Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 284 | |
|---|---|
| Date Received: 24-AUG-2000 | Od_or ____ ____<br>rt_dt ____ ____<br>od_rt ____ ____<br>up_ltr ____ ____ |
| | Reference No. 868608 |

[redacted]

*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.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| | GOODYEAR | GOODYEAR | 1900 | |

| Purchase Date | | Engine Size (CID/CC/L) | |
|---|---|---|---|
| ☐ New ☒ Used | Dealer's Name _____<br>City _____ State _____ Zip Code _____ | No Cylinders | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☐ Fuel Injection |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☐ Automatic | ☐ Yes<br>☒ No | ☐ 3-Point Belt<br>☐ Driverside Airbag<br>☐ Motorbelt<br>☐ 2-Point Belt<br>☐ Passengerside Airbag | ☐ Yes<br>☒ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car<br>☐ Van<br>☐ Minivan<br>☐ Other _____<br>☐ Sport Utl<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other _____<br>☒ |

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 02740000 | TIRES:TREAD | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failures | | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | Date(s) of Failure(s) _____<br>Mileage at Failure(s) 21<br>Vehicle Speed at Failure(s) _____ | \| \|Yes \| \|No | \| \| 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 |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

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

**GOODYEAR LEGACY TIRE, P215/70R15, DOT: # PJM3KJR287, AFTER MARKET EQUIPMENT. WHILE DRIVING 65MPH RIGHT FRONT TIRE DISINTEGRATED FROM THE SIDEWALL AND TREAD SEPARATED, CAUSING DAMAGE TO VEHICLE. *AK**

CONTINUE ON BACK IF NEEDED

COPY TO TAD 01/02/01 60%

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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**

DEFECTS INVESTIGATION

| FOR AGENCY USE ONLY 284 | |
|---|---|
| Date Received: 24-AUG-2000 | Od_or<br>rt_dt<br>od_rt<br>up_ltr |
| | Reference No. 868608 |

**OWNER INFORMATION (Type or Print)**

[redacted] 630752

Work Numbe [redacted]
Home Numbe [redacted]

*Do you authorize NHTSA to provide a copy of your to the manufacturer of your vehicle?* ☒ YES ☐ NO
*In the absence of a r name and address to the vehicle manufacturer.*
Signature of Owne [redacted] Date 9/8/2000

**VEHICLE INFORMATION**

| Vehicle (Gen'l. No. (VIN) (Found at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| | GOODYEAR | GOODYEAR | 1900 | |

Purchase Date
☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☐ Automatic | ☐ Yes<br>☒ No | ☐ 3-Point Belt ☐ Motorbelt<br>☐ Driverside Airbag ☐ 2-Point Belt<br>☐ Passengerside Airbag | ☐ Yes<br>☒ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car ☐ Sport Utl<br>☐ Van ☐ Truck<br>☐ Minivan ☐ Motorcycle<br>☐ Other | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☒ Other |

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 02740000 | TIRES;TREAD | ☐ Left ☒ Front ☒ Right ☐ Rear | ☒ Original ☐ Replacement |

| No of Failures | Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s) | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| 1 | 7-11-2000<br>@ 21,241.<br>65-70 | ☒ Yes ☐ No | ☐ 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 |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

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

GOODYEAR LEGACY TIRE, P215/70R15, DOT: # PJM3KJR287, AFTER MARKET EQUIPMENT. WHILE DRIVING 65MPH RIGHT FRONT TIRE DISINTEGRATED FROM THE SIDEWALL AND TREAD SEPARATED, CAUSING DAMAGE TO VEHICLE. *AK

SEE ATTACHED FOR ADDITIONAL NARRATIVE.
ALSO [redacted] / DEFECTIVE TIRE INCLUDED FOR YOUR EXAMINATION

CONTINUE ON BACK IF NEEDED

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.*

| D | O | T | PJ | M3 | KJ | R2 | 87 | | MANUFACTURER/TIRE NAME | SIZE |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | GOODYEAR / BIG O LEGACY PLUS | P215 70 SR15 |

* 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)

☆ U.S.G.P.O.: 1992 – 620-007/60096

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

July 31,2000

The Goodyear Tire and Rubber Company
Liability Claims D/708
1144 E. Market St.
Akron, Ohio 44316-0001

RE: Product Liability Claim
D/L: 07-11-2000
File Number: K 00T 03734

Libility Claims Team;

I am in receipt of your letter dated July 19, 2000, in which the liability claim for damages to my vehicle caused by your tire failure was denied.

