

 INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received NOV 19 2012 11-SEP-2012	Repository <input type="checkbox"/> Reference No. 10475088
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City COLUMBUS	State MT	Zip Code [REDACTED]	
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4YDF3462X94 [REDACTED]	Make KEYSTONE	Model MONTANA	Model Year 2009
Date Purchased July 2009	Dealer's Name and Telephone Number PIERCE RV, Bldg #11, 406-655-8000	Engine: No: Cylinders	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City Billings MT, 59108	State MT	Zip Code 59108
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 06-SEP-2012
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 190000 TIRES, 190000 TIRES		Failure Mileage 25985	Failure Speed 65
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make BF GOODRICH	Tire Model (Name or Number) COMMERCIAL T/A A/S	Tire Size (Example P215/65R15) * 235/85R16	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: PASSENGER SIDE FRONT	
Tire Component Code 190000 TIRES	Tire Failure Type: BLOWOUT		
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).			
TL* THE CONTACT OWNS A 2009 KEYSTONE MONTANA RECREATIONAL VEHICLE EQUIPPED WITH BF-GOODRIDGE LOW RANGE TIRES, SIZE 235-85-R16. THE CONTACT STATED THAT WHILE DRIVING AT 65 MPH, THE RIGHT PASSENGER SIDE TIRE BLEW OUT AND 80 MILES LATER THE DRIVER REAR SIDE TIRE BLEW. THE TIRES WERE NOT REPLACED. THE RV SUSTAINED DAMAGED TO THE FRONT END PANEL, INSULATION, AND BRAKE WIRES. THE DOT WAS NOT AVAILABLE. THE TIRES FAILURE MILEAGE WAS 15,000 AND THE RECREATIONAL VEHICLE FAILURE MILEAGE WAS 25,985.			
Damage on both sides of RV. Also we spent \$1,300 on NEW Tires. These tires were recalled, ours had a different dot production date but we had tread loss & tread belt separation the same as on BF Goodrich recall sheet.			
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.			

BF Goodrich Safety Recall Notice NHTSA # 12T-019
 Wouldn't even talk bills. July 26, 2012



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

You may wish to review your policy, in particular these provisions. They form the basis for our decision about no coverage:

PART IV - DAMAGE TO YOUR CAR

Coverage F - Comprehensive

We will pay for **loss** to **your insured car** caused by any accidental means except **collision**, less any applicable deductibles. Any deductible amount will apply separately to each loss.

Exclusions

This coverage does not apply to **loss**:

7. Due and confined to wear and tear, freezing, mechanical or electrical breakdown or failure, or road damage to tires.

Other provisions of your policy may apply, so we recommend you review your entire policy. If you have any questions about it or if you disagree with any of the facts about your loss, please give me a call at 1-800-527-3907, ext. 47975.

Should you wish to take this matter up with the State of Arizona Department of Insurance, you may write or visit them at 2910 North 44th St., Ste. 210, Phoenix, Arizona 85018-7256. The Arizona Department of Insurance can be reached by dialing 1-800-325-2548.

Sincerely,

\$ 2,186.90

Farmers Insurance Exchange

Kristine Johnson
Claims Department

left side of R.V. Drivers side
3:15 P.M. 235 85 R-16 B.F. Goodrich
Tires

also we had to buy new
tires & they cost \$1,300.00

We have the old tires in
storage

The ones that blew out

C10138

RV Form

Year/Make/Model: 2009 montana 5TH WHEEL

VIN#: 4YDF3462X94 [REDACTED]

Labor Rate: \$85/ Hour

Enclosed you'll find an estimate for repairs. It reflects the covered damages we know about at this time. If there are additional damages not accounted for in this estimate, please let us know about them. We need to review with you any changes or additional work before it begins.

Here are a couple of reminders about the repair work and your policy:

1. Various state laws prohibit us from requiring you have repairs performed at a particular recreational vehicle repair shop. You have the right to select a recreational vehicle repair shop of your choice.
2. If we have recommended a recreational vehicle repair shop and you agree to use this shop, then your recreational vehicle will receive repairs that return it to its pre-loss condition with respect to safety, function, and appearance. You'll pay no additional costs beyond what your policy states or the law allows.
3. If your damage is not repaired, it may get worse. There may not be coverage if there is further damage, so please make sure the work is completed promptly.

If you have an estimate that is higher than this one, please call me at (616) 956-4432
You can also fax it to: 1-877-452-3957 (please write your claim number on your estimate).

