

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

335

Date Received

21-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

868171

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	FR721	1900	

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

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"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	<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 Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Q2740000	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	Date(s) of Failure(s) 15-AUG-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	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)

PE00020 WHERE BROUGHT FROM A FIRE STONE STORE NOT ORIGINAL TIRES, 22570R15;
DOTHWUUF75084 10/31/94. CHEVROLET CAPRICE 1985. CONSUMER SAYS WHILE DRIVING ON THE
INTERSTATE FOR ABOUT 3 MILES, COMPLETE TREAD CAME OFF LEFT REAR WHEEL.

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.



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FOR AGENCY USE ONLY 335	
Date Received 00 SEP 14 PM 2:30 21-AUG-2000 OFFICE DEFECTS INVESTIGATION	Od. or Mileage at up. hr Reference No. 868171
Work Number	
Home Number	

OWNER INFORMATION (Type or Print)

627794

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 **9/7/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make FIRESTONE	Vehicle Model FR721	Vehicle Year 1900	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injector			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input 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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures One Failure Two more bad tires	Date(s) of Failure(s) 15-AUG-2000 Mileage at Failure(s) approximately 30,000. Vehicle Speed at Failure(s) 50 M.P.H.	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input 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 \$301.00 Damage to car	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE00020; TIRES BOUGHT FROM A FIRESTONE STORE AND WERE NOT ORIGINAL TIRES, 22570R15, DOTHWUUF75084, AN 10/31/94. CHEVROLET CAPRICE 1985. WHILE DRIVING ON THE INTERSTATE FOR ABOUT 3 MILES, COMPLETE TREAD CAME OFF LEFT REAR WHEEL.*AK

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 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.

August 30, 2000



Bridgestone/Firestone
Jay W. Stapp
One Bridgestone Park
P.O. Box 140991
Nashville, TN 37214-0991

Re: Failure of Firestone tire on I-24, 8-15-00, 11:00 A.M.,
10 mile west of Nashville, TN because of whole tire
tread separation resulting in a near wreck and damage
to car and tire.

Mr. Stapp:

Your statement in the last paragraph of letter of
8-24-00 is entirely false. We have offered to allow
Firestone adjusters to inspect tires at a time and place of
your choice.

We also have a long standing policy of not surrendering
evidence (Tires) of faulty products and poor service work on
car until a full settlement is reached and we are fully
reimbursed for our damages.

We have offered to meet with Firestone adjusters
anytime and place in order for Firestone adjusters to
inspect the tires and take samples if desired, but we have
no intention of surrendering the evidence (tires) until an
actual settlement is reached. This would insure tires are
not lost or tampered with.

We are requesting payment for car damage of \$301.00
and \$200.00 for faulty tires and unsatisfactory and poor
service work.

Sincerely



BRIDGESTONE/FIRESTONE TIRE SALES COMPANY

Jay W. Stapp
Senior Counsel
Phone: (615) 231-3184
Fax No.: (615) 882-3503

One Bridgestone Park
P.O. Box 140981
Nashville, Tennessee 37214-0981
Fax No.: (615) 872-2661

Ref. No. JWS- 104
August 24, 2000

Re: Claim Number 023867

Dear Mr. [REDACTED]

Thank you for taking the time to speak with me on Tuesday, August 23rd regarding the product liability claim you initiated with Bridgestone/Firestone on August 16, 2000.

As I explained to you, we have a long standing policy for all product liability claims which are submitted to Bridgestone/Firestone for consideration. It is imperative that we receive the tire here at our Nashville facility so that we may determine if the incident with your tire was caused by workmanship and materials or was user related. Once we receive the tire, our Technical Service staff will perform a non-destructive examination to determine the cause of the tire failure. If the tire failure is our responsibility, we will pay for the damage to your vehicle, car rental during repair, replacement value of your tire and shipping charges incurred, if any. If the tire failure is not our responsibility, we will tell you the reason for the failure (puncture, cut, etc.) and return your tire, if you wish.

This is our standard procedure, but from our conversation, it is apparent that this is not acceptable to you. To address your concerns and attempt to satisfy you, we offered the following:

1. To have someone from our staff come to your home in Springfield and pick up the tire and paperwork or meet you at the Firestone Tire and Service Center at the Rivergate Mall. I also told you, you could drop the tire by our Sales Office at the above address, if that was acceptable.
2. To inspect your tire and tell you the results of our examination within 24 hours after we receive it.
3. Once the inspection was complete, if for some reason the claim was denied, to have the tire returned to your home.
4. That if we denied your claim and for ANY reason, we did not return your tire, we would pay 100% of your claim as stated above.
5. You stated that you have other tires you felt had problems and I told you those tires should be inspected immediately or we could inspect those tires at the same time and deal with them the same way as described above.

