

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 294

Date Received

07-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866928

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>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| | FIRESTONE | FIRESTONE | 1900 | |

| | | | |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |

| | | | | | | |
|---|--|--|--|---|--|---|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|------------------------------|--|---|
| Component 02740000 | Part Name(s) TIRES; TREAD | Location | Failed Part(s) |
| | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |

| | | | |
|----------------------|---|---|---|
| No. of Failures 3 | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? Yes No | NHTSA Previously Contacted? Yes No |
|----------------------|---|---|---|

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

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

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

TREAD ON THE TIRES HAD STARTED TO SEPARATE. DEALER HAS REPLACED THE TIRES THREE TIMES. *AK

CONTINUED ON BACK IF NEEDED

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.

| | |
|---|---|
| <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 284</p> <p>Date Received: 07-AUG-2000 AUG 24 AM 9:59 OFFICE OF DEFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p> <p>Reference No. 866928</p> <p>Work Number _____</p> <p>Home Number _____</p> |
| <p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>626094</p> | |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an _____ your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date **08/21/00**

| VEHICLE INFORMATION | | | | | | |
|---|---|--|--|---|---|---|
| Vehicle Ident. No. (VIN) 1G1NE52M3WY150790 | Vehicle Make CHEV | Vehicle Model MALIBU | Vehicle Year 1998 | Current Odometer Reading 26,100 mi | | |
| Purchase Date Aug 1998 | Dealer's Name Bob Steele Chevrolet | | Engine Size (CID/GCIL) 3.1 L | <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 | City Corcoran | State FL | Zip Code 32925 | No Cylinders 6 | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|--|---|--|
| Component 02740000 | Part Name(s) TIRES:TREAD | Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear | Failed Part(s): <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement |
| No of Failures 2 sets of 4 | Date(s) of Failure(s) _____ Mileage at Failure(s) 13991/14398 25476/25500 Vehicle Speed at Failure(s) speed limit or less | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

TREAD ON THE TIRES HAD STARTED TO SEPARATE. DEALER HAS REPLACED THE TIRES THREE TWO TIMES. *AK NOW ON 3rd set

CONTINUE ON BACK IF NEEDED

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT PCS PEC1139MS

MANUFACTURER/TIRE NAME TOURING T2
FIRESTONE AFFINITY

SIZE P215 60R16

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

- ① Leased car from Bob Steele Chevrolet. (Aug 1998)
- ② Followed all maintenance requirements, including scheduled tire rotation.
- ③ No flaws found, to our knowledge, on rotation.
- ④ We began to notice a "thumping" noise, thought it was a tire going flat. We checked all tires with a tire gauge, they were properly inflated.
- ⑤ Thumping got worse. Took car to Bob Steele Chev. They changed out all 4 tires. Stated the ~~treads~~^{BEETS} were separating.
- ⑥ A second time the tires emitted the thumping sound - Again the tires were replaced by Bob Steele.
- ⑦ Our car is garaged when not in use, NOT IN hot sun.
- ⑧ We are very concerned, and request these tires be replaced with a different brand and the public made aware that passenger tires also are defective and unsafe.
- ⑨ We were told by Bob Steele to go to Firestone dealer, they said our tires weren't on recall.
- ⑩ Copies of documents enclosed.

U.S. G.P.O.: 1992-623-887 / 80086

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

121074

BOB STEELE CHEVROLET, INC.

"SEE STEELE BEFORE YOU DEAL"

2800 W. HWY 520
Telephone (321) 632-6700
COCOA, FLORIDA 32928
MV# - 06007

PAGE 1

SERVICE ADVISOR: 156 WILLIAM G WALDEN

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|---------------|---------------|--|-------------------|---------|----------------|---------|-----------|
| GRN | 1998 | CHEVROLET MALIBU | 1G1NE52M3WY150790 | | 25496/25500 | 14927 | |
| DEL DATE | PRCD DATE | WARR EXP | PROMISED | PC NO | RATE | PAYMENT | INV DATE |
| 05JUL1998 | 08DEC97 | | WAIT 10JUL00 | | 58.95 | | 10JUL2000 |
| R.O. OPENED | READY | OPTIONS: SK:8473 DLR:26463 ENG:3.1 Liter V6 MT | | | | | TRN:MX0 |
| 08:30 10JUL00 | 14:10 10JUL00 | | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL | | | | | | |
|--------|--------|---------|----------------|-------|------|-------|-------|---------|------|------|------|-----|-------|
| A | AC | WILL | INTERMITTENTLY | OUT | OFF | LIGHT | ON | CONTROL | HEAD | WILL | TURN | OFF | |
| CAUSE: | | | | | | | | | | | | | |
| CHARGE | | | | | | | | | | | | | |
| 184 | W40 | 0.00 | | | | | | | | | | | (N/C) |
| 226 | 26183 | CONTROL | | | | | | | | | | | (N/C) |

