

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 252

Date Received

17-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

868047

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
	NISSAN TRUCK	4X2 PICKUP	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	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"/> Inertia 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 Util Truck Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck 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 0	Date(s) of Failure(s) 06-JUN-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) _____		

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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

PE00 020 SHE WAS TRAVELING ABOUT 70MPH ON THE HIGHWAY SHE HEARD A NOISE. AND SHE LOOK THROUGH HER REARVIEW MIRROR SHE SAW THE TIRE TREAD FLYING DOWN THE HIGHWAY. THE RIGHT FRONT TIRE HAD SEPARATED THE FIRESTONE #P196/76R14 MODEL FR440. THERE WERE NO INJURIES TO REPORT. SHE TOOK THE VEHICLE TO FIRESTONE THE ATTENDANT THERE TOLD HER THAT THEY WOULDN'T REPLACED THEM BECAUSE HER TIRES WEREN'T ON RECALL.

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 252	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 627487 WALNUT CREEK CA		Date Received: 00 SEP 14 PM 12:2 17-AUG-2000 OFFICE: DEFECTS INVESTIGATION Reference No. 868047 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		Date 9 / 2 / 00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1K6SD16S2RC329724	NISSAN TRUCK	PICKUP	1994
Purchase Date 3-18-94	Dealer's Name Fremont Nissan	Engine Size (CID/CC/L)	Current Odometer Reading 82,443
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Fremont State CA Zip Code 94560	No Cylinders 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Drive Train <input checked="" 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
			Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02740000	Part Name(s) TIRES:TREAD FIRESTONE FR 440 P195/75 R14	Location <input type="checkbox"/> Left <input checked="" 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 0	Date(s) of Failure(s) 08-JUN-2000 Mileage at Failure(s) 81,500 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 0	Number of Fatalities 0
		Estimated Property Damage \$2,037.	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
PE00 020; CONSUMER WAS TRAVELING ABOUT 70MPH ON HIGHWAY SHE HEARD A NOISE. LOOKED THOUGH REARVIEW MIRROR AND SAW TIRE TREAD FLYING DOWN THE HIGHWAY. RIGHT FRONT TIRE HAD SEPARATED. FIRESTONE FR440, SIZE P196/75R14. THERE WERE NO INJURIES. SHE TOOK VEHICLE TO FIRESTONE, AND ATTENDANT TOLD HER THAT THEY WOULDN'T REPLACE TIRES BECAUSE THEY WERENT ON 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.			

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 E J P 9 D J D 0 9 6

MANUFACTURER/TIRE NAME
Firestone

SIZE
P195/75 R14

* 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)

When tread separated from tire, it ripped out the fender lining and damaged both front and rear edge of fender. Estimate to repair of \$1,895.25 attached. Receipt for \$68.76 to replace fender lining attached. Cost of \$73.13 to replace tire attached. Failure occurred when I was 300 miles away from home at 9:00 pm. No help was available until following morning - I had to remain overnight.

I have three more tires matching the one that failed, still on the vehicle. I want those three replaced with another brand tire, and I want to be re-imbursed for the tire I bought to replace the failed tire and related expenses.

What do I do now??

★ U.S. G.P.O. 1232 - 623-887 / 80000

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



DAVE'S TIRE SERVICE

P.O. Box 1269 • 605 Fifth Street
WILLIAMS, CA 95987
24 Hour Service

NO 27310

Shop: (530) 473-2858 • After Hours: (530) 473-2649
BAR #AH 111970083195

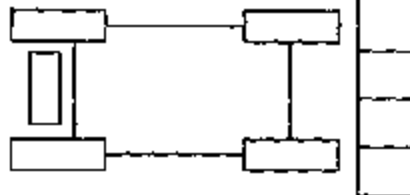
CUSTOMER'S ORDER NO. _____ PH. _____ DATE 6/6 19 00

