



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 241

Data Received 13-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 870358	

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make FIRESTONE	Vehicle Model STEELTEX	Vehicle Year 1900	Current Odometer Reading
--	----------------------------------	----------------------------------	-----------------------------	--------------------------

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <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 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 Failures	Date(s) of Failure(s) 29-AUG-2000 Mileage at Failure(s) 108458 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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)

PE 00 020/TIRE TREAD SEPARATION: REPLACEMENT OF FOUR TIRES WAS DUE TO EXCESSIVE WEAR OF LESS THEN 10,000 MILES, AND ONE TIRE WAS REPLACED DUE TO CAP COMING OFF THE TIRE. MOUNTED ON A 1977, DODGE, MONCO.AFTERMARKET TIRE INSTALLED AT 98,458 MILES, 8.75/R16.5 LT, DOT# UNAVAILABLE. FIRESTONE NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS.
*AK

CONTINUED ON BACK PLEASE

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</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 241</p>
	<p>Date received: <u>09 OCT 11 PM 12:54</u></p> <p style="text-align: center;">13-SEP-2000</p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p>
<p>OWNER INFORMATION (Type or Print)</p>	<p>Od_or _____</p> <p>rt_of _____</p> <p>od_of _____</p> <p>up_of _____</p>
<p>637687</p>	<p>Reference No. 870358</p>
<p>Work Number _____</p> <p>Home Number _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an authorized agent, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of [Redacted] YES NO

Date 9/26/00

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>F4HCD7V052889</u> PLEASE FILL IN	Vehicle Make <u>DODGE MONACO</u> FIRESTONE	Vehicle Model <u>24" M.H. STEELTEX</u> MONACO	Vehicle Year <u>1977</u> 1900	Current Odometer Reading <u>108,681</u>
Purchase Date <u>Aug-1977</u>	Dealer's Name <u>TRAIL-R-TOWN</u>		Engine Size (CID/CC/L) <u>440</u>	<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 <u>SAN BERNARDINO</u> State <u>CA</u> Zip Code <u>92401</u>		No Cylinders <u>8</u>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <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"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>Motor Home</u>		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 <u>02740000</u>	Part Name(s) <u>TIRES:TREAD</u>	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 <u>1</u>	Date(s) of Failure(s) <u>29-AUG-2000</u> Mileage at Failure(s) <u>108458</u> Vehicle Speed at Failure(s) <u>40-45 MPH</u>	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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$785.33</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

PE 00 020/TIRE TREAD SEPARATION: REPLACEMENT OF FOUR TIRES WAS DUE TO EXCESSIVE WEAR OF LESS THEN 10,000 MILES, AND ONE TIRE WAS REPLACED DUE TO CAP COMING OFF THE TIRE. MOUNTED ON A 1977, DODGE, MONACO.AFTERMARKET TIRE INSTALLED AT 98,458 MILES, 8.75/R16.5 LT, DOT# UNAVAILABLE. FIRESTONE NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS.

*AK
Corrections (over)

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.

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	0	T	V	D	X	K	R	A	B	0	5	6	MANUFACTURER/TIRE NAME	SIZE
													FIRESTONE STEELTEX RADIAL A/T	875R16SLT M/S

* 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.

Load Range "E"

NARRATIVE DESCRIPTION (CONTINUED)

Replacement of 4 tires ~~was not~~ ^{was not} due to excessive wear. One tire tread came completely off + the other 3 were replaced on recommendation of the tire dealer. Replacing the defective tire + repair of the destroyed Power Brake Fluid Line. These tires had less than 10,000 miles on them.

