



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 119

Date Received

01-FEB-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

879563

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 <b>GOODYEAR</b>	Vehicle Model <b>WORKHORSE</b>	Vehicle Year <b>1900</b>	Current Odometer Reading
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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 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	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

### 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)

TIRE SIZE 75016, COMMERCIAL TRAILER TIRE, DOT NUMBER NOT AVAILABLE, TIRES HAVE FIFTY PERCENT OF TREAD LIFE LEFT. FIVE TIRES HAVE FAILED WITH SIX TO EIGHT INCHES OF TREAD SEPARATING FROM THE TIRE, ALL TIRES STAYED INFLATED. PLEASE PROVIDE ANY FURTHER DETAILS.\*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-502. 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>    119</p> <p>Date Received: <u>01-FEB-2001</u></p> <p>Reference No. <u>879563</u></p> <p>Work Number: _____</p> <p>Home Number: _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>671894</p>	

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 1/1

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	Trailer 1999	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<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"/> Motor belt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02740000	Part Name(s) TIRES:TREAD Goodyear Workhorse 750-16 3 of 5 Failed	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	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)**

TIRE SIZE 75016, COMMERCIAL TRAILER TIRE, DOT NUMBER NOT AVAILABLE, TIRES HAVE FIFTY PERCENT OF TREAD LIFE LEFT. ~~FIVE TIRES~~ HAVE FAILED WITH SIX TO EIGHT INCHES OF TREAD SEPARATING FROM THE TIRE, ALL TIRES STAYED INFLATED. PLEASE PROVIDE ANY FURTHER DETAILS. 'AK

3 out of 5 Workhorse Tires have failed

Goodyear Workhorse    Dot #<sup>s</sup>    2200-4200-1300-279 (one Failed Replaced)  
 750-16    Failed    Failed

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 and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* 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 originally bought 4 Tires Goodyear 750-16 Workhorse Load Range E To Replace Original Tires on Trailer <sup>Load</sup> Range D These should have been better Tires but were not. I came apart & was Replaced by Tire center Inc. On last Trip with these Tires on my Trailer 2 Tires Failed. Dot # 1300 & 279 - I spent countless hours. of Time Dealing with this Tire problem. about (20 hrs of my time). I contacted Dave Johnson at Goodyear Consumer Relations. He reimbursed me \$132 for Extra spare I had to buy on Trip when 2 Tires Failed. He accepted some responsibility. He also had Remaining 4 Tires (2 Junk) of mine Inspected & told me there was 50% Thread Left & it would cost me \$130 per Tire To replace them (An Insult) I Think these Tires (Workhorse) should be recalled Or looked at These Tires coming apart (Thread seperation) is dangerous to the consumer

Thank you

P.O. 1992-123-887 / 8228

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

NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES





**TIRE CENTERS, INC.**

1- 7.50-16 GOODYEAR  
WORKHORSE RIB LR-E was  
replaced at N/C due to  
tread separation ~

A handwritten signature in black ink, appearing to read 'Jude', with a long horizontal flourish underneath.



1308 S WEST AVE  
WAUKESHA WI 53186

INVOICE #: 2650009891

PAGE: 1

262/544-4616

CUSTOMER:

2652222

OFFICE PHO  
HOME PHONE  
SALESMAN: 26575

2001 DODGE RAM 3500  
LICENSE: CD29-209 WI MILEAGE: 57795  
SCOTT HARDON  
11/20/00

INVOICE DATE: 10/20/00

PRODUCT	QUANTITY	PRICE	F.E.T.	EXTENSION
LT235/B5R16 BFGCOMM BLEB	4	80.00	.61	322.44
0163205				
MOUNT/BALANCE/STEM		10.00		40.00
R100				
7.50-16 WORKHORSE RIB L		95.00	.19	95.19
155				
SALES TAX		23.34		23.34
281				

