

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

151

Date Received

04-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866796

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 or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FIRESTONE	ATX	1900	

Purchase Date	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 <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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <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	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<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? Yes No	NHTSA Previously Contacted? Yes 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" 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)

WHILE DRIVING AT 75MPH FRONT LEFT FIRESTONE ATX TIRE BLEW OUT DUE TO TREAD SEPARATION. DEALER REPLACED TIRE.*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.

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

FIRESTONE ATX

SIZE

P357515

* 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)

The left front tire blew out while traveling down a well maintained Turnpike Road. The tire was taken to a Firestone dealer in Ponca City, OK. The tire was prerateded out at 20% of tread life. After traveling to Florida from Oklahoma the vehicle was taken in and the other 3 tires were changed due to poor handling with one worn toward 3 with 80% wear. These four the tires had to be replaced due to the one tire blowing out. The front end required re-alignment

★ U.S. G.P.O.: 1982 - 823-897 / 40284

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





Take Ten Lube & Tire

3015 N. 14th St.
Ponca City, OK 74601

580-765-7920 Fax 580-762-3054

INVOICE

U0

PAGE 1

Firestone BRIDGESTONE DAYTON

INVOICE # 512948 From W/O# 011723

SALESPERSON

CHAD

DATE OF INVOICE

05/30/00

SHIP TO



Ph: _____ Ph2: _____

Vehicle 97MERCURY Mileage 40774 Tag # 33095C

ACCOUNT NO. DATE ORDERED SHIPPED VIA CGL. P.P. F.O.B. POINT TERMS YOUR ORDER NUMBER

N109

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
025321	RADIAL ATX II OWL SR-23575R15 T	91.32	273.96
3	MOUNT/BALANCE W/ PURCHASE		
11	TIRE DISPOSAL	1.00	3.00
---	RETURN IN 10 DAYS TO		
----	CHECK TORQUE ON LUG NUTS		
90	90-DAY WARRANTY ON ALIGN-		
91	MENT/SUSPENSION REPAIRS		
0	24 HR ROAD HAZARD PLAN	9.00	27.00
1	2 WHEEL ALIGNMENT	35.00	35.00
DOT#HYBNDF04000900,0900			

Visa 360.88

Thank you! Drive safely!

SALES TAX 21.92
380.88

THANK YOU

TOTAL

3015 N. 14th St.
 Holt, MI 48855
 500-765-7920 Fax 500-762-3054

INVOICE

Firestone ~~Discount~~ **DAYTON**
 INVOICE # 812667 From W/O# 011485

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SALESPERSON
 JEFF

DATE OF INVOICE
 04/22/00



Ph: _____ Ph2: _____
 Vehicle 97MOUNT. Mileage 36000 Tag # _____

ACCOUNT NO. DATE SHIPPED SHIPPED VIA COL. P.P. E.C.B. POINT TERMS YOUR ORDER NUMBER

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
025321	RADIAL ATX II OWL SR-2357SR15		
3	MOUNT/BALANCE W/ PURCHASE	T 91.32	91.32
11	TIRE DISPOSAL		
	RETURN IN 10 DAYS TO	1.00	1.00
90	CHECK TORQUE ON LUG NUTS		
91	90-DAY WARRANTY ON ALIGN-		
X	MENT/SUSPENSION REPAIRS		
	ADJUSTMENT	T -7.31	-7.31

Visa 91.73

Thank you! Drive safely!

SALES TAX 6.78
 91.73

THANK YOU