★ U.S. G.P.O.: 1982 - 823-897 / 80988

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



Date: 9/18/00 02:44 PM
 Estimate ID: 00230-000020294
 Estimate Version: 0
 Committed
 Profile ID: CUSTOMIZED

CRAWFORD & COMPANY
 2435 Oakmont Way Eugene, OR 97401
 (541) 484-1800
 Fax: (541) 485-6512

Damage Assessed By: Steve Culpépper Jr. Claim Rep: DERRICK RUSSELL

Type of Loss: Property Damage
 Date of Loss: 8/29/00 Date Recvd: 9/15/00
 Contact Date: 9/15/00 Date Assigned: 9/14/00
 Deductible: UNKNOWN
 C & C File No: 00230-000020294

Insured: FIRESTONE
 Claimant: LAWRENCE HEIFER

Mitchell Service: 911000

Description: 77 MONACO MOTOR HOME
 VIN: E44CD7V092889 License: HC07812 OR
 Mileage: 108,881 Search Code: WESTOR
 OEMALT: 0

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	900500	BDY *	REMOVE/REPLACE	LT. LOWER REAR PANEL	New	45.00 *	2.0*
2	900500	BDY *	REMOVE/INSTALL	LOWER REAR MLDG.	Existing		0.5*
3	900500	BDY *	REMOVE/INSTALL	REAR MLDG.	Existing		0.3*
4	900500	BDY *	REMOVE/INSTALL	LT. REAR LWR CLEARANCE LIGHT	Existing		0.3*
5	900500	BDY *	REMOVE/REPLACE	LT. REAR W/O MLDG	New	34.00 *	0.5*
6	900500	BDY *	REMOVE/REPLACE	INNER PLYWOOD WALL AND FLOOR AS NECESSARY	Sublet	25.00 *	3.0*
7			BETTERMENT - P	INNER PLYWOOD WALL AND FLOOR AS NECESSARY	%50.00	12.50	
8	900500	BDY *	REMOVE/REPLACE	EXHAUST HANGER	Sublet	50.93 *	0.6*
9	900500	BDY *	REPAIR	FUEL TANK SENDING UNIT WIRE	Sublet	30.00 *	0.5*
10	900500	MCH *	REMOVE/REPLACE	REAR AXLE BRAKE LINE	New	40.90 *	0.0*

* - Judgement Item

I. Labor Subtotals						II. Part Replacement Summary	
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	Non-Taxable Parts	Amount
Body	7.7	60.00	0.00	30.00	492.00		195.83
Non-Taxable Labor					492.00	Total Replacement Parts Amount	195.83
Labor Summary	7.7				492.00		

ESTIMATE RECALL NUMBER: 9/18/00 14:43:55 00230-000020294
 UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2000 Mitchell International
 All Rights Reserved

Mitchell Data Version: SEP_00_A
 UltraMate Version: 4.8.004



Northwest's Largest Independent Tire Dealer
SOLD TO LAWRENCE HEIBLER

138522

ACCT 11 99998 INVOICE 288823
DATE 08-29-2000 TIME 6:17:05 PM

LES SCHWAB TIRE CENTER
PO BOX 646
PRINEVILLE, OR 97754 0000
541-447-5686

SOLO BY: TRANSACTION TYPE INVOICE # CUSTOMER PO # LICENSE MILEAGE
ANDY CASH 190751 07812 108458

QTY.	PRODUCT CODE	PRODUCT DESCRIPTION	PRICE	FET	AMOUNT
4	02114012	875R-16.5/8 WILDCAT AIR SEASONS DUPLEX	94.02		376.08
4	06695556	WHEEL SPIN BALANCE	9.75		39.00
1	00000454	BRAKE LIME	15.90		15.90
1	00006498	MISCELLANEOUS ALIGNMENT CENTER LABOR	25.00		25.00
		Paid By: VISA CARD 6-0544 455.98			

PUT FOUR NEW TIRES ACROSS THE BACK OLD TIERS WERE JUNKED
HERE AT THE STORE THEY WERE FIRESTONE'S DOT VD

WHL:
less than 10,000 Miles
good tread.

NOTICE: The following conditions apply to all sales except where Seller issues a written warranty. SELLER ASSIGNS TO PURCHASER ALL RIGHTS AND REMEDIES UNDER FEDERAL EXPRESS AND IMPLIED WARRANTIES, BUT OTHERWISE EXCLUDES ALL LIABILITY FOR WARRANTY DAMAGES, SPECIAL AND CONSEQUENTIAL DAMAGES FOR LES SCHWAB. PRODUCTS EXCLUDED TO EXTENT LAW ALLOWS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE. Purchaser acknowledges having received the goods described above and having read and received a copy of the security agreement contained on the reverse side hereof.