INVOICE TOTAL: 480.97

\*\*\*\*\*THIS IS A REPRINTED INVOICE\*\*\*\*\*

CASH OR CHECK

480.97

Customer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



1308 S WEST AVE  
WAUKESHA WI 53186

262/544-4616

CUSTOMER:  
2652222



OFFICE PH  
HOME PHON  
SALESMAN: 26575

2001 DODGE 350  
LICENSE: CA29-209  
COLOR: MAROON

INVOICE DATE: 09/26/00

DATE: 10/20/00

PRODUCT	REMARKS	QUANTITY	PRICE	F.T.	EXT
7.50-16 WORKHORSE RIB L			95.00	.19	19
155					
TIRE DISPOSAL FEE			2.00		
534					
SALES TAX			9.81		
281					

INVOICE TOTAL: 20

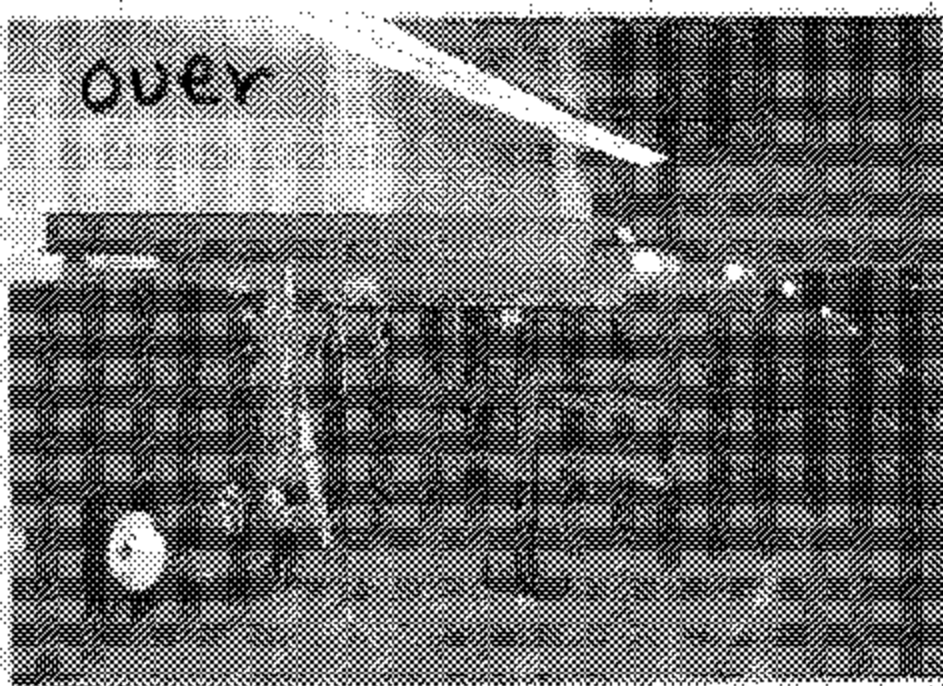
\*\*\*\*\*THIS IS A REPRINTED INVOICE\*

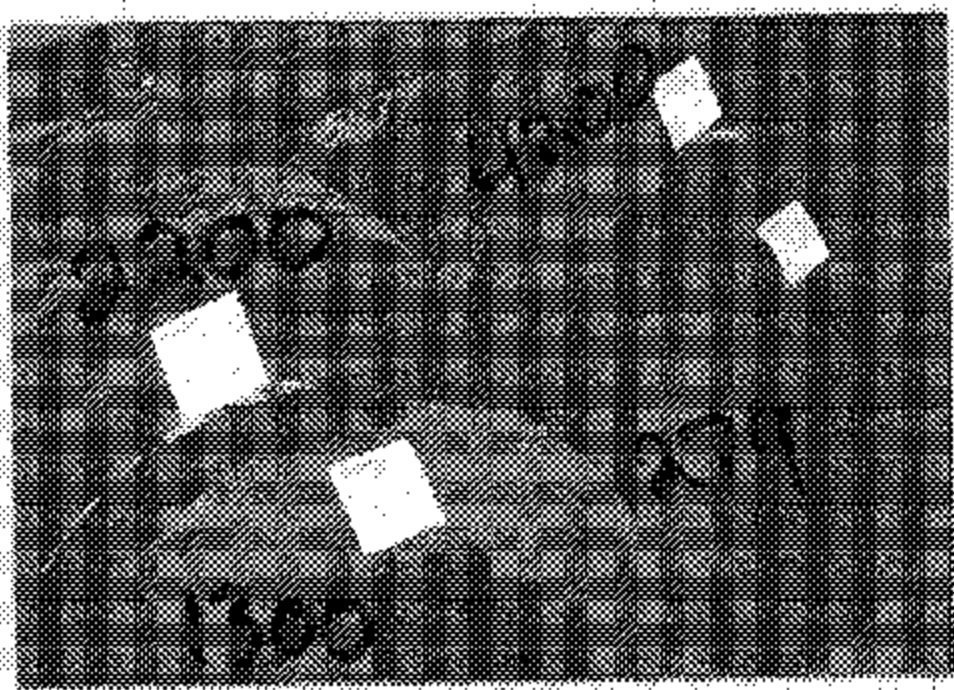
CASH OR CHECK

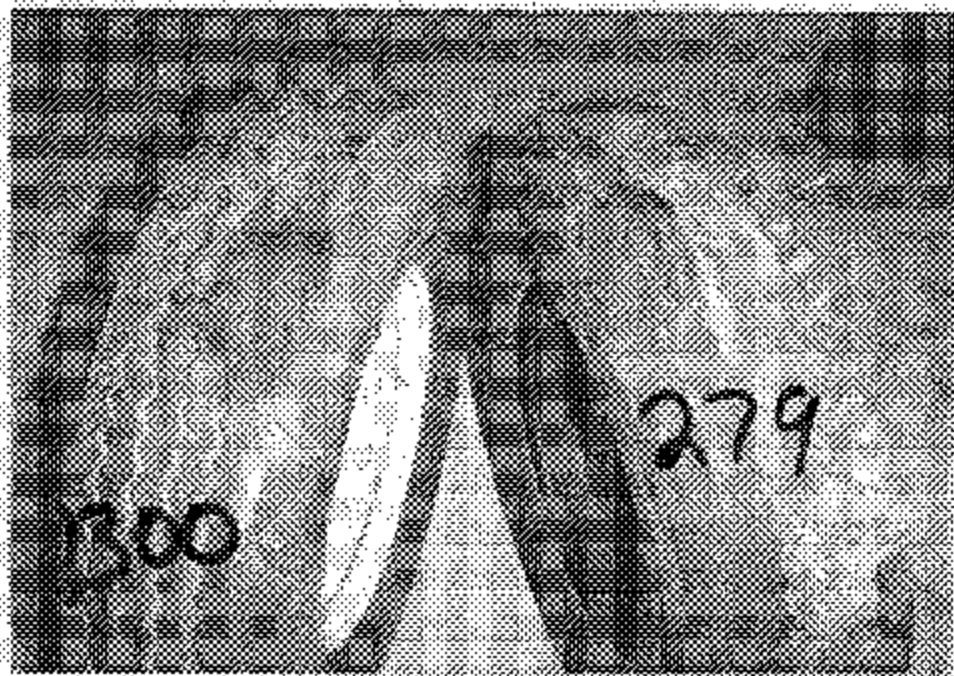
20

Customer Signature: \_\_\_\_\_