SOLD TO _____

ADDRESS _____

YEAR AND MAKE		LIC.	MILEAGE		
CASH	CREDIT CARD - <u>ST</u>	CREDIT MEMO	CREDIT APPROVAL		
QTY	SIZE	DESCRIPTION	PRICE	TAX	LINE TOTAL
1		195/75R14			58.01
		Toyo Spectrum			
1		valve stem			2.25
1		mount & balance			8.50
COMMENTS			SUBTOTAL		68.76
ESTIMATE AMOUNT		AUTHORIZED BY	SALES TAX		4.57
REVISED ESTIMATE		AUTHORIZED BY	TOTAL		73.13

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL



SERIAL NO'S - TIRES DELIVERED

REC'D

73.13 +
6.57 +
1.090.25 +
2.037.14 *

CODE NEW USED R-REBUILD
 QTY. * PART NO. OR DESCRIPTION AMOUNT
 1 *Yonder Protection* 6352

2210 San Ramon Valley Blvd.
 San Ramon, California 94583-1210
 Phone (925) 581-1286 or (925) 581-1874
 Fax (925) 581-0898
 BARR AK 043082 - EPA'S CAL 600006135

026564
 REPAIR
 ORDER

DATE 6-30-00
 CITY STATE ZIP
 PHONE YES NO YEARS MAKE TYPE OR MODEL
 RBS. - *on motor truck*
 BUS. -
 VEH. ID# *1WBS D1652PRC329A24*
 MILEAGE *20130* U.C. *4X24703* MOTOR #
 TIME RECD. TIME PROM. GROSS VEH. WT. DRD. WRITTEN BY CUST. ORDER NO.
 A.M. P.M. A.M. P.M.
 OPER. NO. REPAIR ORDER - DESCRIPTION OF WORK
replace yonder protection

LABOR CHARGE PER HR.	MAINTENANCE INSPECTION	LUBRICATION	CHARGE OIL GRADE	CHARGE OIL FILTER CART.	TRANS.	DRP.	ROTATE TIRES	ALIGN FRONT END
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INITIAL HERE	TOTAL SUBLET REPAIRS	ORIGINAL ESTIMATE \$	DATE	PH #	TIME	BY	TOTAL LABOR
							<i>NYC</i>

FOLLOWING REPAIRS RECOMMENDED	ESTIMATE \$	DATE	PH #	TIME	BY	TOTAL PARTS
						<i>6352</i>

GAS, OIL & GREASE	PRICE	LBS. GREASE	TOTAL	RECEIVED ESTIMATE \$	DATE	PH #	TIME	BY	GAS, OIL, GREASE	HAZARDOUS WASTE DISPOSAL	SUBLET REPAIRS	SMSQ CERTIFICATE	SUB TOTAL	TAX	PAY THIS
															<i>524</i>

WARRANTY: From date of delivery for a period of 4,000 miles or 90 days, whichever comes first. This firm will repair free of charge any defects in material and workmanship to the extent stated on this invoice. All work to be done in our shop only. This does not include towing charges or customer supplied parts.
 \$ per day storage fee will be charged 24 hours after notification of work completed.

TERMS ARE CASH UNLESS OTHER PRIOR ARRANGEMENTS ARE MADE
 SEE IMPORTANT INFORMATION ON BACK

SPRINGS & BERTINO

Since 1961

COLLISION CENTER

Jim Coker

1413 Carlback Ave., Walnut Creek, CA 94596-3811
925-935-8870 • fax 925-935-1833

BERTINO COLLISION CENTER
AVENUE WALNUT CREEK, CA 94596
(925) 936-8870
Fax: (925) 936-1833

Date: 8/18/00 11:58 AM
Estimate ID: 1738
Estimate Version: 0
Preliminary
Profile ID: CUSTOMIZED

Damage Assessed By: JIM COKER

ADJ. CLEMENT RABELO - SHOP CODE 1066

Deductible: UNKNOWN

Insured:
Address:
Telephone:

Mitchell Service: \$10774

Description: 1994 Nissan Pickup XE
Body Style: 2D PkUpXCb 6' Bed 116" WB
VIN: 1N6SD16S2RC328724
Mileage: 75,674
OEWALT: A
Color: GREEN
Options: AUTOMATIC TRANSMISSION

Vehicle Production Date: 12/93
Drive Train: 2.4L Inj 4 Cyl 2WD
License: 4X74793 GA
Search Code: B318447

