



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 8/22/00	Color
Reference No.	Make
	Model
	Year
	Unit

CW

OWNER INFORMATION (Type or Print) DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIND located at bottom of windshield on driver's side) 1G1NE52M4X6128276		VEHICLE MAKE Chevy	VEHICLE MODEL MALIBU	MANUFACTURE DATE	MODEL YEAR 1999	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE Dec 3-98	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME JANIE DEAN CHEVROLET	CITY VERO BEACH FL	STATE FL	ZIP CODE 32960	
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM Turbo <input type="checkbox"/> Fuel Injection <input type="checkbox"/>	FUEL TYPE Diesel <input type="checkbox"/> Gas <input type="checkbox"/>	TRANSMISSION TYPE Manual <input type="checkbox"/> Automatic <input checked="" type="checkbox"/>	ANTILOCK BRAKES Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2 Point Belt <input checked="" type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
NC CYLINDERS 6	DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear		VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/>	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES 1	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 9-3-99	TIRE NAME FIRESTONE AFFLUITY TOURING T2	COMPLETE TIRE SIZE P215/60R193TMS TPC SPEC. 1139MS
	MILEAGE AT INCIDENT LESS THAN 5000 MILES	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input checked="" type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
	VEHICLE SPEED AT INCIDENT 65 MPH	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	FAILED PART(S) AVAILABLE? Returned to Firestone Dealer	NHTSA PREVIOUSLY CONTACTED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NUMBER OF PERSONS INJURED 0	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Compart/Burst <input type="checkbox"/> Weak/Poor Ft/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Fract/Poor Performance <input type="checkbox"/> Excessive Floor <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Stops/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NUMBER OF FATALITIES 0		

PLEASE DO NOT WRITE IN THIS AREA



01624

50000006 08/23/00

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

ON 9-3-99 TRAILER AT APPROX 65 MPH ON HWY 95 NEAR CORDELE, GEORGIA LEFT FRONT TIRE TREAD SEPARATED AND TIRE BLEW MAKE IT DIFFICULT TO STEER CAR TO THE SIDE OF THE ROAD.
CALLED AAA WHO REMOVED TIRE AND TOWED CAR TO NEAR WAL-MART TIRE LUBE EXPRESS STORE IN CORDELE, GEORGIA WHERE TIRE WAS REPLACED WITH NEW PRIME ENG. TIRE.
FOLLOWING DAY TIRE (FAILED) WAS RETURNED TO FIRESTONE DEALER IN VERO BEACH, FL. THE MANAGER THERE GAVE ME A REFUND IN THE AMOUNT OF 77.96 (CASH) THE TIRE WAS REPT BY FIRESTONE MANAGER NAMED: D. WIDENHOFER

Continue on additional page if necessary.
Describe any additional incidents. (include date and mileage)

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 identifying 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 related call survey, if used in support of the agency's action.

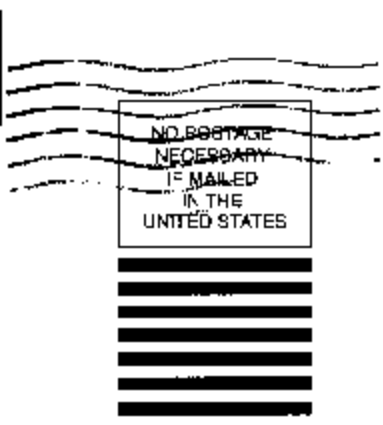
Mark Release by MCS/EV-225228-1/85/SC21 HP08 Printed in U.S.A.
© Copyright 1999 by National Computer Systems, Inc. All rights reserved.
HS Form 350 (Rev. 8/99)

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Office: Business
Penalty for Private Use \$300



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

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

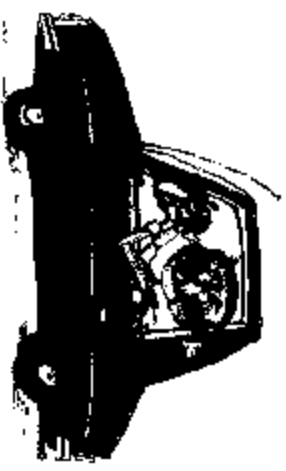
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline

August 13 - 2000

(CONTINUE)

My CONCERN IS THAT THE OTHER
THREE TIRES ARE DEFECTIVE AND
THAT ONE OR MORE MAY HAVE
THE TREAD SEPARATE AND
BLOW CAUSING A SERIOUS
ACCIDENT AND LOSS OF LIFE

ALL TIRES ARE ORIGINAL
ON A NEW VEHICLE WITH FEWER
THAN 5000 MILES.

Thank you

Francis J. Russo