



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

28-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899579

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 MICHELIN | Vehicle Model RADIAL | 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 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 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 | Dates of Failure(s) _____ Mileage at Failure(s) _____ 6000 Vehicle Speed 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---------------------------|----------------------|--------------------------|---|

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

MICHELIN, RADIAL, DOTB9CTCRPE-299; WHILE TRAVELING AT 55MPH CONSUMER HEARD A NOISE. THEN , LOST CONTROL OF VEHICLE. TRAVELED ACROSS LANES AND HIT GUARD RAILS. PLEASE PROVIDE FURTHER INFORMATION. *AK

COPIED FROM NHTSA FORM 301

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 Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p>FOR AGENCY USE ONLY 231</p> <p>Date Received: <u>NOV-2001</u></p> <p>Reference No. <u>399570</u></p> |
|---|--|

OWNER INFORMATION (Type or Print)

Address: [Redacted] **727926**

CHICOPEE MA

Work Number: [Redacted]
 Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of this information to the vehicle manufacturer? YES NO

In the absence of an authorization, NHTSA will not provide this information to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 7/18/02

VEHICLE INFORMATION

| | | | | |
|--|--|---|---|--|
| Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on right side)</small> <u>1G3HY54G7KW</u> | Vehicle Make <u>MICHELIN</u> | Vehicle Mode <u>RADIAL</u> | Vehicle Year <u>1989</u> <u>1900</u> | Current Odometer Reading <u>102-250</u> |
| Purchase Date | Dealer's Name <u>Sedra's</u> <u>Phone - 413-982-0705</u> | Engine Size (CID/CC/L) <u>6</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel injectors | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>Holyoke</u> State <u>MA</u> Zip Code <u>01041</u> | No. Cylinders <u>6</u> | | |
| 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside A bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside A bag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport/Ult <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|---|--|---|
| Component <u>02700000</u> | Part Name(s) <u>TIRES</u> <u>Michelin Side wall</u> <u>White</u> | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures <u>1</u> | Date(s) of Failure(s) <u>7-13-01</u> | Mileage at Failure(s) <u>6300</u> <u>6500</u> | Vehicle Speed at Failure(s) <u>50 mph</u> |
| Failed Part(s) <input checked="" 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 checked="" type="checkbox"/> Yes <input 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>+2000</u> | Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---|---|

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

MICHELIN, RADIAL, DOT#CTCRPE-299; WHILE TRAVELING AT 55MPH CONSUMER HEARD A NOISE. THEN, LOST CONTROL OF VEHICLE. TRAVELED ACROSS LANES AND HIT GUARD RAILS. PLEASE PROVIDE FURTHER INFORMATION. *AK

As I traveled across lane on 18 wheeler Flat Bed Truck struck me on driver's side. He was able to stop in time to prevent injuring me. Tire blew next to white sidewall.

125040001

Washington, DC 20590

400 7th Street, SW
Information Management Staff NSA-101
National Highway Traffic Safety Administration
U.S. Department of Transportation

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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Washington, D.C. 20590

National Highway
Traffic Safety
Administration

Walter H. Prog
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Chicopee, MA 01013-2555



NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

U.S. G.P.O. 1992-423-987/5000

Series of horizontal lines for handwritten text.

*I reported the incident to Manager of Loan
and Reply: "we don't make them use only good tires."
I would get away a checkbook from them.*

| | | | |
|---|------------|-----------------|--|
| TIRE IDENTIFICATION NO. | | DOT 89GTCP E287 | |
| MANUFACTURER/TIRE NAME | | Michelin | |
| SIZE | P205-75-17 | | |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE) | | | |
| * 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) | | | |