



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 §20

Date Received

13-AUG-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

894206

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>(Location at bottom of windshield or driver's side door)</small>	Vehicle Make GOODYEAR	Vehicle Model GOODYEAR	Vehicle Year 1900	Current Odometer Reading		
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) 29-JUL-2001 16000 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 0	Number of Fatalities 0	Estimated Property Damag	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)

WHILE TRAVELING APPROXIMATELY 60-65 MPH IN A MONACO MOTOR HOME FRONT LEFT GOODYEAR TIRE SIZE: 275/70R22.5 , DOT: UNKNOWN EXPERIENCED A BLOWOUT. PRESSURE WAS INFLATED TO 120 PS.I AND HAD 16,000 MILES ON IT. *AK

CONTINUE ON 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.

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 920 Date Received <u>13-AUG-2001</u> OFFICE DEFECTS INVESTIGATION Order No. <u>894206</u> Work Number _____ Home Number _____	
U.S. Department of Transportation National Highway Traffic Safety Administration			
OWNER INFORMATION (Type or Print) [Redacted] 707613			
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.			
Signature of Owner [Redacted]		Date <u>8/20/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1RF120617Y2010080</u>	Vehicle Make <u>MONACO</u> <u>GOODYEAR</u>	Vehicle Make <u>Windsor</u> <u>GOODYEAR</u>	Vehicle Year <u>4900-2000</u>
		Current Odometer Reading <u>18175</u>	
Purchase Date <u>April 00'</u>	Dealer's Name <u>Motorkhams Unlimited</u>		Engine Size (CID/CC) <u>330</u>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Mesa</u> State <u>AZ</u> Zip Code _____	No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input checked="" type="checkbox"/> Front Wheel <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <u>motorhome</u>
		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 <u>02700000</u>	Part Name(s) TIRES <u>Goodyear 275/70R22.5</u>	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 <u>1</u>	Date(s) of Failure(s) <u>29 JUL 2001</u> Mileage at Failure(s) <u>16000</u> Vehicle Speed at Failure(s) <u>62 MPH</u>	Failed Part(s) <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage <u>1000.00</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE TRAVELING APPROXIMATELY 60-65 MPH IN A MONACO MOTOR HOME FRONT LEFT GOODYEAR TIRE SIZE: 275/70R22.5 , DOT: UNKNOWN EXPERIENCED A BLOWOUT. PRESSURE WAS INFLATED TO 120 PSI AND HAD 16,000 MILES ON IT. *AK			
CONTINUE ON BACK IF NEEDED			
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