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

RECEIVED
AUG 15 2007
SIERRA SAFETY
2008 FEB -1 AM 11:04

FOR AGENCY USE ONLY - 100148

Date Received	Repository
08-AUG-2007	
Reference No.	
10198822	

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City NEWCASTLE	**State** CA	**Zip Code** [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an a[redacted]our name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/15/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FDXF46P53[redacted]	FORD	F450	2004

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
18-DEC-03	MAITA FORD 530-888-1025	No: Cylinders 8	Diesel
Original Owner [X]	**Dealer's City** AUBURN, CA.	**State** / **Zip Code**	

Transmission Type			Vehicle Component Code
AUTOMATIC	[ ] Antilock Brakes [ ] Cruise Control	Powertrain REAR WHEEL DRIVE	191000 TIRES:TREAD/BELT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-AUG-2007	43000	55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
CONTINENTAL	GENERAL AMERI LMT 400	225/70R 19.5
DOT No. (Example: DOTMAL9ABC036) A39Y1MC	[X] Original Equipment [ ] Prior Repair	Failure Location: DRIVER SIDE FRONT
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	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).

TL*THE CONTACT OWNS A 2004 FORD F450. THE VEHICLE HAS CONTINENTAL GENERAL TIRES, SIZE 22590R19.5. WHILE DRIVING 55 MPH, THE CONTACT HEARD A LOUD A POP AND THE VEHICLE PULLED TO THE LEFT. HE NOTICED THAT THE TREAD ON THE DRIVER SIDE FRONT TIRE SEPARATED. THE DEALER INSPECTED THE TIRE, BUT THEY WOULD NOT PROVIDE THE CAUSE OF FAILURE. THE ADDITONAL TIRE DETAILS ARE UNAVAILABLE. THE CURRENT AND FAILURE MILEAGES WERE 43,000.

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

Continental TIRE

Service Center

August 2, 2007

RECEIVED
AUG - 5 2007
SIERRA SAFETY

Sierra Safety
Attn: [redacted]
[redacted]
Newcastle, CA [redacted]

Claim # [redacted]

Dear [redacted]

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, copies of two repair estimates for the damage to your vehicle, receipts for replacement tires, 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**. 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. Please be advised, without the complete tire a full reconstructive analysis cannot be performed on the tire in question. A complete tire will include the sidewalls, casing, and tread. 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.** 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 request for 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 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

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

Phone 800-266-5139
Fax 704-588-8476

August 2, 2007

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

Claim

Warranty Claim Department,

We are in receipt of your letter dated, August 2, 2007, requesting claim information report.

You will have to explain in detail as to why you need our insurance information, while the claim is against you, Continental Tire. We are in hope that this claim can be settled promptly and amicable. Time is of the essence, as our vehicle is not safe to operate, if you approve, we will rent a vehicle to use in place of our disabled vehicle as our business depends on a delivery vehicle.

Your request for us to ship the failed tire to your Charlotte facility for your inspection can not take place per advice from our attorney. At this point, the tire is our evidence. We have the tire here at our facility for your inspection if you so desire. We will agree to have the tire inspected by a mutually accepted independent lab.

Included with this letter are pictures of the damage to our vehicle and the failed tire. Also, copies of the repair costs that you have requested.

If we do not receive a response from you with in 10 days of this letter, we will assume you are not taking responsibility for the damage to our vehicle. Therefore will we be forced to take legal action.

Sincerely,

[redacted] President
Sierra Safety Company

Encl.

Continental TIRE

CLAIM INFORMATION REPORT

THIS REPORT MUST BE COMPLETED IN ORDER TO PROCESS YOUR CLAIM

CLAIM NUMBER: [redacted]		CLAIM REPORT DATE: 8-10-07
CUSTOMER NAME (FIRST, MIDDLE & LAST): SIERRA SAFETY CO.	ADDRESS: [redacted]	CITY, STATE & ZIP [redacted] NEWCASTLE, CA.
CUSTOMER PHONE NUMBER: [redacted]	NAME OF DRIVER: [redacted]	INSURANCE AGENT & PHONE NUMBER:
INSURANCE COMPANY:	ADDRESS:	POLICY NUMBER:
HAVE YOU FILED A CLAIM WITH YOUR INSURANCE COMPANY? YES ☐ NO ☐		WHAT IS YOUR COMPREHENSIVE DEDUCTIBLE?

