



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

27-NOV-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

875485

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 GOODYEAR	Vehicle Model WRANGLER AT	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"/> 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 <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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult. Truck <input type="checkbox"/> Motorcycle	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
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 20000 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 <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 EQUIPMENT ON A 1997 DODGE, RAM, WRANGLER AT, 245/75R16. WHILE BALANCING TIRES MECHANIC NOTICED TREAD SEPARATION, TIRE WAS REPLACED. ON 6, SEPTEMBER, 1999, 1000 MILES LATER, RIGHT REAR TIRE HAD A BLOWOUT, AND DID \$ 2000 DAMAGE TO VEHICLE. GOODYEAR REPLACED 1 TIRE. CONSUMER REPLACED ALL TIRES. WITH 20000 MILES ON 3RD SET OF TIRES, TIRES WERE DIFFICULT TO BALANCE. 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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 758	Date Received: <u>NOV 12 PM 12:30</u> 27-NOV-2000 OFFICE DEFECTS INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____	
	OWNER INFORMATION (Type or Print) [Redacted] 657474		Reference No. 875485		
		Work Number _____		Home Number [Redacted]	

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: [Redacted] Date: 12-1-00

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side) ADD 3B7KC23W6VM536419	Vehicle Make GOODYEAR	Vehicle Model WRANGLER AT	Vehicle Year 1997	Current Odometer Reading
Purchase Date 4/22/97	Dealer's Name LEE Chrysler Plymouth Dodge		Engine Size (CID/CC/L) 8 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City FT WALTER DOR State FL Zip Code 32548		No Cylinders 18	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes	Drive Train <input type="checkbox"/> Front <input checked="" 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		Sport U/I <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> Motorcycle		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

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02740000	Part Name(s) TIRES:TREAD <i>1st Failure noted while balancing tires</i> <i>2nd Failure occurred on the road 9/16/99</i>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s) 10 JUL 2000 9/16/99 Mileage at Failure(s) 20000 15750 Vehicle Speed at Failure(s) 70 mph (interstate 10)	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 <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 1500.00	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ORIGINAL EQUIPMENT ON A 1997 DODGE, RAM, WRANGLER AT, 245/75R16, WHILE BALANCING TIRES MECHANIC NOTICED TREAD SEPARATION, TIRE WAS REPLACED, ON 6, SEPTEMBER, 1998. 1000 MILES LATER, RIGHT REAR TIRE HAD A BLOWOUT, AND DID \$ 2000 DAMAGE TO VEHICLE. GOODYEAR REPLACED 1 TIRE. CONSUMER REPLACED ALL TIRES. WITH 20000 MILES ON 3RD SET OF TIRES, TIRES WERE DIFFICULT TO BALANCE.*AK

(see reverse)

CONTINUE 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 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.

NICEVILLE TIRE CO. INC.
 1056 JOHN SIMS PKWY.
 P O BOX 548
 NICEVILLE, FL 32578

VOLVOO00850 6782522
 Fax:

Invoice

Invoice Number: 271
 Invoice Date: Sep 21, 1999
 Payment Terms:

Ship to:



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Customer ID	Customer PO	Payment Terms	
SACCO	97 DODGE RAM P U	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	customer pickup		9/21/99

Quantity	Item	Description	Unit Price	Extension
3.00	731353481	APPROVAL - A02953	62.84	188.52
3.00	044102	245/75-16 WRANGLER GSA BALANCE/MOUNT/DISPOSAL	11.00	33.00
		Odometer reading 16614		

*ALL TIRES Replaced on 12 July due to inability to balance, Odometer reading at replacement - 19115 miles
 (No receipt given for the replacements)*

26 Aug 1999 230 miles - tires need balancing again - Rebalanced - still bumpy

Subtotal	221.52
Sales Tax	13.29
Total Invoice Amount	234.81
Payment Received	234.81
TOTAL	0.00

Check No: 123
 Had Curly's Tire Svc balance on 13 Sept 99
 Told that wheel might be a problem but tires mostly. Each Texas a lot of weight to balance.

*pd 21 Sep 99
 3 Tires*

My expense for adjustment

