



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

Data Received 16-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 873033	

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 MICHELIN	Vehicle Model MICHELIN	Vehicle Year 1900	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 <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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input 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 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"/> 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)

TREAD ON THE LEFT FRONT TIRE IS BEGINNING TO SEPARATE. TIRE SIZE P20560R15. ORIGINAL TIRE EQUIPMENT ON A 1996, HONDA, ACCORD. TIRE MILEAGE ABOUT 40,000. TIRE DEALERSHIP IS NOT AWARE OF THE PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON BACK (11888)

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</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 118</p>	
	<p>Signature of Owner: [Redacted]</p>	<p>Date Received: 16 OCT 2000</p>	<p>Od_or: _____ rt_dt: _____ od_rl: _____ up_lr: _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 646925</p>		<p>DEFECTS INVESTIGATION</p>	
<p>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</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>		<p>Work Number: _____ Home Number: [Redacted]</p>	

Signature of Owner: [Redacted] Date: 10/28/00

VEHICLE INFORMATION								
Vehicle Ident. No. (VIN): 1HGCE6674TA013095	Vehicle Make: HONDA	Vehicle Model: ACCORD V6	Vehicle Year: 96	Current Odometer Reading: 42,000				
Purchase Date: 6-14-98	Dealer's Name: GARDENA HONDA	Engine Size (CID/CC/L):	No. Cylinders: 4					<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: GARDENA State: CA Zip Code: 90249	Transmission Type: <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car	Body Style: <input checked="" type="checkbox"/> 4-Door Sedan

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 02740000	Part Name(s): MICHELIN TIRES/TREAD	Location: <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures: 1	Date(s) of Failure(s): 10-14-00	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: NONE	Number of Fatalities: NONE	Estimated Property Damage: NONE	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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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 R9P 2CM3 X 505 MANUFACTURER/TIRE NAME MICHELIN/ENERGY -SIZE 905/40R15-90V

* 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)

THIS CAR IS NOT VIBRATING OR PULLING FROM ONE SIDE TO THE OTHER, SO I FEEL THAT IT'S NOT AN ALIGNMENT OR BALANCE PROBLEM, IT'S A TIRE PROBLEM.

Signed: [Redacted Signature]

☆ U.S. G.P.O.: 1982-620-657/82286

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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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
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Washington, DC 20590