



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 100083

Date Received
2003 AUG 15
11-JUL-2003

Repository
PY 3: 20
Reference No.
10027110

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: FONTANA State: CA Zip Code: [Redacted]

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

Do you authorize the manufacturer of your vehicle to use your name or address to the vehicle manufacturer? YES NO
In the absence of your signature, the manufacturer of your vehicle will use the name and address of the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: [Redacted]
Make: JAGUAR Model: X-TYPE Model Year: 2002
Date Purchased: 08-02 Dealer's Name and Telephone Number: SAVERE JAGUAR (714) 953-4830
Original Owner: Dealer's City: SANTA ANA State: CA Zip Code: 92705 Engine No: Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: [Redacted]
Vehicle Component Code: 192000 TIRES:SIDEWALL
Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): 6-5-03 Failure Mileage: 18400 Failure Speed: 60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: CONTINENTAL Tire Model (Name or Number): CONTINENTAL CONTACT Tire Size (Example P215/65R15): 205-55-R16
DOT No. (Example: DOTM123ABC036): LMT44XBU1502 Original Equipment Prior Repair Failure Location: NB I 15 Fwy Down
Tire Component Code: [Redacted] Tire Failure Type: SIDE WALL

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).

CONSUMER CALLED COMPLAINING ABOUT HAVING PROBLEMS WITH CONTINENTAL TIRE COUNTDOR, DOT LMT44XBU1502. ASLO WHILE HIS WIFE WAS DRIVING THE TIRE WENT FLAT, AND WHEN SHE CAME OUT OF THE VEHICLE THE TIRE HAD NO SIDEWALLS. MANUFACTURER WAS NOT CONTACTED. *AK

See - attached

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.



CLAIM INFORMATION REPORT

CLAIM NUMBER: 3167001		CLAIM REPORT DATE:
CUSTOMER NAME (PRINT, LETTERS & LAST): [REDACTED]		CITY, STATE & ZIP: FONTANA CA
CUSTOMER PHONE NUMBER: [REDACTED]	NAME OF DRIVER: [REDACTED]	INSURANCE AGENT & PHONE NUMBER: 626 Tom Romano 576-1090
INSURANCE COMPANY: STATE FARM	ADDRESS: 31803 ALBUQUERQUE ROAD	POLICY NUMBER: 47-4580-501-75

DID YOU FILE A CLAIM WITH YOUR INSURANCE COMPANY? YES NO

IF YES, WHAT IS YOUR DEDUCTIBLE? _____

LOCATION OF ACCIDENT (BRIEF LOCATION OF ACCIDENT - STREET OR HIGHWAY, CITY & STATE):
NORTH BOUND 15 FWY LANE 1 RIMMINGTON ON

DATE & TIME OF ACCIDENT:
JUNE 5 03 745 AM

DESCRIPTION OF ACCIDENT:
**TIRE SIDE WALL SEPARATION CAUSING WHEEL TO BE BENT
SEE PICTURES**

WAS THE ACCIDENT REPORTED TO THE POLICE? YES NO

WERE THE POLICE AT THE SCENE? YES NO

PLEASE LIST ALL PASSENGERS IN VEHICLE:

WAS ANYONE INJURED? YES NO

IF YES, WHO WAS INJURED? _____

PLEASE DESCRIBE THE NATURE OF THE INJURIES:

DID THE INJURED PARTY SEEK MEDICAL TREATMENT? YES NO

IF SO, WHEN AND WHERE? _____

ARE YOU OR ANYONE DESCRIBED ABOVE FILING AN INJURY CLAIM? YES NO

IF YES, PLEASE PROVIDE THE NAME OR NAMES OF WHO IS FILING AN INJURY CLAIM? _____

VEHICLE MAKE: SABWAR	VEHICLE YEAR: 2002	VEHICLE MODEL: XTR	WEIGHT: 1840
--------------------------------	------------------------------	------------------------------	------------------------

VEHICLE VIN: ASEA51D52X064119	APPROXIMATE COST OF VEHICLE DAMAGE: \$800
---	---

WAS THERE ANOTHER VEHICLE INVOLVED? YES NO

IF YES, APPROXIMATE COST OF SECOND VEHICLE DAMAGE: _____

PG. BRAND: CONTINENTAL	SIZE: 205-55-R16	TYPE: CONTINUING CONTACT	DOT #: 6MT4 AXB5 1507
----------------------------------	----------------------------	------------------------------------	------------------------------

WHEEL POSITION (PLEASE CIRCLE ONE)

LEFT FRONT RIGHT FRONT LEFT REAR **RIGHT REAR** DUAL LEFT REAR INSIDE DUAL LEFT REAR OUTSIDE DUAL RIGHT REAR INSIDE DUAL RIGHT REAR OUTSIDE

DATE: **6-25-03**

Continental[®] TIRE

Service Center

June 16, 2003

Fontana, CA

Re: Claim 3167001

Dear

Thank you for bringing this incident to our attention. Continental Tire North America, Inc. fully investigates every claim.

In order to process your claim please complete and return, via US Mail, the enclosed Claim Information Report along with a copy of your insurance coverage showing your deductible, a copy of the estimate for vehicle damage prepared for your insurance company, photographs of the vehicle damage, a copy of the police report if one was completed, and copies of all medical records and billing if applicable. The Claim Information Report must be completely filled out or it will be returned to you for completion. We cannot begin the review process without this vital information.

