



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1375

Date Received: 2003 MAY 27 AM 9: 04
21-APR-2003
Repository:
Reference No.: 10017206

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MONTCLAIR State: NJ Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

Do you authorize NHTSA to provide copies of this report to the manufacturer of your vehicle?
In the absence of an address to the vehicle manufacturer, YES NO
Signature of Owner: [Redacted] Date: 5/16/03

VEHICLE INFORMATION

Make: CHEVROLET Model: PICK UP Model Year: 1992
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted]
Engine: No. Cylinders: [Redacted] Fuel Type: [Redacted]
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Transmission Type: [Redacted] Antilock Brakes: Powertrain: [Redacted]
Cruise Control: Vehicle Component Code: 191000 TIRES:TREAD/BELT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-MAR-2003 Failure Mileage: [Redacted] Failure Speed: 60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: BRIDGESTONE Tire Model (Name or Number): BRIDGESTONE Tire Size (Example P215/65R15): LT245/75R16
DOT No. (Example: DOTMALSABC036): 78A3P78527 Original Equipment Prior Repair Failure Location: DRIVER SIDE REAR
Tire Component Code: 191000 TIRES:TREAD/BELT Tire Failure Type: TREAD SEPARATION

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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: [Redacted] Number of Deaths: [Redacted] 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).

THE LEFT REAR TIRE BLEW OUT WHICH CAUSED THE ENTIRE TREAD TO COME OFF. *JB

Bridgestone claims that the tire was run some time at low tire pressure. These tires were taken care of by my dealer who checked the pressure at least every 5000 miles when tires were rotated and this had been done just prior to starting our trip to the East - over

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

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

We were moving from California to New Jersey.
Budgeton needs to accept some responsibility
for building a safe tire! The insurance
company has paid for repair of the truck,
however, that is not the point.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.gov/questionnaire

BFNT LLC

1102 Appleton
Nashville, Tennessee 37210

REF. No. 809788

4/14/2003

*Received
4/11/03*

[REDACTED]
Montclair, NJ [REDACTED]

Subject: Inspection Of Tire

Dear [REDACTED]

Our office has received your tire (M773 SWP, LT245/75R16 DOT No.7BA3P7B527) and it has been inspected by our Technical Services Manager.

We have carefully inspected the tire. That inspection showed that this tire was operated for an unknown period of time with insufficient air pressure to carry the load. This insufficient air pressure condition is evidenced by discoloration of the rubber caused by the generation of heat and the deformation throughout the tire bead area. The tire failure did not result from a defect in either materials or workmanship.

While we regret that you have had this difficulty we must respectfully deny your request for compensation. You may consider turning this incident over to your vehicle insurance provider for their consideration and possible compensation.

If you would like your tire returned, please mail the attached tire return letter to Bridgestone/Firestone, Inc. within twenty-one (21) days from the date of this letter. If we have not heard from you within the twenty-one (21) day period, we will dispose of the tire.

Very truly your

Norma Y. Davis

Norma Y. Davis
Paralegal

Attachment

INCIDENT REPORT 822657

Time and Place	Date of Incident March 23, 2003	Time AM/PM 4:46 EST	Exact Location Where Incident Occurred Interstate 278 mile marker 26		
Customer Vehicle	Vehicle Make Chevrolet - Pickup	Year 1992	Model 3500	Mileage 66,058	
	Owner of Auto	[Redacted]			
	Address	City Montclair	State N.J.	Zip Code [Redacted]	
	Driver	Mirror Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Telephone Number [Redacted]		
	Address	City Granger	State Ia	Zip Code [Redacted]	
	Owner of Auto	Mirror Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Telephone Number [Redacted]		
	Address	City Montclair	State N.J.	Zip Code [Redacted]	
	Vin Number 1GCHK34N6NEP	Trail Hitch? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	What is Towed? 6x4 U-Haul Trailer		
	Vehicle Usage Recreational <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Commercial <input type="checkbox"/>	Is this a motorcycle or conversion van? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Has the vehicle been modified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, how?			
	Did the vehicle rollover? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was the vehicle involved in a crash? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Property Damage to Customer's Car	Damage to Customer Vehicle Left rear fender and some electrical wiring		Estimated Cost \$2,000.00		
	Have you submitted this to your insurance company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		claim # [Redacted]		
	Are you planning to submit this claim to insurance company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	Has your vehicle been repaired? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		DEDUCTIBLE AMOUNT \$100.00		
	Customer Insurance Co. (Please include telephone number) AAA 888-888-8886 ext 1625				
Property Damage to Other Car (if applicable)	Was another Vehicle Involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name and Address			
	Damage	Estimated Cost			
	Does Owner of Vehicle Have Insurance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Covering Damages to Car? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Covering Damages to Other Car? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Other Property Damage				
Injured Person	Was Anyone Injured? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Nature of Injury					
Tire Data (if available)	Size-Type LT 245-75R16	Mileage on Tire 40,000.	DOT Number (10 or 11 digit # located on sidewall) (CCLR)DOT(38A3-P38)(S27)	Position Mounted Left rear	
	Description of Incident We were moving from California to East Coast and were almost to our final destination when the tread on the left rear tire came off (as I have seen happen with recap tires). Damage was to left rear fender and some electrical wiring. The tread became wedged between the				
Signature of Customer		Date Signed			

Page 2 of Report

left rear spring and inside brake housing. The tread came off, however, the tire stayed inflated until my brother was able to park pickup on the side of the road. We had to use a crow bar and tried a hack saw to remove the tread. My brother was assisting my wife and I in our cross country move.

