Form Approved: O.M.B. No. 2127-0039

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 252	
Date Received: 02-OCT-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No.: 872043

[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
1GNHG35R8V1012798	CHEVROLET TRUI	EXPRESS	1997	

Purchase Date	Dealer's Name	Engine Size	
☐ New ☒ Used	City_____ State_____ Zip Code_____	(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 ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
02740000	TIRES:TREAD	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) 08-AUG-2000 Mileage at Failure(s) 10032 Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ 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)

P300 020;CONSUMER WAS TRAVELING ABOUT 75MPH ON HIGHWAY AND HEARD A THUMPING NOISE. WAS ABLE TO PULL OVER, AND RIGHT REAR SIDE TIRE TREAD HAD SEPARATED. HE HAS CONTACTED FIRESTONE, HE RECEIVED A NOTICE. FIRESTONE,#STEELTEX R4S, P24575R16. THERE WEE NO INJURIES.*AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0039

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	Reference No.: 872043

[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
1GNHG35R8V1012798	CHEVROLET TRUI	EXPRESS	1997	

Purchase Date	Dealer's Name	Engine Size	
☐ New ☒ Used	City_____ State_____ Zip Code_____	(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 ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
02740000	TIRES:TREAD	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) 08-AUG-2000 Mileage at Failure(s) 10032 Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ 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)

P300 020;CONSUMER WAS TRAVELING ABOUT 75MPH ON HIGHWAY AND HEARD A THUMPING NOISE. WAS ABLE TO PULL OVER, AND RIGHT REAR SIDE TIRE TREAD HAD SEPARATED. HE HAS CONTACTED FIRESTONE, HE RECEIVED A NOTICE. FIRESTONE,#STEELTEX R4S, P24575R16. THERE WEE NO INJURIES.*AK

CONTINUED ON BACK IF NEEDED

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

FOR AGENCY USE ONLY 252

Date Received
02-OCT-2000

02 OCT 30 PM
OFFICE OF DEFECTS INVESTIGATION

Cd_dr
rt_dt
pd_rt
up_id

Reference No.
872043

OWNER INFORMATION (Type or Print)

[redacted] 643604

Work N [redacted]
Home N

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 [redacted] Date 10/16/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNHG35R8V1012798	CHEVROLET TRU	EXPRESS	1997	151,050

Purchase Date 12-20-96 ☐ New ☒ Used

Dealer's Name BROWN & BROWN
City PHX State AZ Zip Code

Engine Size (CID/CC/L) 350
No Cylinders 8

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

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

No of Failures: 5

Date(s) of Failure(s) 08-AUG-2000
Mileage at Failure(s) 10032
Vehicle Speed at Failure(s) SEE REPORT COPIES

Failed Part(s) Available? ☐ Yes ☒ No SHIPPED TO FIRESTONE

NHTSA Previously Contacted? ☒ Yes ☐ No CALLED

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			3887.84	☐ Yes ☒ No

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

P300 020;CONSUMER WAS TRAVELING ABOUT 75MPH ON HIGHWAY AND HEARD A THUMPING NOISE. WAS ABLE TO PULL OVER, AND RIGHT REAR SIDE TIRE TREAD HAD SEPARATED. HE HAS CONTACTED FIRESTONE, HE RECEIVED A NOTICE. FIRESTONE,#STEELTEX R45, P24575R16. THERE WEE NO INJURIES.*AK

SEE REPORTS - FIVE INCIDENTS 5-12-2000 TO 6-8-2000

CONTINUE ON BACK IF NEEDED

BRIDGESTONE/Firestone 026603

REGIONAL TECHNICAL SERVICE CENTER

4000 E. Mission Blvd.
Ontario, CA 9176*

[redacted]

M782-9746 01

NHSTA

9/11/00

BRIDGESTONE/Firestone

REGIONAL TECHNICAL SERVICE CENTER

4000 E. Mission Blvd
Ontario, CA 91761
Phone: (909) 673-1430
FAX: (909) 673-1456

[redacted]

026603

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 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" with 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 the parents names also.

ESTIMATES: We do not usually send an investigator to inspectyour 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 firmly attached to the tire.

