



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 231

Date Received

13-SEP-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

896281

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)<br><small>(Locate at bottom of windshield and door frame)</small>     |                                                                                               | Vehicle Make<br><b>DUNLOP</b>                                                                                                                                                                                                        | Vehicle Model<br><b>G T QUALIFIER</b>                                                        | Vehicle Year<br><b>1900</b>                                                                                                                  | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used     | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                       | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____<br>Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

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

|                              |                                                            |                                                                                                                                          |                                                                                             |
|------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02740000</b> | Part Name(s)<br><b>TIRES:TREAD</b>                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure                | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------|

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

DUNLOP, G T QUALIFIER, P215/65R15, DOT#DBBFA13047; LEFT REAR TIRE SEPARATED ON SIDE OF TREAD. DUNLOP WAS NOTIFIED. PLEASE PROVIDE FURTHER INFORMAITON.\*AK

COPIES OF THIS FORM ARE:

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b> |  | <b>FOR AGENCY USE ONLY</b> 231<br>Date Received <u>01 OCT 2001</u><br><u>13-SEP-2001</u><br>DEFECTS INVESTIGATION OFFICE<br>Od or rt dt <u>PH</u><br>Ref up fr _____<br>Reference No. <u>896281</u><br>Work Number _____<br>Home Number _____               |  |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 714704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                 |  | Do you authorize NHTSA to print your name and address to the vehicle manufacturer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Signature of Owner _____ Date <u>9/22/01</u>                                                      |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |  |
| Vehicle Ident. No. (VIN) <u>1FAPP6044K4193344</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Vehicle Make <u>DUNLOP</u>                                                                                                                                                      |  | Vehicle Model <u>G T QUALIFIER</u>                                                                                                                                                                                                                          |  |
| Vehicle Year <u>1989</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Current Odometer Reading <u>176,550</u>                                                                                                                                         |  |                                                                                                                                                                                                                                                             |  |
| Purchase Date <u>4-15-96</u><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Dealer's Name <u>TRIOLA IMPORT CARS</u>                                                                                                                                         |  | Engine Size (CID/CC) _____<br>No. Cylinders <u>6</u>                                                                                                                                                                                                        |  |
| City <u>SLIPPER</u> State <u>LA</u> Zip Code <u>70458</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Turbo Diesel Gas Fuel Injector                                                                                                                         |  |                                                                                                                                                                                                                                                             |  |
| 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 type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag                      |  |
| Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other |  |
| Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |  |
| Component <u>02740000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Part Name(s) <u>TIRES:TREAD</u>                                                                                                                                                 |  | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear                                                                                                    |  |
| No of Failures <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date(s) of Failure(s) <u>8-27-01</u><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) <u>N/A</u>                                                                   |  | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                  |  |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injuries) 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>0</u>                                                                                                                                              |  | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                      |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br>DUNLOP, G T QUALIFIER, P215/65R15, DOT#DBBFA13047; LEFT REAR TIRE SEPARATED ON SIDE OF TREAD. DUNLOP WAS NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION.*AK<br>TIRES PURCHASED W SET OF (4) 6-27-91 ALL SAME DOT LOT NO.<br>PREVIOUS TREAD SEPARATION ON 30 OCT 00. REPORTED TO NHTSA<br>REF NO. 896180 TREAD REMAINING = 50% LESS THAN<br>30,000 MI ON TIRE                                                                                                                                                    |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |  |
| 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 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. |  |                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |  |

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 D B B F A 1 3 0 4 7

MANUFACTURER/TIRE NAME

DUNLOP GTQ

SIZE

215/65R15

\* 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)

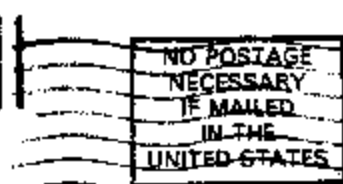
☆ U.S.G.P.O. 1982-623-8971 80096

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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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**  
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Washington, DC 20590

20530+0001

