



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

26-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

896874

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 and/or above windshield)</small>	Vehicle Make GOODYEAR	Vehicle Model WORKHORSE	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 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) 19-JUL-2001 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING RIGHT FRONT TIRE EXPLODED. TIRE WENT TO PIECES. CONSUMER HEARD A SOUND, AND VEHICLE WENT OUT OF CONTROL. WHEN STOPPED, VEHICLE WAS ON ITS RIM. CONTACTED DEALER, AND MANAGER REFUSED TO FIX IT UNDER WARRANTY BECAUSE DID NOT HAVE ENOUGH OF TIRE LEFT.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1039</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received: 26-SEP-2001</p>		<p>Od. or rt. at up_fir</p>	
<p>717200</p>		<p>Work Number</p>		<p>Reference No. 895874</p>	
<p>Signature of Owner</p>		<p>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</p>		<p>In the absence of your name and address to the vehicle manufacturer. D. to 10/5/01</p>	
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) 1FD5E37L7EHA20158</p>		<p>Vehicle Make GOODYEAR</p>	<p>Vehicle Model WORKHORSE</p>	<p>Vehicle Year 1908</p>	<p>Current Odometer Reading</p>
<p>Purchase Date 7-19-01</p>		<p>Dealer's Name NEBRASKA LAND TIRE INC.</p>		<p>Engine Size (CID/CC/L) 400/30</p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injecto</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>City LEXINGTON State NE Zip Code 68850</p>		<p>No Cylinders 2</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
		<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck</p>		
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 02700000</p>		<p>Part Name(s) TIRES</p>		<p>Location <input type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input checked="" type="checkbox"/> Right Rear</p>	<p>Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>
<p>No of Failures 1</p>		<p>Date(s) of Failure(s) 19-JUL-2001</p>		<p>Mileage at Failure(s) 11290</p>	<p>Vehicle Speed at Failure(s) 60 MPH</p>
		<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p align="center">APPLICATION INCIDENT INFORMATION</p>					
<p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage 0</p>
		<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHILE DRIVING RIGHT FRONT TIRE EXPLODED. TIRE WENT TO PIECES. CONSUMER HEARD A SOUND, AND VEHICLE WENT OUT OF CONTROL. WHEN STOPPED, VEHICLE WAS ON ITS RIM. CONTACTED DEALER, AND MANAGER REFUSED TO FIX IT UNDER WARRANTY BECAUSE DID NOT HAVE ENOUGH OF TIRE LEFT. AK</p>					
<p align="right">CONTINUE ON BACK IF NEEDED</p>					
<p>The Privacy Act of 1974 (Public Law 93-502) 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.</p>					