

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

03-OCT-2000

Ocd_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

872079

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 CONTINENTAL	Vehicle Model CONTINENTAL	Vehicle Year 1900	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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 Ult <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 _____
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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
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No. of Failures	Date(s) of Failure(s) 01-SEP-2000 Mileage at Failure(s) 8 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
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IRON MAN ELECTRA TIRE LT235/85R16 SIZE, ORIGINAL EQUIPMENT. TREAD ON THE RIGHT AND LEFT FRONT TIRES SEPARATED AT HIGHWAY SPEEDS ON TWO OCCASIONS, BOTH CAUSING DAMAGE TO THE TRAILER.*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</p> <p style="text-align: center;">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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>FOR AGENCY USE ONLY 284</p>
	<p>Date Received: 03-OCT-2000</p> <p style="text-align: center;">OFFICE OF TRAFFIC SAFETY INVESTIGATION</p> <p>Reference No. 872079</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>643672</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>1/1</u></p>	

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CONTINENTAL	CONTINENTAL	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 "IRONMAN ELECTRA" LT 235-85/R16	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s) 01-SEP-2000 Mileage at Failure(s) 8 Vehicle Speed at Failure(s) 65 MPH (Both)	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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	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	NONE	2	\$405,70	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

IRON MAN ELECTRA TIRE LT235/85R16 SIZE, ORIGINAL EQUIPMENT. TREAD ON THE RIGHT AND LEFT FRONT TIRES SEPARATED AT HIGHWAY SPEEDS ON TWO OCCASIONS, BOTH CAUSING DAMAGE TO THE TRAILER.*AK

SEE ATTACH COPIES OF DAMAGE PV 5th WHEEL AS WELL AS COPIES OF TIRE RECEIPTS, PLUS LETTER TO CONTINENTAL GENERAL; ALSO MAILING LABEL (THEY WANTED #2 BLOW TIRE SENT TO THEM) 1ST TIRE WAS DISPOSE OF BY Goodyear, SEE THEIR BILL.

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 end mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT ADOR18Y216

MANUFACTURER/TIRE NAME
INON MAN - ELECTRA

SIZE
LT235-85/R16

* 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.: 1982-625-887/80086

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






September 12, 2000



Claim No: C-00-1867

Dear Mr. 

We have been notified that you wish to submit a claim for damages arising from the performance of your tire. We as the manufacturer reserve the right to inspect the tire.

Enclosed please find a UPS ARS label for the return of your tire to us. The label is to be placed on the tread portion of the tire or shipping container and then taken to any UPS location or given to a UPS driver. Please tape over the label with clear tape to ensure it does not come off the package.

In addition to the label we have enclosed a Property Damage Report, please fill report out and mail it along with two repair estimates or proof of insurance deductible (if your insurance company has already paid for the repairs). Also enclose a receipt for the replacement tire you may have purchased, to the address below.

If we have not received your tire or any further response regarding your claim within six months from the date of this letter, your claim will be considered closed. No consideration for damage repair reimbursement will be made.

We will notify you of our findings by mail upon the completion of our evaluation of your tire. Once we have received your tire, please allow fifteen to thirty business days to complete your claim.

Sincerely,



James S Neumann
Claims Administrator
Continental General Tire, Inc.

Continental General Tire Service Center, 1440-L Westinghouse Blvd., Charlotte, NC 28273 (704) 588-4164 Fax (704) 588-8476

The Motorist's Tire Care and Safety Guide on Auto and Light Truck Tire Care and Safety is available in the United States by writing the Tire Industry Safety Council, P.O. Box 3147, Medina, Ohio 44258.

[REDACTED]

Sept. 20, 2000

To whom it may Concern;

Enclose find damage report & the estimate from one RV service near our home. Other RV services can not take on any more work.

These "Ironman Electro" tires should never been put on trailers. They are not a steering tire. These are a full lug snow & mud tire.

Our trailer is not three years old until October 3, 2000; we are not full time travelers until this November. The trailer came with four (4) of "Ironman Electro" tires. We do not wish for any more Continental General tires.

We have pictures of these tires and will notify Hwy. Dept. of transportation of the problem & danger.

Sincerely,

P.S. Our last name is [REDACTED]

[REDACTED]



PROPERTY DAMAGE REPORT

CLAIM NO.	C-00-1867
REPORT DATE	9-15-00



INSURANCE CO ERIE INS CO	ADDRESS 730 FRIE INS PL BOIE PA 16530	AGENT TELEPHONE 412-799-4277
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ACCIDENT DATA

DESCRIPTION OF ACCIDENT: 6:44 AM on Rte. 80 going Omaha when 1st Tire BLEW.	DATE & TIME 7/15/00 4:30 PM
USM 14 on Rte. 95 going Maine " 2nd " "	APPROX. TIME 9/1/00 11 AM