I adamantly disagree with your assessment and rational regarding this tire failure. It is obvious upon examining the defective tire, that only a defect in the tire componets and or manufacturing could have resulted in tire dis integration of this type.

The tire in question is a top of the line tire (Legacy Plus), as such one would not expect a failure of this type. Milage on the tire was approximately 21,000 miles. The tire was properly inflated. I was on a smooth straight and level concrete highway. The speed was approximately 65 MPH. Ambient air temperature was approximately 105 degrees and no foreign objects had been encountered on the roadway.

There was no reason for the tire to fail other than being defective.

I therefore insist that this tire failure was due to defective tire componets and or manufacture, that Goodyear Tire and Rubber Co. is liable for the resulting damage to my vehicle. I demand reimbursement for damages.

Thank you

[redacted]

Enclosures:
(1) Estimates for Damages
(2)Photos of failed tire and damaged wheel

Return damaged tire to P.O. Box 2140, Mesquite, NV. 89024

The Goodyear Tire and Rubber Company
Liability Claims D/708
1144 E. Market Street
Akron, Ohio 44316-0001
tele (800)322-4682 fax(888)307-1920

JULY 19, 2000

[redacted]

RE: PRODUCT LIABILITY CLAIM
D/L: 07/11/2000
FILE #: K00T03734

Dear [redacted]

This letter is to advise you that we have inspected the tire which is the subject of this claim. We regret to inform you that your tire did not qualify for settlement for the following reasons:

NO WORKMANSHIP OR MATERIAL RELATED CONDITION WAS FOUND IN THE TIRE COMPONENTS SUBMITTED, THAT WOULD HAVE CONTRIBUTED TO TIRE FAILURE. TIRES CAN FAIL FOR REASONS THAT ARE BEYOND CONTROL OF THE MANUFACTURER. WE CANNOT ASSUME RESONSIBILITY IN SUCH INSTANCES.

If you desire to have the tire returned to you please send written notification to this office no later than AUGUST 18, 2000 or you may fax your request to us at 1-888-307-1920. Upon receiving a tire return request, arrangements will be made to have the tire returned directly to you at the above address, unless otherwise specified. Failing any return notification by the above date, The Goodyear Tire and Rubber Company will dispose of the tire(s) without further notice.

Sincerely,

LIABILITY CLAIMS TEAM

DLC

**The Goodyear Tire and Rubber Company**
Liability Claims D/708
1144 E. Market Street
Akron, Ohio 44316-0001
tele (800)322-4682 fax(888)307-1920

[redacted]

JULY 17, 2000

RE: FILE# K00T03734

Dear [redacted]

Please complete and/or correct the following information and return this form to us with any damage estimates or repair bills you may have. The completion and return of this document is required to consider your claim.

1) Tire DOT serial# (if known) - PJM3KJKR287

2) Please provide us with a daytime telephone number where you may be reached.

702 - 346 - 3866 PHONE

____ - ____ - ____ FAX

3) Date of incident - 07 11 00 Time of Incident - 1030 AM

4) Was anyone injured as a result of this incident?

Yes ____ No X

5) If yes, please provide name, address, and phone number of the injured person(s).

_____

_____

_____

6) Vehicle Information: Year 1985 Make JAGUAR

Model XJ-6 MILES/KM 121190

7) Wheel position of tire(s). Please mark the wheel position(s) that apply.

Passenger Front X Drivers Front ____

Passenger Rear ____ Drivers Rear ____

Other (please explain) _____

*

LC

**The Goodyear Tire and Rubber Company**
**Liability Claims D/708**
**1144 E. Market Street**
**Akron, Ohio 44316-0001**
**tele (800)322-4682 fax(888)307-1920**

8) Location of incident - Street I-15

City - LAS VEGAS State/Prov - NV

9) Have you purchased a replacement tire? Yes _____ No X

If yes, please send us a copy of your receipt.

10) If arrangements have not been made to have the tire(s) shipped to us via the tire dealer please provide an address where the tire(s) is/are located.

