



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, DC 20590

OCT 13 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

John Emmerson
Michelin North America
Director, Industry Standards & Government Regulations
515 Michelin Rd
PO Box 1987
Greenville, SC 29602-1987

NVS-214njs
PE14-031

Dear Mr. Emmerson:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE14-031) to investigate allegations of tire failures which may contribute to a loss of vehicle control or a crash in certain model XZA 296/60/R22.5 tires manufactured by Michelin North America (Michelin) and to request certain information.

This office received six (6) Vehicle Owner Questionnaire (VOQ) reporting tire failures. An additional failure was documented in a Police Accident Report (PAR). Copies of the VOQ and PAR are enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject tire:** all XZA 295/60/R22.5 tires manufactured for sale or lease in the United States after January 1, 2011.
- **Comparison tires:** all other XZA tires manufactured for sale or lease in the United States after January 1, 2011.
- **Michelin North America:** Michelin, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Michelin (including all business units and persons previously referred to), who are or, in or after 2010, were involved in any way with any of the following related to the alleged defect in the subject or peer vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** allegations of tire failure resulting in a separation of tire components or a sudden loss of inflation air pressure.
 - **Document:** “Document(s)” is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Michelin, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, “document(s)” also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Michelin or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms “claim,” “consumer complaint,” “dealer field report,” “field report,” “fire,” “fleet,” “good will,” “make,” “model,” “model year,” “notice,” “property damage,” “property damage claim,” “rollover,” “type,” “warranty,” “warranty adjustment,” and “warranty claim,” whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Michelin has previously provided a document to ODI, Michelin may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Michelin’s response to each request, identify the source of the information and indicate the last date the information was gathered.

PRODUCTION

1. State the number of subject and comparison tires built by Michelin by tire line (tire model name), size, load range, manufacturing plant, type/construction code, and quarter/year of manufacture. List the initial tread depth and original equipment (OE) fitments for each such tire population.

Provide this information in electronic form in Excel, or a compatible format, entitled “PRODUCTION DATA.” A pre-formatted, Data Collection File which provides further details regarding this submission, will be emailed to you.

For tire populations that are no longer in production, explain why.

2. Identify other tire populations manufactured by Michelin that share basic construction or “common greens” with the subject tires by tire line, size, manufacturing plant, construction code, and year of manufacture. List any private brand names not already identified herein that these tires may have been sold under.
3. Furnish a table that defines the tire construction code found within the DOT codes applicable to the subject tires.

TIRE ATTRITION MODEL

4. For a given production year, provide an estimate of that subject tire population’s attrition over six-month intervals. For the same tire population, provide an estimate of an average tire’s tread wear over six-month intervals.

CLAIMS

5. Provide a listing of all claims and lawsuits, paid and unpaid, involving property damage, personal injury, or death received by Michelin, or of which Michelin is otherwise aware, pertaining to the tire populations listed in response to Request 1. Include the following information for each claim in the listing:
 - a. Claim/lawsuit number;
 - b. Name, address, and telephone number of owner or party filing claim/lawsuit;
 - c. Incident date and date of notice;
 - d. Tire line, size, load range/index, and original identification number (TIN);
 - e. Retread state – virgin, first retread, second retread, unknown, etc;
 - f. Any subsequent retreader TIN(s);
 - g. Vehicle make, model, model year, and identification number (VIN);
 - h. Vehicle usage (e.g., auto hauler, recreational vehicle, etc);
 - i. Vehicle mileage;
 - j. Position of tire on the vehicle (e.g., left steer);
 - k. Incident state;
 - l. Whether the incident involved a crash;
 - m. Whether a crash involved a rollover;
 - n. Numbers of injuries and deaths reported;
 - o. The alleged failure mode;
 - p. Michelin’s opinion of the failure mode and cause;
 - q. Michelin’s assessment of the failure’s relevance to the alleged defect;
 - r. Any service condition or failure codes used by Michelin to classify the failure condition;
 - s. The status of the claim (paid or unpaid);
 - t. Reasons why payment was refused on an unpaid claim; and
 - u. Amount paid for each paid claim.

