

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 118

Date Received

05-OCT-2000

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

Reference No.

872342

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	B.F.GOODRICH	B.F.GOODRICH	1900	

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 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 checked="" type="checkbox"/> Other _____
						<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Par. Name(s) TIRES:TREAD	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 23-SEP-2000 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

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

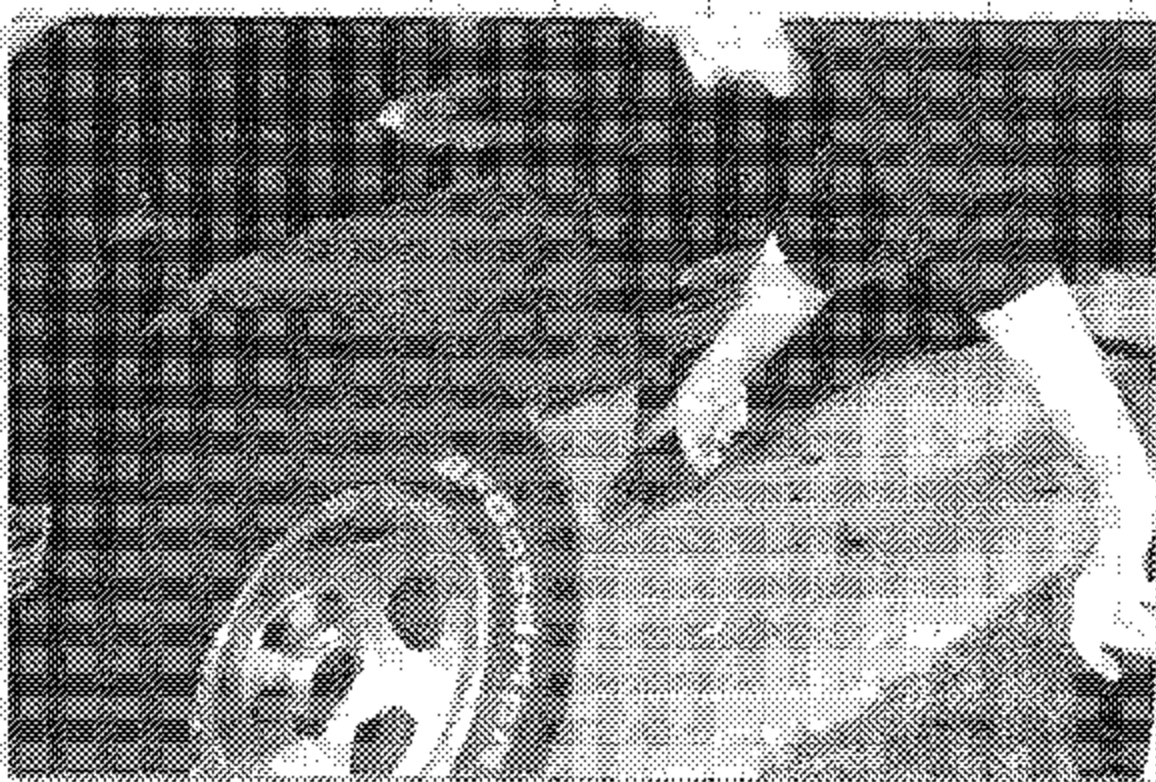
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

