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 231

| Date Received | Repository |
|---|---|
| 17-MAR-2004 | |
| | Reference No. 10068389 |

## OWNER INFORMATION (Type or Print)

| Name | Daytime Telephone Number | E-mail Address |
|---|---|---|
| [redacted] | [redacted] | |
| Address [redacted] | | |
| City NEWPORT / State NC / Zip Code [redacted] | | |

Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of an authorization, NHTSA will release your name and address to the vehicle manufacturer.
Signature of Owner [redacted] Date 04 22 04

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| FILL IN 1FDXE45S4YHA14431 | GULF STREAM FORD | GULF STREAM WG8039H | 2000 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: No. Cylinders | Fuel Type: |
|---|---|---|---|
| 5-3-00 | GULF STREAM COACH INC. MOREHEAD CITY | 10 | GAS |

| Original Owner | Dealer's City | State | Zip Code |
|---|---|---|---|
| [X] | MOREHEAD CITY | NC | 28557 |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| 5 | [X] Antilock Brakes<br>[X] Cruise Control | | 191000 TIRES:TREAD/BELT<br>Multiple Failure: 1 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 2 FEB 04 | 26,423 | 50 |

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) |
|---|---|---|
| FIRESTONE | STEELTEX R45 | LT255/75R16 |

| DOT No. (Example: DOTMMJSABC036) | | Failure Location: |
|---|---|---|
| VDLIXD259 | [X] Original Equipment<br>[ ] Prior Repair | DRIVER SIDE REAR OUTSIDE |

| Tire Component Code | Tire Failure Type |
|---|---|
| 191000 TIRES:TREAD/BELT | TREAD SEPARATION |

## 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 | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| [ ] Yes [X] No | [ ] Yes [X] No | 0 | 0 | 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).

WHILE DRIVING 50 MPH CONSUMER HEARD A LOUD NOISE. CONSUMER PULLED VEHICLE OVER AND INSPECTED IT . RIGHT OUTSIDE DUAL TIRE TOP LAYER SEPARATED, DAMAGING REAR OF VEHICLE. FIRESTONE, STEELTEX R45, LT225/75R16. *AK

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

**BFNT LLC**
1102 Appleton
Nashville, Tennessee 37210

REF. No. 912913
3/8/2004

[redacted]
Morehead City, NC [redacted]

Subject: Inspection Of Tire

Dear [redacted]

Our office has received your tire (STEELTEX RADIAL R4S, LT225/75R16 DOT No:VD1L1XD359) and it has been inspected by our Technical Services Manager.

We have carefully inspected the tire. That inspection showed that this was worn down through the tread / shoulder area exposing the steel belts to moisture and contamination. That contamination caused a break down in the rubber to steel adhesion and allowed centrifugal force to tear the tread package away from the body ply of the tire. That break down in the adhesion caused the detachment you experienced and led to the subsequent damage. 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 reserve the right to dispose of the tire.

1-800-847-3872
800-355-4444

Very truly yours,

Norma Y. Davis

Norma Y. Davis
Paralegal

Attachment

03/08/2004 at 02:18 PM
33893

Job Number:

**FLOYD'S AUTO BODY**
Federal ID #:562016503
COLLISION REPAIR SPECIALIST
5884 HWY 70 E.
NEWPORT, NC 28570-7938
(252)223-4723 Fax: (252)223-4723

**PRELIMINARY ESTIMATE**

Written by:
Adjuster:

**Insured:** [redacted]
**Owner:**
**Address:**
NEWPORT, NC [redacted]
**Cellular:** [redacted]

**Claim #** [redacted]
**Policy #**
**Deductible:** 1500
**Date of Loss:** 3/2/04
**Type of Loss:** TIRE BLEW
**Point of Impact:** FORWARD & REAR STORAGE BIN

