

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 119

Date Received

04-OCT-2000

 Ocl\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

872260

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1WWBB15M5KF108084	MICHELIN	MICHELIN	1989	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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	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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input 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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <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 <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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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 <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)

TIRES WERE ORIGINAL EQUIPMENT ON A 1989 WINNEBAGO, LESHARO, TIRE SIZE P205/75R15 XCA, TIRES HAD 30 THOUSAND MILES ON THEM. CONSUMER HAS EXPERIENCED TREAD SEPARATION AT THE SIDEWALL DOWN TO THE TREAD ON TWO ORIGINAL EQUIPMENT TIRES. ALSO, ONE OF THE REPLACEMENT TIRES ALSO SEPARATED AT THE SIDEWALL WHEN DRIVING. INCIDENTS INVOLVED THE REAR AND THE FRONTAL TIRES. ALSO, TIRES WERE ONLY USED ON THIS MODEL MOTORHOME. PLEASE PROVIDE ANY FURTHER DETAILS.\*AK

CONTINUED ON BACK PLEASE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 119</p> <p>Date Received <b>04-OCT-2000</b></p> <p>OFFICE DEFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Number _____</p> <p>Home Number _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, provide your name and address to the vehicle manufacturer.</p>				<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Signature of Owner _____</p>				<p>Date <b>10/20/00</b></p>	
<b>VEHICLE INFORMATION</b>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p><b>1WWBB16MBKF100004</b></p>		<p>Vehicle Make</p> <p><b>WINNEBAGO</b></p>	<p>Vehicle Model</p> <p><b>LE SHARO</b></p>	<p>Vehicle Year</p> <p><b>1989</b></p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p> <p><b>12-31-88</b></p>	<p>Dealer's Name _____</p>		<p>Engine Size (CID/CC/L)</p>	<p>No Cylinders <b>4</b></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>
<p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <b>R.V.</b></p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other</p>	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
<p>Component</p> <p><b>02740000</b></p>	<p>Part Name(s)</p> <p><b>TIRES:TREAD</b></p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>	
<p>No of Failures</p> <p><b>3</b></p>	<p>Date(s) of Failure(s) <b>10-2-92/5-6-93/7-15-00</b></p> <p>Mileage at Failure(s) <b>40500/46350/81080</b></p> <p>Vehicle Speed at Failure(s) <b>60 MPH ON R3, 55 MPH ON R1 &amp; R2</b></p>		<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<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)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
<p>TIRES WERE ORIGINAL EQUIPMENT ON A 1989 WINNEBAGO, LESHARO, TIRE SIZE P205/75R15 XCA, TIRES HAD 30 THOUSAND MILES ON THEM. CONSUMER HAS EXPERIENCED TREAD SEPARATION AT THE SIDEWALL DOWN TO THE TREAD ON TWO ORIGINAL EQUIPMENT TIRES. ALSO, ONE OF THE REPLACEMENT TIRES ALSO SEPARATED AT THE SIDEWALL WHEN DRIVING. INCIDENTS INVOLVED THE REAR AND THE FRONTAL TIRES. ALSO, TIRES WERE ONLY USED ON THIS MODEL MOTORHOME. PLEASE PROVIDE ANY FURTHER DETAILS.*AK</p> <p>TIRE SIZE SHOULD READ P205/75R15C (LR2) XCA, 1ST TIRE BLEW (TREAD) TREAD ON 10-2-92 AT APPROX 40500 MILES. SECOND TIRE BLEW (TREAD) TREAD ON (OR A FEW DAYS BEFORE) 5-6-93 AT APPROX 46350 MILES. I HAVE ORIGINAL RECEIPTS NOTING DATE &amp; MILEAGE AT REPLACEMENT.</p>					
CONTINUE ON BACK, IF NECESSARY					
<p>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.</p>					

