



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

11-OCT-2001

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

Reference No.

897634

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 <b>KELLY SPRINGFIELD</b>	Vehicle Model <b>KELLY SPRINGFIELD</b>	Vehicle Year <b>1900</b>	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 02740000	Part Name(s) <b>TIRES:TREAD</b>	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 <b>2</b>	Date(s) of Failure(s) 20-SEP-2001 2000 Mileage at Failure(s) 30	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 BETWEEN 30 AND 35 MPH IN A 1982, GMC, C3500 TRUCK LEFT/ REAR KELLY SPRINGFIELD TIRE, SIZE: 235/85R16, DOT: PJ8RAHLV122 EXPERIENCED TREAD SEPARATION. CONSUMER REPLACED TIRE, AND ONE WEEK LATER WHILE TRAVELING APPROXIMATELY 20 MPH REPLACEMENT TIRE TREAD SEPARATED. THERE WERE APPROXIMATELY 2,000 MILES ON THE TIRES, AND THEY WERE NOT ORIGINAL EQUIPMENT FOR VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS / PHOTOGRAPHS.\*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.

 <p>DOT Auto Safety Hotline                  U.S. Department of Transportation                  National Highway Traffic Safety Administration                  www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 920</p> <p>Date Received: <u>10/23/01</u></p> <p>Reference No.: <u>897634</u></p>	
<p><b>Vehicle Owner's Questionnaire (VOQ)</b>                  NATIONWIDE 1-888-DASH-2-DOT                  1-888-327-4236</p>			
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 719616</p>		<p>Work Number: [Redacted]</p> <p>Home Number: [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?                  In the absence of an authorized signature, your name and address to the vehicle manufacturer.</p> <p>Signature of Owner: [Redacted]</p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date: <u>10/23/01</u></p>	
<p><b>VEHICLE INFORMATION</b></p>			
<p>Vehicle Ident. No. (VIN) <u>1GCHC3312DS507542</u></p>	<p>Vehicle Make <u>KELLY SPRINGFI</u></p>	<p>Vehicle Model <u>KELLY SPRINGFI</u></p>	<p>Vehicle Year <u>1983</u></p>
<p>Purchase Date <u>1990</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <u>L.A. TIMES</u></p> <p>City <u>LONG BEACH</u> State <u>CAL.</u> Zip Code _____</p>	<p>Current Odometer Reading <u>23080.9</u></p> <p>Engine Size <u>6.6 L.</u></p> <p>No. Cylinders <u>8</u></p> <p><input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio</p>
<p>Transmission Type <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt</p>	<p>Cruise Control <input checked="" type="checkbox"/> No</p>
<p>Drive Train <input checked="" type="checkbox"/> Front 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car</p>	<p>Body Style <input checked="" type="checkbox"/> 2-Door</p>	<p>Other <input checked="" type="checkbox"/> Station Wagon</p>
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component <u>02740000</u></p>	<p>Part Name(s) <u>TIRES/TREAD</u></p>	<p>Location <input checked="" type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures <u>3</u></p>	<p>Date(s) of Failure(s) <u>23-SEP-2001 &amp; JULY 2001</u></p>	<p>Mileage at Failure(s) <u>2000</u></p>	<p>Vehicle Speed at Failure(s) <u>30</u></p>
<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p><b>APPLICATION INCIDENT INFORMATION</b>                  (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 <u>0</u></p>	<p>Number of Fatalities <u>0</u></p>
<p>Estimated Property Damage _____</p>		<p>Reported at Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>			
<p>WHILE TRAVELING BETWEEN 30 AND 35 MPH IN A 1982, GMC, C3500 TRUCK LEFT/ REAR KELLY SPRINGFIELD TIRE, SIZE: 235/85R16, DOT: PJ8RAHLV122 EXPERIENCED TREAD SEPARATION. CONSUMER REPLACED TIRE, AND ONE WEEK LATER WHILE TRAVELING APPROXIMATELY 20 MPH REPLACEMENT TIRE TREAD SEPARATED. THERE WERE APPROXIMATELY 2,000 MILES ON THE TIRES, AND THEY WERE NOT ORIGINAL EQUIPMENT FOR VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS / PHOTOGRAPHS. <b>APPROX. ONE MONTH EARLIER ANOTHER KELLY SPRINGFIELD TIRE (SAME SIZE &amp; STYLE) SHEAR ITS TREAD AT APPROX 30 MPH. THAT TIRE WAS CHANGED BY PURCELLS TIRE (602-956-1050)</b></p>			
<p>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>			

R.J.A.  
 4206 N. 31ST PLACE  
 PHOENIX, AZ 85016

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	P	1	8	R	A	H	L	V	1	2	2	MANUFACTURER/TIRE NAME KELLY SPRINGFIELD / RADIAL RV	SIZE 235-85-R16
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\* 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)

APPROX. MID AUG '01, WHILE TRAVELING AT APPROX. 20-30 M.P.H. A KEL. SPRINGFLD. TIRE SHEAD ITS TREAD & DEFLATED ON THE FRONT R. SIDE OF MY 83 G.M.C. THAT TIRE WAS CHANGED BY PERCELL TIRE (602-956-1050). I PERSONALLY QUESTIONED THE MANAGER ABOUT PROBLEMS WITH THAT TIRE - WHEATHER THEIR WERE OTHERS HAVING THE SAME PROBLEMS WITH LOW MILAGE FULL TREADED TIRES, WHEATHER HE COULD IDENTIFY THE MFG, WHEATHER HE COULD GIVE ANY INFO. ABOUT THAT TIRE. HE & PERCELL (GOODYEAR & KEL. SPRINGFIELD DEALER) WERE TOTALLY UNHELPFUL. I AM NOW TAKING 2 ADDITIONAL TIRES TO THE SAME DEALER WITH THE SAME EXACT PROB. THE 1<sup>ST</sup> TIRE WAS LEFT AT PERCELL BUT I RETAINED THE SECOND 2.

★ U.S. G.P.O.: 1992 - 829-087 / 0208

U.S. Department  
of Transportation  
**National Highway  
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400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
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