Name ---------- BIG O TIRE
Address ---------- 1055 S. BLUFF
City, State/Prov and Zip/PC - SAINT GEORGE, UT 84770
country -

11) Do you verify that the estimates that will be sent are for your vehicle or that you are an authorized agent of the business/ organization that owns the vehicle? Do you also confirm that the submitted estimates represent only the damage caused by this incident, and do not represent any preexisting damage or unrelated parts or services?

Yes X No _____

12) If you live in Texas, do you have lien against your vehicle?

Yes _____ No _____

If yes, who is the lien holder? _____

13) Have you filed or do you intend to file a claim with your insurance company for this damage?

Yes _____ No X

If yes, how much is your insurance deductible or your portion of the repair cost?

_____

Please provide us with documentation to support your portion listed above.

Your signature confirms your completion of this claim information form as accurate and factual.

Your Signature [redacted] Date: 7/19/2000

Print Name: [redacted]

Thank you for your time and cooperation. LIABILITY CLAIMS TEAM

# TBC CORPORATION BIG O TIRES. PRODUCT LIABILITY INCIDENT REPORT

[redacted]

Date Reported 7-13-00

Reported To Rick Lewis

Reported By Rick Lewis

Type of Vehicle JAGUAR Passenger VEH.

Make XJ-6 VANDEN PLAS JAGUAR

Model XJ-6 VANDEN PLAS Year 1985

Vehicle Mileage ~~RIGHT FRONT~~ 121190

Wheel Position RIGHT FRONT

Distributor/Store/Dealer BIG O TIRE

Address 1055 So Bluff

City, State, Zip ST GEORGE, UT 84770

Telephone 435 628-6404

"TIRE"

Product Description BIG O LEGACY PLUS

Size P215/70SR15

*DOT Serial Number/Mfg. RJM3 KJR 287
(Shown on product)

Date of Occurrence 7-1-00

Location of Occurrence:

Street I-15 Northbound

City, State LAS VEGAS, NV

Estimated Damages

Was Anyone Injured? ☐ YES ☒ NO

If the answer is yes, please provide the following information for the injured party:

Name

Address

City, State, & Zip Code

Telephone #

*Location of claim tire:

Distributor/Store/Dealer BIG O TIRE

Name

Address 1055 So. BLUFF

City, State, Zip ST. GEORGE, UT. 84770

Telephone No. 435-628-6404

Fax No. 435-656-3395

*INFORMATION *MUST BE* PROVIDED TO FILE CLAIM

Two written estimates of damages should be submitted as well as any medical bills, photographs, police reports, etc. to the Manager of Quality Assurance at TBC. Claim will be tendered to appropriate manufacturer. The manufacturer will contact the claimant and the individual who has possession of the product in question. **NOTE: DOT SERIAL NUMBER MUST BE PROVIDED. HOLD TIRE ASIDE & TAG! — DO NOT SEND THRU NORMAL ADJUSTMENT CHANNELS!!**

TBC/Big O Product Liability: (800) 738-7398 or (901) 363-8030

Fax Number: (800) 648-9156 or (901) 541-3708

TBC Corporation/Big O Tires
Quality Assurance
P.O.Box 18342
Memphis, TN 38181-0342

TBC FORM #109 (1098)

A Family Tradition for 65 Years

# Gaudin Ford Porsche

BODY SHOP
2121 East Sahara Avenue
Las Vegas, Nevada 89104
Phone (702) 792-1100 • Fax (702) 792-1116

Two Modern Down Draft State-of-the-Art Paint Booths

Genesis Lazer Frame Measuring System

Date 7-13-2000

No [redacted]

Make JAGUAR Year 00 Serial No [redacted]

Mileage _____ License No. _____ Paint No. _____ Prod. Date _____ Insurance Co. _____

| RE PAIR | RE PLACE | ESTIMATE OF REPAIR COSTS | MECH. HRS. | LABOR HRS. | PARTS | SUBLET |
|---|---|---|---|---|---|---|
| | 1 | CAC 3514T Wheel/Rim | | | 332 50 | |
| | | TAX | | | 24 10 | |
| | | TOTAL | | | 356 60 | |
| | 1 | JAG CAC 9820 INER BARREL } HUB CAP | | | 21 90 | |
| | 1 | JAG C 42191 DEE JAGUAR } HUB CAP | | | 14 94 | |
| | | TAX | | | 2 67 | |
| | | TOTAL | | | 39 51 | |
| | | TOTAL | | | 396 11 | |
| | | NOTE: I HAVE PICTURES OF DAMAGED WHEEL/RIM AND VEHICLE FENDER. ADVISE IF YOU NEED THEM. THANK YOU KENNETH M LUKENS | | | | |
| | | TOTAL | | | | |