Mr. Fuqua, we would very much like to work with you and attempt to get your problem resolved but thus far you have rejected all attempts that we have made. If you would like to work with us, please call me at your convenience. I may be reached at 615-231-3503.

Best regards,


Jay Stapp
Senior Counsel

JWS:jmj

INCIDENT REPORT

023867

Time and Place	Date of Incident 8/15/00	Time AM/PM 11:00 AM	Exact Location Where Incident Occurred I-24 between Exit 35 and O.H.B. Ex t		
Customer Vehicle	Vehicle Make Chevrolet	Year 1985	Model Caprice	Mileage 138,000	
	Owner of Auto	[REDACTED]			
	Address				
	Driver				
	Address				
	Passeng				
	Address				
6236 State Line Road					
Property Damage to Customer's Car	Damage to Customer Vehicle			Estimated Cost	
	Damage to Wheel Well, Left Cur. Panel and Moulding			\$301.15	
	Have you submitted this to your insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Are you planning to submit this claim to insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Has your vehicle been repaired? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DEDUCTIBLE AMOUNT _____				
Customer Insurance Co. (Please include telephone number)					
Property Damage to Other Car (If applicable)	Was another Vehicle involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name and Address		
	Damage			Estimated Cost	
	Does Owner of Vehicle Have Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Covering Damages to Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Covering Damages or Injury to Other Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Other Property Damage				
Injured Person	Was Anyone Injured? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name and Address		
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Age	Occupation	Has Injured Person Retained an Attorney? Yes No
Injury	Nature of Injury				
	Any Disability Involved?				
Witness	Name			Address	
Tire Data (if available)	Size-Type FR 721 225/70 R 15	Mileage on Tire	DOT Number (10 digit # located on sidewall) HYUUF75084		Position Mounted Left Rear
Description of Incident	We got on I-24 at Exit 35 and about 3 miles later traveling at 50 M.P.H. all of the tread on the left rear tire suddenly came off. I nearly lost control of the car. (continue on back if necessary)				
Signature of Customer	[REDACTED]			Date Signed 8-22-00	

BFTS

023057

1515 Elm Hill Pike Unit 405
Nashville, TN 37210-3615
Fax No. 615-361-6707

8/16/00



Dear Mr. [Redacted]

As a follow-up to your phone conversation regarding the situation you experienced with your tire, you will find listed below the items that are required to process your claim for consideration:

1. Complete and sign the attached Incident Report.
2. Two estimates for the repair of your vehicle. (from a repair facility you would use)
3. A copy of the replacement tire invoice and legible shipping receipt.
4. Also, the tire that caused the damage **must** be shipped to us prepaid.

Upon receipt of **all** of the above items, we will advise you in writing of our decision, usually within 30 days.

Instructions for Shipping Your Tire And The Requested Paperwork

Please ship the tire by small package carrier, freight **PREPAID** to the following:

BFTS

1515 Elm Hill Pike #405

Nashville, TN. 37210-3615

A pre-addressed shipping tag is enclosed for use in shipping.

Thank you for your cooperation. If you have any questions, please feel free to contact us at 1-800-356-4644

Yours Truly,
Claims Processing

HELP US HELP YOU
HELPFUL HINTS FOR PROCESSING YOUR CLAIM

INJURIES: We take injuries of any kind very seriously. Therefore if injuries are claimed at the beginning or at any point in the process, we will forward your claim and all that we have received at that point to our legal department, in Akron, OH, for your protection. Our regional offices and Nashville office will not have any additional information concerning your claim.

INCIDENT REPORT: A complete "Incident report" will include information about the incident as completely as possible. Please include information on all parties on board. We can not process your claim without this information. If there are minors please list parents names also.

ESTIMATES: We do not usually send an investigator to inspect your vehicle, so we ask you to send us two (2) estimates from body shops you would use. We will send estimates to an auditing bureau, for review, and will most likely choose the lower of the two estimates.

SHIPPING THE TIRE: Please send all the paperwork you have at the same time as you ship the tire. Sending partial packages will only delay your request for repair to your vehicle. We have found that the best way is to send them together either as a packing slip (envelope) or as part of the package. If you box the tire please use the address label, we send, on the outside of the box and be sure to put the paperwork inside the box.

INSURANCE COMPANY: You have the right to submit this to your insurance company, or have us consider you claim. If the insurance company is used your compensation will be reduced to your deductible, the pro-rata tire adjustment, your shipping cost and miscellaneous costs incurred and receipts sent to us to consider.

NO TIRE NO CLAIM: If you do not have the tire that did the damage to your vehicle Bridgestone/Firestone will not respond to your request except on a one by one basis through our claims processing in Nashville at (615) 231-3512 Norma Davis.

