



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-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899451

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
JH4KA766SC010650		MICHELIN	MXV4	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 ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
				☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 12-AUG-2001 Mileage at Failure(s) 1 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TIRE HAD A CRACK IN TREAD. CONTACTED DEALER,AND DEALER CALLED MICHELIN AND STATED CONSUMER NEEDED TO GO TO ANOTHER DEALER TO INSPECT TIRE. PLEASE ADD TIRE SIZE AND DOT.
*AK

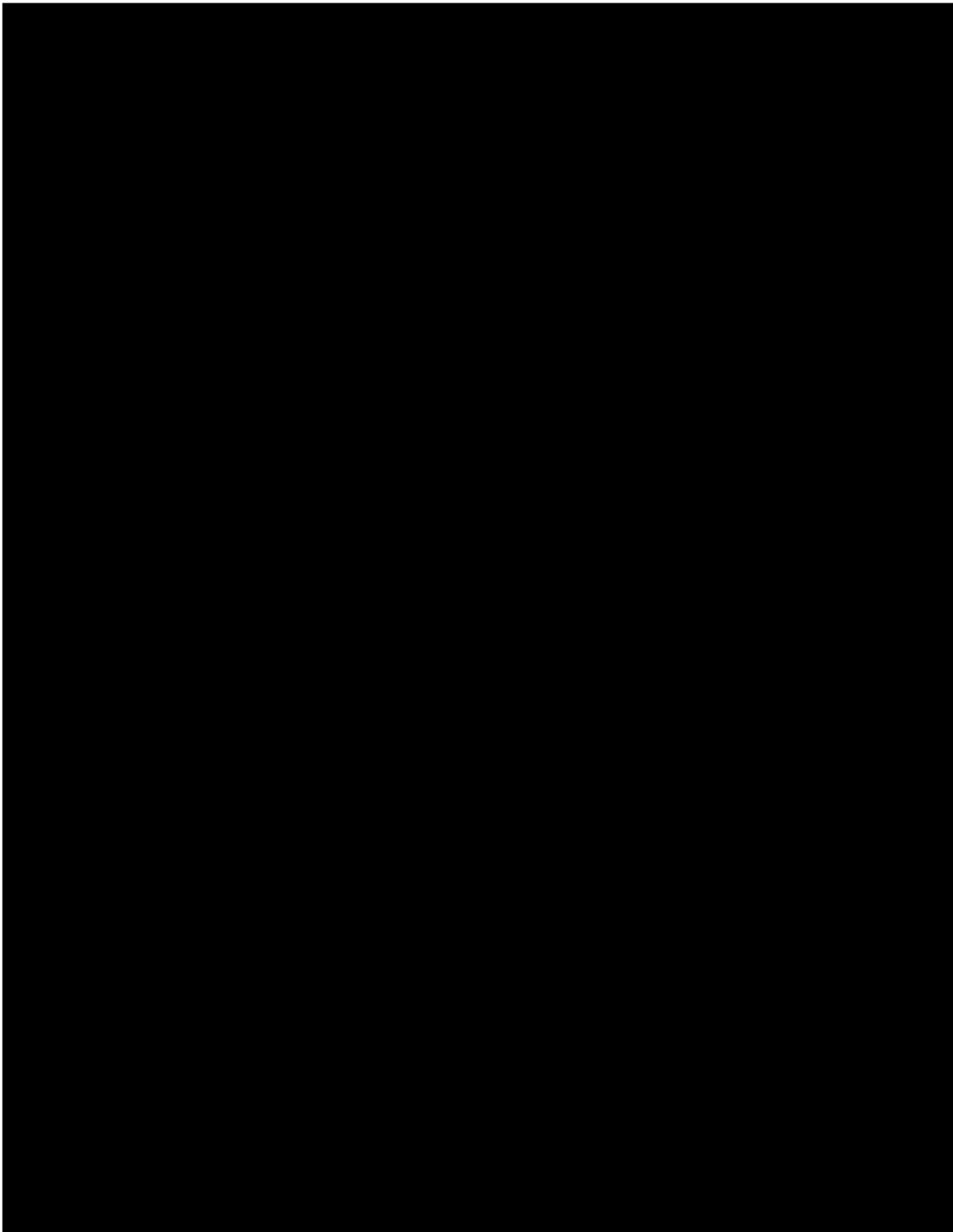
COPIES OF THIS FORM ARE:

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		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 Received <i>AM 9:12</i> NOV-2001 EFFECTIVE DATE		Od. or rt. dt. _____ od. rt. up. ltr. _____ Reference No. 899451	
OWNER INFORMATION (Type or Print) [Redacted] 727449				Work Number _____ Home Number [Redacted]			
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.				☒ YES ☐ NO			
Signature of Owner [Redacted]				Date <i>12/14/01</i>			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (located in windshield on driver's side) JH4KA766SC010650		Vehicle Make ACURA MICHELIN		Vehicle Model MDX4 LEDGE		Vehicle Year 1999 95	
						Current Odometer Reading 54	
Purchase Date <i>06/05/01</i> ☐ New ☒ Used		Dealer's Name <i>Co-op City Tire Co/midtown</i>		Engine Size (CID/CC/L) No Cylinders _____		☐ Turbo Diesel ☒ Gas ☐ Fuel Injection	
City <i>bx</i> State <i>NY</i> Zip Code <i>10975</i>							
Transmission Type ☐ Manual ☐ Automatic		Antilock Brakes ☐ Yes ☐ No		Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag		Cruise Control ☒ Yes ☒ No	
						Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	
				Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other		Sport Utility Truck ☐ Motorcycle Body Style ☐ 2-Door ☒ 4-Door ☐ Station wagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 02740000		Part Name(s) TIRES:TREAD		Location ☐ Left Front ☒ Right Rear		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures _____		Date(s) of Failure(s) <i>12-AUG-2001</i> Mileage at Failure(s) <i>1</i> Vehicle Speed at Failure(s) _____		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 _____		Number of Fatalities _____	
				Estimated Property Damage _____		Reported to Police ☐ Yes ☐ No	
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CONTINUE ON BACK IF NEEDED							
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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

(Page 1 through Page 4)



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