_____ HRS. OF LABOR — PER HOUR

REMARKS _____ _____ HRS. OF LABOR AT $ — PER HOUR $

PARTS $

PAINT MATERIALS $

SUBLET $

HAZARDOUS MAT. $

$ _____ insurance deductible — SALES TAX $

By: _____

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORN OR DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR APPROXIMATE ACCEPTANCE

ESTIMATE TOTAL $

ADVANCE CHARGES $

DORN PRINTING INC. 734-0864

THIS WORK AUTHORIZED BY _____

GRAND TOTAL $

Page 2 of 2

Rec. 7-20-00

TBC

BIG O

4770 Hickory Hill Road Memphis, TN 38141
Telephone: (901) 363-8030 (800) 739-7696
FAX: (901) 541-3708 (800) 645-9156

7/14/00

COPY

Goodyear Tire & Rubber Company
Product Liability Dept. D/708
1144 E. Market Street
Akron, OH 44316-0001
Fax: 888-307-1920

VIA FAX
RE: Product Liability Claim
Claimant: [redacted]
Address:

Telephone:

| | |
|---|---|
| Date of Loss: | 7/11/00 |
| Serial Number: | PJM3KJR287 |
| Product: | Legacy Plus |
| Size: | P215/70R15 |

Dear P.L. Dept.:

We hereby tender to the Goodyear Tire & Rubber Company a claim filed by Keneth Lukins.

We are attaching a copy of all correspondence received to date which shows the date claim was filed, detailed information as to cause for the claim, tire serial number, damages claimed, etc.

The tire involved is located at the address listed below, awaiting your examination or instructions for shipping.

Big O Tires
1055 South Bluff
St. George, UT 84770
(435) 628-6404 - Fax:

We would appreciate your confirmation that this claim is in process as well as advised as to the outcome of the claim.

Sincerely,

Angie

Angie Greer
Quality Assurance
Customer Relations Coordinator

enclosures
cc: [redacted]
Big O Tires

**NOTE: This claim has been tendered to the manufacturer. Further inquiries involving this claim should be directed to them at 1-800-322-4682.**

FROM: THE GOODYEAR TIRE & RUBBER COMPANY - AKRON, OHIO 44316-0001

ATTN: 211328

[redacted]

RETURN POSTAGE GUARANTEED

GOODYEAR REQUISITION

**NO CHARGE** 211328

DATE 8-17-00

VIA

MUST ARRIVE BY: DATE 8-22-00 TIME

| CHARGE TRANS. TO | PPD or COLL VIA | ACCOUNT NUMBER |
|---|---|---|
| | | |

| QTY. ORD. | QTY. SHIP. | STOCK NO. | SIZE | DESCRIPTION |
|---|---|---|---|---|
| 1 | 1 | | | P215/70R15 LEGACY TOUR |
| | | | | K00T03734 |

8/18/00

| PRINT NAME | SIGNATURE | TELEPHONE NUMBER | |
|---|---|---|---|
| DANNY COULTER | Danny L Coulter | | |
| DEPARTMENT NUMBER 708 | VALUE | NO. OF PKGS. | WEIGHT |