Provide this information in electronic form in Excel, or a compatible format, entitled “CLAIMS DATA.” A pre-formatted, Data Collection File which provides further details regarding this submission, will be emailed to you.

Separately provide an electronic list in Microsoft Excel or a compatible format that defines conditions associated with service, causal, or failure codes listed in this response.

6. For each alleged crash identified in Request 5, provide a summary description including causal and contributing factors, Michelin’s assessment of the problem, and a summary of the significant underlying facts and evidence. Include copies of supporting documents such as police accident reports and cause/origin reports.

WARRANTY ADJUSTMENTS

7. Separately state the number of all warranty adjustments, and just those related to the alleged defect in the tire populations listed in response to Request 1 by tire line, size, manufacturing plant, construction code, and year of manufacture.

Provide this information in electronic form in Excel, or a compatible format, entitled "WARRANTY DATA." A pre-formatted, Data Collection File which provides further details regarding this submission, will be emailed to you.

SERVICE BULLETINS / PUBLICATIONS

8. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject tires, that Michelin has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Michelin is planning to issue within the next 120 days.
9. Furnish copies of any warranty, maintenance, safety, or repair manuals applicable to the subject tires.

INTERNAL STUDIES & INVESTIGATIONS

10. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject tires that have been conducted, are being conducted, are planned, or are being planned by, or for, Michelin. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

SUBJECT TIRE SAMPLES

11. Provide two buffed section cuts, approximately three inches wide, of each of the subject tire populations identified in Request 1.

CURED TIRE SPEC

12. For each of the subject tire populations identified in Request 1, furnish a cured tire specification. This specification should describe material compositions and relevant dimensions pertaining to all major tire components including:
 - a. Inner liner;
 - b. Body plies;
 - c. Beads;
 - d. Tread or belt plies;
 - e. Belt wedges or "gum strips"; and
 - f. Nylon overlay.

OE / PRIVATE BRAND BUILD SHEET

13. Provide a copy of any/all OE or private brand spec sheet for the subject tire.

MANUFACTURING / DESIGN CHANGES

14. Describe all modifications or changes made by, or on behalf of, Michelin in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject tires. For each such modification or change, provide the following information:

- a. The date or approximate date on which the modification or change was incorporated into subject tire production;
- b. A detailed description of the modification or change; and
- c. The reason(s) for the modification or change.

Also, provide the above information for any modification or change that Michelin is aware of which may be incorporated into subject tire production within the next 120 days.

MANUFACTURER ASSESSMENT

15. Furnish Michelin's assessment of the alleged defect in the subject tire, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject tire was malfunctioning; and
- f. The reports included with this inquiry.

Legal Authority for This Request

This letter is being sent to Michelin pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information.

Civil Penalties

Michelin's failure to respond promptly and fully to this letter could subject Michelin to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) The Vehicle Safety Act, as amended, 49 U.S.C. § 30165(b), provides for civil penalties of up to \$7,000 per day, with a maximum of \$17,350,000 for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. See 49 CFR 578.6 (as amended by 77 Fed. Reg. 70710 (November 27, 2012)). This includes failing to respond completely to ODI information requests.

If Michelin cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other

privilege, Michelin does not submit one or more requested documents or items of information in response to this information request, Michelin must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Confidential Business Information

All business confidential information must be submitted directly to the Office of Chief Counsel as described in the following paragraph and should not be sent to this office. In addition, do not submit any business confidential information in the body of the letter submitted to this office. Please refer to PE14-031 in Michelin's response to this letter and in any confidentiality request submitted to the Office of Chief Counsel.

