
12300	EAGLE ONE RZ WHEEL CLEANER HAD WHEEL CLEANER ALREADY	1.00	7.99	0.00	0.00	7.99
Payment Type: CASH						120.69

Cash Returned: 17.22

FOR AS LONG AS YOU OWN YOUR NEW TIRES WE WILL ROTATE THEM FREE EVERY 6,000 MILES. ALSO REPAIR ANY REPAIRABLE FLATS, BROUGHT TO OUR LOCATION. ALL OTHER WARRANTIES ARE BY THE TIRE MANUFACTURER.

Sub Total	128.46
Tax Total	0.31
Amount Due	128.77

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT, OR ANY OTHER CAUSE BEYOND OUR CONTROL.
I hereby authorize the above retail work to be completed in the necessary manner, and grant you and/or your employees permission to inspect tires or tires herein described or similar, "sideways" or elsewhere for the purpose of testing and/or inspection. An express mechanic herein hereby acknowledges on above car or truck to secure the amount of repair therein.
*EOPAC: A finance charge of 10% per month (APR of 12%) will be charged on balances over 30 days. It necessary to enforce collection of the amount due, above names customer agrees to pay all costs and charges, including court costs and attorney's fees.

T
E
R
M
S

Tire	Discount	FET	Parts	Labor	Other
56.49	0.22	0.00	0.00	12.95	6.24

X