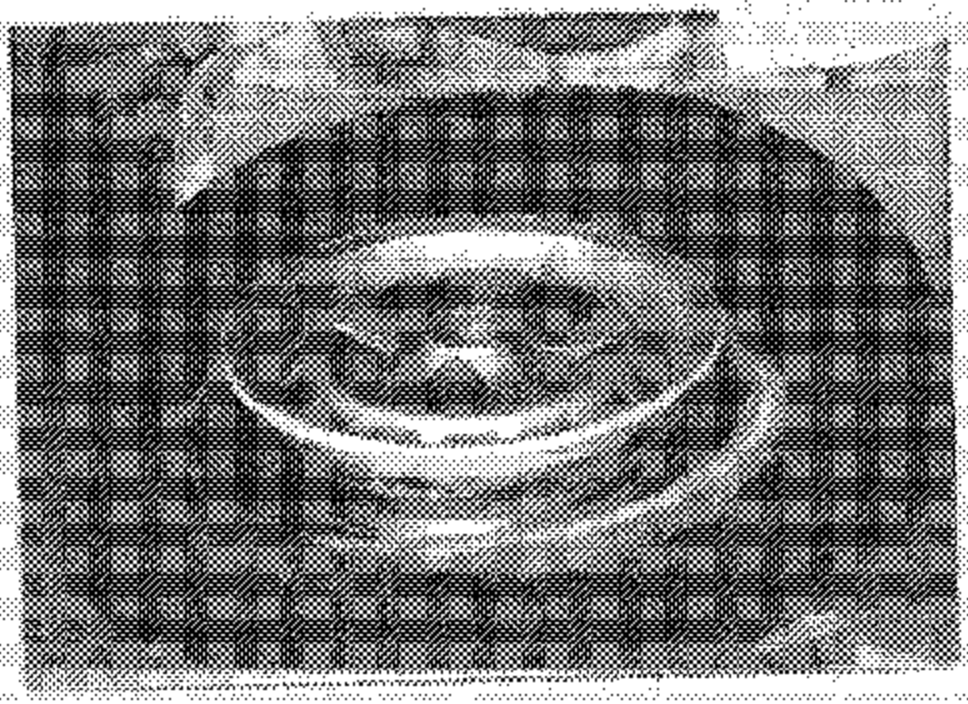
PACKING SLIP

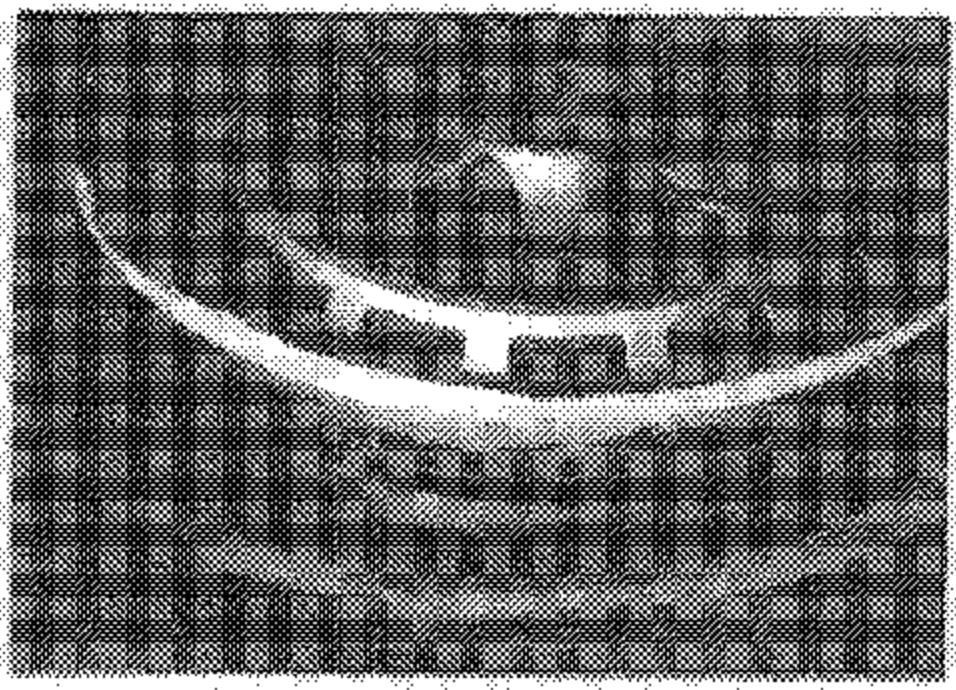
7016100035

G-52 (2-99)

7-11-2000

DEFECTIVE TIRE AND
DAMAGED WHEEL. 1985
JAGUAR RIGHT FRONT





7-11-2000

DAMAGE TO WHEEL, 1985

JAGUAR - RIGHT FRONT.

[redacted]