If Michelin claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Michelin must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended, to the Office of Chief Counsel (NCC-111), National Highway Traffic Safety Administration, Room W41-227, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590. Michelin is required to **submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.** Please remember that the phrase "ENTIRE PAGE CONFIDENTIAL BUSINESS INFORMATION" or "CONTAINS CONFIDENTIAL BUSINESS INFORMATION" (as appropriate) must appear at the top of each page containing information claimed to be confidential, and the information must be clearly identified in accordance with 49 CFR 512.6. If you submit a request for confidentiality for all or part of your response to this IR, that is in an electronic format (e.g., CD-ROM), your request and associated submission must conform to the new requirements in NHTSA's Confidential Business Information Rule regarding submissions in electronic formats. See 49 CFR 512.6(c) (as amended by 72 Fed. Reg. 59434 (October 19, 2007)).

If you have any questions regarding submission of a request for confidential treatment, contact Otto Matheke, Senior Attorney, Office of Chief Counsel at otto.matheke@dot.gov or (202) 366-5253.

Due Date

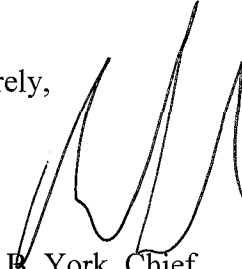
Michelin's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 19, 2014. If Michelin finds that it is unable to provide all of the information requested within the time allotted, Michelin must request an extension from me at (202) 366-6938 no later than five business days before the response due date. If Michelin is unable to provide all of the information requested by the original deadline, it

must submit a partial response by the original deadline with whatever information Michelin then has available, even if an extension has been granted.

Please send email notification to Nate Seymour at nate.seymour@dot.gov and to ODI_IRresponse@dot.gov when Michelin sends its response to this office and indicate whether there is confidential information as part of Michelin's response.

Please call Nate Seymour of my staff at (202) 366-2069, to discuss this information request or if you have any technical questions concerning this matter,

Sincerely,

A handwritten signature in black ink, appearing to be 'Bruce B. York', written over the word 'Sincerely,'.

Bruce B. York, Chief
Medium/Heavy Duty Vehicle Division
Office of Defects Investigation

CRASH INVESTIGATION SH 10074 REVISED Mar. 5, 2008 RMD07LGR E0209

New Mexico Motor Transportation Police

STATE OF NEW MEXICO UNIFORM CRASH REPORT

REPORTING DEPARTMENT

ON PRIVATE PROPERTY, FATAL INJURY, PROPERTY DAMAGE ONLY, UNDER \$500, \$500 OR MORE, HIT AND RUN, Case Number, NMDOT: 9999, CAD Num:

CRASH DATE: 08/28/2014, MILITARY TIME: 16:35, CITY OCCURRED: DEMING, COUNTY: LUNA

Thursday, OCCURRED ON: INTERSTATE 10 MILE POST 94, AT INTERSECTION: N/A, TRIBAL LAND? No

OTHER LOCATION: 9999.0, FEET, MILES, PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST: 94 MILE POST, LAT, LONG

CRASH OCCURRED: On Roadway, Off Roadway, CRASH CLASSIFICATION: Rollover, Overturned, Other N-Col, Pedestrian, Other Vehicle, Vehicle on Other Rdwy, Parked Vehicle, Fixed Object, Other Object, ANALYSIS CODE

VEHICLE NO HEADED: 1, N, NE, NW, S, SE, SW, E, W, On: INTERSTATE 10 MP 94, Left Scene of Crash: N, Posted Speed: 75, Safe Speed: 65

Driver's Full Name (Last, First, Middle), Address

Driver's License Number, State: GA, Type: A, Status: V, Restrictions: N, Endorsements: X, Expires: 12/18, Interlock, City: FORSYTH, State: GA, Zip Code, Phone

Date of Birth - M/D/YR: 12/22/1980, Occupation: COMMERCIAL VEHICLE DRIVER, Seat: RF, Age: 34, Sex: M, Race: B, Injury Code: O, GP Code: 6, Y, N, N, 2, Y

Occupant's Name (Last, First, Middle), Occupant's Address (City, State, Zip)

Table with 10 columns for occupant details: Seat, Age, Sex, Race, Injury Code, GP Code, Y/N, N, 2, Y