**Inspect Location:**

**Insurance Company:** MOREMOST INS CO.
GRAND RAPIDS RV CLAIMS
P.O. BOX 2737
GRAND RAPIDS MI 49501

Days to Repair

2000 FORD Int:
**VIN:** 1FDXE45S4YHA14431 **Lic:** **Prod Date:** **Odometer:**

| NO. | OP. | DESCRIPTION | QTY | EXT. PRICE | LABOR | PAINT |
|---|---|---|---|---|---|---|
| 1# | Rpr | REAR BODY PANEL | | | 14.0 | 5.0 |
| 2# | Refn | 2 TONE PAINT | | | | 1.6 |
| 3# | Rpr | RT FRONT STORAGE BIN | | | 6.0 | |
| 4# | Repl | MATERIALS | 1 | 150.00 | | |
| 5# | Rpr | RT REAR STORAGE BIN | | | 8.0 | |
| | | Subtotals ==> | | 150.00 | 28.0 | 6.6 |

| | | |
|---|---|---|
| Parts | | 150.00 |
| Body Labor | 28.0 hrs @ $ 50.00/hr | 1400.00 |
| Paint Labor | 6.6 hrs @ $ 50.00/hr | 330.00 |
| Paint Supplies | 6.6 hrs @ $ 22.00/hr | 145.20 |
| SUBTOTAL | | $ 2025.20 |
| Sales Tax | $ 150.00 @ 7.0000% | 10.50 |
| GRAND TOTAL | | $ 2035.70 |

ADJUSTMENTS:
Deductible 0.00

03/08/2004 at 02:18 PM Job Number:
33893

**PRELIMINARY ESTIMATE**
2000 FORD Int:

| | |
|---|---|
| CUSTOMER PAY | $ 0.00 |
| INSURANCE PAY | $ 2035.70 |

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1

03/08/2004 at 02:16 PM Job Number:
18068

**JERRY'S BODY SHOP**
Quality Repairs You Can Afford

6734 Hwy 70
Newport, NC 28570
(252)223-4115 Fax: (252)223-5014

**PRELIMINARY ESTIMATE**

Written By: [redacted]
Adjuster:

Insured: [redacted]
Owner:
Address:
Cellular:

Claim # [redacted]
Policy #
Deductible: $500.00
Date of Loss: 8/2/04
Type of Loss: TIRE BLEW
Point of Impact: 2 STORAGE BAYS FRONT & REAR FROM WHEEL WELL

Inspect Location:

Insurance Company: MARMOST INS CO.
GRAND RAPIDS RV CLAIMS
P.O. BOX 3739
GRAND RAPIDS MI. 49501

Days to Repair

2000 FORD Gulfstream Class C Moterhome
VIN: 1FDXE45S4YHA14431 Lic: Prod Date: Odometer:

| NO. | OP. | DESCRIPTION | QTY | EXT. PRICE | LABOR | PAINT |
|---|---|---|---|---|---|---|
| 1# | Rpr | Two Cabinets Storage | | | 15.0 | 3.0 |
| 2# | Subl | Hazerdous Waste Removal | 1 | 7.00 X | | |
| 3# | Rpr | Rear Bumper Two Tone | | | 10.0 | 7.0 |
| 4# | Repl | Materials | 1 | 400.00 | | |
| 5# | Subl | Hazerdous Waste Removal | 1 | 7.00 X | | |
| | | Subtotals ==> | | 414.00 | 25.0 | 10.0 |

| | | |
|---|---|---|
| Parts | | 400.00 |
| Body Labor | 25.0 hrs @ $ 38.00/hr | 950.00 |
| Paint Labor | 10.0 hrs @ $ 38.00/hr | 380.00 |
| Paint Supplies | 10.0 hrs @ $ 22.00/hr | 220.00 |
| Sublet/Misc. | | 14.00 |
| SUBTOTAL | | $ 1964.00 |
| Sales Tax | $ 400.00 @ 7.0000% | 28.00 |

03/08/2004 at 02:16 PM
18068

Job Number:

**PRELIMINARY ESTIMATE**

2000 FORD Gulfstream Class C Moterhome

| | |
|---|---|
| GRAND TOTAL | $ 1992.00 |
| ADJUSTMENTS: | |
| Deductible | 0.00 |
| CUSTOMER PAY | $ 0.00 |
| INSURANCE PAY | $ 1992.00 |

