

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

Ocl\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

872111

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 driver's side)</small>	Vehicle Make <b>GOODYEAR</b>	Vehicle Model <b>GOODYEAR</b>	Vehicle Year <b>1900</b>	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 type="checkbox"/> New <input checked="" 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"/> Motorbell <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"/> Frnt <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) _____ Mileage at Failure(s) _____ 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)

GOODYEAR, ST 225R75, D RANGE, SPECIAL TRAILER, TIRE'S TREAD HAS SEPARATED FROM THE SIDEWALL ON SEPARATE OCCASIONS.\*AK

CONTINUED ON BACK (REVERSE)

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;"><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>                  NATIONWIDE 1-888-DASH-2-DOT                  1-888-327-4236                  www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 284</p> <p>Date Received  <span style="font-size: 2em; opacity: 0.5;">RECEIVED</span>                  03-OCT-2000                  NOV 29 10:12:12</p> <p>Office of Investigation                  872111</p> <p>Work Number _____                  Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>643855</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date 11/11/00

VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers side) 5th Wheel TRAILER 30'	Vehicle Make ROYAL GOODYEAR	Vehicle Model ATS GOODYEAR	Vehicle Year 1994
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name ATS	
City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02740000	Part Name(s) DOT M&H RMO20 104 RR TIRES: TREAD 10/16 12/98 M&H Rm 1R 198 RF M&H RMO2R 2/29 LF M&H RMO2	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement

No of Failures 10	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) 45-55 mph	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 \$500.00	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)**

GOODYEAR, ST 225R75, D RANGE, SPECIAL TRAILER, TIRE'S TREAD HAS SEPARATED FROM THE SIDEWALL ON SEPARATE OCCASIONS.\*AK

Tires were repaired  
 DOT M&H RMO20 12/98  
 M&H RMO20 12/21/98  
 M&H Rm 1R 4/11/00  
 4/25/97  
 9/27/97

See attached

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GOODYEAR AUTO SERVICE CENTER

A DIVISION OF THE GOODYEAR TIRE & RUBBER COMPANY  
 297 MELBHAM BLVD  
 GADSDEN, AL 36501  
 (256) 547-0561  
 FEDERAL TAX ID# 84302340



INVOICE  
 006480

04/11/00 04/11/00  
 10:17 AM 10:18 AM  
 10001 10001  
 10001 10001

PAGE: 01



PHONE  
 PHONE  
 DATE REQUESTED 04/11/00  
 TIME REQUESTED  
 RETURN PARTS NO  
 CHECKMARKS 022 / 026

VEH YEAR/MANUF.  
 VEHICLE MODEL  
 VEHICLE COLOR  
 LICENSE STATE, NA AL  
 ODOMETER IN/OUT 00000 / 5000

ACCOA # 000 TO 0000 TYPE/STATE AUTHORIZATION CREDIT CARD NO.  
 00000000 Y 00 0000 0 0 00000

SLIP NO.	PRODUCT CODE	SC	QTY	DESCRIPTION	CODE	PARTS	LAB EXCISE	SENE	AL
000	702-172-435-0 RTV. 1 NO.	B	1	STE25/75R130 17MM TR.LS BSLRPTL		66.24			66.24
000	702-172-435-0 RTV. 1 NO.	B	1	STE25/75R130 17MM TR.LS BSLRPTL		124.97			124.97
000	044-213	S	1	WHEEL BALANCE - COMPUTER SPIN		1.75	0.25		10.00

TIRES ARE EXPENSIVE, HAVE YOUR INVESTMENT MAINTAINED WITH ROTATION, PRESSURE CHECKS AND ALIGNMENT REGULARLY.  
 DID CUSTOMER PURCHASE THE ROAD HAZARD TIRE PROTECTION PLAN? YES --- NO ---  
 THE BEST TIRES IN THE WORLD HAVE GOODYEAR WRITTEN ALL OVER THEM

IF YOU ARE NOT 100% SATISFIED, CALL  
 ROBERT WHITE  
 VAIL STORE MANAGER, AT (256) 547-0561

*Robert White*  
 (Signature)

PARTS TOTAL..... 192.96  
 LABOR TOTAL..... 10.00  
 SUB TOTAL..... 202.96  
 SALES TAX..... 10.00

CHARGED AMOUNT 41.77  
 TAXABLE AMOUNT 31.50

CUSTOMER AUTHORIZATION FOR TOTAL

INVOICE TOTAL

AUTHORIZED BY: MANDI  
 AUTH PHONE.....  
 REVISED TOTAL 192.96

AUTH REC'D BY: MANDI M  
 AUTH DATE.....  
 ADD'L AMOUNT.. 64.25

MANAGER REC'D.. IN ST  
 AUTH TIME.....  
 REPAIRS DESC..

SEE REVERSE SIDE FOR IMPORTANT SAFETY  
 WARNING AND WARRANTY INFORMATION

HAVE A QUESTION OR PROBLEM?  
 Please call our 24/7 Helpline. We value  
 your opinion as much as your business.