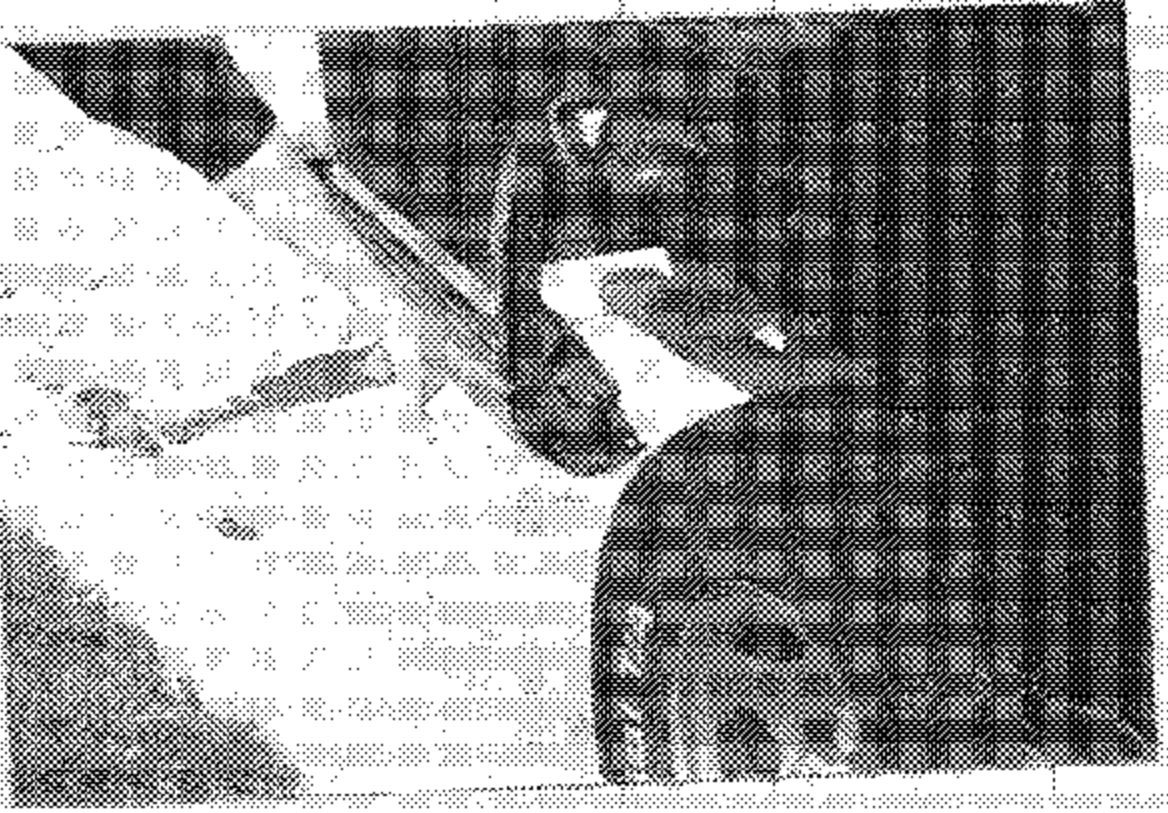
## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

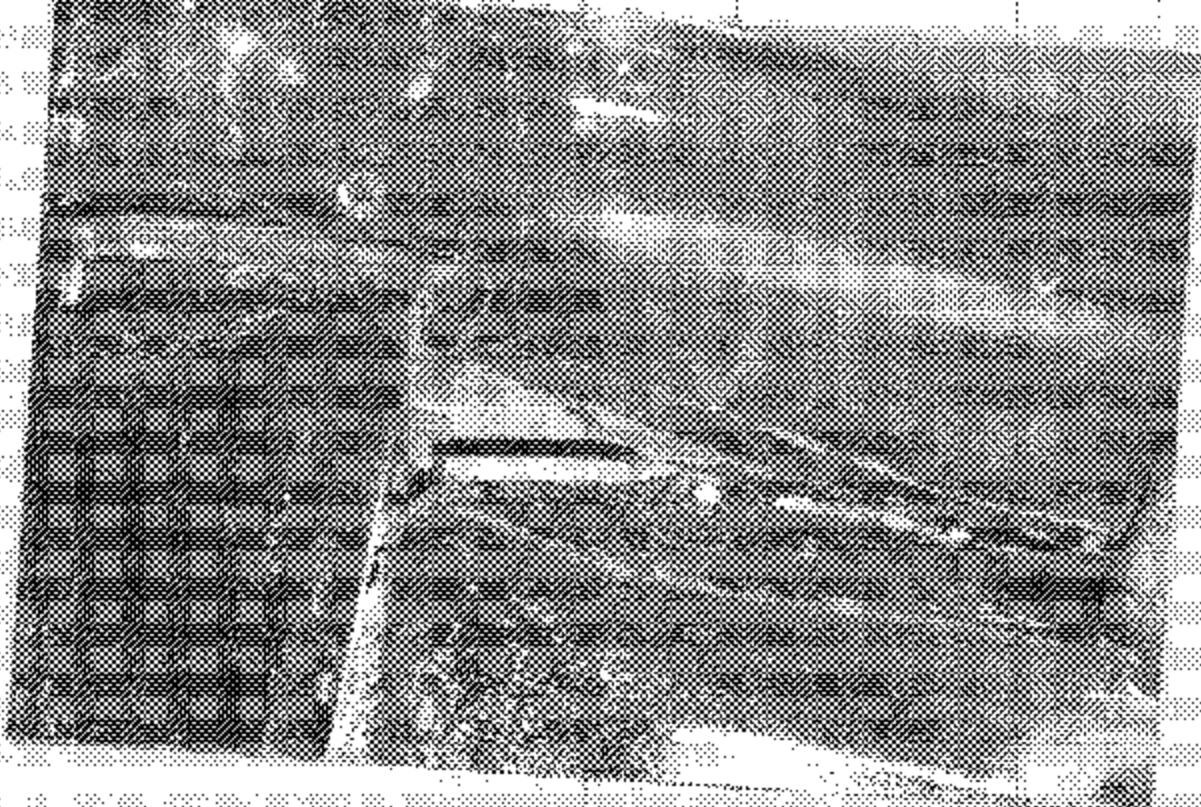
WHILE DRIVING AT 55 MPH TREAD CAME OFF ON THE REAR PASSENGER'S SIDE. TIRE DID NOT DEFLATE. DRIVER WAS ABLE TO CONTROL VEHICLE. REPLACEMENT TIRE ON A 1992, CHEVROLET, PICKUP, TIRE SIZE P27560R15, DOT # BHR7AO1286. TIRE MILEAGE ABOUT 15,000. MANUFACTURER WAS NOTIFIED ABOUT PROBLEM. OWNER WAS TOLD TO SHIP TIRE TO SOUTH CAROLINA FOR EVALUATION. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

