
 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 117 Date Received 04-JAN-2001 Od_or _____ rt_dt _____ od_rt _____ up_itr _____ Reference No. 877469 Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] 864402			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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 ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) FILL IN	Vehicle Make GOODYEAR	Vehicle Model WRANGLER	Vehicle Year 1900
Purchase Date _____	Dealer's Name _____	Engine Siz (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<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	Anti-lock 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 checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 checked="" 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 Util 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 <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02740000	Part Name(s) TIRES:TREAD	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 28-OCT-2000 Mileage at Failure(s) 42 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Fatalitie _____
		Estimated Property Damag _____	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING 65MPH VEHICLE STARTED TO FEEL OUT OF BALANCE. TOOK VEHICLE TO TIRE RETAILER FOR REBALANCING & ALIGNMENT. MECHANIC SHOWED DRIVER THAT TREAD SEPARATED FROM TIRES. LATER HAD CONTACTED GOODYEAR AFTER HEARING NEWS ABOUT TIRES. INFORMED TO EXCHANGE TIRES FOR NEW ONES. 1995, FORD, E150, LT2.35X75 WITH 40,000 MILES. *AK			
			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.			

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OWNER INFORMATION (Type or Print) [Redacted] 864402		Od. or rt. dt. _____ od. rt. up. ltr. _____ Reference No. 877469	
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.		Work Number _____ Home Number _____	
Signature of Owner _____ Date <u>1/30/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>1FMEEL1H85HA 46449</u> FILL IN	Vehicle Make GOODYEAR	Vehicle Model WRANGLER	Vehicle Year 1900
Current Odometer Reading 44,368			
Purchase Date _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Johnny Wright Lincoln Mercury</u> City <u>Cleburne</u> State <u>TX</u> Zip Code <u>76033</u>	Engine Size (CID/CC) <u>351</u> No. Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 D2740000	Part Name(s) TIRES:TREAD	Location <input checked="" type="checkbox"/> Left <input checked="" 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 _____	Date(s) of Failure(s) <u>28-OCT-2000</u> Mileage at Failure(s) <u>42,500</u> Vehicle Speed at Failure(s) _____	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 0	Number of Fatalities 0
Estimated Property Damage 0		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING 65MPH VEHICLE STARTED TO FEEL OUT OF BALANCE. TOOK VEHICLE TO TIRE RETAILER FOR REBALANCING & ALIGNMENT. MECHANIC SHOWED DRIVER THAT TREAD SEPARATED FROM TIRES. LATER HAD CONTACTED GOODYEAR AFTER HEARING NEWS ABOUT TIRES. INFORMED TO EXCHANGE TIRES FOR NEW ONES. 1995, FORD, E150, LT2.35X75 WITH 40,000 MILES. *AK			
CONTINUE ON BACK IF NEEDED			
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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.*

D O T P D H L N P 4 R 3 6 4

MANUFACTURER/TIRE NAME

GOODYEAR WRANGLER M+S EXTRA LOAD

SIZE

P 235/75R15

* 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 problem started at just under 40,000 miles on the vehicle. The out of balance condition was slight at first and got progressively worse. I also noticed a slight pull to the left. After the visit to the tire store in Lakeland, Fla. I now have a slight pull to the right and I suspect that the tires are causing this. There has been nothing happen to have caused a change in the front end alignment.

I understand that a set of tires can go bad for many reasons but this set on my van have been treated as good as an owner can possibly take care of a set of tires. The thing I am most upset over is reaction I received from the Goodyear Tire Co. when I called in my complaint. The man I talked to almost accused me of damaging my tires and trying to get some monetary reward from Goodyear. This has left a very sour taste in my mouth about the Goodyear Tire Company.

U.S. G.P.O.: 1992-523-887/8028

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

400 Seventh St., S.W.
Washington, D.C. 20580

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