Vehicle Yr: 2014, Vehicle Make: VOLV, Color: WHI, Body Style: TS, Cargo Body Type: B2, Vehicle Use(1), Vehicle Use(2)

License Yr: 2014, State: GA, License Plate Number, VIN: 4V5NC9E7, Towed? Yes, No, Towed due to disabling damage? Yes, No

DOT#: 2329190, Interstate Carrier Code: 1, Towed, Towed To: RICHARDS GARAGE, Damage Severity: Heavy, Moderate, Slight, None, Unknown, All Areas, Fire, None, Extent: Disabled, Functional Appearance, Property, Undercarriage

Number of Axles: 5, Vehicle Weight Rating/Gross Combination Weight, Hazmat Placard: N, Hazmat Placard 4 digit #, OR Hazmat Name, AND 1 digit #, Hazmat Released?

Carrier's Name: US AUTO, TRANSPORT INC, Same As Driver, Carrier's Address, Carrier's Zip

Owner's Name, Same As Driver, Owner's Company Name, Owner's Address, Owner's Zip, Owner's Telephone

Insured By: (Name of Company), Policy Number, Trailer or Towed Vehicles (1): AC, 2014, COTT, 2014, GA, License Number

Trailer or Towed Vehicles (2), Type, Year, Make, License Yr, License St, License Number, Trailer or Towed Vehicles (3), Type, Year, Make, License Yr, License St, License Number

VEHICLE NO HEADED: 2, N, NE, NW, S, SE, SW, E, W, On, Left Scene of Crash, Posted Speed, Safe Speed

Driver's Full Name (Last, First, Middle), Address

Driver's License Number, State, Type, Status, Restrictions, Endorsements, Expires, Interlock, City, State, Zip Code, Phone

Date of Birth - M/D/YR, Occupation, Seat, Age, Sex, Race, Injury Code, GP Code, Y/N, N, 2, Y

Occupant's Name (Last, First, Middle), Occupant's Address (City, State, Zip)

Table with 10 columns for occupant details: Seat, Age, Sex, Race, Injury Code, GP Code, Y/N, N, 2, Y

Vehicle Yr, Vehicle Make, Color, Body Style, Cargo Body Type, Vehicle Use(1), Vehicle Use(2)

License Yr, State, License Plate Number, VIN, Towed? Yes, No, Towed due to disabling damage? Yes, No

DOT#, Interstate Carrier Code, Towed, Towed To, Damage Severity: Heavy, Moderate, Slight, None, Unknown, All Areas, Fire, None, Extent: Disabled, Functional Appearance, Property, Undercarriage

Number of Axles, Vehicle Weight Rating/Gross Combination Weight, Hazmat Placard, Hazmat Placard 4 digit #, OR Hazmat Name, AND 1 digit #, Hazmat Released?

Carrier's Name, Same As Driver, Carrier's Address, Carrier's Zip

Owner's Name, Same As Driver, Owner's Company Name, Owner's Address, Owner's Zip, Owner's Telephone

Insured By: (Name of Company), Policy Number, Trailer or Towed Vehicles (1), Type, Year, Make, License Yr, License St, License Number

Trailer or Towed Vehicles (2), Type, Year, Make, License Yr, License St, License Number, Trailer or Towed Vehicles (3), Type, Year, Make, License Yr, License St, License Number

Crash Report Number, STATE OF NEW MEXICO UNIFORM CRASH REPORT, SHEET 1

Case Number, NM Statute 66-7-209, OF 3 SHEETS

Vehicle No. 1

Vehicle No. 2 or PEDESTRIAN - OTHER

ROAD - WEATHER	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1)	Crash Report Number [REDACTED]		
	<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	<input checked="" type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	<input type="checkbox"/> 1 Paved Unstriped <input type="checkbox"/> 2 Paved Center Stripe <input checked="" type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	<input type="checkbox"/> 1 No Passing Zone <input type="checkbox"/> 2 Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve	ROAD DESIGN (Check 1 OR more for each)	Case Number [REDACTED]	
	ROAD CHARACTER (Check 1)						ROAD DESIGN (Check 1 OR more for each)		
APPEARANT CONTRIBUTING FACTORS (Check 1 or more for each)						DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (One event per row)	

