



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 100148

Date Received

Repository ☐

01-DEC-2006

Reference No.
10174930

OWNER INFORMATION (Type or Print)

Name

Address

City

ROWLETT

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTSW31FXYE

Make
FORD

Model
F350

Model Year
2000

Date Purchased
01-OCT-99

Dealer's Name and Telephone Number
Coliseum Ford

Engine:
No: Cylinders 8

Fuel Type:
Diesel

Original Owner
☒

Dealer's City
Portland

State
OR

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
190000 TIRES

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
31-JUL-2006
13-Oct-2006

Failure Mileage
95000

Failure Speed
70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make
COOPER Tire & Rubber CO.

Tire Model (Name or Number)
DOMINATOR SPORT A/T OWL

Tire Size (Example P215/65R15)
LT285/75R16 LT265/75R16E1

DOT No. (Example: DOTM19ABC036)

☒ Original Equipment
☐ Prior Repair

Failure Location: I-10 Baton Rouge, LA.

Tire Component Code
191000 TIRES:TREAD/BELT

Tire Failure Type 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

☐ 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).

DT*: THE CONTACT STATED WHILE DRIVING 70 MPH ON NORMAL ROAD CONDITIONS, A VIBRATION COULD BE FELT IMMEDIATELY FOLLOWED BY THE TREAD FALLING OFF THE TIRES ON TWO OCCASIONS SEVERELY DAMAGING THE VEHICLE. THERE WAS NO ABNORMAL BULGING ON THE TIRES. THE CONTACT PROVIDED REGULAR SERVICE TO THE TIRES AS WELL AS KEEPING UP WITH THE RECOMMENDED TIRE PRESSURE OF 80 PSI. THE TIRE HAD NOT YET BEEN EXAMINED. THE TIRE WAS A COOPER DOMINATOR SPORT A/T. SIZE: LT285/7516.

265

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 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)

While traveling N. bound on I-10 Friday Oct. 13, 2006 I heard and felt a loud noise and a tire shaking. Then there was the sound of rubber separating from a tire and exiting my vehicle. When I made a safe stop I discovered that the tire on the front drivers side had lost all of the tread and had seriously damaged the vehicles front quarter panel area. The tread from the tire struck the trailing vehicle behind me as well.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



**Has your vehicle
a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**

www.nhtsa.gov
NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



10/26/2006 at 10:04 AM
80249

Job Number:

STERLING AUTOBODY
6813 K Avenue
Plano, TX 75074
(972) 516-8829 Fax: (972) 516-8839

PRELIMINARY ESTIMATE

Written By: MIKE ZOULEK
Adjuster:

Insured: [REDACTED]
Owner: [REDACTED]
Address:

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Day:
Evening:

Inspect STERLING AUTOBODY
Location: 6813 K Avenue
Plano, TX 75074

Business: (972) 516-8829

Insurance
Company:

Days to Repair

2000 FORD F350 4X4 CREW CAB 8-7.3L-TD 4D LONG Int:

VIN: 1FTSW31FXYE [REDACTED] Lic:

Prod Date:

Odometer:

Intermittent Wipers

Dual Mirrors

Clear Coat Paint

Two Tone Paint

Power Steering

Power Brakes

AM Radio

FM Radio

Stereo

Search/Seek

Anti-Lock Brakes (2)

Driver Air Bag

Passenger Air Bag

4 Wheel Disc Brakes

Rear Step Bumper

5 Speed Transmission

4 Wheel Drive

Overdrive

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H front bumper				1.4	
3	Repl	Bumper chrome	1	430.73		Incl.	
4	Repl	Valance panel upper medium platinum	1	69.00		Incl.	
5	Repl	LT Bumper filler	1	13.57		Incl.	
6		FENDER					
7*	R&I	LT Nameplate "F350 XL SUPER DUTY"				0.2	
8#	Rpr	CLEAN AND RETAPE				0.2	
9	Repl	LT Fender	1	227.03		2.0	2.2
10		Add for Clear Coat					0.9
11		Add for Two Tone					0.9
12		Add for Edging					0.5
13		Add for Clear Coat					0.1
14	Repl	LT Fender liner w/dual alternators	1	27.95		Incl.	
15		HOOD					

