



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 1039

Date Received

27-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891399

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>(Locate at bottom of and/or on door frame)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1RF120615Y2010188	GOODYEAR	GOODYEAR	1900			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 Bel <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 Util <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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	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 Failure	Date(s) of Failure(s) _____ Mileage 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 Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 65 MPH ON INTERSTATE LEFT FRONT TIRE SEPARATED AND BLEWOUT. TIRE SIZE 27570R22.5, DOT# MC6Y270W51C.*AK

COPIED FROM NHTSA FILE # 1039

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
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)
OWNER INFORMATION (Type or Print)
699450

FOR AGENT USE ONLY 1039
Date Received: JUL 24 PM 3:10
27-JUN-2001
891399 Reference No.

Do you authorize [redacted] in the absence of your signature?
 Yes
 No
 Signature of Owner: [redacted]
 Date: 7/18/01

VEHICLE INFORMATION
 Vehicle Ident. No. (VIN): [redacted]
 Vehicle Make: MONACO
 Vehicle Model: WINDSOR
 Vehicle Year: 2000
 Current Odometer Reading: 1990

Purchase Date: 4-29-00
 Dealer's Name: [redacted]
 City: [redacted] State: [redacted] Zip Code: [redacted]
 Engine Size: [redacted] (CID/CV)
 Turbo Diesel Gas Fuel Injection

Transmission Type: Manual Automatic
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt Motorbell Driver's Side Airbag Passenger's Side Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Truck Sport Util Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component: 02700000
 Part Name(s): GOODRICH G159 WHEEL
 Location: FRONT 275/70R 22.5
 Tires: PXL DOT MCGY 270W519
 Failed Part(s): Front Rear Original Replacement
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)
 No of Failures: 1
 Dates of Failure(s): Since 10/2001
 Mileage at Failure(s): 10,120 miles max.
 Vehicle Speed at Failure(s): 65 mph Interstate speed limit

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)
 Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: 1
 Number of Fatalities: 0
 Estimated Property Damage: \$41,600 +
 Reported to Police: Yes No

WHILE DRIVING 65 MPH ON INTERSTATE LEFT FRONT TIRE SEPARATED AND SLEWOUT. TIRE SIZE 275OR22.5, DOT# MCGY270W519, MAK
 THE FAILURE AFFECTED STEERING CAPABILITY OF THIS MOTOR
 COACH, WHICH WAS TRAVELING IN RIGHT LANE OF INTERSTATE.
 COACH SLAMMED INTO GUARD RAIL IN MEDIUM CLASSIC
 LEFT LANE. TIRE AND AIR PRESSURE RECOMMENDED BY
 MONACO. NO DEBRIS WAS OBSERVED IN THE ROAD. NO

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.*

DOT M C 6 Y 2 7 C W S 1 9 MANUFACTURER/TIRE NAME GOODYEAR G 159 UNISTEEL R L TUBELESS SIZE 275/70R 325 RADIAL

* 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):

OTHER VEHICLE EXPERIENCED SIMILAR

PROBLEM IN THIS AREA DURING 3-3 1/2 HOURS REQUIRED TO MOVE OUR TWO VEHICLES FROM GUARD RAIL AND TOW AWAY. ^{OUR} TOW VEHICLE WAS TOTALED.

THE SOUNDS WE HEARD CAUSE US TO BELIEVE TIRE SEPARATED & THEN BLEW RATHER THAN BLEW & THEN SEPARATED HOWEVER, TIRE IS BEING EVALUATED BY INDEPENDENT ENGINEER.

DRIVER SUFFERED INJURY TO ARM CAUSED BY JERK OF STEERING WHEEL WHEN RIM HIT THE GROUND.

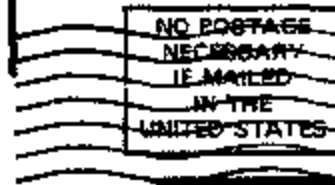
FYI - We understand this tire may have been recalled outside US. Goodyear is no longer mfg. this tire.

U.S. G.P.O.: 1992-624-671/8000

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



BUSINESS REPLY MAIL FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY TRAFFIC SAFETY ADMIN.

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