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: In order to substantiate that a tire built by Bridgestone/Firestone was responsible for the damage to your vehicle, we must have the tire which damaged your vehicle for examination. Bridgestone/Firestone cannot process any claim without the tire.

10-5-2000

[redacted]

Bridgestone/ Firestone
Technical Services Division
1515 Elm Hill Pike #405
Nashville TN. 37210-3615

Re: Multiple failures of SteelTex Radial R4S 245/75R16 Tires.

Thank you for your response to my situation regarding my experiences with the above named tires.

I purchased a 1997 Chevy Express Van, that came equipped with Firestone tires.
These tires gave very long wear and when I needed new tires I purchased the same model replacement.
After about 25,000 miles I began to experience two types of failure.

The most serious of these failures, throwing the tread at highway speed has caused damage to the van.
I have had three thrown belts resulting in the nearly $3000.00 dollars damage to the vehicle.
In addition I have had two tires that separated and developed large knots on the tires.

Enclosed are estimates for repair of $2507.72 and $2971.41.
I also had to replace 5 tires at a cost of $525.80 and will require alternate transportation at $390.00.

Thank you again and I am looking forward to your rapid response.

[redacted]

(DEBRA)

Phone
631-0422

[redacted]

1997 CHEVROLET EXPRESS VAN 3500
VIN 1GNHG35R8V1012798

5 FAILURES TOTAL
2. BELT SEPARATIONS
3 THROWN BELTS

55 MPH MAY 12TH 2000 - THROWN BELT I-10 IN PHOENIX
40MPH MAY 26TH 2000 - SEPARATION - TUCSON METRO-CITY
35 MPH JUNE- 5TH 2000 - SEPARATION " " "
60-MPH JULY- 27TH 2000 RR - THROWN BELT HWY 72 HOPE AZ
75 MPH AUG - 8TH 2000 RR THROWN BELT I-10 [redacted] MARANA

L. Harris

INCIDENT REPORT

#026603

Time and Place	**Date of Incident** 5-12-2000	**Time** AM/PM 4:00	**Exact Location Where Incident Occurred** I-10 PHOENIX MP 150	
Customer Vehicle	**Vehicle Make** CHEVY	**Year** 1997	**Model** EXPRESS VAN	**Mileage** 150,000
	Owner of Auto [redacted]			**Telephone Number** [redacted]
	SAME			
	Passenger (List All) NONE		**Minor** Yes ☐ No ☐	**Telephone Number**
	Address	**City**	**State**	**Zip Code**
Property Damage to Customer's Car	**Damage to Customer Vehicle** LEFT REAR BUMPER/QTR PANEL + TRIM			**Estimated Cost** 3000.00
	Have you submitted this to your insurance company? Yes ☐ No ☒			
	Are you planning to submit this claim to insurance company? Yes ☐ No ☒			
	Has your vehicle been repaired? Yes ☐ No ☒ **DEDUCTIBLE AMOUNT**			
	Customer Insurance Co. (Please include telephone number)			
Property Damage to Other Car (If applicable)	**Was another Vehicle Involved?** Yes ☐ No ☒	**Name and Address**		
	Damage			**Estimated Cost**
	Does Owner of Vehicle Have Insurance? Yes ☒ No ☐	**Covering Damages to Car?** Yes ☒ No ☐	**Covering Damages or Injury to Other Car?** Yes ☒ No ☐	
	Other Property Damage			
Injured Person	**Was Anyone Injured?** Yes ☐ No ☒	**Name and Address**		
	Sex Male ☐ Female ☐	**Age**	**Occupation**	**Has Injured Person Retained an Attorney?** Yes No
Injury	**Nature of Injury**			
	Any Disability Involved?			
Witness	**Name** NONE	**Address**		
Tire Data (If available)	**Size-Type** 245/75 R16	**Mileage on Tire** 24000	**DOT Number (10 digit # located on sidewall)** SP872KA20D	**Position Mounted** LR
Description of Incident	TIRE THUMPED LOUDLY AND TREAD CAME OFF STRIKING REAR AREA OF VAN. SPEED APPROX 55 MPH			(continue on back if necessary)
Signature	[redacted]			**Date Signed** 10-3-2000