INCIDENT INFORMATION

LOCATION OF INCIDENT (EXACT LOCATION OF INCIDENT - STREET OR HIGHWAY): WEST BOUND I-80 NEAR YUBA GAP	DATE & TIME OF INCIDENT: 8-1-07 Approx time NOON
CITY AND STATE WHERE INCIDENT OCCURRED: YUBA GAP CALIFORNIA	

DESCRIPTION OF INCIDENT: WHILE TRAVELING WEST ON I-80 in #1 lane FRONT LEFT TIRE "BLEW OUT"

WAS THE INCIDENT REPORTED TO THE POLICE? YES ☐ NO ☑	WERE THE POLICE AT THE SCENE? YES ☐ NO ☑

PLEASE LIST ALL PASSENGERS IN VEHICLE: NONE

WAS ANYONE INJURED? YES ☐ NO ☑	IF YES, WHO WAS INJURED?

PLEASE DESCRIBE THE NATURE OF THE INJURIES:

DID THE INJURED PARTIES SEEK MEDICAL TREATMENT? YES ☐ NO ☐	IF YES, 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 INFORMATION

VEHICLE MAKE	VEHICLE YEAR	VEHICLE MODEL	MILEAGE
FORD	2004	F-450	43,000

VEHICLE VIN#	APPROXIMATE COST OF VEHICLE DAMAGE: $2400-
WAS THERE ANOTHER VEHICLE INVOLVED? YES ☐ NO ☑	IF YES, APPROXIMATE COST OF SECOND VEHICLE DAMAGE:

TIRE INFORMATION

MFG. BRAND	SIZE	TYPE	DOT #:
GENERAL	225/70R19.5	LMT 400	A39Y 1MC

TIRE POSITION (PLEASE CIRCLE ONE)

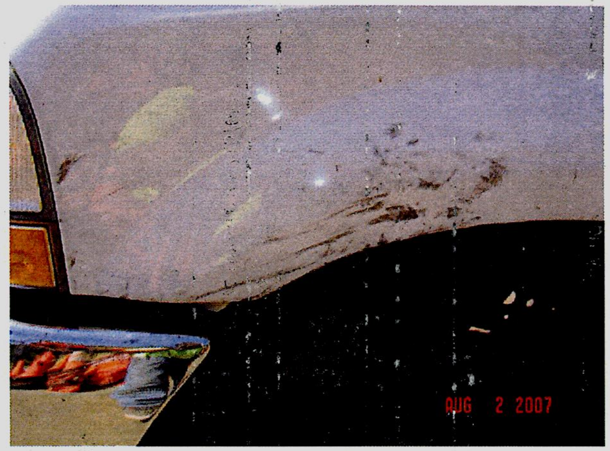
LEFT FRONT | RIGHT FRONT | LEFT REAR | RIGHT REAR | DUALLY LEFT REAR INSIDE | DUALLY LEFT REAR OUTSIDE | DUALLY RIGHT REAR INSIDE | DUALLY RIGHT REAR OUTSIDE

[redacted] CUSTOMER SIGNATURE

8-10-07 DATE

PDC 05REV.9 04/05

8/2/2007



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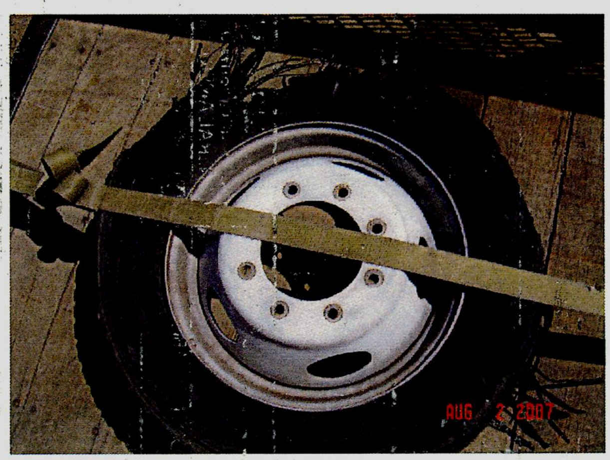

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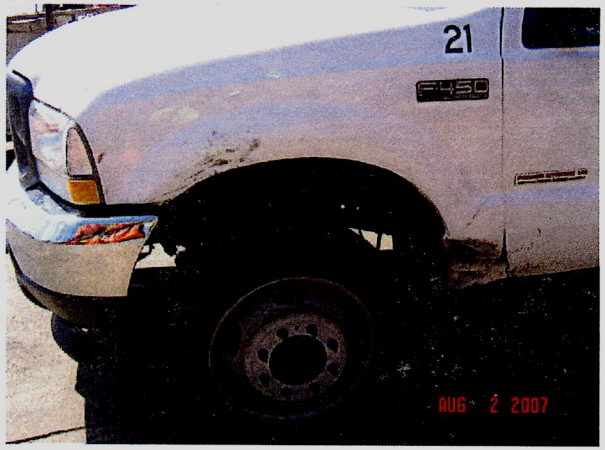
DOT ~~#~~
A39Y 1mc



8/2/2007

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).