



**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**

Data Received  <b>05-OCT-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>733539</b>	

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>(Listed at front of windshield or drivers side)</small> <b>4M2DU55P8VUJ42874</b>	Vehicle Make <b>MERCURY TRUC</b>	Vehicle Model <b>MOUNTAINEER</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date <b>01-APR-2000</b>	Dealer's Name _____	Engine Size (CID/CYL) _____	<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	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 Ult 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 <b>02700000</b>	Par. Name(s) <b>TIRES</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	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)**

**UPON HEARING ABOUT THE TIRE RECALL, I WENT TO MERTZ FORD WHERE I PURCHASED MY VEHICLE FOR INSPECTION. I WAS TOLD MY TIRES WEREN'T ON THE RECALL LIST. AS ADDITIONAL NEWS REPORTS CONTINUED, WE INSPECTED THE TIRES OURSELVES TO FIND A CRACK AT THE TREADLINE THAT RAN AROUND THE OUTSIDE PERIMETER OF ALL FOUR TIRES. I RETURNED TO THE DEALER AND WAS TOLD BY THEIR SALES MANAGER THAT SOMETHING NEEDED TO BE DONE AS THE TIRES WERE NOT SAFE. WE RETURNED WHEN THE SERVICE DEPT. WAS OPEN AND WERE AGAIN TOLD THEY WOULD WORK SOMETHING OUT. AFTER THE VEHICLE HAD BEEN DROPPED OFF, WE RECEIVED A CALL INDICATING THAT WE WOULD NEED TO PAY FOR ALL 4 NEW TIRES (REPLACED WITH GOODYEAR WRANGLER RT/S (TIRES, LABOR, TAX: \$379.01). I KEPT THE DEFECTIVE TIRES AND MY RECEIPT. I DON**

CONTINUED ON BACK (RELEAS)

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) _____ <small>(Listed at top of windshield or drivers side)</small>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>WILDERNESS AT</b>	Vehicle Year <b>1900</b>	Current Odometer Reading
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Purchase Date <b>01-APR-2000</b>	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
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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"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 _____	Body Style <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other _____ <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck
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