L. Harris

INCIDENT REPORT

#026603

Time and Place	Date of Incident: 5-26-2000	Time: 12:00 AM/PM	Exact Location Where Incident Occurred: Tucson City - N. Oracle Rd	
Customer Vehicle	Vehicle Make: CHEVY	Year: 1997	Model: EXPRESS VAN	Mileage: 150,000
	[redacted]		[redacted]	
	Driver: SAME		Minor: Yes ☐ No ☐	Telephone Number
	Address		City	State / Zip Code
	Passenger (List All)		Minor: Yes ☐ No ☒	Telephone Number
	Address		City	State / Zip Code
Property Damage to Customer's Car	Damage to Customer Vehicle			Estimated Cost: $ [redacted]
	Have you submitted this to your Insurance company? Yes ☐ No ☐			
	Are you planning to submit this claim to Insurance company? Yes ☐ No ☐			
	Has your vehicle been repaired? Yes ☐ No ☒ DEDUCTIBLE AMOUNT			
	Customer Insurance Co. (Please include telephone number)			
Property Damage to Other Car (If applicable)	Was another Vehicle Involved? Yes ☐ No ☒	Name and Address		
	Damage			Estimated Cost
	Does Owner of Vehicle Have Insurance? Yes ☒ No ☐	Covering Damages to Car? Yes ☐ No ☐	Covering Damages or Injury to Other Car? Yes ☐ No ☐	
	Other Property Damage			
Injured Person	Was Anyone Injured? Yes ☐ No ☒	Name and Address		
	Sex: Male ☐ Female ☐	Age	Occupation	Has Injured Person Retained an Attorney? Yes No
Injury	Nature of Injury			
	Any Disability Involved?			
Witness	Name: NONE		Address	
Tire Data (If available)	Size-Type: 215/75 R16	Mileage on Tire: 25,000	DOT Number (10 digit # located on sidewall): N/A	Position Mounted: RF
Description of Incident	TREAD SEPARATION - KNOT ON TIRE			
				(continue on back if necessary)
Signature	[redacted]			Date Signed: 10-3-2000

L Harris

INCIDENT REPORT

#026603

Time and Place	**Date of Incident** 6-5-2000	**Time** AM(PM) 2100	**Exact Location Where Incident Occurred** JUSON City, West Miracle Mile	
Customer Vehicle	**Vehicle Make** CHEVY	**Year** 1997	**Model** EXPRESS VAN	**Mileage** 150000
	[redacted]			
	SAME		Yes ☐ No ☐	
	Address		**City**	**State** / **Zip Code**
	Passenger (List All)		**Minor** Yes ☐ No ☒	**Telephone Number**
	Address		**City**	**State** / **Zip Code**
Property Damage to Customer's Car	**Damage to Customer Vehicle**			**Estimated Cost**
	Have you submitted this to your insurance company? Yes ☐ No ☐			
	Are you planning to submit this claim to insurance company? Yes ☐ No ☐			
	Has your vehicle been repaired? Yes ☐ No ☐ DEDUCTIBLE AMOUNT _____			
	Customer Insurance Co. (Please include telephone number)			
Property Damage to Other Car (If applicable)	**Was another Vehicle involved?** Yes ☐ No ☒	**Name and Address**		
	Damage			**Estimated Cost**
	Does Owner of Vehicle Have Insurance? Yes ☒ No ☐	**Covering Damages to Car?** Yes ☐ No ☐	**Covering Damages or Injury to Other Car?** Yes ☐ No ☐	
	Other Property Damage			
Injured Person	**Was Anyone Injured?** Yes ☐ No ☒	**Name and Address**		
	Sex Male ☐ Female ☐	**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** 245/75R16	**Mileage on Tire** 26,000	**DOT Number (10 digit # located on sidewall)**	**Position Mounted** LF
Description of Incident	TREAD SEPARATION - KNOT ON TIRE			
				(continue on back if necessary)
[redacted]				**Date Signed** 10-5-2000