This is NOT AN AUTHORIZATION to repair

Damage to Engine, Transmission, or Rear Axle that may be found only by Road Testing is Not included, in this estimate.

Payne Chevrolet - Oldsmobile - Geo



PHONE: BUS. PHONE 384-5573
 NASHVILLE: 242-3481
 FAX: 382-1359
 HWY 41 SOUTH • SPRINGFIELD, TENN.



Oldsmobile

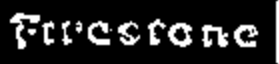
A - Align OH - Overhaul
 N - New S - Straighten or Repair R & R - Remove and Replace

NAME: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED] DATE: 8-15-00
 MAKE: Chevy TYPE: Van MODEL: Caprice LIC. NO.: [REDACTED]
 YEAR: 85 MILES: [REDACTED] SERIAL NO.: [REDACTED] ESTIMATED BY: [REDACTED] TEL: [REDACTED]

FRONT	LABOR HRS	PARTS	SUBLET & NET	FRONT	LABOR HRS	PARTS	SUBLET & NET	FRONT	LABOR HRS	PARTS	SUBLET & NET
Bumper				Left Center Post				Right Front Fender			
				Left Rocker Panel							
				Left R. Pan. Mid							
				Floor							
				Left Rear Door							
Park Lamps								Right Head Lamp			
Gravel Shield				5" Left Dr. Panel	2.5						
				N.W.A. body	1.5	2000		Floor Panel			
Grill				N.W.A. Rear	2.5	2500					
				Lower				Windshield			
				Left Tail Lamp							
Radiator				Rear System				Back Glass			
				Tail Pipes							
				Gas Tank				Instr. Panel			
				Rear Bumper				Front Seat			
Motor Mts.								Radio Aerial			
Front System				Rear Body Panel				Mirrors			
Frame				Trunk Lid				Truck Body			
								Left Bed Side			
								Left Bed Side Mid			
								Tail Lamp			
				Right Tail Lamp							
Steering								Tail Gate			
				Right Dr. Panel				Right Bed Side			
								Right Bed Side Mid			
								Left Fender			
								Right Fender			
Hood								Rear Cab Panel			
				Right Rear Door							
								Tires			
Left Head Lamp								Battery			
								Undercoating			
								Paint & Materials	2.0		250.0
								Wrecker Charges			
Left Front Fender				Right Center Post				Labor Hrs	5.1 @ 22 =	163.20	
				Right Rocker Panel				Parts		4800	
				Right R. Panel Mid				Glass			
				Floor				Sublet & Net		2500	
				Right Front Door				Sales Tax		2295	
Left Cow								TOTAL		30115	
Left Hing Piler											
Left Front Door				Right Cow							
				Right Hing Piler							

IMPORTANT
 Credit arrangements or insurance payments must be cleared with credit department before repair is completed.

Thank You



FIRESTONE STORES
 820A TWO MILE PIKE
 GOODLETTSVILLE, TN 37072
 615-859-3831

PRE-KEYED TKT SEC # 31002
 TRANS2261 04/10/81 11:51-12:28 05 99 CUSTOMER INVOICE TICKET 46-270559-

SALES RECEIPT

ARTICLE	T#	QTY	PRICE	EXTENDED	DESCRIPTION	LINE	CODES	TECHNICIAN
126179	00	04	69.99	279.96	FR721 ASR TUMSPS 22570R15	A		
15040	00	04	2.50	10.00	PASS TIRE VALVES	A		
18703	00	04	4.00	16.00	WHEEL BALANCE	A		
17871	00	04	1.00	4.00	WHEEL BALANCE-LIP	A		M. D. GARNON
17871	00	04	1.00	4.00	STATE TIRE FEE	A		M. D. GARNON
21004	22	01	4.00	4.00	SHOP SUPPLIES	A		M. D. GARNON
20720	27	01	0.00	0.00	VEHICLE INSPECTION	A		M. D. GARNON
22837	28	01	0.00	0.00	LIFE ALIGN CHECK	AE		M. D. GARNON

333.76 TAXABLE
 27.04 TN STATE TAX @ 8.1%
 361.80 TOTAL SALE

CHARGE 361.80 TO ACCT# 5234-06656 APT# 09492
 90 DAYS SAME AS CASH SALESPERSON S W THOMAS

THANK YOU FOR SHOPPING

FIRESTONE STORES
 TED SANBORN STORE MANAGER
 (615) 859-3831

Product Claims
 800-356-4644
 FR721 225/70R15
 HYUN F75084
 8/15/00 #1023867

FIRESTONE TIRE & SERVICE CENTERS

James Baddley
 General Manager

820A Two Mile Parkway
 Goodlettsville, TN 37072
 Phone: 615-859-3831
 FAX: 615-851-1684

A store of Bridgestone Firestone, Inc.