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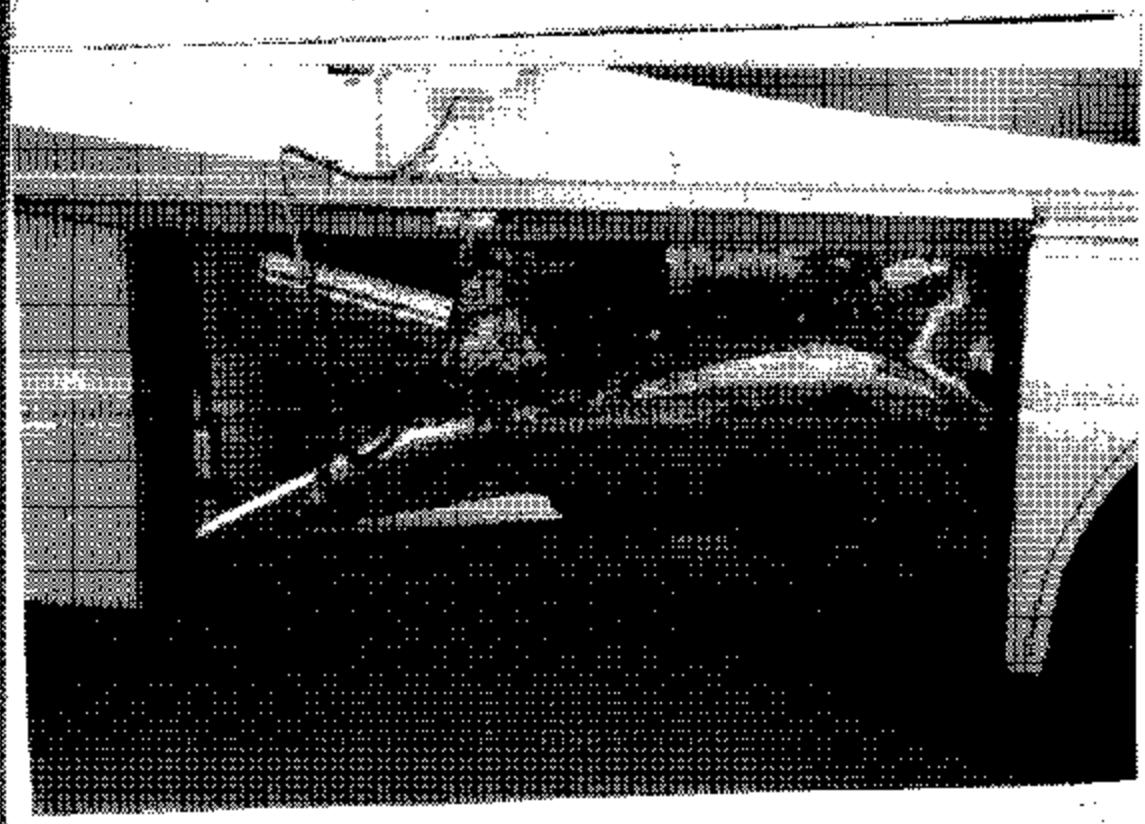

