



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 197

Date Received

22-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

876735

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCHG39R2Y1054063	FIRESTONE	STEEL TEX	1900	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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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"/> 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 _____ <input type="checkbox"/> Sport Util 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 _____
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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"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 04-AUG-1999 Mileage at Failure(s) 49000 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	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)

WHILE DRIVING ABOUT 45 MPH HEARD A BLOW OUT COMING FROM REAR TIRES. THEN, VEHICLE STARTED SHAKING, AND REAR TIRES HAD A TREAD SEPARATION. CHEVROLET TRUCK, 1997, P245/75R16. *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 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>FOR AGENCY USE ONLY 197</p>
	<p>Date Received: FEB -6 AM 11:00 22-JAN-2001 OFFICE DEFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_lr _____</p> <p>Reference No. 878735</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>658505</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of a signature and address to the vehicle manufacturer.</p> <p>Signature of Owner: _____ Date: 1/30/01</p>	

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GCHG39R2V1054063	Vehicle Make FIRESTONE	Vehicle Model STEEL TEX	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 checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Left <input 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 1	Date(s) of Failure(s) 04-AUG-1999 Mileage at Failure(s) 49000 Vehicle Speed at Failure(s) 70	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	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)

70

WHILE DRIVING ABOUT 70 MPH HEARD A BLOW OUT COMING FROM REAR TIRES. THEN, VEHICLE STARTED SHAKING, AND REAR TIRES HAD A TREAD SEPARATION. CHEVROLET TRUCK, 1997, P245/75R16. *AK

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

TIRE IDENTIFICATION NO.™

DOT	UN11B1A047	MANUFACTURER/TIRE NAME Firestone steel/Tex R45	SIZE 245/75/16
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* 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)

IN Aug. 1999 MY 2 REAR TIRES WITHIN HOURS OF EACH OTHER BOTH SEPARATED AS IF THEY WERE RECAPS. THE OUTER TREAD PEELLED OFF BOTH. THE SECOND ONE I HEARD BLOW, THE FIRST ONE THE VAN JUST SHOOK. THEY WERE REPLACED WITH SAME TIRES (MAKE + MODEL) AND THE RIGHT REAR TIRE AT 20,000 MILES ON IT HAD A BROKEN STEEL BELT IN IT. THIS IS THE 3RD TIRE OF THE SAME BRAND THAT HAS FAILED ON ME. I AM NOT SATISFIED WITH THESE TIRES AND AM WORRIED ABOUT THEM BEING ON MY VEHICLE. I HAVE ONE ORIGINAL TIRE FROM MY VAN AS A SPARE TIRE STILL ON IT & THAT IS THE ~~DOT~~ DOT # ABOVE.

U.S.G.P.O. 1992-030-007/0006

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



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



Customer Invoice
01/22/2001

FIRESTONE TIRE & SERVICE CENTERS
3812 NOVA RD
PORT ORANGE, FL. 32119

Service Advisor:
01 BRAD
904.760.0374

1997 CHEVROLET CHEVY EXPRESS G2500
Lic #: 1 FL Vin #:
In: 01/22/01 11:48AM Mileage: 74,933
Out: 01/22/01 1:05PM

Store # 011630

RETAIL SALE

REG# MV-07558

Description	Article Number	T#	Qty	Unit Price	Extended Price	Job Total
FIRESTONE TIRE PACKAGE						0.00
WHEEL BALANCE WEIGHT	7018708	30	1	1.99	1.99	
WHEEL BALANCE LABOR	7018716	30	1	5.00	5.00	
RUBBER VALVE STEM	7015040	30	1	2.75	2.75	
TIRE INSTALLATION	7015016	30	1	N/C	N/C	
STLTX R4SII TUBLPS 24575R18	288578	30	1	106.99	106.99	
CUST SATISFACTION DISCOUNT	7099685	30	-1	116.73	-116.73	
CUSTOMER REQUESTED NO INSPECTION						0.00

Technician: 30 PETE COUVERTIER

Payment History:

Summary:

Parts	-5.00
Labor	5.00
Shop Supplies	0.00
Sub-Total	0.00
Tax (6.09%)	0.00
Total	\$0.00

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Customer Signature

All parts are new unless otherwise specified.

Steel Belt Broken

1-888-327-4236

See reverse side for Warranty Information