PETAL TIRE & SERVICE CTR

817 CENTRAL AVE  
 PETAL, MS 39465  
 (601) 383-3088  
 FEDERAL TAX ID# 64 0644232



INVOICE  
 034693

12/21/98 12/21/98  
 09:55 AM 10:07 AM  
 TERR: 7705  
 NONSIG: 169134

PAGE: 01

BILL TO [REDACTED]

PHONE 1.....  
 PHONE 2.....  
 DATE REQUESTED 12/21/98  
 TIME REQUESTED  
 RETURN PARTS.. NO  
 SALESMAN..... 003 / 003

VEH YEAR/MAKE,  
 VEHICLE MODEL,  
 VEHICLE COLOR,  
 LICENSE/STATE,  
 ODOMETR IN/OUT 000500 /

ACCOUNT # CDB TC CUST# TYPE/STATE  
 770500001 2 01 00166 0 MS

BLSN TECH	PRODUCT CODE	PC	QTY	DESCRIPTION	PARTS	LAB/EXCISE	LINE TOTAL
003	762-173-435-0 QTY. 1- NO.	R	1-	ST225/75R150 NTM TRLRS DSLRPTL	118.20	.00	118.20
003	762-173-435-0 QTY. 1 NO.	R	1	ST225/75R150 NTM TRLRS DSLRPTL	118.20	.00	118.20

*DOT  
 Lot (3)  
 monthly gr.*

PARTS TOTAL..... .00  
 LABOR TOTAL..... .00  
 SUB TOTAL..... .00  
 SALES TAX..... .00

\* CUSTOMER AUTHORIZATION FOR TOTAL  
 ISSUE REASON.. CUSTOMER SAT

TAXABLE AMOUNT .00  
**INVOICE TOTAL \$ .00**

SEE REVERSE SIDE FOR IMPORTANT SAFETY WARNING AND WARRANTY INFORMATION

HAVE A QUESTION OR PROBLEM?  
 Please let our store manager. We help you get the most from your  
 business. Should you need additional assistance, call our  
**CUSTOMER ASSISTANCE LINE**  
 1-800-321-3138

PETAL TIRE & SERVICE CTR

217 CENTRAL AVE  
PETAL MS 39445  
(601)583-3088  
FEDERAL TAX ID# 64 0644232



PRODUCT ADJUSTMENT  
034693

12/21/98 12/21/98  
09:55 AM 10:07 AM  
TERR: 7705  
NONSIG: 169134

PAGE: 01

BILL TO



VEH YEAR&MAKE.  
TYPE OF DRIVE. R

VEHICLE MODEL.  
CORRECTION.... N

SALESMAN..... 003

TIRE NUMBER... 01	ADJUST TYPE... B	TIRE SERIAL ID MDHNRMR067
PRODUCT CODE.. 762173435	TREAD DEPTH... 10/32	PURCHASE DATE. 08/08/97
DESCRIPTION... 6T225/75R15D MTHN TRLR BSLRPTL	BUYING PRICE.. \$118.20	AN/SS NUMBER..
PERCENT WEAR.. 00 %	ALLOWANCE ART. \$118.20	EXCISE TAX.... \$0.00
E/4 CONC AMT.. \$0.00	TIRE CONDITION 6C GOODYEAR LEGAL ADJUSTMENT	REPLACE PRICE. \$0.00
WHEEL POSITION RR	ORIGINAL EQUIP N	ODOM/HR5/YRS.. 000001
SCRAP/RTN COLL S	CONC APPROVAL. A221146	

SIGNATURE

I/WE HEREBY CERTIFY THE STATEMENT OF FACT HEREIN TO BE CORRECT. I FURTHER CERTIFY THAT THE ONLY CLAIM ARISING FROM THE USED MERCHANDISE DESCRIBED ON THIS CLAIM FORM IS FOR REPLACEMENT OF THE USED MERCHANDISE AND THAT NO PERSONAL PROPERTY OR OTHER LOSS IS INVOLVED. THE ADJUSTED TIRE BECOMES THE PROPERTY OF THE GOODYEAR TIRE AND RUBBER COMPANY.

HAVE A QUESTION OR PROBLEM?

Please tell us your e-mail. We value your opinion. Write to your local office. Should you need additional assistance, call our

CUSTOMER ASSISTANCE LINE

1-800-821-2138

\*\*\*\*\* BUSINESS HOURS 7:30 A.M. TO 5:00 P.M. \*\*\*\*\*  
\*\*\*\*\* WE APPRECIATE YOUR BUSINESS !!! \*\*\*\*\*

ESTIMATE TOTAL: 0.00

PRODUCT	QUANTITY	PRICE	EXT. PRICE	EXTENSION
25R15 (8) DOORWAY BM	1	0.00	0.00	0.00
22515BYS				

ER CLASS: 2  
OFFICE PHONE: 502781-2718  
TERMS: 03/10/97  
SALES MAN NO: 0005 INVOICE DATE: 02/07/97  
ER NO: 0113594 TAX: 15000