10/26/2006 at 10:04 AM
80249

Job Number:

PRELIMINARY ESTIMATE

2000 FORD F350 4X4 CREW CAB 8-7.3L-TD 4D LONG Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
16	Blnd	Hood					1.6
17		FRONT DOOR					
18	R&I	LT Belt w'strip				0.3	
19*	R&I	LT Mirror glass w/towing package				<u>0.3</u>	
20*	R&I	LT Nameplate "POWER STROKE DIESEL V8"				<u>0.2</u>	
21	Repl	RT Control assy	1	19.57		0.2	
22	R&I	LT Handle, outside from 3/15/99				0.3	
23*	R&I	LT Run channel				<u>0.4</u>	
24	R&I	LT R&I trim panel				<u>0.5</u>	
25*	R&I	LT Body side mldg tan from 3/1/99				<u>0.3</u>	
26#	Rpr	CLEAN AND RETAPE MLDG				0.5	
27	Blnd	RT Outer panel					1.3
28#	Refn	ADD FOR 2 TONE					0.9
29#	Refn	ADD FOR CLEAR COAT					0.9
30		CAB					
31	Repl	LT Running board kit assembly platinum	1	588.97		0.8	
32		STRIPE TAPE					
33	Repl	LT Stripe tape body side silver	1	93.47		1.7	

Subtotals ==> 1470.29 9.3 9.3

Parts		1470.29
Body Labor	9.3 hrs @ \$ 36.00/hr	334.80
Paint Labor	9.3 hrs @ \$ 36.00/hr	334.80
Paint Supplies	9.3 hrs @ \$ 26.00/hr	241.80

SUBTOTAL		\$ 2381.69
Sales Tax	\$ 1712.09 @ 8.2500%	141.25

GRAND TOTAL \$ 2522.94

ADJUSTMENTS:

Deductible		0.00
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CUSTOMER PAY		\$ 0.00
INSURANCE PAY		\$ 2522.94

CLAIM REPORT

COOPER FILE NO.

235-36198

Customer and Vehicle Information	Owner of Auto		City		State	Zip Code
	Address		Rowlett		TX	
	Driver (If Other Than Owner)		Phone Number			
	Address		City		State	Zip Code
	Vehicle Year	Make	Model	Mileage		
	2000	Ford	F350 4x4	97057		
	Hauling or Towing? Yes ☐ No ☒		If yes, please describe:			
	Vehicle Usage: Recreational ☐ Personal ☒ Commercial ☐					
	Is this a motorhome or trailer? Yes ☐ No ☒		Has the vehicle been modified? Yes ☐ No ☒			
	If yes, a weight slip is required.		If so, how?			
Damage to Vehicle	Did the vehicle rollover? Yes ☐ No ☒		Was the vehicle involved in a crash? Yes ☐ No ☒			
	Description of damage to vehicle					Estimated Cost
	Bumper, Bumper Guard, Fender, Fender well, Side Step					\$
	*Have you submitted this to your insurance company? Yes ☐ No ☒					
	*Are you planning to submit this claim to your insurance? Yes ☐ No ☐ undecided					
	*Has your vehicle been repaired? Yes ☐ No ☒					*DEDUCTIBLE AMOUNT \$ 500.00
Injuries	*Name & address of insurance company					
	Great Texas Ins. Infinity					
Tire Data (If available)	Was anyone injured? Yes ☐ No ☒		If yes, to what extent?			
	DOT Number (10 or 11 digit # located on sidewall)		Mileage on tire	Inflation pressure	Position mounted	
Description of Incident	O.E. Tire Size & Ply Rating (found on vehicle placard)		265 X 75 X 16 Load E			
	Date of Incident	State/Province where incident occurred	Country	Exact Location		
	10-13-06	Louisiana	USA	I 10 Baton Rouge		
	While Traveling N on I 10, Friday October 13, 2006 I heard and felt a loud noise and tire shake and when I made a safe stop I saw that the front driver side tire had peeled all surface tread and seriously damaged the vehicle.					

*Please note that we cannot offer consideration for your claim unless these questions are answered clearly. We will not contact your insurance company about this incident for any reason without your permission.

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).