L. Harris

INCIDENT REPORT

#026603

Time and Place	**Date of Incident** 7-22-2000	**Time** AM/PM 3:30	**Exact Location Where Incident Occurred** AZ Hwy 72 Hope Az.
	Vehicle Make CHEVY	**Year** 1997	**Model** EXPRESS VAN
			Mileage 150,000
Customer Vehicle	**Driver** SAME	**Minor** Yes ☐ No ☒	**Telephone Number**
	Address	**City**	**State** / **Zip Code**
	Passenger (List All)	**Minor** Yes ☐ No ☐	**Telephone Number**
	Address	**City**	**State** / **Zip Code**
Property Damage to Customer's Car	**Damage to Customer Vehicle**		**Estimated Cost**
	Have you submitted this to your insurance company? Yes ☐ No ☐		
	Are you planning to submit this claim to insurance company? Yes ☐ No ☐		
	Has your vehicle been repaired? Yes ☐ No ☐ DEDUCTIBLE AMOUNT _____		
	Customer Insurance Co. (Please include telephone number)		
Property Damage to Other Car (If applicable)	**Was another Vehicle Involved?** Yes ☐ No ☐	**Name and Address**	
	Damage		**Estimated Cost**
	Does Owner of Vehicle Have Insurance? Yes ☐ No ☐	**Covering Damages to Car?** Yes ☐ No ☐	**Covering Damages or Injury to Other Car?** Yes ☐ No ☐
	Other Property Damage		
Injured Person	**Was Anyone Injured?** Yes ☐ No ☒	**Name and Address**	
	Sex Male ☐ Female ☐	**Age** / **Occupation**	**Has Injured Person Retained an Attorney?** Yes No
Injury	**Nature of Injury**		
	Any Disability Involved?		
Witness	**Name** NONE	**Address**	
Tire Data (If available)	**Size Type** 245/75 R16	**Mileage on Tire** 28,000	**DOT Number (10 digit # located on sidewall)** VN11 B1A3 17	**Position Mounted** RR
Description of Incident	THUMPED LOUDLY AND TREAD CAME OFF.		
			(continue on back if necessary)
Signature			**Date Signed** 10-3-2000

L Harris

INCIDENT REPORT

#026603

Time and Place	Date of Incident: 8-8-2000	Time: 4:00 AM/PM	Exact Location Where Incident Occurred: I-10 MARANA AZ MP 230	
	Vehicle Make: CHEVY VAN	Year: 1997	Model: EXPRESS VAN	Mileage: 159000
Customer Vehicle	[redacted]			
	SAME Address	Yes ☐ No ☒ City		State / Zip Code
	Passenger (List All)	Minor Yes ☐ No ☐		Telephone Number
	Address	City		State / Zip Code
Property Damage to Customer's Car	Damage to Customer Vehicle: EXHAUST PIPE, RR QTR PANEL, BUMPER FENDER, DOOR			Estimated Cost: 3000.00
	Have you submitted this to your insurance company? Yes ☐ No ☒			
	Are you planning to submit this claim to insurance company? Yes ☐ No ☒			
	Has your vehicle been repaired? Yes ☐ No ☒ DEDUCTIBLE AMOUNT			
	Customer Insurance Co. (Please include telephone number)			
Property Damage to Other Car (If applicable)	Was another Vehicle involved? Yes ☐ No ☒	Name and Address		
	Damage			Estimated Cost
	Does Owner of Vehicle Have Insurance? Yes ☐ No ☐	Covering Damages to Car? Yes ☐ No ☐	Covering Damages or Injury to Other Car? Yes ☐ No ☐	
	Other Property Damage			
Injured Person	Was Anyone Injured? Yes ☐ No ☒	Name and Address		
	Sex: Male ☐ Female ☐	Age	Occupation	Has Injured Person Retained an Attorney? Yes No
Injury	Nature of Injury			
	Any Disability Involved?			
Witness	Name: NONE		Address	
Tire Data (If available)	Size-Type: 245/75R16	Mileage on Tire: 29,000	DOT Number (10 digit # located on sidewall): SP872KA21L	Position Mounted: RR
Description of Incident	THUMPED LOUDLY AND TREAD PEELED OFF AND STRUCK EXHAUST PIPE, QTR PANEL, FENDER, DOOR WINDOW, HINGES + TRIM			(continue on back if necessary)
Signature: [redacted]				Date Signed: 10-3-2000

