

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 156

Date Received

13-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

870760

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
PLEASE FILL IN	GENERAL	AMERI TECH ST	1900	

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 <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 Bell <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 checked="" type="checkbox"/> Other
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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
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No. of Failures	Date(s) of Failure(s) 01-JUN-2000 Mileage at Failure(s) 28 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ORIGINAL 1993 BUICK REGAL, TIRE SIZE 20570R15. ALL FOUR TIRES HAVE A BUBBLE AND CRACKS ALONG THE TREADS WHICH SEEMED THAT TREAD MAY HAVE PEELED OFF. THIS MAY HAVE CAUSED A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED 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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 Od_or _____
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 up_ltr _____

Reference No.

870760

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
PLEASE FILL IN	GENERAL	AMERI TECH ST	1900	

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

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"/> 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 Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" 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	Date(s) of Failure(s) 01-JUN-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 28	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ORIGINAL 1993 BUICK REGAL, TIRE SIZE 20570R15. ALL FOUR TIRES HAVE A BUBBLE AND CRACKS ALONG THE TREADS WHICH SEEMED THAT TREAD MAY HAVE PEELED OFF. THIS MAY HAVE CAUSED A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

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Date Received

09 OCT 18 AM

18-SEP-2000

OFFICE DEFECTS INVESTIGATION

Od_or

PL 07

od_rt

up_itr

Reference No.

870760

OWNER INFORMATION (Type or Print)

839226

Work No

Home No

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 10/10/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)
164HR53L325PH432
PLEASE FILL IN 9/2

Vehicle Make Buick Lesabac GENERAL

Vehicle Model AMERI TECH ST

Vehicle Year 1993

Current Odometer Reading 39,028

Purchase Date 12-1-97

Dealer's Name Smith Ford -

Engine Size (CID/CC/L) Turbo Diesel Gas Fuel Injection Turbo Diesel Gas Fuel Injection

New Used

City Conway State AR Zip Code

No Cylinders 6

Transmission Type Manual Automatic

Antilock Brakes Yes No

Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag

Cruise Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Sport Util Van Truck Minivan Motorcycle Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740006

Part Name(s) TIRES:TREAD

Location Left Right Front Rear

Failed Part(s) Original Replacement

No of Failures 4

Date(s) of Failure(s) 01-JUN-2000

Mileage at Failure(s) 28,000 + 29,000

Vehicle Speed at Failure(s) 40 mph

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 Yes No

Fire Yes No

Number of Persons Injured 0

Number of Fatalities 0

Estimated Property Damage 0

Reported to Police Yes No

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

ORIGINAL 1993 BUICK REGAL, TIRE SIZE 20570R15. ALL FOUR TIRES HAVE A BUBBLE AND CRACKS ALONG THE TREADS WHICH SEEMED THAT TREAD MAY HAVE PEELED OFF. THIS MAY HAVE CAUSED A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

1st best front was replaced, bad bubble on tire, then right rear developed bump on tire, when I went in to have right rear replaced, right front and left rear had tire balancing

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OWNER INFORMATION (Type or Print)
 839226
 Home Number Same as work
 Work Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 In the absence of your signature, your name and address to the vehicle manufacturer.
 Signature of Owner
 Date 10/10/08

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)
 164H85312L5PT33A
 Vehicle Make Buick
 Vehicle Model AMERI TECH 9T
 Vehicle Year 1990
 Current Odometer Reading 30,078

Purchase Date 12-1-97
 Dealer's Name Smith Ford
 City Conway State AR Zip Code
 Engine Size (CID/CYL) No Cylinders 4
 Turbo Diesel Gas Fuel Injection

Transmission Type Automatic
 Antilock Brakes Yes
 Restraint System 3-Point Belt
 Cruise Control Yes
 Drive Train Front
 Vehicle Type Car
 Body Style 2-Door

Component 02740000
 Part Name(s) Tires/Tread
 Location Left Front
 Failed Part(s) Original Replacement

No of Failures 4
 Date(s) of Failure(s) 01-JUN-2000
 Mileage at Failure(s) 20,000 + 20,000
 Vehicle Speed at Failure(s) 40 mph

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
 Number of Persons Injured 0
 Number of Fatalities 0
 Estimated Property Damage 0
 Reported to Police Yes No

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

ORIGINAL 1993 BUICK REGAL, TIRE SIZE 205/70R15. ALL FOUR TIRES HAVE A BUBBLE AND CRACKS ALONG THE TREADS WHICH SEEMED THAT TREAD MAY HAVE PEELD OFF. THIS MAY HAVE CAUSED A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

... Left front was replaced, Bubble on tire. Then Right Rear developed bump on tire, When I went in to have Right Rear Replaced, Right front and left rear had fine balloons.

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U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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



U.S. G.P.O. 1992 - 629-987 / 80288

I repaired all four on car.
 at 8-31-98 with General Amer 645, at that time I overheard
 mechanics say that General Tires were no good.
 afterwards it developed a bump on the right rear.
 His time he had All Tires (Gold, new) with
 Fine Stone PTyre, and was told to keep (45 #PSI
 in tires, I checked tires when I got Howard Tires
 had no #PSI in all 4 tires - I didn't understand
 this, but noted on sidewall all #PSI was the top.
 PSI for this tire. Since then I have lowered
 tires to 35 PSI.
 I have been driving since 1999 and have always checked
 tire pressures.

Information on tire failures (if applicable)

TIRE IDENTIFICATION NO. *	
DOT	100 100 100 100 100 100 100 100 100 100
MANUFACTURER/TIRE NAME (General)	
SIZE	205XR15
* 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)	

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