| | | | | | | | | |
|---|------|--------|------|--------|------|---------------|------|-------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE A: | 0.00 | |
| 25496 CONTROL HEAD SHORTING OUT W REPLACED COMPLETE AC CONTROL HEAD | | | | | | | | |
| E TRUMPING NOISE FROM ONE OF WHEELS | | | | | | | | |
| CAUSE: | | | | | | | | |
| 0 NO CHARGE | | | | | | | | |
| 184 | W40 | 0.00 | | | | | | (N/C) |

| | | | | | | | |
|--|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE B: | 0.00 |
| 25500 BELTS IN TIRES COMING APART W MOUNTED AND BALANCED ALL FOUR NEW TIRES TEST DRIVE | | | | | | | |
| ***** | | | | | | | |

A STANDARD CHARGE FOR SUPPLIES AND MATERIALS IS MADE ON EACH REPAIR ORDER. THE AMOUNT OF THIS CHARGE WILL BE 3% OF THE TOTAL LABOR CHARGE. THIS WILL BE SHOWN IN THE RIGHT HAND CORNER OF REPAIR ORDER IN THE SPACE PROVIDED. THE MAXIMUM AMOUNT CHARGED WILL BE \$13.00.

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 111 YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

SIGNED: DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

LIMITED WARRANTY. The only warranties applying to the parts installed in accordance with this estimate are those that may be offered by the manufacturer. The seller hereby expressly disclaims warranties, a clear approval or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumed nor authorized any other person to assume for it any liability in connection with the sale of products or service sold under the terms of this estimate. Parts and labor are guaranteed for 12 months unlimited miles. Seller does not guarantee that the work performed in accordance with this estimate will correct any problem asserted on the description of the complaint.

CUSTOMER SIGNATURE

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 0.00 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 0.00 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 0.00 |

"SEE STEELE BEFORE YOU DEAL"

INVOICE

2800 W. HWY 520
Telephone (407) 632-6700
COCOA, FLORIDA 32926
MV# - 06007



PAGE 1

SERVICE ADVISOR: 45 ROBERT G DODGE

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE:IN/OUT | TAG | |
|---------------|---------------|------------------|---|---------|----------------|---------|-----------|
| GRN | 1998 | CHEVROLET MALIBU | 1G1NE52M3WY150790 | | 13997/14348 | 03860 | |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | PO: NO. | RATE | PAYMENT | INV. DATE |
| 05.JUL1998 | 08DEC97 | | WAIT 17SEP99 | | 55.95 | | 17SEP1999 |
| R.O. OPENED | READY | OPTIONS: | STK:8473 DLR:26463 ENG:3.1 Liter V6 MFI | | | | |
| 08:24 02SEP99 | 15:19 17SEP99 | TRN:MXC | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|------|------|-------|------|------|-------|
| A | | | | | | | |
| A NOISE IN DRIVE TRAIN WHILE DRIVING. | | | | | | | |
| CAUSE: | | | | | | | |
| NO CHARGE | | | | | | | |
| | | | | 216 | W43 | 0.00 | (N/C) |
| PARTS: \$0.00 LABOR: \$0.00 OTHER: \$0.00 TOTAL LINE A: \$0.00 | | | | | | | |

4348 TIRES W FOUND ALL FOUR TIRES DEFECTIVE, DISMOUNTED ALL FOUR TIRES, REMOUNTED AND BALANCED FOUR NEW TIRES. ROAD TESTED OK.

| | | | | |
|---|---|---|---|--|
| ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (3) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE | THE ONLY WARRANTY APPLYING TO THIS PARTIAL AD INVOICE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PARTIAL AD/INVOICE SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENT DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. | DESCRIPTION LABOR AMOUNT PARTS AMOUNT GAS, OIL, LUBE SUBLET AMOUNT MISC. CHARGES TOTAL CHARGES LESS INSURANCE SALES TAX PLEASE PAY THIS AMOUNT | TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | |
| | AB IS | | | |
| | I SIGNED: | DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) | CUSTOMER SIGNATURE | |
| | | | | |
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CUSTOMER COPY