Form Approved: O.M.B. No. 2127-0038

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 284	
Date Received: 31-JAN-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ ip_ltr ____ ____
	Reference No.: 879420

[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
	GOODYEAR	WORKHORSE	1900	

Purchase Date			
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (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 ☐ 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_____ ☒

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		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) Mileage at Failure(s) 20 Vehicle Speed at Failure(s)	☐ 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)

AFTER MARKET TIRE P245/75R16 MOUNTED ON AN AMBULANCE. WHILE DRIVING TREAD ON RIGHT REAR WHEEL SEPARATED.*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 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.

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	284
Date Received: 31-JAN-2001	Qd_or / rt_dl / od_rt / up_ltr
Reference No.	879420

OWNER INFORMATION (Type or Print)

[redacted] 671175

Work Number: [redacted]
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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FDJS34M4NHA27431	FORD GOODYEAR	E 350 VAN WORKHORSE	1992 1900	138173

Purchase Date: ☐ New ☒ Used

Dealer's Name: [illegible]
City: Chas State: SC Zip Code: 29407

Engine Size (CID/CC/L): 7.3 Dsl.
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 AMBULANCE	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

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	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	1-31-01 / 20 / 60 mph	☒ 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	0	0	500.00	☐ Yes ☒ No

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

AFTER MARKET TIRE P245/75R16 MOUNTED ON AN AMBULANCE. WHILE DRIVING TREAD ON RIGHT REAR WHEEL SEPARATED.*AK

Tread came off- lost 90% of Tread-
Tread damage R/Rear Quarter Panel

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.*

D	O	T	M	D	I	I	Y	7	4	V	3	7	6	MANUFACTURER/TIRE NAME: GOODYEAR	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)

This Ambulance is owned by a company named Personal Care - The owner of the Co. is Bernie Cigniavitch his address is 1742 West Glow Dr. Charleston, S.C. 29407 I am the owner of Citadel Auto Services my name is John Yeeger We replaced the tire and we service many of Personal cares Ambulances. I have all 4 tires from this Vehicle but I can not keep them for a long period of time. This failure could easily have caused Multiple deaths if it had happened during an emergency call at high speed going around a curve

★ U.S. G.P.O.: 1992 - [illegible]

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

Invoice 5700

Printed: 02/09/2001 01:39 PM

NAME/ADDRESS
BERNIE CIGNAVITCH
PERSONAL CARE AMBULANCE
1742 WEST GLOW DR.
CHARLESTON, SC 29407

VEHICLE
White 1992 FORD E 100-350 VANS V8-446 7.3L Dsl

CITADEL AUTO SERVICE/WEST A
1976 B SAM RITTENBERG BLVD.
CHARLESTON, SC 29407
(843) 763-8070

ODOMETER IN	VIN
138173	1FDJS34M4NHA27431

HOME PHONE	WORK PHONE	ODOMETER OUT	LICENSE NO	P.O. NUMBER	WRITTEN BY
	763-1222	138173	563KJK		

TECHNICIAN	KEY HOOK	PAID BY	INVOICED ON
GVP		Multiple Pmts	01/31/2001

Parts

Qty	Mfg	Part	Description	Each	Extended
4	FIRE	245/75/R1	STEELTEX R4S3 TIRES	93.00	372.00

Labor

Labor Operations (Jobs)	Extended
REPLACE 4 TIRES. R/REAR TIRE TREAD	48.00
WAS RIPPED OFF. IT APPEARS TO BE A	
TIRE DEFECT. TIRE PRESSURE ON THAT	
TIRE WAS 58 LBS. WE CHECKED BEFORE	
DISMOUNTING. I CALLED NHTSA AND	
REPORTED THE TIRE FAILURE. TIRE	
WAS A 245/75/R16E GOODYEAR	
WORKHORSE LT TIRE, LOAD RANGE E.	
OLD SET OF TIRES ARE IN BACK OF	
JUNKED TRUCK # 201.	
TIGHTEN BOTH FRONT WHEEL	30.00
BEARINGS THEY WERE LOOSE	

Payments:	
CHARGE	0.00
Check #13671	453.90
Total Paid:	**453.90**

Totals

Estimate Total: 453.90

Parts:	**372.00**
Labor:	**78.00**
Shop Supplies:	**3.90**
Tax:	**0.00**
Total:	**453.90**

Any warranties on the products sold hereby are those made by the product manufacturer. The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

SIGNATURE

Thank you for your business.