Our insurance company has agreed to pay for damage. However I feel that Bridgestone has a responsibility to this damage.

Bridgestone 1) should accept and acknowledge their responsibility to building safe and dependable tires long term.

2) funds paid by Bridgestone for this claim should be remitted to AAA Insurance.

Tires were purchased from

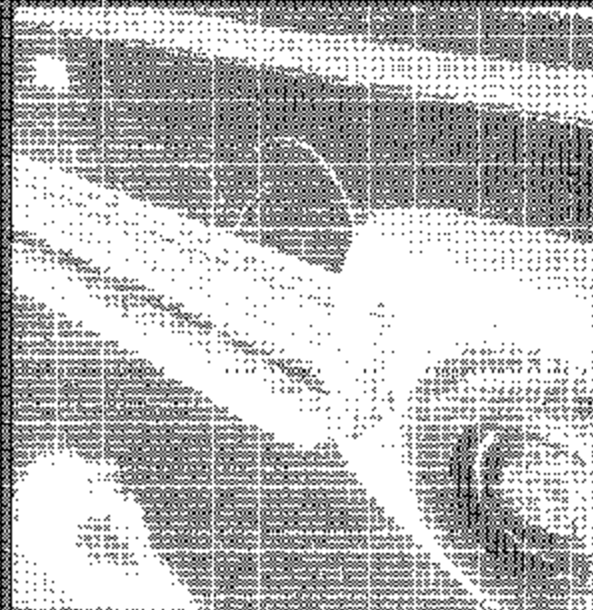
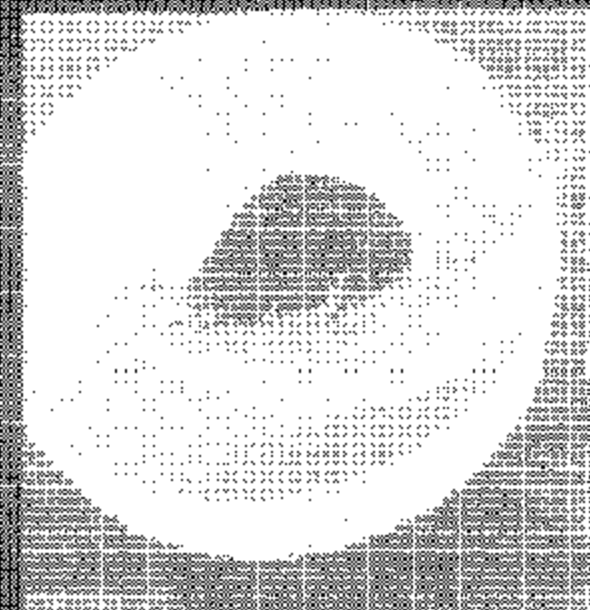
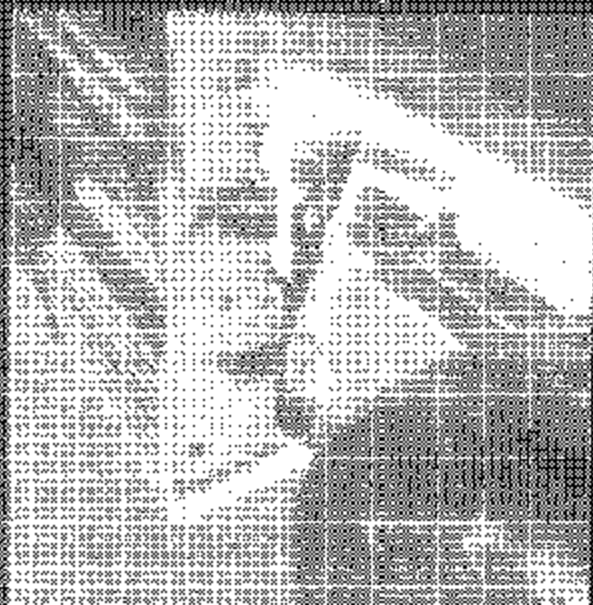
Roseae Discount & Tires

921 West Oline

Porterville, CA 93257

1-559-784-3888 contact Rick Melton

These tires were rotated and checked about every 5,000 miles. Tires and brakes were checked just prior to starting our trip. This dealership can testify as to care given to these tires.



**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**