



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 758

Date Received

28-SEP-2001

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

Reference No.

897078

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 GOODYEAR	Vehicle Year 1900	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input 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 02750010	Part Name(s) TIRES:SIDEWALL	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-SEP-2001 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

EAGLE ZR 45, SIZE AND DOT UNKNOWN, ORIGINAL EQUIPMENT ON A 1999, FORD, MUSTANG WITH 27000 MILES. WHILE VEHICLE WAS PARKED A LARGE BUBBLE ON FRONT PASSENGER TIRE EXPLODED. OTHER 3 TIRES SHOWED CRACKS ON SIDEWALL. PLEASE ADD TIRE SIZE AND DOT.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>AGENCY USE ONLY 75B</p>	
	<p>DATE RECEIVED 23-SEP-2001</p>	<p>OD OR RT_DT OD_RT UP_FLR</p>	<p>Reference No. 897078</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 717926</p>		<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, NHTSA will provide your name and address to the vehicle manufacturer.</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <i>Tire also</i></p> <p>Signature of Owner [Redacted] Date <i>10/19/01</i></p>	

<p>VEHICLE INFORMATION</p>			
<p>Vehicle Ident. No. (VIN) (Located at bottom windshield on driver's side) <i>1FAFP45X6WF12-7382</i></p>	<p>Vehicle Make <i>GOODYEAR</i></p>	<p>Vehicle Model <i>GOODYEAR</i></p>	<p>Vehicle Year <i>1998</i></p>
<p>Purchase Date <i>1999</i></p>	<p>Dealer's Name <i>Lincoln Mercury</i></p>	<p>Engine Size (CID/CC) <i>V8</i></p>	<p>Current Odometer Reading <i>15,790</i></p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City <i>Ft. Walton Beach</i></p>	<p>State <i>FL</i></p>	<p>Zip Code <i>32578</i></p>
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Anti-lock 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Drive Type <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <i>67.4.5</i> <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>	<p>Fuel Injection <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto</p>

<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Component <i>02750010</i></p>	<p>Part Name(s) <i>TIRES:SIDEWALL</i></p>	<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p>	<p>Date(s) of Failure(s) <i>19-SEP-2001</i></p>	<p>Mileage at Failure(s)</p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Vehicle Speed at Failure(s)</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>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>Tire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>
<p>Amount of Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Amount of Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

EAGLE ZR 45, SIZE AND DOT UNKNOWN, ORIGINAL EQUIPMENT ON 1998 FORD, MUSTANG WITH 37000 MILES. WHILE VEHICLE WAS PARKED A LARGE BUBBLE ON FRONT PASSENGER TIRE EXPLODED. OTHER 3 TIRES SHOWED CRACKS ON SIDEWALL. PLEASE ADD TIRE SIZE AND DOT:AK

15,750 miles

17 (11)

An concerned someone may

7 1168R F62R 267

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 0 1 2 4 5 4 5 Z R 1 7

MANUFACTURER/TIRE NAME

Good year

SIZE

R 17

* 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)

I went yesterday and bought a new tire the same size but a different brand.

The Sears department helped me view many other tires to evaluate the needs. We noticed slight wivings around the tire one shows some small cracks developing.

The tire that burst developed a bubble looking like black bubble gum. This was the passenger front side. My 12yr old showed me this. I don't use the car much, so when I got in the car to drive it to the pharmacy then tire place, the tire popped while parked. The girl that witnessed this helped me change the tire. I feel if I had not noticed this and was driving, I would have flipped the car. Thank you, (what to do?)

U.S. G.P.O.: 1982 - 625-897 / 80086

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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