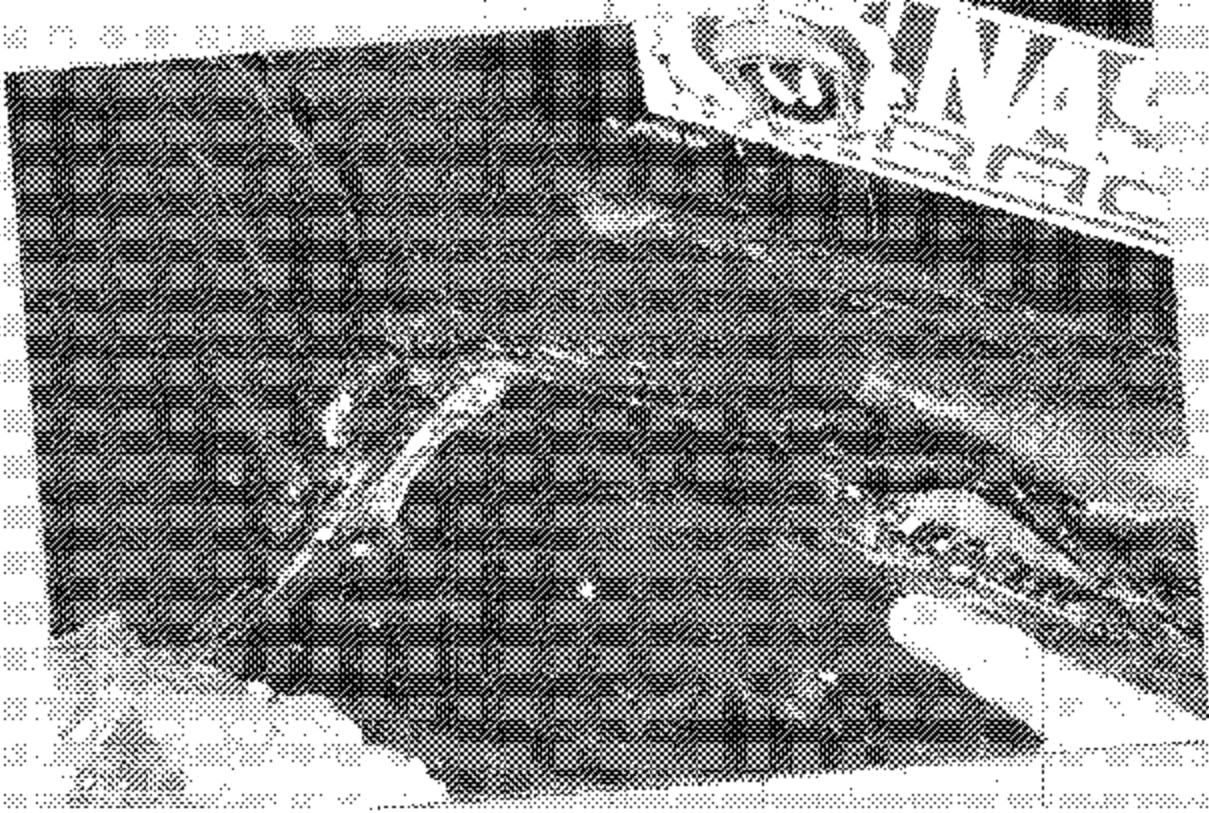
CONTINUED ON BACK (REVERSE)

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.