SALES TAX .00
DISPOSAL TAX .00

TOTAL 455.98

PURCHASER X

CUSTOMER COPY

FIRESTONE TIRE & SERVICE CENTERS

7-1-98



98619
98619 LLL17881 HC07813 CA

ORDER SALES (UNIT) IN PRINTER PAPER & REBUND
TELEPHONE: 1-800-432-3184 FROM: FIRESTONE ORDER CENTER-C/O NCR SYSTEM MEDIA 8085 WASHINGTON CHURCH ROAD MIAMISBURG, OH 45302 FAX 1-513-436-8144

TO: [Redacted]
FROM: [Redacted]
SUBJECT: [Redacted]
DATE: 7-1-98
RE: [Redacted]



Replaced 3 defective tires

See reverse side for Warranty Information

2975 W 11TH AVE

EUGENE, OR 97402
(541)344-0007

Type Invoice # Date Old NO #
IN IN00061947 07/16/96 W000047918

Account Name-Address Home Phone
6898975 HEISLER LAWRENCE (503)689
1764 DALTON
EUGENE, OR 97404 Work Phone

License # Year-Model Mileage Inspection
H113206 77 DODGE MOTORHOME 88583
PD Numbers Tag Number:

Item	Description	Qty	Parts	Labor	FET/Core	TC	Extension
975165	B75R165 FST STEELTEX AT	4.00	100.50			1	402.00
TIR2	TIRE SERVICES						
044263	WHEEL BALANCE W/WEIGHTS	4.00	6.75			1	27.00
041263	NEW VALVE-SNAP-IN RUBBER	4.00	1.25			1	5.00
26204	DISPOSAL FEE	4.00	1.50			1	6.00

Estimate: Revised: 2nd Rev: Auth by: Telephone: Promised: Telephone:

Totals

Parts
Labor
Other
FET/Core
Subtotal
Tax
Total

Cash: Check: Cr Dts: 440.00 Chrg:

1100-

GOODYEAR AUTO PRO'S, INC.
2975 W 11TH AVE

EUGENE, OR 97402
(503)344-0007

Type: IN Invoice #: IN00051269 Date: 10/23/95 Old NO #: W000038956 By: 6

Account: 6898975 Name-Address: HEISLER LAWRENCE, 1764 DALTON, EUGENE, OR 97404
Home Phone: (503)689-8975
Work Phone:

License #: H113206 Year-Model: 77 DODGE MOTORHOME Mileage: 84874 Inspection Date:
PO Number: Tag Number:

Item	Description	Qty	Parts	Labor	FET/Core	TC	Extension
875165	875R165 FST STEELTEX AT TIRE SERVICES	2.00	90.50			1	181.00
044263	WHEEL BALANCE W/WEIGHTS	2.00	6.75			1	13.50
041263	NEW VALVE-SNAP-IN RUBBER	2.00	1.25			1	2.50
26204	DISPOSAL FEE	2.00	1.50			1	3.00
	D.O.T.#					1	
	D.O.T.#					1	

Mike

Estimate: Revised: 2nd Rev: Auth by: Auth by: Telephone: Telephone: Promised:

Totals	
Parts	200.00
Labor	
Other	
FET/Core	
Subtotal	200.00
Tax	0.00
Total	200.00

Cash: Check: Cr Cd: 200.00 Chrg:

Additional information on 870358

From: [redacted]
To: Shadle, Scott <NHSTA>
Date: 10/23/00 4:19PM
Subject: Firestone tires

Scott,

Here is the DOT numbers you requested on the three (3) remaining Firestone tires I have still on our motor home. Sorry they are not the same as the one that we had the separation with.

DOTVDXKRAB 127

DOTVDXKRAB 377

DOTVDXKRAB 377

Hope this information is helpful, and if you require additional information, please feel free to contact me.

