



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

03-JAN-2001

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

877292

OWNER INFORMATION (Type or Print)

663988

Work Number

Home Number

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) **1GNGK26N9SJ369984** Vehicle Mak **FIRESTONE** Vehicle Mode **STEEL TEX** Vehicle Year **1900** Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____ Engine Siz (CID/CC/L) _____ Turbo Diesel Gas Fuel Injectio
 New Used City _____ State _____ Zip Code _____ No Cylinders _____ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

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

No of Failures _____ Date(s) of Failure(s) **27-DEC-2000** Mileage at Failure(s) **22** Vehicle Speed at Failure(s) _____ Failed Part(s) Yes No NHTSA Previous-y 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 Yes No Fire Yes No Number of Persons Injured _____ Number of Fatalitie _____ Estimated Property Damag _____ Reported to Polic Yes No

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

ORIGINAL EQUIPMENT ON A 1995, CHEVROLET TRUCK, SUBURBAN, LT245/75R16 SIZE. TREAD ON FRONT RIGHT TIRE SEPARATED AT HIGHWAY SPEEDS. *AK

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 questionaire. 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.

 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 264 Date Received <u>03-JAN-2001</u> 03-JAN-2001 SERVICE DEFECTS DIVISION		Od. or rt. dt _____ od. ft _____ up. ltr _____
	OWNER INFORMATION (Type or Print) [Redacted] 663988	Reference No. 877292		Work Number [Redacted] Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 in the absence of an [Redacted] or name and address to the vehicle manufacturer.
 Signature of Owner [Redacted] Date 2/20/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GN GK26N9SJ369984	Vehicle Make FIRESTONE	Vehicle Model STEEL TEX	Vehicle Year 1995 1900	Current Odometer Reading 22,540	
Purchase Date NOV. 27 2000	Original Dealer's Name Champion Chevrolet		Engine Size (CID/CC/L) 454	<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 (Friend)	City Manhattan Beach	State CA	Zip Code _____	No Cylinders 8	
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 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 checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
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 checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 27-DEC-2000	Mileage at Failure(s) 22	Vehicle Speed at Failure(s) 21,800
Failed Part(s) Available? <input 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 0	Number of Fatalities 0	Estimated Property Damage air + tires replaced.	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>ORIGINAL EQUIPMENT ON A 1995, CHEVROLET TRUCK, SUBURBAN, LT246/75R16 SIZE. TREAD ON FRONT RIGHT TIRE SEPARATED AT HIGHWAY SPEEDS. *AK</p> <p>Travelling north on CA Hwy 101 from Ventura to Santa Barbara I noticed vibration at highway speeds. I pulled off the highway to check the vehicle. Tire pressures were checked and were concurrent with the guidelines on the drivers door of the vehicle. I tried to get to Santa Barbara at lowered speed</p>

CONTINUE ON BACK IF NEEDED

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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.*

DOT VN11B1A045

MANUFACTURER/TIRE NAME
Firestone SteelTex R45

SIZE
LT245/75R16

* 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) (I did not want another of these tires)

Rather than being stranded in a remote area. The tires showed no signs of problems visually, but after a short distance the tread separated and the inner layer protruded into the wheel well creating an obnoxious "whopping" noise. I was able to pull off safely and AAA emergency road service eventually arrived to change out the tire. I contacted a Firestone dealer and the only help offered was to exchange + provide the tire. I tried to call the parent company but was on hold a long time on several occasions. Chevrolet did take a report over the telephone and requested that I let a dealer look at the tire. Their conclusion was "tread separation". I was advised to change out all the tires by several people in the auto service industry. Since I had already feared for the safety of myself and my family once I did not want to experience that fear of losing my life again. I have replaced all tires and have enclosed the receipt as well as photos of the failed tires. I have all 5 original equipment tires from this vehicle in storage as I was advised they may be needed for further examination.

U.S. G.P.O.: 1982-823-877/82388

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



State: CA Zip: 90030

Phone: [REDACTED] Membership # 320754529020
 Make of Vehicle Chevrolet Model Suburban Year 95 License # 3LWF580
 Odometer Reading 22527 Color Blue/Silver Date 1-28-07

THIS PORTION TO BE COMPLETED BY TIRE SALESPERSON:

Tire Mfg: Mich
 Type: [REDACTED]
 Size: 245-75-R16
 Item #: 78227
 Salesperson: MW
 Recommended air pressure:
 Front 90
 Rear 90
 Wheel Torque: [REDACTED]
 D.O.T. #'s: 37K B3HX
1500
4300

QTY	ITEM #	DESCRIPTION
4	6850	Auto and Light Truck/Van Installation includes: Lifetime balance and rotation (per wheel on same wheel), new valve stem
	6841	Flm swap / seasonal exchange
	6857	Motor Home & Dual Wheels: By Appt. Only (10.5" and smaller)
	6861	Extra Balance
	7023	CW Disposal Fee
		Road Hazard Warranty N/C
	255783	Flat Repair N/C
	251141	Rotate Tires N/C
	198459	Install Adjusted Tires N/C
	222084	Rebalance Tires N/C

SLIP PRINT (Single register receipt)		
#BUSINESS	MEMBER #	320754529020
*4 @	127.99	
*78227	LTX245/75R16	511.9
*4 @	1.00	
*STATE FEE		4.0
*4 @	9.00	
*INITIAL BALANCE		36.0
*\$50 NFL CERT		50.0
*372157	CPN/MICHELIN	50.0
*78227	LTX245/75R16	127.9
*STATE FEE		1.0
*M1/BALANCE		9.0
*7.5 % TAX RATE		48.0
TOTAL		737.9
*VF	Check/Member Write	737.9
*CHANGE		0.0
*COUPONS TENDERED	50.00	
*TOTAL NUMBER OF ITEMS SOLD	= 5	
*CASHIER: JOE H		REG#
*1/28/07 09:27	0126 97 0004	BDP

THIS PORTION TO BE COMPLETED BY TIRE SHOP:

WORK TO BE DONE
 LE
 RA
 VA
 WF
 Best to Spare
 Static Dynamic
 Blackwall
 Whitewall
 Work done by: Gabe

SPECIAL INFORMATION
 Missing: CAP
 U/LF
 Q/R/R
 U/L/R
 None
 Customer keeps tire(s)
 Carry in rims

PRE-EXISTING BODY CONDITION/SERVICE NOTES
Good