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	001868	BDY	REMOVE/REPLACE	FRT BUMPER VALANCE PANEL	62860-86G00	64.82	0.3 #
2	AUTO	REF	REFINISH	FRT VALANCE PANEL			C 1.2
3	039493	BDY	REMOVE/REPLACE	R FENDER PANEL	63112-82G35	192.10	2.7 #
4	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.4
5	AUTO	REF	REFINISH	R FENDER EDGE			3.5
6	039643	BDY	REMOVE/REPLACE	R INSTALL DOOR STRIPE			0.4
7	013850	BDY	REMOVE/REPLACE	STRIPE TAPE SET	ORDER FROM DEALER	118.70	
8	900500	REF *	ADD'L LABOR OP	HAZARDOUS WASTE REMOVAL	Sublet	2.00 *	8.0*
9	900500	BDY *	ADD'L LABOR OP	COVER CAR EXTERIOR	New	6.00 *	0.2*
10	028340	BDY	REPAIR	R CAB ROCKER PANEL	Existing		7.0* #
11	AUTO	REF	REFINISH	R CAB ROCKER			C 8.8
12	028820	BDY	REMOVE/INSTALL	R CAB SCUFF PLATE	Existing		0.2*
13	028020	REF	BLEND	R FRT DOOR OUTSIDE			C 1.0
14	000186	BDY	REMOVE/INSTALL	R FRT REAR VIEW MIRROR			3.3
15	000189	BDY	REMOVE/INSTALL	R FRT BELT MLDG			0.3
16	000396	BDY	REMOVE/INSTALL	R FRT DOOR TRIM PANEL			INC
17	000401	BDY	REMOVE/INSTALL	R FRT DOOR HANDLE			0.7 #
18	029030	BDY	REMOVE/INSTALL	R FRT DOOR CYLINDER KIT	Existing		8.2* #
19	AUTO	REF	ADD'L OPR	CLEAR COAT			1.8
20	933003	BDY *	ADD'L OPR	TWT COLOR			0.5*
21	AUTO		ADD'L COST	PAINT/MATERIALS		182.40 *	

ESTIMATE RECALL NUMBER: 8/18/00 11:58:26 1738

Mitchell Data Version:

AUG_00_A

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Date: 8/16/00 11:58 AM
 Estimate ID: 1738
 Estimate Version: 0
 Preliminary
 Profile ID: CUSTOMIZED

* - Judgement Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

I. Labor Subtotals						II. Part Replacement Summary			Amount
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	Taxable Parts			
Body	13.8	60.00	0.00	0.00	828.00			390.42	
Refinish	7.8	69.00	0.00	2.00	459.00	Sales Tax	@ 8.250%	31.38	
Non-Taxable Labor					1,286.00	Total Replacement Parts Amount		411.80	
Labor Summary	21.4				1,286.00				
III. Additional Costs						IV. Adjustments			Amount
Taxable Costs							Customer Responsibility	0.00	
Sales Tax						@ 8.250%			
Total Additional Costs						182.40			
						16.05			
						197.46			
						I. Total Labor:		1,286.00	
						II. Total Replacement Parts:		411.80	
						III. Total Additional Costs:		197.45	
						Gross Total:		1,895.26	
						IV. Total Adjustments:		0.00	
						Net Total:		1,895.26	

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Insurance Co: OO
 Telephone: (926) 224-8360

Under California Code of Regulations, Title 10, Chapter 5, Subchapter 9, Section 2695.8.d.2.c, you are advised, that you have the right to have any repair facility of your choice to do the repairs to your vehicle. However, your insurance company can reasonably adjust any written estimates prepared by the repair shop of your choice.

If you choose to use a repair facility suggested by your insurance company, they will guarantee the damaged vehicle to be restored to its pre-loss condition at no cost to you other than as stated in the policy (i.e. policy limits or deductible) or allowable depreciation.

THIS ESTIMATE IS SUBJECT TO ANY DEDUCTIBLE DEEMED APPLICABLE BY YOUR INSURANCE COMPANY.

ESTIMATE RECALL NUMBER: 8/16/00 11:58:26 1738

Mitchell Data Version: AUG_00_A
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