If I can provide you with further help on your claim, please contact me

Farmers Insurance Exchange

Kristine Johnson



CLAIM NO.: [REDACTED]		Reinspection <input type="checkbox"/>		INSURED	
Policy No.: [REDACTED]		[REDACTED] and [REDACTED]			
Date of Loss: 09/06/2012 2:00 PM		COLUMBUS, MT, [REDACTED]			
Type of Loss: Other		Home phone: [REDACTED]		Business phone:	
Year Built: Cat No.:		Mobile phone:		Bus. Fax:	
Adjuster: Kristine Johnson		Contact:		Loss address:	
Phone: (616) 956-4432		[REDACTED]			
Email: claims.mail @foremost.com		COLUMBUS, MT, [REDACTED]			
Originated: 09/20/2012, 2:50 PM by Kristine Johnson					
POLICY [REDACTED]					
Policy Type:		Renewed: time(s)			
Effective from:		to:			
Coverage		Limits	Deductible	Reserve	
Comprehensive Fifth Wheel			\$500.00		



FARMERS

Farmers Insurance Exchange
PO Box 268994
Oklahoma City, OK 73126-8994
Toll Free Phone 1-800-435-7764 Toll Free Fax 1-877-217-1389

ESTIMATE: Structure

Claim # [REDACTED] and [REDACTED]

In progress

Total Materials:	\$812.60
Total Labor:	\$1,374.30
Estimate Subtotal:	\$2,186.90

Total Coverage Comprehensive Fifth Wheel:	\$2,186.90
Coverage Comprehensive Fifth Wheel Deductible:	\$(500.00)
Net Coverage Comprehensive Fifth Wheel Total:	\$1,686.90
Amount Payable on Coverage Comprehensive Fifth Wheel:	\$1,686.90

Estimate Total:	\$1,686.90
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Farmers Insurance Exchange
 PO Box 268994
 Oklahoma City, OK 73126-8994
 Toll Free Phone 1-800-435-7764 Toll Free Fax 1-877-217-1389

Description	Quantity	Unit Price	Per	Total Cost
ESTIMATE: Structure				
<input checked="" type="checkbox"/> In progress				

Claim # [REDACTED] and [REDACTED]

FLOORPLAN: Floorplan

General Items

1 Aluminum Radius Metal - Pre-Painted - Remove	12.00	\$4.25	LF	\$51.00
2 Aluminum Radius Metal - Pre-Painted - Replace	12.00	\$22.25	LF	\$267.00
3 Decals Pics/Shapes 3Sqft-Higher - Models 2000-07 - Replace	1	\$60.50	EA	\$60.50
4 Belt Molding - Remove	12.00	\$4.25	LF	\$51.00
5 Belt Molding - Replace	12.00	\$6.35	LF	\$76.20
6 Underbelly Darco Wrap - Remove	12.00	\$21.25	LF	\$255.00
7 Underbelly Darco Wrap - Replace	12.00	\$28.75	LF	\$345.00
8 Batt Insulation 6", R19 - Remove	96.00	\$0.65	SF	\$62.40
9 Batt Insulation 6", R19 - Replace	96.00	\$1.60	SF	\$153.60
10 Wheel Well - Aluminum - Remove	1	\$42.50	EA	\$42.50
11 Wheel Well - Aluminum - Replace	1	\$412.50	EA	\$412.50
12 Fender Skirt Plastic Double Or Tandem Axle - Remove	1	\$34.00	PR	\$34.00
13 Fender Skirt Plastic Double Or Tandem Axle - Replace	1	\$156.20	PR	\$156.20
14 Labor to repair damaged wiring.	2	\$85.00	HR	\$170.00
15 Shop Supplies	1	\$50.00	EA	\$50.00
<input checked="" type="checkbox"/> Hardware/ staples and additional caulk and tape needed to complete repair.				
16 Freight & Crate **OPEN**	1	\$0.00	EA	\$0.00
<input checked="" type="checkbox"/> We reimburse for Freight & Crate upon invoice. Please have shop forward any shipping invoices to us. Fax to (877)452-3957 ATTN: Claim Number.				

General Items - Subtotal (16 items)

Floorplan - Subtotal (16 items)	\$2,186.90
	\$2,186.90

RV Form

Year/Make/Model: 2009 KEYSTONE MONTANA

VIN#: 4YDF3462X94 [REDACTED]

Labor Rate: \$85/ Hour

Enclosed you'll find an estimate for repairs. It reflects the covered damages we know about at this time. If there are additional damages not accounted for in this estimate, please let us know about them. We need to review with you any changes or additional work before it begins.