Enclosed please find a prepaid shipping tag for your use in forwarding the subject tire to our Charlotte facility for examination. The label is to be placed on the tread area of the tire. Please tape over the label with clear tape to ensure it does not come off the tire. Shipping instructions are included on the back of the label. It is not necessary to put the tire in a box; however, you may need to tape around the tire with clear tape to secure the tire.

Our examination of the subject tire and subsequent documents should not be construed as our admission of liability. Please keep in mind that any tire, no matter how well constructed, may fail in use as a result of punctures, cuts, impact damage, improper inflation, or other conditions from use or misuse which we are not responsible.

If we have not received your tire, and the documents listed in paragraph two within three months from the date of this letter, your claim will be considered closed, and no consideration for reimbursement will be made.

Once we have received the subject tire, and the documents listed in paragraph two, please allow fifteen to thirty business days to process your claim. We will notify you of our findings by mail. If you have any questions please contact us at 800-266-5139.

Sincerely,
Warranty Claim Department
Continental Tire North America, Inc.
ServiceCenter@conti-na.com

PDC01 Rev. 7/05/03

Continental Tire North America, Inc.
1960 Continental Blvd.
Charlotte, NC 28273



EINSTADT

Continental® TIRE

Service Center

July 7, 2003

Fontana, CA

Re: Claim No.: C3167001

Tire: 205/55R16, 91H CH95, DOT: LMT4AXBUI502

Dear

We have completed the examination of the tire's components returned to us. Based on the components submitted, the tire experienced a "run flat" condition. This condition is due to air loss, that may have been caused by a sudden impact, or a puncture to the tread or sidewall of the tire.

Based on the results of our examination, it is clear the subject tire did not fail as a result of any manufacturing or workmanship related condition. Therefore, we must deny the claim.

The tire will be held 30 days from the date of this letter. After that time period the tire will be disposed of.

If you have any questions please contact me at 800-266-5139.

Sincerely,

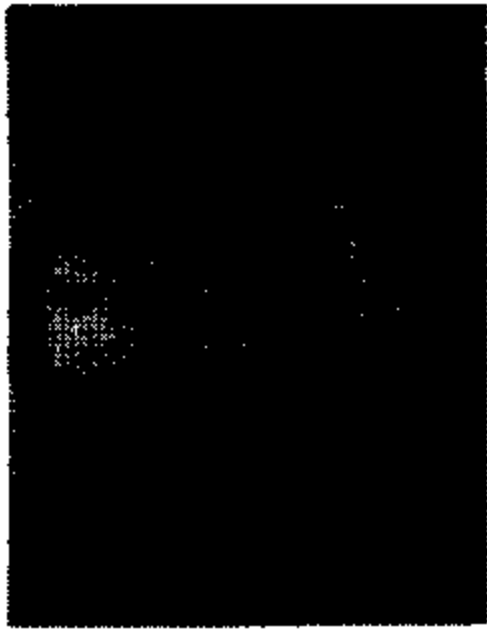
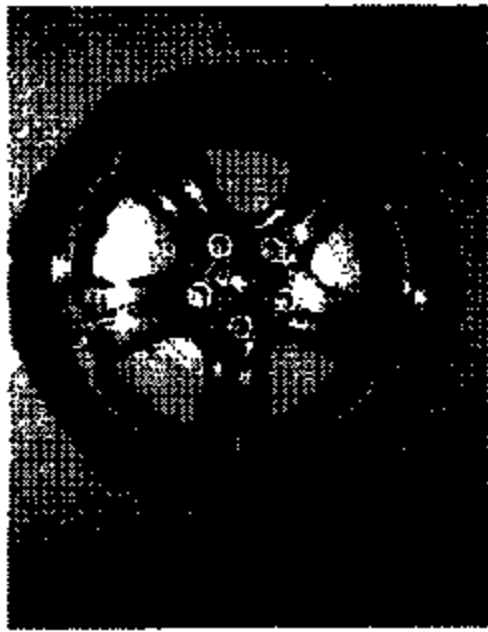
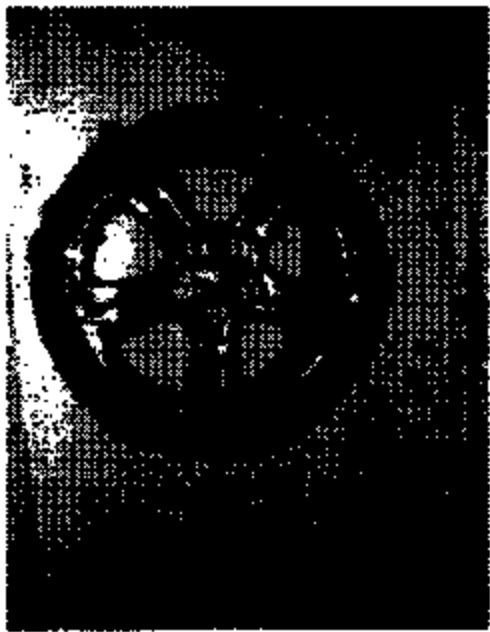
Warranty Claims Department

Enclosures: Motorist's Tire Care And Safety Guide Brochure

Continental Tire North America, Inc.
1950 Continental Blvd.
Charlotte, NC 28273

800-266-5139
704-588-8476 Fax

The Motorist's Tire Care and Safety Guide on Auto and Light Truck Tire Care and Safety is available in the United States by writing the Tire Industry Safety Council, P.O. Box 3147, Medina, Ohio 4428.



**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).**