

785966

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 4/23/02 5:20PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Tuesday, April 23rd 2002 at 5:20:05 PM

VEHICLE OWNER'S QUESTIONNAIRE

=====

OWNER INFORMATION



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1GKGC26R9XJ734099
MAKE: GMC
MODEL: Suburban
YEAR: 1999

ODOMETER: 52025
PURCHASE DATE: 04/01/01
NEW OR USED:

DEALER NAME: Maroony Chevrolet
ADDRESS: Green Acers, FL 33467

ENGINE SIZE:
CYLINDERS: 6

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: Rear
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Van

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Tire (rear drivers side) de-lamination

PART NAME(S): Tire (rear drivers side while in transit from NC to FL (11/25/01 I-95 GA)

LOCATION: Left Rear

NUMBER OF FAILURES: 1

DATE(S) OF FAILURES: 11/25/01

MILEAGE AT FAILURE(S): 52025

SPEED AT FAILURE(S): 60 MPH

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:
FIRE:

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOTVN11B1A318
TIRE MANUFACTURER: Firestone
TIRE NAME: Steel TEX Radial R4S II



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 778

Date Received

23-APR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

785966

OWNER INFORMATION (Type or Print)

FRANK SANTORA 752850
6659 LAKE LORAN WAY
LAKE WORTH FL 33467

Work Number

Home Number 561-966-1442

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKGC26R9XJ734099	FIRESTONE	FIRESTONE	1900	

Purchase Date 01-APR-2001	Dealer's Name _____	Engine Size (CID/CC/L 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 25-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 52025		
	Vehicle Speed at Failure(s) 60		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------------------

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE IN MOTION, LEFT REAR TIRE ON VEHICLE DE-LAMINATED. CONSUMER SENT TO FIRESTONE FOR INSPECTION. CONSUMER WOULD LIKE TO RECOVER MONIES PAID OUT OF POCKET FOR DEFECTIVE TIRE. FIRESTONE STEELTEX RADIAL R4S II, 245/75R16, DOT NUMBER VN11B1A318 1JG

CONTINUE ON REVERSE

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.

TIRE SIZE: LT245/75R16

ADDITIONAL COMMENTS

The tire de-laminated while returning from NC. I have sent the tire back to Firestone for their inspection, they said the tire was under inflated, I know it was not because I checked it my self. I would like to know if anyone else has reported problems with this tire. I would like to take Firestone to court to recover the cost of repairs to my GMC Suburban (Aprox \$ 1100 + shipping and handling charges. Can you help me out on this problem and give me some direction or information on tire failure for this model.

END OF FORM



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 778

Date Received

23-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785966

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Lowercase letters and numbers only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKGC26R9XJ734099	GMC	SUBURBAN	1999	

Purchase Date 01-APR-2001	Dealer's Name _____	Engine Size (CID/CC/L 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 25-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 52025		
	Vehicle Speed at Failure(s) 60		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------------------

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE IN MOTION, LEFT REAR TIRE ON VEHICLE DE-LAMINATED. CONSUMER SENT TO FIRESTONE FOR INSPECTION. CONSUMER WOULD LIKE TO RECOVER MONIES PAID OUT OF POCKET FOR DEFECTIVE TIRE. FIRESTONE STEELTEX RADIAL R4S II, 245/75R16, DOT NUMBER VN11B1A318 1JG

COPIES OF THIS FORM ARE:

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.