



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

Date Received  
**RECEIVED**

SEP - 1 AM 10:30

od or \_\_\_\_\_  
 dt \_\_\_\_\_  
 oc \_\_\_\_\_  
 up\_tr \_\_\_\_\_

Reference No.

**554275**

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
 Birth Date: [Redacted]  
 City: [Redacted]

OFFICE OF DEFECTS INVESTIGATION

Daytime 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: [Redacted] Date: 8/12/2000

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN) (17 Digits) JT4JM11D5T0014920		Make TOYOTA <del>1996</del>	Model TOYOTA T100	Year 1996
Purchased Date August 1996	Dealer's Name Garden Grove Toyota	Engine Size (CID/CC/L) 2.7	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Garden Grove	State CA	Zip Code 92644	No. Cylinders 4 <input type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar) 04/96	Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

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

Part Name(s) Tire	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Brand Yokoyama	Tire Name Super Digger - IV	Complete Tire Size P215/75R15
No. of Failures 4	Date(s) of Failure(s) 7-19-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mileage at Failure(s) 79928	Vehicle Speed at Failure(s) 60 Mile	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1 person	Number of Fatalities None	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):  
 Saw memo. I have neck pain & back pain.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Renee Shute.

**SAFECO INSURANCE COMPANY**  
SAFECO Insurance Company-19A  
17570 Brookhurst St.  
Fountain Valley, CA 92708  
(800) 332-3226 Fax: (949) 726-1183

**ESTIMATE OF RECORD**

Written by: Renee Shute # 07/24/2000 11:31 AM  
Adjuster: CACLM # →



**Claim #19AC02021401-001**  
Policy # A02293082  
Date of Loss: 07/19/2000 at 07:00 PM  
Type of Loss: Collision  
Point of Impact: 6. Rear

**Inspect** INSD'S RESIDENCE  
**Location:**

**Day:** (714) 680-0677  
OTHER

**Repair** UNDECIDED  
**Facility:**

12 Days to Repair  
License #

1996 TOYO T100 4X2 4-2.7L-FI 2D P/U WHITE Int:  
VIN: JT4JM11D5T0014920 Lic: 5J69444 CA Prod Date: 04/1996 Odometer: 80772  
Clear Coat Paint Power Steering Power Brakes  
Driver Airbag

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		REAR BUMPER					
2		O/H rear bumper					
3		Deduct for Rear Bumper P.U.				1.0	

07/24/2000 at 11:33 AM  
15851

19AC02321401-C01

**ESTIMATE OF RECORD**

1996 TOYO T100 4X2 4-2.7L-FI 2D P/U WHITE Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
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07/24/2000 at 11:33 AM  
15851

19A002021401-001

**ESTIMATE OF RECORD**

1996 TOYO T100 4X2 4-2.7L-FI 2D P/U WHITE Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
37#		Color match	1		0.5	
Subtotals ==>				742.37	30.5	11.6

Line 4 : NO LKQ ASSY/COMSEARCH REF#1723. NO ADD PARTS LISTED; ASSY ASSUMED .  
DMG TO BRKTS, STEP PAD & FILLER. REINFORCED STEP BUMPER TOO BADLY  
DMG'D FOR RECON.

Line 13 : TOYOTA LOGO OPEN TO INVOICE.

Line 35 : LKQ ASSY LOCATED AT HOLMES MINI-TRUCK 714-639-6344.

Estimate Notes:

DMG TO FRAME OPEN.

Parts		730.37
Parts Discount	\$ 673.37 -10.0%	-67.34
Body Labor	30.5 hrs @ \$ 28.00/hr	854.00
Paint Labor	11.6 hrs @ \$ 28.00/hr	324.80
Paint Supplies	11.6 hrs @ \$ 18.00/hr	208.80
Sublet/Misc.		12.00
SUBTOTAL		\$ 2062.63
Sales Tax	\$ 871.83 @ 7.7500%	67.57
TOTAL COST OF REPAIRS		\$ 2130.20
ADJUSTMENTS:		
Deductible		500.00
TOTAL ADJUSTMENTS		\$ 500.00
NET COST OF REPAIRS		\$ 1630.20

## Fax

**To:** Yokohama Tire Co.  
601Acaia Ave.  
Fullerton CA

**Fax #:** 714-870-3841  
**Tel #'s:** 1-800-423-4544 (Ann Scott)  
714-840-3899 (Mr. Sean)  
714-870-3897 ex 3876

**ATTN:** Mr. Gill Mariote

**Ref:** CR 00235 Customer Complaint File

Two Yokohama tires failed on the California freeways, of which the second failure is subject to California collision report 9670 with major damage to owner's vehicle. This required 12 days to repair.

The defective tire and rim were picked up by Federal Express and returned to Yokohama. The rim and tire are in Yokohama's possession. The owner would like the rim back as he needs a spare tire.

The first tire was replaced by a dealer. The cause of failure: blow out. No damage was done to the car.

All four tires on this vehicle are Yokohama tires and were replaced at the same time in 1999. Of the two remaining tires, one had a bulge in it, and the other could not be balanced. These two tires were replaced today 8/25/00 and are in Mr Chen's possession if you wish to see them.

A commitment was made by Ann Scott to replace the tires at a local Yokohama dealership (American Tire Corp. in Huntington Beach). The effort was coordinated by Ann Scott and Steve Tauber (tire manager phone: 714-901-8226). This was to occur on 8/20/00.

The vehicle is the owner's livelihood (as a painter). He was out of work two weeks due to the failure of Yokohama tires. He would be perfectly satisfied to receive compensation for four new tires. However there has been total silence by Yokohama. It is suggested he obtain counsel other than myself.

Jim Newman  
16312 Mandalay Circle  
Phone #: 714-846-9418

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COLLISION REPORT INFORMATION**  
CHP 418 (Rev. 8-98) OPI 042

DATE 7-19-00	TIME 1900
NCIC NUMBER 9670	OFFICER'S I.D. NUMBER 15847

CALIFORNIA HIGHWAY PATROL  
WESTMINSTER AREA  
13200 GOLDEN WEST STREET  
WESTMINSTER, CA 92683  
(714) 882-4425

YOUR VEHICLE WAS REMOVED TO:

A copy of the collision report can be obtained from the address above and will normally be available within 10 days from the date of the collision. A request by mail is preferred and must include: date, time, NCIC number, and Officer's I.D. number printed above. The certification for purchase information (see reverse) must also be completed, signed and attached to your written request with your check for payment. Make your personal check or money order payable to the California Highway Patrol (CHP) for \$6.00.

Reports may also be obtained in person during the office hours stamped above. Please call to determine if the report is ready. In the event the cost exceeds \$6.00, you will be notified. Reports are retained 4 years.