

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
AdministrationDOT 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

05-SEP-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

869618

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>4MZ2DU52P2VUJ6614</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	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input 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 type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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>02740000</b>	Part Name(s) <b>TIRES:TREAD</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
No. of Failures	Date(s) of Failure(s) <b>01-JUL-2000</b> Mileage at Failure(s) <b>70000</b> 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)

PE00 020; CONSUMER WAS TRAVELING ABOUT 85MPH ON HIGHWAY AND TREAD STARTED TO SEPARTE FROM THE RIM. TIRE IS FIRESTONE WILDERNESS#AT , 23575R15, #WZHLIPY257. \*AK

CONTINUED ON BACK PLEASE

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.

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 252</p> <p>Date Received: <b>00 OCT -3 PM 1:53</b>  <b>06-SEP-2000</b>          OFFICE OF SAFETY INVESTIGATION</p> <p>Od_or rt_dt _____          od_rt _____          hp_ltr _____</p> <p>Reference No. <b>869618</b></p> <p>Work Number _____          Home No. _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] <b>634556</b></p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  **YES**  **NO**  
 In the absence of [Redacted] your name and address to the vehicle manufacturer.  
 Signature of Owner: [Redacted] Date **7/25/00**

VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small> <b>4M22DU52P2VUJ8614</b>		Vehicle Mkt <b>MERCURY TRUCK</b>		Vehicle Model <b>MCOUNTAINER</b>		Vehicle Year <b>1997</b>	Current Odometer Reading	
Purchase Date		Dealer's Name			Engine Siz (CID/CC/L)		<input type="checkbox"/> Turb	
<input checked="" 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 Injectio	
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" 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 Ult <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Bel				<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component <b>02740000</b>	Part Name(s) <b>TIRES:TREAD</b>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures	Date(s) of Failure(s) <b>01-JUL-2000</b> Mileage at Failure(s) <b>70000</b> Vehicle Speed at Failure(s)		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**PE00 020; CONSUMER WAS TRAVELING ABOUT 65MPH ON HIGHWAY AND TREAD STARTED TO SEPARTE FROM THE RIM. TIRE IS FIRESTONE WILDERNESS#AT , 23575R15, #WZHLIPY257. \*AK**

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 W Z H L I P Y 2 5 7

MANUFACTURER/TIRE NAME

SIZE  
235 75 R15

\* 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)

Wilderness AT Tire w/ DOT # WZHLIPY257 - Tread  
separated from tire - Noted from Bridgestone /  
Firestone, Inc. Tire Center.  
I paid for new tires!

★ U.S. G.P.O.: 1992 - 693-897 / 60086

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



BRIDGESTONE/FIRESTONE, INC.

LIMITED WARRANTY CLAIM FORM

CLAIM NO. 8666430

TO CONSUMER (OR NATIONAL FLEET CREDIT ADDRESS):  
PLEASE COMPLETE SHADED AREA, READ AND SIGN  
STATEMENT BEFORE NUMBER REQUIRED

CHECK BOX IF NATIONAL FLEET  
ACCOUNT/TIRE REPLACED

ASSOCIATE DEALER INFO.

ASSOCIATE DEALER NAME

DEALER TO TECHNICAL SERVICE CENTER  
COMPLETE ALL INFO OR CLAIM MAY BE DELAYED.

DEALER ACCOUNT NO. 183326

CLAIM DATE AND DATE 08/12/00

DEALER NAME Ramona T. Co

STREET ADDRESS 304 W. 6th

CITY, STATE, ZIP CODE Corona CA 92880

THE INFORMATION THE  
ORIGINAL EQUIPMENT MANUFACTURER PURCHASE DATE  
YES  NO

VEHICLE INFORMATION  
MAKE MODEL YEAR

Make, Model, Year  
2000

WE HEREBY CERTIFY THAT THE MERCHANDISE DESCRIBED WAS NOT INVOLVED IN ANY INCIDENT INVOLVING  
PERSONAL INJURY OR PROPERTY DAMAGE OTHER THAN DAMAGE TO SUCH MERCHANDISE THAT MERCHANDISE  
IS FREIGHT CLEAR OF ALL LEGS AND THAT WE HAVE BRIDGESTONE/FIRESTONE INC. HANDESS FROM ANY  
CLAIMS AND/OR DAMAGES TO SUCH MERCHANDISE FROM ANY OTHER SOURCE OR FROM ANY OTHER  
CLAIMS AND/OR DAMAGES TO SUCH MERCHANDISE FROM ANY OTHER SOURCE OR FROM ANY OTHER  
CLAIMS AND/OR DAMAGES TO SUCH MERCHANDISE FROM ANY OTHER SOURCE OR FROM ANY OTHER

(ATTACH MERCHANDISE COUPONS TO THIS CLAIM)

SEE INSTRUCTIONS ON BACK OF FORM

IF CLAIM IS DENIED, CHECK  
BOX FOR FREIGHT COLLECT  
RETURN OR TIRE WILL BE SCRAPPED

DEALER REFERENCE NO.