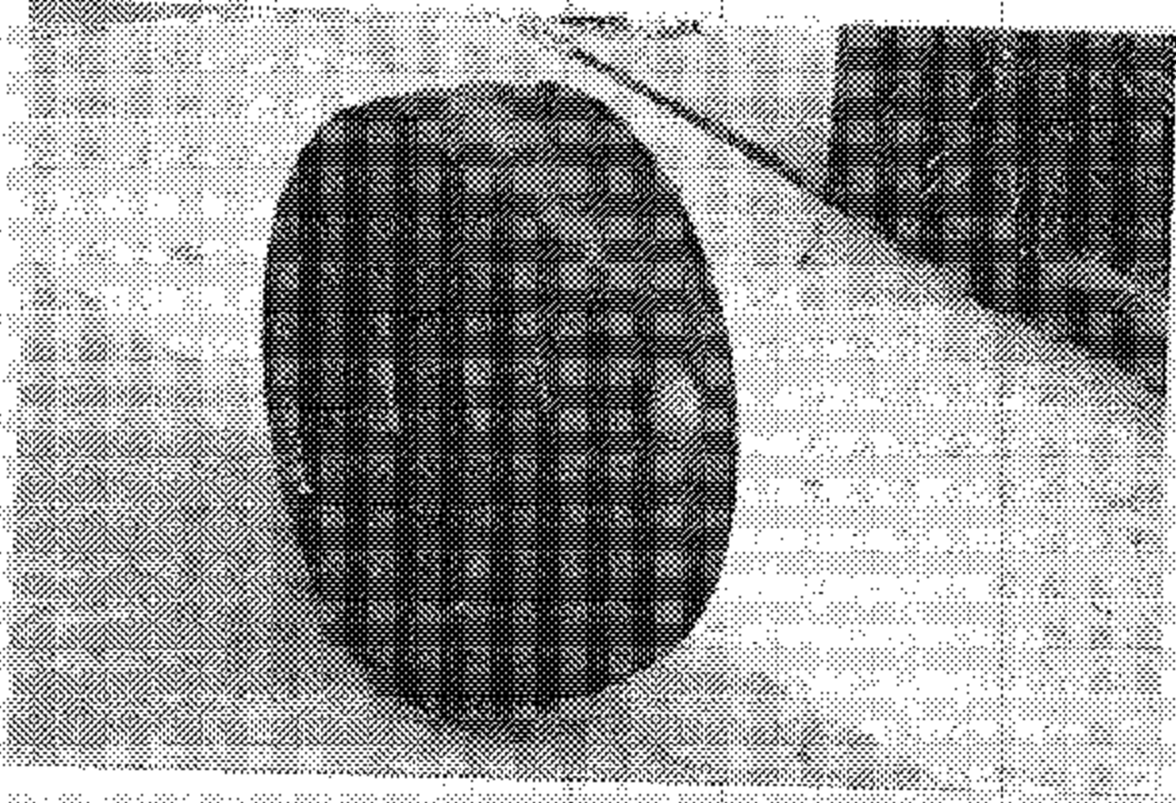


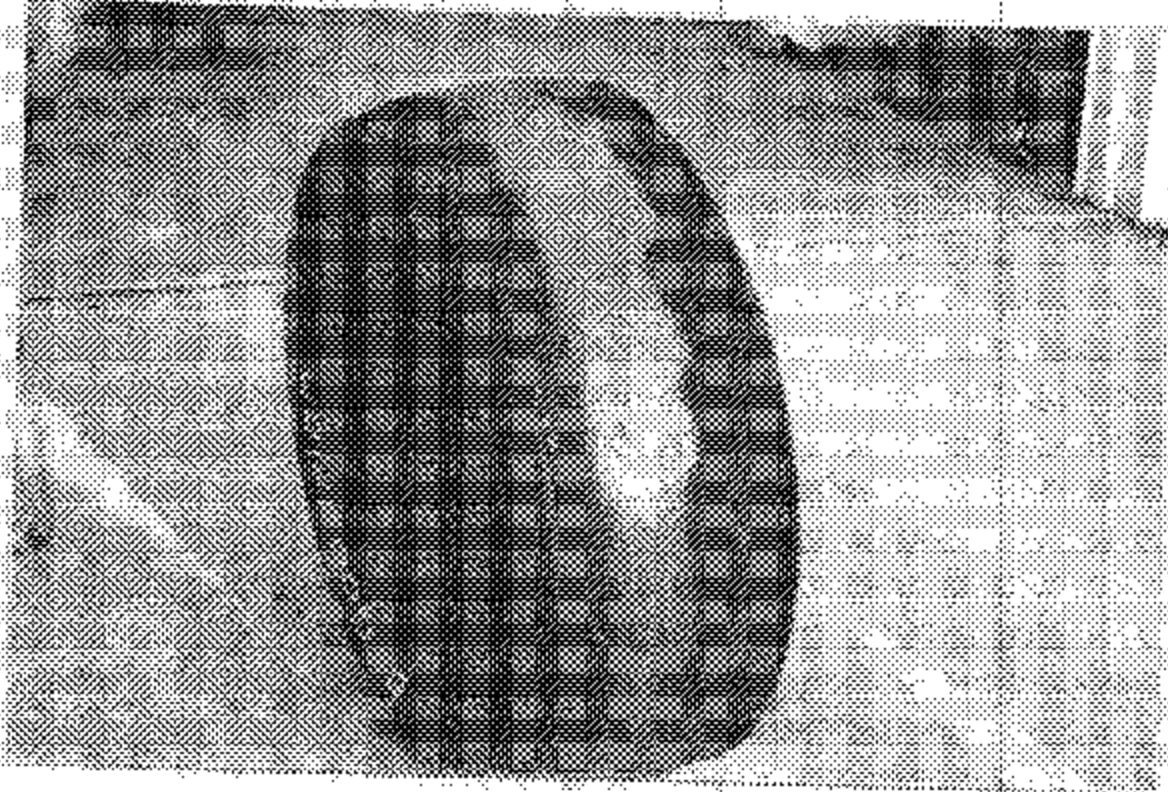













 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 118 Date Received: 09 OCT 30 AM 10:18 05-OCT-2000 OFFICE OF DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)				Reference No. 872342	
[REDACTED] 644376				Work Num [REDACTED] Home Num [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.					
Signature of Owner _____				Date: / / _____	
<b>VEHICLE INFORMATION</b>					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
		B.F.GOODRICH	B.F.GOODRICH	1900	
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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type	
				<input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	
				Body Style	
				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Component 02740000	Part Name(s) TIRES:TREAD		Location		Failed Part(s)
			<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 23-SEP-2000		Failed Part(s) Available?		NHTSA Previously Contacted?
	Mileage at Failure(s) 55-60		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<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)					
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	2,200.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