10/03/2000 at 09:56 AM Job Number:
17897

WATSON CHEVROLET G20
Federal ID #:860194009
625 W. AUTO MALL DR.
TUCSON, AZ 85703-8180
(520)293-2000 Fax: (520)292-3252

PRELIMINARY ESTIMATE

Written by: JAMES MARSH #
Adjuster:

Insured [redacted]
Owner
Address

Day
Other

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact: 5. Right Rear

Inspect Location:

Insurance Company:

Days to Repair

1997 CHEV G30 4X2 EXPRESS 8-5.7L-FI 3D VAN BROWN Int:
VIN: 1GNHG35R8V1012798 Lic: 5EB760 AZ Prod Date: Odometer: 153000

Air Conditioning	Intermittent Wipers	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
Anti-Lock Brakes (4)	Driver Airbag	Passenger Airbag
Hiback Bucket Seats	12 Passenger Option	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2		O/H rear bumper			1.2	
3	Repl	Bumper chrome	1	374.00	Incl.	
4	Repl	Step pad	1	92.75	0.8	
5		BACK DOOR				
6*	Rpr	LT Door shell w/window			1.0	2.1
7	Blnd	Rr Door shell w/window				1.1

10/03/2000 at 09:56 AM Job Number:
17897

PRELIMINARY ESTIMATE

1997 CHEV G30 4X2 EXPRESS 8-5.7L-FI 3D VAN BROWN Int:

	NO.	OP.	DESCRIPTION	QTY	EXT. PRICE		LABOR	PAINT
	8		REAR BODY & FLOOR					
	9	Repl	LT Extension panel rear door	1	14.39		0.5	0.5
	10		BODY SIDE PANELS					
	11*	Rpr	LT Side panel w/o windows 155				3.0	6.2
	12		Overlap Major Adj. Panel					-0.4
	13	Repl	LT Body side mldg rear	1	14.20		0.2	
	14*	Rpr	RT Side panel w/window w/slidi				6.0	4.7
	15		Overlap Major Non-Adj. Panel					-0.2
	16	Repl	RT Body side mldg rear	1	14.20		0.2	
	17		SIDE LOADING DOOR					
	18	Refn	Door shell rear w/glass					2.1
	19		Overlap Major Adj. Panel					-0.4
	20	Blnd	Door shell front w/glass					1.1
N	21#	Repl	HINGE GUARD "CLEAR PLASTIC"	1	2.10		0.2	
	22		EXHAUST SYSTEM					
	23	Repl	Muffler w/tpipe over 8500 lb G	1	261.00	m	1.0 M	
	24#	R&I	REAR HITCH				1.0	
	25		Clear Coat					2.5
	26		OTHER CHARGES					
	27#		E.P.C.	1	5.00			
			Subtotals ==>		807.64		15.1	19.3

Line 21 : ACTUAL PRICE PER INVOICE.

Estimate Notes:
MAY FIND ADD'L DAMAGES.
DAMAGE CAUSED FROM TWO BLOWOUTS.

10/03/2000 at 09:56 AM Job Number:
17897

PRELIMINARY ESTIMATE

1997 CHEV G30 4X2 EXPRESS 8-5.7L-FI 3D VAN BROWN Int:

Parts		802.64
Body Labor	14.1 hrs @ $ 36.00/hr	507.60
Paint Labor	19.3 hrs @ $ 36.00/hr	694.80
Mechanical Labor	1.0 hrs @ $ 67.00/hr	67.00
Paint Supplies		350.00
Other Charges		5.00
SUBTOTAL		$ 2427.04
Sales Tax	$ 1152.64 @ 7.0000%	80.68
GRAND TOTAL		$ 2507.72
ADJUSTMENTS:		
Deductible		0.00
CUSTOMER PAY		$ 0.00
INSURANCE PAY		$ 2507.72

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide DR1GB96. Database Date 9/2000. Double asterisk(**) items indicate parts supplied by a supplier other than the original equipment manufacturer. Pound sign (#) items indicate manual entries. CAPA items have been certified for fit and finish by the Certified Auto Parts Association. NAGS Part Numbers, Prices and Labor Times are provided from National Auto Glass Specifications, Inc.

