

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 258

Date Received

20-SEP-2000

|        |       |
|--------|-------|
| Od_or  | _____ |
| rt_dt  | _____ |
| od_rt  | _____ |
| up_ltr | _____ |

Reference No.

732056

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.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|--|--------------|---------------|--------------|--------------------------|
| 4M2DU55P1VUJ57183  | MERCURY TRUC | MOUNTAINEER   | 1997         |                          |

|   |                                       |                              |   |
|---|---------------------------------------|------------------------------|---|
| Purchase Date<br><b>01-OCT-1997</b>                                   | Dealer's Name _____                   | Engine Size<br>(CID/CCL) 5.0 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____          | <input type="checkbox"/> Fuel Injection   |

| Transmission Type   | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train  | Vehicle Type   | Body Style  |
|---|--|---|--|--|--|---|
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inertial<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Util<br>Truck<br>Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location   | Failed Part(s)  |
|-----------|--------------|--|---|
| 02740000  | TIRES: TREAD | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><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?                                | NHTSA Previously Contacted?                              |
|-----------------|-----------------------|-----------------------|-----------------------------|--|--|
| 4               | 20-SEP-2000           | 72600                 |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <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  | Fire  | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police  |
|--|---|---------------------------|----------------------|---------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |                      |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

TIRES NOT UNDER RECALL/ FOUND CRACKS AROUND THE SIDE WALL ALL AROUND THE THREAT ON THE INSIDE AND OUTSIDE OF TIRE. ALL FOUR TIRES ARE THE SAME. I CHECK THE TIRES BACK IN AUGUST WHEN THE RECALL FIRST CAME OUT AND THERE WAS NO CRACKS IN THE TIRES. I WILL BE REPLACING THE TIRES AND KEEPING THE OLD TIRES HOPING THAT THE RECALL WILL BE EXPANDED. LOOKING AT THE OTHER FAILURES THAT HAVE BEEN LISTED, I FOUND OTHER THREAT SEPERATION ON WILDERNEES TIRES THAT ARE NOT COVER BY RECALL. \*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.

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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|  |              |               |              |                          |
|--|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 4M2DU55P1VUJ57183  | FIRESTONE    | WILDERNESS AT | 1900         |                          |

|   |                                       |                              |   |
|---|---------------------------------------|------------------------------|---|
| Purchase Date<br><b>01-OCT-1997</b>                                   | Dealer's Name _____                   | Engine Size<br>(CID/CCL) 5.0 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____          | <input type="checkbox"/> Fuel Injection   |

|  |   |  |  |   |  |   |
|--|---|--|--|---|--|---|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inert Inert<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|--|---|--|--|---|--|---|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                              |  |   |
|-----------------------|------------------------------|--|---|
| Component<br>02740000 | Part Name(s)<br>TIRES: TREAD | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|------------------------------|--|---|

|                             |                                      |                                |                                      |   |   |
|-----------------------------|--------------------------------------|--------------------------------|--------------------------------------|---|---|
| No. of Failures<br><b>4</b> | Date(s) of Failure(s)<br>20-SEP-2000 | Mileage at Failure(s)<br>72600 | Vehicle Speed at Failure(s)<br>_____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>_____ | Number of Fatalities<br>_____ | Estimated Property Damage<br>_____ | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|------------------------------------|-------------------------------|------------------------------------|---|

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

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