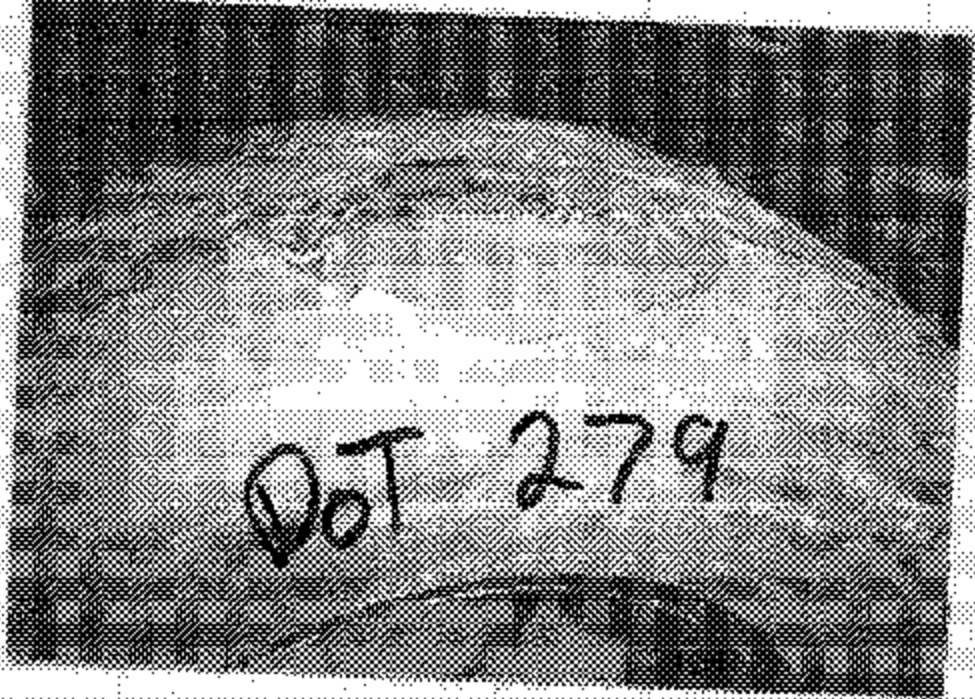
Printed Name: \_\_\_\_\_

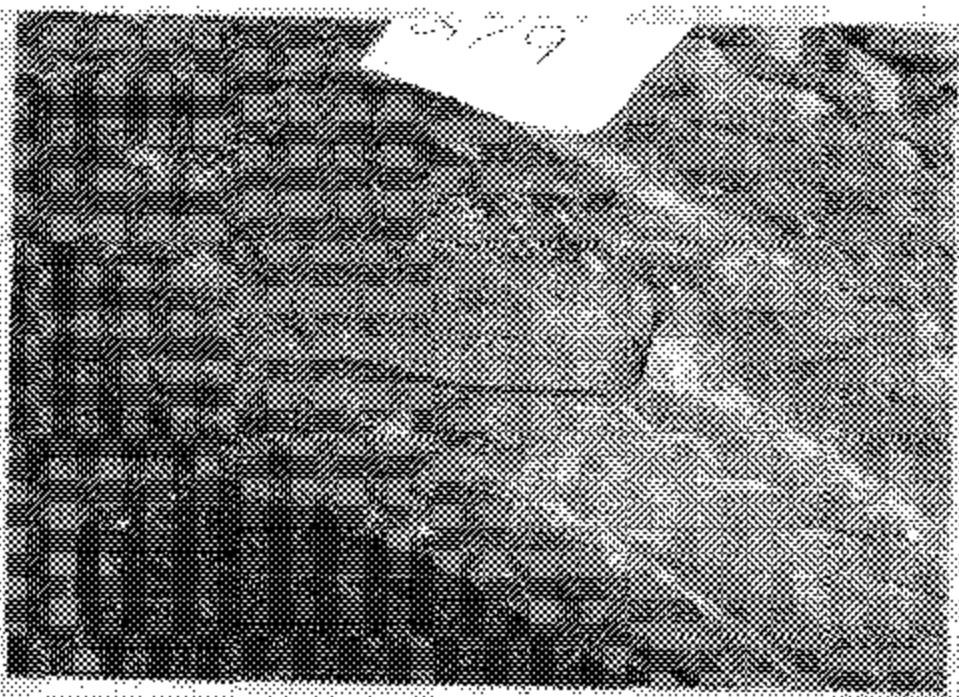






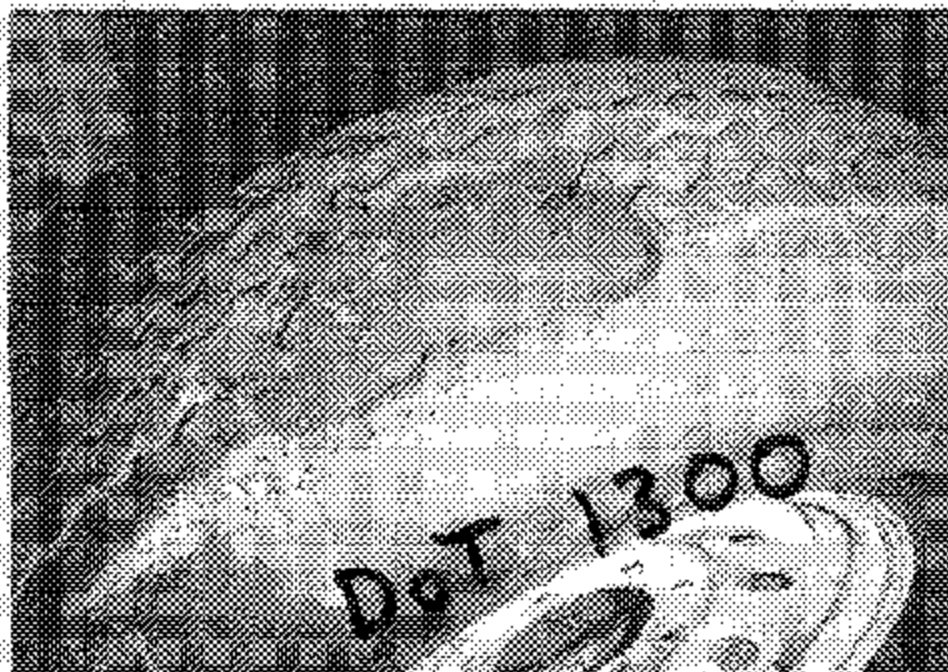


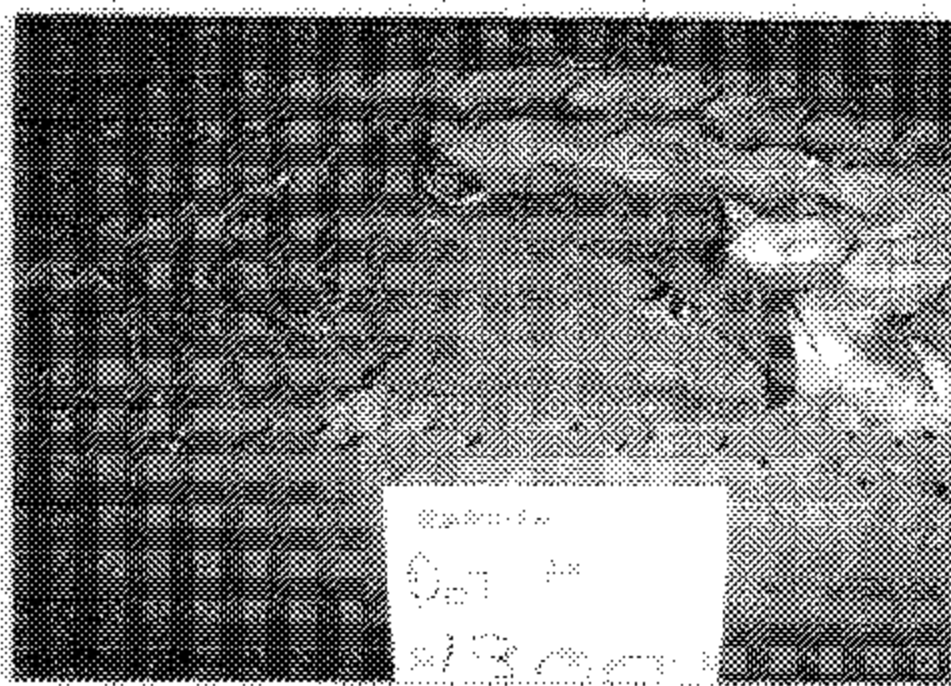






DOT 1300





057  
1/30/05