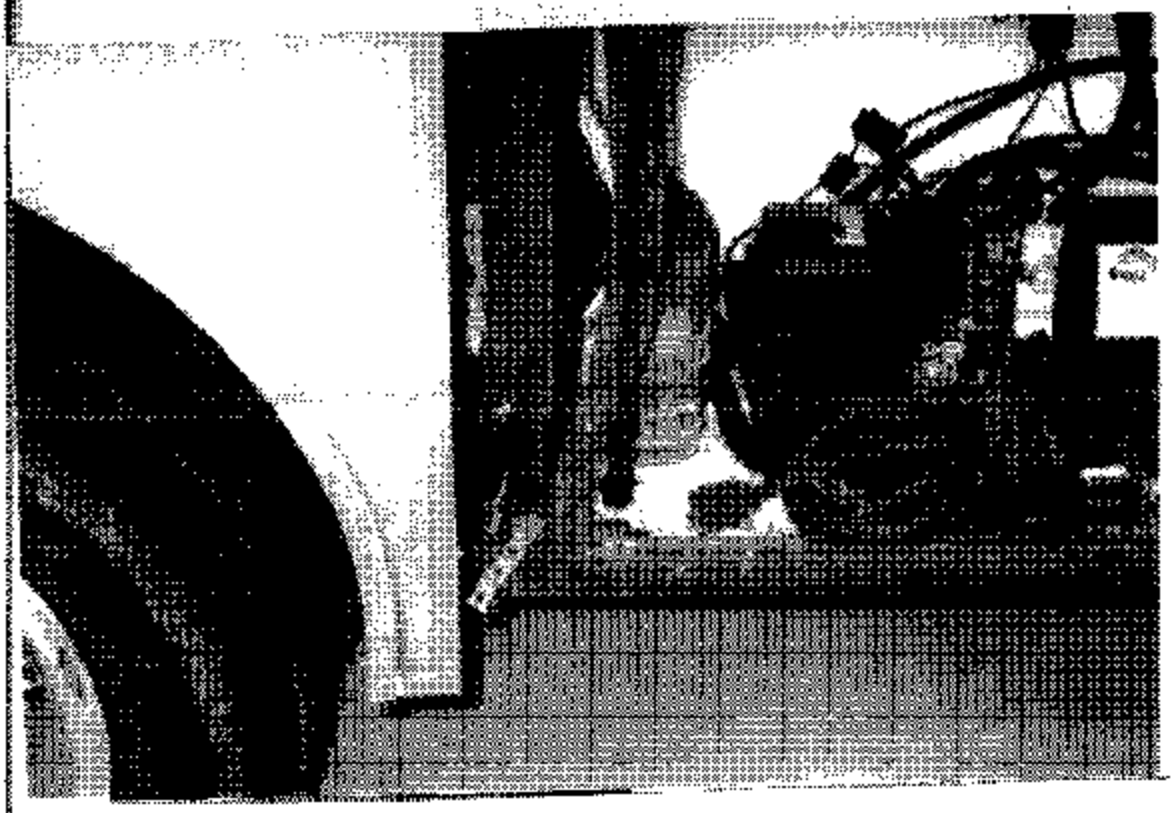

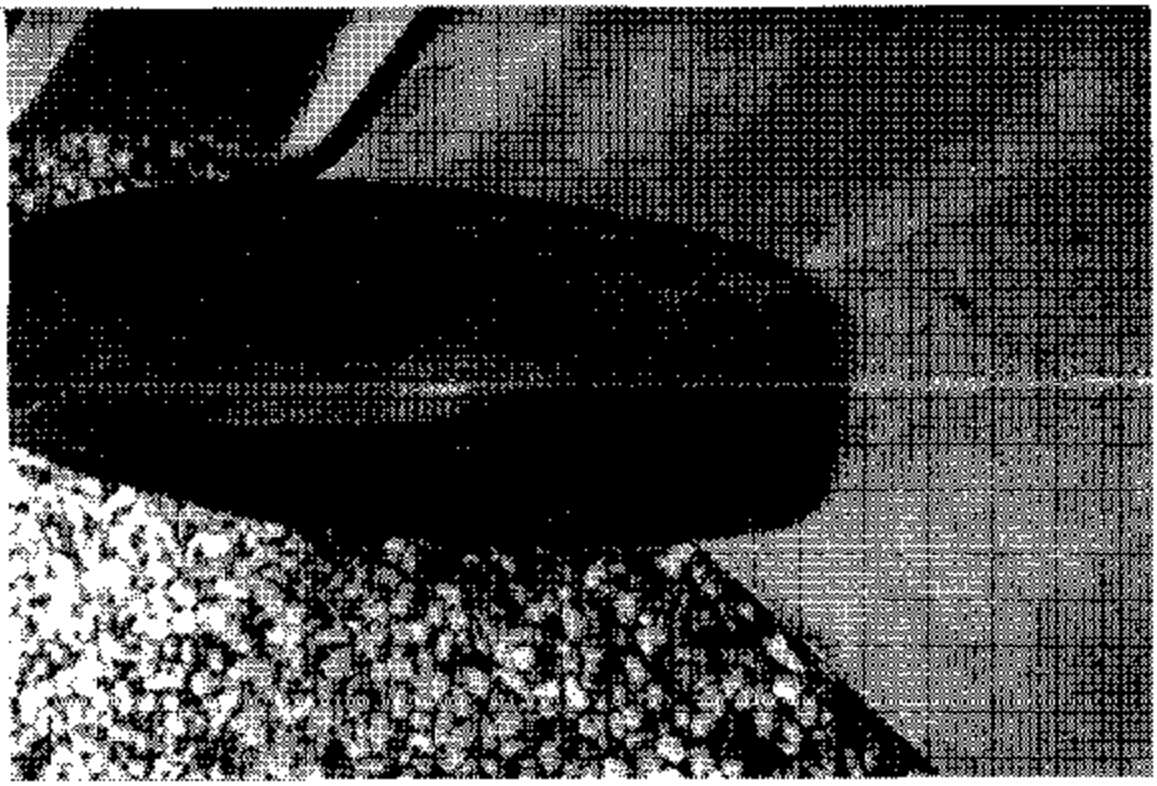

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).