WHILE DRIVING AT 55 MPH TREAD CAME OFF ON THE REAR PASSENGER'S SIDE. TIRE DID NOT DEFLATE. DRIVER WAS ABLE TO CONTROL VEHICLE. REPLACEMENT TIRE ON A 1992, CHEVROLET, PICKUP, TIRE SIZE P27560R16, DOT # BHR7A01286. TIRE MILEAGE ABOUT 15,000. MANUFACTURER WAS NOTIFIED ABOUT PROBLEM. OWNER WAS TOLD TO SHIP TIRE TO SOUTH CAROLINA FOR EVALUATION. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK					
CONTINUE OR 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 **BHR7AD1Z86** MANUFACTURER/TIRE NAME **BF GOODRICH RADIAL TA** SIZE **275/60R15**

\* 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)

Tire Belts Separated while going 55-60 mph on Highway 70 East Bound in earth city. BF Goodrich told me to Turn this into my insurance co. and send them the tire. I turned it into my insurance co. they used used parts to estimate my damage and I had to pay my deductible and buy a new tire.

I Am out \$2,000.00 for used parts us new 100.00 Ded. 100.00 new tire

I Refuse to give this tire to Goodrich to be destroyed! included are 7 pictures. look at them and please tell me what you think. THANKS

Yes, this tire still holds air!

☆ U.S. G.P.O.: 1992-423-697 / 87086

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