EVENT	APPEARANT CONTRIBUTING FACTORS (Check 1 or more for each)			DRIVERS' ACTIONS (Check 1 or more for each)			SEQUENCE OF EVENTS (One event per row)											
	<input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact -other <input type="checkbox"/> Cell phone <input type="checkbox"/> Texting <input type="checkbox"/> Low Visibility due to smoke			<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emrgcy Veh(s) <input type="checkbox"/> Under the influence of Drugs or Medication <input type="checkbox"/> High speed pursuit			<input type="checkbox"/> Defective steering <input checked="" type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Impropr lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded Before Brake			<input checked="" type="checkbox"/> 1 Going Straight <input type="checkbox"/> 2 Stopped for traffic <input type="checkbox"/> Overtaking /Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing			<input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other			FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT		
	DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with %)			DRIVER/PED/PEDALCYCLIST PHYSICAL COND.			PEDESTRIAN/PEDALCYCLIST ACTION											
	<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input checked="" type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered <input type="checkbox"/> _____ gms/210L _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test			<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness			<input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input checked="" type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Unknown			At Intersection <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing Diagonally			Not At Intersection <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/ Traffic <input type="checkbox"/> *Other			<input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road		
*SPECIFY:			*SPECIFY:			*SPECIFY:												

Describe what happened - refer to vehicles by number.

SEE NARRATIVE SUPPLEMENTAL

NARRATIVE

OTHER PROPERTY INVOLVED:	Property Type	DESCRIPTION OF PROPERTY AND DAMAGE		
	H	STATE FENCE APPROXIMATELY 80 YARDS		
WITNESS	Owner's Name	Owner's Address	Owner's Zip Code	Owner's Telephone
	NAME	AGE	ADDRESS	TELEPHONE
ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
			<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending	
Time Notified	Time Arrived	Notified By	Supervisor at Scene	Checked By
16:35	16:43	LAS CRUCES DISPATCH		C. Alvarez
Officer's Signature	Printed Officers Name	Rank	ID No.	District
	A. BALLINAS	Ofc.	5023	MTP D4 - Lordsburg
Crash Report Number	STATE OF NEW MEXICO UNIFORM CRASH REPORT			SHEET 2
Case Number	NM Statute 66-7-209			OF 3 SHEETS
				Date of Report
				08/22/2014

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

ASSIGNMENT: On 08/28/14 at approximately 16:35 hours Las Cruces Dispatch advised of a Commercial Motor Vehicle crash Interstate-10 around the 94 mile post west bound in the County of Luna. Ambulance had not yet been called out, unknown of any injuries. 1 Officer Ballinas, a certified officer for the State of New Mexico employed with New Mexico Motor Transportation Department of Public Safety responded.

SCENE: On arrival at the above location I observed one commercial vehicle on the right should of Interstate 10 mile post 94 parked. To the north was a Commercial Motor Vehicle car hauler on its right side, it had one vehicle still attached to the tractor, another vehicle had fallen off. The trailer was on its left side with six vehicles still attached to it. A male was walking around the tractor.

DRIVER OF VEHICLE #1: Driver of VEH 1 was identified as [REDACTED] advised while he was traveling he felt his left front tire blow out. He tried to control and stop the tractor but it kept going to the right and could not control it. When he left the road the weight of the trailer made the tractor to rollover on its right side. Once the vehicle stopped he kicked the broken windshield out and exited the tractor to a safe distance.