Pathways - A product of CCC Information Services Inc.

FACTORY
Paint & Body, Inc.

CD LOG NO 1991-1 DATE 10/03/00

SHOP:

INSP DATE: 09/15/00
CONTACT: JOHN AUSTIN

OWNER: [redacted]
ADDRESS:
CITY STAT
ZIP:

HOME PHONE:
WORK PHONE:

POINT OF IMPACT: 11

TYPE OF LOSS: /DRV

LIC#: 5EB-760 STATE: AZ
BODY COLOR: TAN MET
CONDITION: GOOD

VIN: 1GNHG35R8V1012798
MILEAGE:
ACCTNG CTL#:

*=USER-ENTERED VALUE
E=NEW PART
EC=ECONOMY PART
EU=SALVAGE PART
EP=SEE PX REPORT
ET=LABOR PARTIAL REPLACE
IT=LABOR PARTIAL REPAIR
I=REPAIR/ALIGN/SUBLET
L=REFINISH
N=ADDNL LABOR OPERATION
P=CHECK
TE=PART/PARTIAL REPLACE
AA=APPEARANCE ALLOWANCE
RP=RELATED PRIOR DAMAGE
UP=UNRELATED PRIOR DAMAGE
RI=R&I ASSEMBLY

1997 CHEVROLET G35 EXPRESS LS 2DR PASSENGER VAN U6167R/B OPTNS
R/24GABCDFRMNOTQE

OPTIONS:
TWO-STAGE - EXTERIOR SURFACES
TWO-STAGE - INTERIOR SURFACES
HINGED SIDE CARGO DOORS
COMPOSITE/EUROPEAN H/LAMPS
ELEC REMOTE CONTROL MIRRORS
POWER DOOR LOCKS
POWER WINDOWS
PRIVACY GLASS
COMPLETE BODY GLASS
FRAME MOUNTED TRAILER HITCH
TILT STEERING WHEEL
AIR CONDITIONING
FRT AND REAR AIR CONDITIONING
CRUISE CONTROL
DUAL AIRBAGS

OP	GDE	MC	DESCRIPTION		MFG.PART NO.	PRICE	AJ%	HOURS	R
E	0334		N/PLATE,FRONT DOOR	LT	15995664 GM PART	6.30		0.1	1
I	0389		PANEL,BODYSIDE OUTER	LT	REPAIR			4.0	1
		@	REAR.>>>>BLEND INTO PANEL.>>>>						
L	0389	09	PANEL,BODYSIDE OUTER	LT	REFINISH			6.7	4
					SURFACE		5.1		
					TWO STAGE		1.0		
					TWO STAGE SETUP		.6		
1	0390		PANEL,BODYSIDE OUTER	RT	REPAIR			7.0	1
L	0390		PANEL,BODYSIDE OUTER	RT	REFINISH			4.3	4
					SURFACE		3.6		
					TWO STAGE		.7		
E	0333		MLDG,BODY SIDE LOWER	R/F	15960367 GM PART	8.00		0.1	1

