



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** 197

Data Received

18-DEC-2000

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

Reference No.

876669

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 <b>GOODYEAR</b>	Vehicle Model <b>EAGLE GA</b>	Vehicle Year <b>1900</b>	Current Odometer Reading		
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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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 type="checkbox"/> Other _____

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

Component <b>02750010</b>	Part Name(s) <b>TIRES:SIDEWALL</b>	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 <b>3</b>	Date(s) of Failure(s) _____ Mileage at Failure(s) <b>57000</b> Vehicle Speed at Failure(s) <b>0</b>	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 <b>0</b>	Number of Fatalities <b>0</b>	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)

**LEFT FRONT TIRE WAS FLAT. CONSUMER TOOK VEHICLE FOR CHECK UP, AND FOUND OUT THAT ALL TIRES HAD CRACKS IN INSIDE WALLS THAT MADE TIRES GO FLAT. VOLKSWAGEN, 1997, 195/60R14.  
\*AK**

CONTINUED 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 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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY 197</b></p> <p>Date Received: <u>18-DEC-2000</u> OFFICE OF SAFETY INVESTIGATION</p> <p>Od_or _____ Rdt _____ od_n _____ up_tr _____ 102</p> <p>Reference No. <b>876669</b></p> <p>Work Number _____ Home Number _____</p>
<b>OWNER INFORMATION (Type or Print)</b>	
[Redacted] <b>661668</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.  
 Signature of Owner: [Redacted] Date: 1/11/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield and on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
	GOODYEAR	EAGLE GA	<del>1997</del> 1997	56,000	
Purchase Date: <u>1 Oct 97</u>	Dealer's Name: <u>Matchel Auto</u>		Engine Size (CID/CYL): <u>2L</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>Canton</u> State: <u>Ct</u> Zip Code: _____		No. Cylinders: <u>4</u>		
Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				Body Style: <input type="checkbox"/> Sport Utl <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 <u>Conv</u>	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: <u>02750010</u>	Part Name(s): <u>TIRES:SIDEWALL</u>	Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures: <u>54</u>	Date(s) of Failure(s): <u>18-DEC-2000</u> Mileage at Failure(s): <u>57000</u> Vehicle Speed at Failure(s): <u>0</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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: <u>0</u>	Number of Fatalities: <u>0</u>	Estimated Property Damage: _____	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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