



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

04-SEP-2001

Od_or

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ip_lr

Reference No.

895687

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) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3GNFK16R7XG122772		GOODYEAR	GOODYEAR	1900	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Belt			☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) C2-SEP-2001 27	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
Mileage at Failure(s)			

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ABOUT 70MPH LEFT FRONT TIRE BLEWOUT. SIDEWALL BLEWOUT, AND PART OF TREAD CAME OFF. HAD NOT CALLED GOODYEAR. TIRE SIZE P245/75R16. *AK

GOVERNMENT USE ONLY

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 1039 Date Received <u>01 SEP 26 2001</u> <u>04-SEP-2001</u> OFFICE DEFECTS INVESTIGATION Title No. <u>895687</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] 712829 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date <u>9/1/01</u>			
VEHICLE INFORMATION Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <u>3GNFK16R7XG122772</u> Vehicle Make <u>GOODYEAR</u> Vehicle Model <u>GOODYEAR P245/75R16</u> Vehicle Year <u>1900</u> Current Odometer Reading <u>2,100</u> Purchase Date _____ Dealer's Name <u>FALL CHRYSLER</u> ☒ New ☐ Used City <u>PROSEER</u> State <u>WA</u> Zip Code _____ Engine Size (CID/CC/L) _____ Turbo ☐ No. Cylinders <u>6</u> Diesel ☐ Gas ☒ Fuel Injection			
Transmission Type ☐ Manual ☒ Automatic Antilock Brakes ☒ Yes ☐ No Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag Cruise Control ☒ Yes ☐ No Drive Type ☐ Front ☐ Rear ☒ 4-Wheel Vehicle Type ☐ Car ☒ Sport Utl ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION Component <u>02700000</u> Part Name(s) <u>TIRES</u> Location ☒ Left ☐ Right ☐ Front ☐ Rear Failed Part(s) ☒ Original ☐ Replacement No. of Failures <u>1</u> Date(s) of Failure(s) <u>02-SEP-2001</u> Mileage at Failure(s) <u>2100</u> Vehicle Speed at Failure(s) <u>70 MPH</u> Failed Part(s) ☒ Yes ☐ No NHTSA Previously ☐ 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)			
Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No		Number of Persons Injured <u>0</u> Number of Fatalities <u>0</u> Estimated Property Damage <u>200.00</u> Reported to Police ☐ Yes ☒ No	

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

WHILE DRIVING ABOUT 70MPH LEFT FRONT TIRE BLEWOUT. SIDEWALL BLEWOUT, AND PART OF TREAD CAME OFF. HAD NOT CALLED GOODYEAR. TIRE SIZE P245/75R16. *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

MANUFACTURER/TIRE NAME

SIZE

* 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)

Left front tire blew out at 70 MPH. Road
Dug No debris on road. Checked all tires
few miles 2 days earlier. Checked right after
tire blew all at 38 PSI recommended 35 PSI. Cold
tires were all lost. Max pressure 44 PSI
Cold.

U.S. G.P.O.: 1992 - 625-687 / 60096

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



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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