DEALER SECTION  
SUBMITTED TIRE DOT NUMBER  
SUBMITTED TIRE PRODUCT/ARTICLE NO.

235/75/15 W.1000000 A15  
11 Recall  
Reason: Competitors (Prod.)

2WZHL1P1257  
11  
Reason: Cur SAT

3WZHL1P1257  
5  
Reason: Cur SAT

4WZHL1P1257  
11  
Reason: Cur SAT

5  
11  
Reason: Cur SAT

LINE NO.	REFERENCE NO.	TREAD MEASURED (MTD)	% OF FTD	PROS CODE	COND. CODE	2ND COND. CODE	D	CASING NO.	R	CREDIT THIS AMOUNT	SIGNATURE	PLACE OF INSPECTION			DATE	NO.
												W	D	U		
1																
2																
3																
4																
5																

PRODUCT/ARTICLE NO. OF CURRENT EQUIPMENT REPLACEMENT IF SUBMITTED TIRE HAS BEEN DISCONTINUED.  
BRIDGESTONE Firestone DAYTON  
Gillette Peafess Lemans  
CUSTOMER

**BRIDGESTONE • Firestone • YOKOHAMA • MICHELIN • HANCOCK • Continental**

ALAMO (909) 820-6012  
 SAN JACINTO (909) 925-5117  
 TEMECULA (909) 678-8473  
 SUN CITY / ROWLAND (909) 928-1925  
 CORONA (909) 734-1222  
 HEMET (909) 926-8650



**of CORONA**

304 W. 6<sup>TH</sup>, CORONA, CA 92880  
 (909) 734-1222 FAX (909) 734-0364 BAR# AC187876 EPA# CAL000125278

ONTARIO (909) 898-5282  
 ONTARIO WAREHOUSE (909) 898-1795  
 MORENO VALLEY (909) 924-9797  
 RANCHO MIRAGE (781) 773-3935  
 MISSION VIEJO (949) 583-1233  
 RIVERSIDE (909) 785-8530

NOTICE: If the words RE-PRINTED INVOICE or WORK ORDER are printed here, this may not be a valid receipt. Call Toll Free 1-877-4-RAMONA

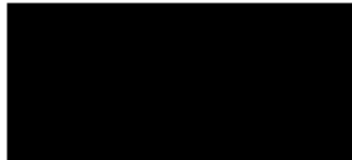
\*\*\*\*\* INVOICE \*\*\*\*\*

If the word INVOICE is not printed here call Toll Free 1-877-4-RAMONA

1008922

SOLD TO:

SHIP TO:



CASH 11

86712780	86712780	PH	MERCURY	97	5AT1789		66427.80	27838	24533
	5057272-4423								
34514	P239779R13	TURBOCHARGER PRODUCT		2.0	2.0	0.00	76.95		133.78

**FIRESTONE'S LARGEST AFFILIATE DEALER  
 IN SOUTHERN CALIFORNIA**

**ALL SERVICE AND REPAIRS GUARANTEED AT OVER 2500  
 FIRESTONE TIRE AND SERVICE CENTERS NATIONWIDE**

**IF YOU RECEIVE A HANDWRITTEN  
 INVOICE, PAYING IT  
 MAY NOT BE A VALID RECEIPT  
 TOLL FREE AT 1-877-4-RAMONA**

Cash Returned:	67.00	Total Parts	123.91
			123.91

COMMENTS:

F.E.T.	9.68
PLEASE PAY	133.51

IN PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

Not responsible for loss or damage to cars or articles left in cars in case of fire, theft, or any other cause beyond our control.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repair thereto. Title to the merchandise as purchased is evidenced by invoice, is retained in the seller until entire price of same has been paid. A 1.5% per month service charge will be added to balance of past due account. In event that suit is filed to recover the unpaid balance, the purchaser agrees to pay a reasonable attorney's fee in said lawsuit.

**PLEASE REMIT TO:  
 RAMONA TIRE  
 P.O. BOX 980  
 HEMET, CALIF. 92546**

ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATE PRICE: \_\_\_\_\_  
 ALL PARTS REMOVED WILL BE DISCARDED UNLESS NOTIFIED OTHERWISE PRIOR TO THE START OF REPAIRS.  
 SAVE OLD PARTS

ABOVE MERCHANDISE RECEIVED IN GOOD CONDITION  
 CUSTOMER NAME (PRINT) \_\_\_\_\_  
 CUSTOMER SIGNATURE \_\_\_\_\_ X