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INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION

302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770

www.IndianaConsumer.com

PHONE: 317.232.6330

FAX: 317.233.4393

GREG ZOELLER
INDIANA ATTORNEY GENERAL

July 19, 2012

National Highway Traffic Safety Administration
400 7th Street SW
Washington, DC 20590

Re: [REDACTED] AG File No. 12-CP-58553

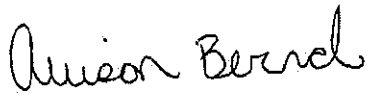
Dear (NHTSA) National Highway Traffic Safety:

Enclosed is a consumer complaint that our office received from the above-referenced consumer. Since it appears that your office may be in a better position to assist in this matter, we are referring it to your attention.

Indiana law requires that we request that you investigate this complaint and report to us upon your disposition of the complaint. Ind. Code § 4-6-9-4 (a) (6). The enclosed information and above-referenced request are submitted in accordance with the statute.

Thank you for your attention to this matter.

Sincerely,


Allison Bernd

MC
080812
DW



CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

JUL 06 2012

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** include your Social Security Number on this form or in any accompanying documents.

ATTORNEY GENERAL OF INDIANA
CONSUMER PROTECTION

1. YOUR INFORMATION

Mr. Mrs. Miss Ms. Dr.

Name [Redacted]

Address [Redacted]

City Indianapolis State IN

ZIP [Redacted] County Hamilton

Age 18-24 25-34 35-44 45-54 55-64 65+

Phone [Redacted] Day

Are you or your spouse active military? Yes No

E-mail [Redacted]

2. WHO IS YOUR COMPLAINT AGAINST?

Name/Firm Keystone RV/Goodyear Tire

Address Keystone RV Company
2642 Hackberry Drive
PO Box 2000

City Goshen State IN

ZIP 46527 County Elkhart

Phone (574) 535-2100

E-mail _____

Person you dealt with Customer service

3. WHEN DID TRANSACTION/INCIDENT OCCUR? Date _____

4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)

At the firm's place of business By Mail

My home By Internet/e-mail

Away from the firm's place of business (work, convention, etc.) By telephone

Other

5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM?

I telephoned the firm I went to the firm's place of business

I responded to a TV/radio ad I received a telephone call from the firm

A person came to my home I responded to an offer on the Internet

I received information by e-mail I responded to a printed advertisement

I received information in the mail Other _____

6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC?

The nature and status of your complaint and the name of the firm? Yes No

Your name? Yes No

Your phone number? Yes No

7. WHAT WAS THE TRANSACTION FOR?

My business

My family/household

My farm

8. HOW DID YOU PAY?

Cash Credit Card Medicaid Private Insurance

Check Installment Loan Medicare Other

9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT. Yes No

For Office Use Only:

Ind	Prac	PL	MO	NL	NJ	OA	Inv.	Sec	File #
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National Highway Traffic Safety Admin

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10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable) Yes No

When? There have been several occasions when I had tire fa Action taken? NO

11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT? No

When? Action taken?

12. HAVE YOU CONTACTED A PRIVATE ATTORNEY? Yes No**13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.** Yes No**14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.** Yes No**15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$****16. PLEASE DESCRIBE YOUR CDMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)**

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.

I am not sure if you can assist me I CERTAINLY HOPE YOU CAN.

I own a 2009 Keystone Montana 5th wheel camper. I have had 5 tire failures on the camper. My pressures are good my weight of the camper is under gross weight and I drive at a reasonable speed. I have asked the place I purchased the camper from and their reply is sorry can't help. I have talked to the tire manufacture Goodyear(the tire was made in China) same response not our problem and I've talked to the manufacture of the camper Keystone same reply not our fault. I would like to know who's fault this is they put tires that have been exploding all over the country they have a nickname of CHINESE BOMBS. There are literally hundreds of blogs about these tires and how they are JUNK. This is a potential life threating issue also when a tire explodes on the interstate who knows where the tread is going to land

Mv question is can anythina be done to hold someone accountable for these TRASH tires?

17. HOW WOULD YOU LIKE YOUR CDMPLAINT RESOLVED?

At very least get these tire off the market and compensation for the four tires I have had to purchase.

18. CONSENT AND VERIFICATION

I affirm, under the penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the reisease of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement.

I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

7/5/2012 9:15:35 AM

Your Signature

Date

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

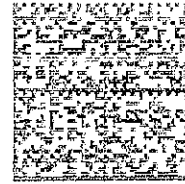
The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL CDMPLETED FORMS TO:

Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th floor
302 West Washington Street
Indianapolis, IN 46204
PH: 317-232-6330 • FAX: 317-233-4393
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