INVESTIGATION/EVIDENCE: On 08/28/14 at 16:35 hours VEH 1 being a car hauler, 2014 Volvo tractor. It was green in color displaying GA license plate [REDACTED] It was traveling west on Interstate 10. The tractor did have a blown tire at the left front. The evidence left on the Interstate shows tire marks where the driver went left then started to go right and off the road. With the weight of the cargo, being a total of 9 vehicles, the driver lost control causing the tractor to roll over on the right side. The trailer detached and rolled over on its left side. The tractor sustained heavy damage to the entire right side along with the front bumper and windows. The trailer has extensive damage to the trailer. The cargo were vehicles from military personnel and been picked up in Atlanta, GA and were to be delivered in Rancho Dominguez, CA. State fence line had approximately 40 to 50 yards of fence damage.

WITNESS: [REDACTED] was driving behind VEH 1. He advised he seen the tractor go to the left after seeing a tire blow out. VEH 1 went to the right off the road and turned over.

MEDICAL: Ambulance techs's arrived shortly after and spoke with [REDACTED] asking if he needed to be checked out. At first he refused but after talking to his company he was told to go to Mimbres Memorial Hospital and get checked out. He did have small cuts to his left leg and felt some neck pain.

ENFORCEMENT ACTION/CONCLUSION: After looking at the evidence and talking to the witness who was directly behind VEH 1. The driver had lost control due to possible manufacture defective tire at the left front of the tractor; it had plenty of tread being a 2014 Volvo. No citation was issued. It became difficult to control the tractor as it went off the Interstate and rolled over. This caused heavy damage to the cargo, tractor and trailer. The Highway Department was notified to go fix it because of cattle being in the area. Richards Tow service was called to recover and tow the cargo, tractor and trailer. The company was notified by another driver of the same company.

CRASH REPORT NUMBER: [REDACTED]

CASE NUMBER: [REDACTED]

DIAGRAM DRAWING BY:

MEASUREMENTS TAKEN BY:

Crash Report Num: [REDACTED]

Case Number: [REDACTED]

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM Statute 66-7-209

SHEET 3

OF 3 SHEETS



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

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

20-AUG-2014

Repository Reference No.
10626628**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City [REDACTED]

State [REDACTED]

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1NPWL49X9 [REDACTED]

Make

PETERBILT

Model

388

Model Year

2014

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

13-AUG-2014

 Cruise Control**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 190000 TIRES, 190000 TIRES

Failure Mileage

Failure Speed

65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

MICHELIN

Tire Model (Name or Number)

XZA

Tire Size (Example P215/65R15)

275/70R22.5

DOT No. (Example: DOTM19ABC036)

 Original Equipment Prior Repair

Failure Location: DRIVER SIDE FRONT

Tire Component Code

190000 TIRES

Tire Failure Type: BLOWOUT

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)*

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(S), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MULTIPLE TIRE FAILURES ON 2014 PETERBILT TRUCKS WITH MICHELIN TIRES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Date Received	Repository <input type="checkbox"/>
20-AUG-2014	Reference No. 10626623

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	State	Zip Code	Evening Telephone Number	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NPWL49X9 [REDACTED]	Make PETERBILT	Model 388	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 29-JUL-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 190000 TIRES	Failure Mileage	Failure Speed 65
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN	Tire Model (Name or Number) XZA	Tire Size (Example P215/65R15) 295/60R22.5
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: DRIVER SIDE FRONT
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

STEER TIRE FAILURES ON MULTIPLE 2014 PETERBILT TRUCKS WITH MICHELIN TIRES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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Date Received	Repository <input type="checkbox"/>
20-AUG-2014	Reference No. 10626610

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	State	Zip Code	[REDACTED]	Evening Telephone Number	[REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NPWL49X1 [REDACTED]	Make PETERBILT	Model 388	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 11-AUG-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 190000 TIRES	Failure Mileage	Failure Speed 62
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN	Tire Model (Name or Number) XZA	Tire Size (Example P215/65R15) 275/70R22.5
DOT No. (Example: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: DRIVER SIDE FRONT
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

STEER TIRE FAILURES ON MULTIPLE 2013 AND 2014 PETERBILT 388 TRUCKS WITH MICHELIN TIRES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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Date Received	Repository <input type="checkbox"/>
20-AUG-2014	Reference No. 10626604