VEHICLE DATA

VEHICLE MAKE AVION	YEAR & MODEL 97- Westport	MILEAGE 89,541 miles
VEHICLE VIN # 1EM5U3629V9312776	36.5 ft; 5th wheel	APPROX. COST OF DAMAGE \$ 405.70

TIRE DATA

MFG. BRAND TRAMMAN	SIZE LT 235-85/R16	TYPE M-8	PLY & PLY. 2 Ply	SERIAL NO. 27040	<i>tire with dent</i>
WHO RETAINS POSSESSION OF TIRE-ADDRESS OWNER'S LAST RANGE E.					
TIRE POSITION 2nd TIME 9-1-00 (LEFT FRONT) RIGHT FRONT LEFT NEAR (RIGHT REAR) 1st TIME 7-15-00					
CUSTOMER SIGNATURE					

DEAR CUSTOMER:

ALONG WITH THIS PROPERTY DAMAGE REPORT, PLEASE RETURN PROOF OF DEDUCTIBLE (IF INSURANCE COMPANY IS HANDLING) OR TWO REPAIR ESTIMATES AND THE RECEIPT FOR A REPLACEMENT TIRE TO THE ADDRESS BELOW. ALL REIMBURSEMENTS ARE PENDING OUR APPROVAL UPON COMPLETION OF THE FAILED TIRE INSPECTION.

IF YOU REQUIRE A RENTAL CAR FOR TRANSPORTATION, CONTINENTAL GENERAL TIRE WILL REIMBURSE COST, UPON CLAIM APPROVAL, UP TO A MID-SIZE CAR DURING THE DURATION OF VEHICLE REPAIR TIME OR UP TO A MAXIMUM OF TEN DAYS, WHICHEVER OCCURS FIRST. YOU MUST NOTIFY IN ADVANCE IF THE TEN DAY LIMIT WILL BE EXCEEDED FOR ANY EXTENSION CONSIDERATION. YOU WILL NEED TO MAIL THE ORIGINAL COPY OF YOUR RECEIPT TO THE ADDRESS SHOWN BELOW.

PLEASE BE ADVISED THAT YOUR TIRE WILL BE HANDLED ACCORDING TO THE CONTINENTAL GENERAL TIRE LIMITED WARRANTY AND ADJUSTMENT POLICY ENCLOSED.

CONTINENTAL GENERAL TIRE SERVICE CENTER PHONE: (704) 588-4164
 1440-L WESTINGHOUSE BLVD. FAX: (704) 588-8476
 CHARLOTTE, NC 28273

NOTE: PLEASE TAPE OVER SHIPPING LABEL TO ENSURE IT DOES NOT COME OFF YOUR PACKAGE.

UPS DRIVEN INSTRUCTIONS: YOU ARE AUTHORIZED TO ACCESS THIS PACKAGE WITHOUT A SIGNATURE

A.R.S.

FROM: Name: Robert Dancy
 Street: 209 State Rt. Tall Pine Pk. 191
 City: Creswell Ga State: PA Zip Code: 19353

SHIP TO: CONTINENTAL GENERAL TIRE CORP
 1440L WESTINGHOUSE BLVD

CHARLOTTE NC 28273 6325

NC 282 0-21



UPS GROUND

TRACKING #: 1Z X28 718 06 1025 8474



UPS Authorized Return Service™

1.9C USD 17/ 999 0111074 300 W

REF # 0-00000000 REF # DATE

*first tire dispense of by Coodyan in Indiana
 *Second tire sent to tire Co in NC.



DRY CREEK RV CENTER

Sales • Service • Parts



570-992-4758

Rt. 209 • Sciota, PA 18354

DATE: 9/18/2000

SOLO BY	CASH	C.O.D.	ON ACCT.	MOS. RETD.	PAID OUT	
QUAN	DESCRIPTION				PRICE	AMOUNT
1-	INNER	Galvanized Wheelwell				
		68 3/8 x 13 1/2 x 3 1/2				17 25
1-	INNER	Galvanized Wheelwell				
		73 x 11 x 3 1/2				15 66
1-	Wheelwell	COVER				59 82
		Rear changes on back First				
		Quality Mfg.				50 00
		Sheet metal screws, sealant				20 00
		Labor to remove wheels &				
		Remove & replace existing wheelwells				
		1 install 10 new wheelwell cover				
		to replace tires				280 00
* All claims and returned goods MUST be accompanied by this bill.					TAX	29 97
RECEIVED BY					TOTAL	405 70

From: Cherian Varghese
To: Alberto Jimenez
Date: 5/31/01 2:34PM
Subject: False fatality reports

Hi Al,

I've contacted the complainants(or their close relatives) of the following ODI complaints and confirmed there was no fatality involved. Therefore, i recommend that these complaints be updated to reflect "zero" fatality.

The ODI no.s are

737244, 872079, 739285, 732305, 733065, 733400, 872360, 728064, 743568, 742365, 743264.

Thanks
Cherian Varghese.

CC: Steve Chan