1997 CHEVROLET G35 EXPRESS LS 2DR PASSENGER VAN
CD LOG NO 1991-1

E	0137		MLDG,BODY SIDE LOWER	L/R	15960363 GM PART	14.20	0.2	1
E	0336		MLDG,BODY SIDE LOWER	L/R	15960365 GM PART	54.00	0.2	1
E	0138		MLDG,BODY SIDE LOWER	R/R	15960364 GM PART	14.20	0.2	1
RIG	0477		GLASS,BODYSIDE FRT T	L/R	R&I ASSEMBLY		0.6	1
RI	0424		BODYSIDE GLASS R & I	LT	R&I ASSEMBLY		1.0	1
RI	0425		BODYSIDE GLASS R & I	RT	R&I ASSEMBLY		1.0	1
EC	0426		SEALANT KIT,BDYSD GLS	LT	ECONOMY PART	25.00*		1
EC	0427		SEALANT KIT,BDYSD GLS	RT	ECONOMY PART	25.00*		1
TE	0436	01	GUARD,MUD		PART/PARTIAL REPL	11.43	0.3*1	
IT	0440		PNL,HNGD RR SD DR QTR	RT	LABOR/PARTL REPAI		1.0*1	
			PRIMER COAT REPAIR.>>>>BLEND INTO PANEL					
L	0440		PNL,HNGD RR SD DR QTR	RT	REFINISH		2.8	4
					SURFACE		2.8	
E	0482		MLDG,RR HNGD DOOR LWR	RT	15960360 GM PART	24.95	0.2	1
E	0271		PANEL,RR PILLAR OUTER	LT	15151843 GM PART	44.39	0.2	1
L	0271		PANEL,RR PILLAR OUTER	LT	REFINISH		0.8	4
					SURFACE		.7	
					TWO STAGE		.1	
L	0272		PANEL,RR PILLAR OUTER	RT	REFINISH		0.6	4
					SURFACE		.5	
					TWO STAGE		.1	
I	0513		SHELL,BACK DOOR	LT	REPAIR		1.0*1	
L	0513		SHELL,BACK DOOR	LT	REFINISH		2.3	4
					SURFACE		2.3	
RI	0548	01	PANEL,RR DR INR TRIM	LT	R&I ASSEMBLY		0.3	1
RI	0549	01	PANEL,RR DR INR TRIM	RT	R&I ASSEMBLY		0.3	1
RI	0508		HANDLE,REAR DOOR		R&I ASSEMBLY		0.3	1
RI	0519		BACK DOOR GLASS R & I	LT	R&I ASSEMBLY		0.8*1	
RI	0520		BACK DOOR GLASS R & I	RT	R&I ASSEMBLY		0.8*1	
EC	0568		SEALANT KIT,BACK DR GLS		ECONOMY PART	25.00*		1
EC	0569		SEALANT KIT,BACK DR GLS		ECONOMY PART	25.00*		1
RI	0533		TAILLAMP ASSEMBLY	LT	R&I ASSEMBLY		0.3	1
E	0534		TAILLAMP ASSEMBLY	RT	5978340 GM PART	113.00	0.3	1
E	0565		BUMPER,REAR STEP		15733283 GM PART	374.00	1.5	1
E	0576		PAD,REAR BUMPER STEP	RT	15970766 GM PART	15.75		1
E	0578		PAD,REAR BUMPER STEP		15970481 GM PART	92.75		1
L	M15		COLOR TINT		REFINISH	*	0.5*4*	
EC	M17		COVER CAR EXTERIOR		ECONOMY PART	10.00*	*1*	
EC	M30		COLL. REP. MATERIAL		ECONOMY PART	40.56*	*1*	
N	M58		CLEAN FOR DELIVERY		ADDNL LABOR OPERA	*	1.0*1*	
I	M60		HAZARD. WSTE. REM.		SUBLET REPAIR	5.00*	*1*	
L	M66		COLOR, SAND & BUFF		REFINISH	33.00*	2.5*1*	

41 ITEMS

MC MESSAGE(S)
01 CALL DEALER FOR EXACT PART NUMBER / PRICE
09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

1997 CHEVROLET G35 EXPRESS LS 2DR PASSENGER VAN
CD LOG NO 1991-1

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				772.97
OTHER PARTS				183.56
PAINT MATERIAL				396.00
PARTS TOTAL				1,352.53
TAX ON PARTS & MATERIAL	@		7.000%	94.68

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	36.00	11.2	13.0	871.20
2-MECH/ELEC	65.00			
3-FRAME	36.00			
4-REFINISH	36.00	19.0		648.00
5-PAINT MATERIAL	22.00			

LABOR TOTAL				1,519.20
TAX ON LABOR		@	0.000%	
SUBLET REPAIRS				5.00
TOWING				
STORAGE				

GROSS TOTAL	2,971.41
NET TOTAL	2,971.41

ADP SHOPLINK U0590 ES CD LOG 1991-1 DATE 10/03/00 01:04:00PM R6.1 CD 09/00
PXN:N/00/00/00/00 CUM:/// HOST LOG

2.5 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST MAJOR PANEL, WHERE NOTED.

ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE REFINISH OF NON-FLEX, EXTERIOR SURFACES.