

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 335

Date Received

13-OCT-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

872962

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
1BBCMBK88HF076709	HANKOOK	DYNAMIC RADIAL	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"/> 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"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 17-AUG-2000 Mileage at Failure(s) 12000 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 <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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HANKOOK, F26 12R22.5 18PLY; REAR DRIVER'S SIDE TIRE TREAD CAME OFF, AND ALMOST CAUSED AN ACCIDENT.*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.



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

OWNER INFORMATION (Type or Print)

646684

Work Number

Home N

Reference No. 872962

Od or

rt dt

od, r

up, ltr

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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

VEHICLE INFORMATION

Vehicle Ident No (VIN) (located at bottom of windshield on driver's side) 1B8CMBK88HF076709

Vehicle Make Blue Bird

Vehicle Model DYNAMIC RADIO

Vehicle Year 1987

Current Odometer Reading 90,000

Purchase Date

New Used

Dealer's Name

City State Zip Code

Engine Size (CID/CCL)

No Cylinders

Turbo

Diesel

Gas

Fuel Injection

Transmission Type

Automatic Manual

Antilock Brakes

Yes No

Restraint System

3-Point Belt Motorbelt

Cruise Control

Yes No

Drive Train

Front Rear 4-Wheel

Vehicle Type

Car Sport Utl Truck Motorcycle

Body Style

2-Door 4-Door Stationwagon Pick up Truck Other

No of Failures 8

Date(s) of Failure(s) 17-AUG-2000

Mileage at Failure(s) 12000

Vehicle Speed at Failure(s) 70 MPH

Failed Part(s) Available? Yes No

NHTSA Previously Contacted? Yes No

Component 02740000

Part Name(s) TIRES:TREAD

Location

Left Right

Failed Part(s)

Original Replacement

FAILED COMPONENT(S)/PART(S) INFORMATION

Form with checkboxes for vehicle features: Antilock Brakes, Restraint System, Cruise Control, Drive Train, Vehicle Type, Body Style, etc.

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 Failures 0

Estimated Property Damage \$ 3,000.00

Reported to Police Yes No

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

HANKOOK, F26 12R22.5 16PLY, REAR DRIVER'S SIDE TIRE TREAD CAME OFF, AND ALMOST CAUSED AN ACCIDENT. AK

AND DID \$3,000.00 DAMAGE TO MOTOR HOME

THANK YOU HANKOOK TIRE RETIRED OFF TIRE, SIZE 12R22.5 16PLY

TIRE WAS APPROX 12000 MILES ON IT

TIRE MADE BY HANKOOK TIRE AMERICA CO.

1450 VALLEY ROAD

LIVINGSIDE, NJ 07730

CONTACT ON BACK OF FORM

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