ESTIMATE NO: 0  
PHONE NO: 5  
CINCINNATI, OH  
45241-2520  
COLUMBIA NAT'L SUPPLY  
SHIP TO  
ATTN: ACCOUNTS PAYABLE  
PO BOX 9018  
BOWLING GREEN KY  
42102-9018



\*\*\*\*\* WE APPRECIATE YOUR BUSINESS \*\*\*\*\*  
\*\*\*\*\* BUSINESS HOURS 7:30 A.M. TO 5:00 P.M. \*\*\*\*\*

ESTIMATE TOTAL: 0.00

225/75RIS (8) GOODYERK BM 225150Y8  
1 0.00 61 0.00

PRODUCT QUANTITY PRICE EX. F. E. I. EXTENSION  
STORMER NO: 0113574 TAX: 15000 SALESMAN NO: 0005 INVOICE DATE: 04/25/97  
# 1670 TERMS: 05/10/97  
STORMER CLASS: 2 OFFICE PHONE: 502781-2719

ESTIMATE NO: 020  
PHONE NO: 512  
CINCINNATI, OH  
45241-2520  
CMT INC GBA NAT'L SUPPLY  
ATTN: ACCOUNTS PAYABLE  
PO BOX 90018  
DOWLING GREEN KY  
42102-9018



**GOODYEAR AUTO SERVICE CENTER**

A DIVISION OF THE GOODYEAR TIRE & RUBBER COMPANY  
 292 METZMAN BLVD  
 SAUGEN, AL 35961  
 (850) 547-0561  
 FEDERAL TAX ID# 340653240



**PRODUCT ADJUSTMENT**

04/11/00 04/11/00  
 10:17 AM 10:33 AM  
 ERFC: 0004  
 NONSIC: 000004

CASE: 01

BILL



VEH YEAR&MAKE:  
 TYPE OF DRIVE: R

VEHICLE MODEL:  
 CORRECTILN: N

SALESMAN: 0000 028

TIRE NUMBER... 01  
 PRODUCT CODE... TSE173435  
 DESCRIPTION... ST005775R150 MTHN TLRB BSLRPT  
 PERCENT WEAR... 25 %  
 EPA CONC AMT... \$1.00  
 TIRE CONDITION GC TREAD SEPERATION  
 WHEEL POSITION BF  
 SERIAL NO. COLL F

ADJUST TYPE... B  
 TREAD DEPTH... 8/32  
 BUYING PRICE... \$114.99  
 ALLOWANCE AMT... \$27.24  
 ORIGINAL EQUIP N  
 CONC APPROVAL

TIRE SERIAL ID MKHHRM1R+07  
 PURCHASE DATE... 08/08/97  
 AN:GS NUMBER..  
 EXCISE TAX... \$1.00  
 REPLACE PRICE: \$28.75  
 ODOM:TRS/YRS.. 000001

SIGNATURE *Way R...*

I HEREBY CERTIFY THE STATEMENT OF FACT HEREIN TO BE CORRECT. I FURTHER CERTIFY THAT THE ONLY CLAIM ARISING FROM THE USED  
 MERCHANDISE DESCRIBED ON THIS CLAIM FORM IS FOR REPLACEMENT OF THE USED MERCHANDISE AND THAT NO PERSONAL PROPERTY OR OTHER LOSS  
 IS INVOLVED. THE ADJUSTED TIRE BECOMES THE PROPERTY OF THE GOODYEAR TIRE AND RUBBER COMPANY.

**HAVE A QUESTION OR PROBLEM?**  
 Please tell our store manager. We value  
 your opinion as much as your business.



# GRAHAM TIRE COMPANY

PHONE: 174-078

1900 1/2 STREET  
LINDSEY, AL.

888

(913) 451-4525

**GOODYEAR**  
Independent Dealer

INVOICE DATE: 09/28/97

INVOICE NO: 004670



PHONE: 02/12/97  
CASH

CUSTOMER NO: 0700189

SALES

SALES NO: 00000000  
DATE: 09/28/97

LYNCHBURG, VA

Age

VEHICLE INFO

MAKE: FORD

TELEPHONE NO: 00001  
FAX: 8

PRODUCT	MECH	QUANTITY	PRICE	TAX	EXTENSION
STEEL WHEELS (10 MARTIN TIRE 28 TL)		1	57.50		57.50
WHEEL BALANCE (COMPUT. RIPPED)		1	7.00		7.00
NEBRASKA STATE TIRE FEE		1	1.00		1.00
NEBRASKA STATE TIRE FEE					

NEBRASKA STATE TIRE FEE: 43.50  
 FEE: 7.00  
 SALES TAX: 1.49  
 INVOICE TOTAL: 48.99

CREDIT CARD 48.99

IF YOU'RE NOT COMPLETELY SATISFIED WITH OUR CUSTOMER SERVICE OR OUR PRODUCTS, PLEASE CONTACT OUR GENERAL MANAGER AT 424-3277. "WE REALLY CARE"

# J&B TIRE

A ~~Small~~ Company

AR

Reflex  
M3 HH RMORO 104

90.09

PACKED BY:

FILED BY: