

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

197

Date Received

30-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

869133

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
1GNDU06E4TT118961	CHEVROLET TRU	LUMINA APV	1996	

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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input checked="" type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input 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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 0	Date(s) of Failure(s) 06-AUG-2000	Mileage at Failure(s) 483000	Vehicle Speed at Failure(s) 2	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

CONSUMER STATED THAT WHILE DRIVING ABOUT 65 MPH WHEN HEARD A NOISE AND SAW THRU THE REAR MIRROR TREAD ON THE BACK, THEN STOP AND THE RIGHT REAR TIRE HAD A TREAD SEPARATION WHERE THE NEVER WENT FLAT. GENERAL TIRE P205/70 R16

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.



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OWNER INFORMATION (Type or Print)

632286

Work Nu

Home Nu

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an _____ provide your name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 9/25/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNDU06E4TT118961
Vehicle Mak CHEVROLET TRU Vehicle Mode LUMINA APV Vehicle Year 1996 Current Odometer Reading 47,277

Purchase Date 4/21/99 Dealer's Name Cannon Buick Engine Siz (CID/CC) Turbo Diesel Gas Fuel Injectio
 New Used City Lakeland State FL Zip Code 33813 No Cylinders 6

Transmission Type Antilock Brakes Restraint System Cruise Control Drive Tral Vehicle Type Body Style
 Manual Yes 3-Point Belt Motorbelt Yes Front Car Sport Ut
 Automatic No Driverside Airbag 2-Point Bel No Rear Van Truck
 Passengerside Airbag 4-Wheel Minivan Motorcycle
 2-Door
 4-Door
 Stationwagon
 Pick Up
 Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000 Part Name(s) TIRES:TREAD Location Left Right Front Rear Failed Part(s) Original Replacemen

No. of Failures 0 Date(s) of Failure(s) 06-AUG-2000 Mileage at Failure(s) 46000 Vehicle Speed at Failure(s) 0 Failed Part(s) Yes No NHTSA Previously 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 Yes No Fire Yes No Number of Persons Injured 0 Number of Fatality 0 Estimated Property Damag Reported to Polic Yes No

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

WHILE DRIVING ABOUT 65 MPH HEARD A NOISE AND SAW THROUGH THE REAR MIRROR TREAD ON THE BACK. THEN STOPPED AND THE RIGHT REAR TIRE HAD A TREAD SEPARATION.BUT, THE NEVER WENT FLAT. GENERAL TIRE P205/70 R15. *AK

CONTINUE ON BACK IF NEEDED

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VIN# 1GNDU06E4TT118961

RECEIVED
AUG 30 10 03 AM '00
OFFICE
DEFECTS INVESTIGATION

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.*

DOT A3M0FFA106

MANUFACTURER/TIRE NAME

GENERAL

SIZE

P205/70R15

* 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)

☆ U.S. G.P.O.: 1982-623-887/8008

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



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IF MAILED
IN THE
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BUSINESS REPLY MAIL
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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