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	State	Zip Code	Evening Telephone Number	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NPWL49X1 [REDACTED]	Make PETERBILT	Model 388	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 07-AUG-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 190000 TIRES	Failure Mileage	Failure Speed 65
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN	Tire Model (Name or Number) XZA	Tire Size (Example P215/65R15) 275/70R22.5
DOT No. (Example: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: DRIVER SIDE FRONT
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

STEER TIRE FAILURES ON MULTIPLE 2013 AND 2014 PETERBILT 388 TRUCKS WITH MICHELIN TIRES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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Date Received	Repository <input type="checkbox"/>
20-AUG-2014	Reference No. 10626593

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	State	Zip Code	Evening Telephone Number	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NPWL49X3E [REDACTED]	Make PETERBILT	Model 388	Model Year 2014
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 08-JUL-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 190000 TIRES	Failure Mileage	Failure Speed 70
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN	Tire Model (Name or Number) XZA	Tire Size (Example P215/65R15) 275/70R22.5
DOT No. (Example: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: PASSENGER SIDE FRONT
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WE HAVE HAD SEVERAL STEER TIRE FAILURES ON 2013 AND 2014 PETERBILT TRUCKS. WE RUN EITHER A 295 70 22.5 MICHELIN OR A 275 70 22.5 MICHELIN. THE TRUCKS ARE USUALLY AT CLOSE TO 80,000 LBS WHEN THESE FAILURES OCCUR.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
17-JUL-2013	Reference No. 10525399

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City	State	Zip Code

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NPWL49X3	Make PETERBILT	Model 388	Model Year 2014
Date Purchased 18-APR-13	Dealer's Name and Telephone Number TEC EQUIPMENT	Engine: No: Cylinders 6	Fuel Type: Diesel
Original Owner <input checked="" type="checkbox"/>	Dealer's City PORTLAND	State OR	Zip Code
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Multiple Failure: 4
			Incident Date(s) 13-JUL-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 190000 TIRES, 190000 TIRES	Failure Mileage 33200	Failure Speed 66
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN	Tire Model (Name or Number) XZA	Tire Size (Example P215/65R15) 295/60R22.5
DOT No. (Example: DOTM19ABC036)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: PASSENGER SIDE FRONT
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2014 PETERBILT 388 TRUCK EQUIPPED WITH MICHELIN XZA 2 ENERGY TIRES, SIZE 295-60-22.5. THE CONTACT STATED THAT WHILE TRAVELING APPROXIMATELY 66 MPH, THE FRONT PASSENGER'S SIDE TIRE BLEW AND THE CONTACT CRASHED INTO THE MEDIAN. THERE WERE NO INJURIES. THE CONTACT ALSO STATED THAT THE FRONT DRIVER'S SIDE TIRE BLEW THE FOLLOWING DAY. THE TIRES WERE REPLACED. THE MANUFACTURER WAS CONTACTED ABOUT THE FAILURE. THE FAILURE MILEAGES WERE 33,200. THE DOT NUMBER WAS NOT AVAILABLE. UPDATED 8/26/13 *CN

THE CONSUMER STATED THIS INCIDENT HAS OCCURRED FOUR TIMES IN 1 YEAR, ON BOTH THE PASSENGER'S AND DRIVER'S SIDE. THE CONSUMER STATED THE TIRES ARE NOT LASTING DUE TO THE HEAT. THE FRONT BUMPER AND LEFT HEADLIGHT OF THE VOLVO WAS FOUND DAMAGED AS WELL AS THE LEFT FENDER. THERE WAS NO PHYSICAL EVIDENCE THAT THE TIRE FAILED DUE TO IMPACT OR ROAD HAZARD. THERE WERE NO INDICATIONS THAT THE TIRE WAS IMPROPERLY INFLATED. THERE WERE NO FAILURES FOUND WITH THE VALVE STEM. UPDATED 09/4/2013*JS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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