Here are a couple of reminders about the repair work and your policy:

1. Various state laws prohibit us from requiring you have repairs performed at a particular recreational vehicle repair shop. You have the right to select a recreational vehicle repair shop of your choice.
2. If we have recommended a recreational vehicle repair shop and you agree to use this shop, then your recreational vehicle will receive repairs that return it to its pre-loss condition with respect to safety, function, and appearance. You'll pay no additional costs beyond what your policy states or the law allows.
3. If your damage is not repaired, it may get worse. There may not be coverage if there is further damage, so please make sure the work is completed promptly.

If you have an estimate that is higher than this one, please call me at (616) 956-4432
You can also fax it to: 1-877-452-3957 (please write your claim number on your estimate).

If I can provide you with further help on your claim, please contact me

Farmers Insurance Exchange

Kristine Johnson

Right side of R.V. Passenger's side
10⁰⁵ A.M. 235 85 R16 B.F. Goodrich
Tires
\$ 2,459.13



Farmers Insurance Exchange
 PO Box 268994
 Oklahoma City, OK 73126-8994
 Toll Free Phone 1-800-435-7764 Toll Free Fax 1-877-217-1389

Description	Quantity	Unit Price	Per	Total Cost
ESTIMATE: Structure Claim [REDACTED] and [REDACTED]				
<input type="checkbox"/> In progress				
<input checked="" type="checkbox"/> FLOORPLAN: Fifth Wheel				
<input checked="" type="checkbox"/> Driver's Side Damage				
1 Fender Skirt Plastic Double Or Tandem Axle - Remove	1	\$34.00	PR	\$34.00
2 Fender Skirt Plastic Double Or Tandem Axle - Replace	1	\$156.20	PR	\$156.20
3 Wheel Well - Aluminum - Remove	1	\$42.50	EA	\$42.50
4 Wheel Well - Aluminum - Replace	1	\$412.50	EA	\$412.50
5 Labor to repair damaged wiring	2	\$85.00	HR	\$170.00
6 Belt Molding - Remove	16.00	\$4.25	LF	\$68.00
7 Belt Molding - Replace	16.00	\$6.35	LF	\$101.60
8 Aluminum Radius Metal - Pre-Painted - Remove	16.00	\$4.25	LF	\$68.00
9 Aluminum Radius Metal - Pre-Painted - Replace	16.00	\$22.25	LF	\$356.00
10 Labor To Cut And Trim For Openings - Replace	6	\$85.00	EA	\$510.00
11 Styrofoam/Beadboard Insulation 1 1/2" Thickness - Remove	4.00	\$1.28	SF	\$5.12
12 Styrofoam/Beadboard Insulation 1 1/2" Thickness - Replace	4.00	\$2.13	SF	\$8.52
13 Underbelly Darco Wrap - Remove	8.00	\$21.25	LF	\$170.00
14 Underbelly Darco Wrap - Replace	8.00	\$28.75	LF	\$230.00
15 Water Heater Exterior Access Door Suburban (10 Gal Water Htr) - Remove	1	\$12.75	EA	\$12.75
16 Water Heater Exterior Access Door Suburban (10 Gal Water Htr) - Replace	1	\$63.94	EA	\$63.94
17 Shop Supplies	1	\$50.00	EA	\$50.00
<input checked="" type="checkbox"/> Hardware/ staples and additional caulk and tape needed to complete repair.				
18. Freight & Crate **OPEN**	1	\$0.00	EA	\$0.00
<input checked="" type="checkbox"/> We reimburse for Freight & Crate upon invoice. Please have shop forward any shipping invoices to us. Fax to (877)452-3957 ATTN: Claim Number.				
Driver's Side Damage - Subtotal (18 items)				\$2,459.13
Fifth Wheel - Subtotal (18 items)				\$2,459.13



Farmers Insurance Exchange
PO Box 268994
Oklahoma City, OK 73126-8994
Toll Free Phone 1-800-435-7764 Toll Free Fax 1-877-217-1389

ESTIMATE: Structure

Claim # [REDACTED] and [REDACTED]

In progress

Total Materials:	\$808.39
Total Labor:	\$1,650.74
Estimate Subtotal:	\$2,459.13
Total Coverage Comprehensive:	\$2,459.13
Coverage Comprehensive Deductible:	\$(500.00)
Net Coverage Comprehensive Total:	\$1,959.13
Amount Payable on Coverage Comprehensive:	\$1,959.13
Estimate Total:	\$1,959.13







PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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7011 2000 0002 7018 4973



680

UNITED STATES POSTAGE

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ATTENTION:
Randy REID
CHIEF

U. S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, M
1200 NEW JERSEY AVENUE SE,
WASHINGTON, D. C. 20077-9382

WYS-226

**RETURN RECEIPT
REQUESTED**