

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** 294

Data Received

07-SEP-2000

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

Reference No.

869860

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 driver's side)</small>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>WILDERNESS AT</b>	Vehicle Year <b>1900</b>	Current Odometer Reading
---	----------------------------------	---------------------------------------	-----------------------------	--------------------------

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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	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"/> 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 _____
--	---	---	--	--	--	--

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

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

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>44</u> 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
--	---	---------------------------	----------------------	---------------------------	---

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)****ORIGINAL EQUIPMENT ON A 1997, MERCURY, MOUNTAINEER, P235/75R15 SIZE DOT#: MS. TREAD ON THE LEFT REAR TIRE WAS STARTING TO SEPARATE. FIRESTONE HAS INSPECTED TIRES. \*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.

<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> RECEIVED Date Received <b>07-SEP-2000</b> DEFECTS INVESTIGATION Reference No. <b>869860</b>	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received <b>07-SEP-2000</b> DEFECTS INVESTIGATION Reference No. <b>869860</b>	
<b>OWNER INFORMATION (Type or Print)</b>			
[Redacted]		635337	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Signature of Owner [Redacted]		Date <b>10/31/00</b>	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <b>4M20452P5VU0</b> <small>52976</small>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>WILDERNESS AT MS</b>	Vehicle Year <b>1997</b>
		Current Odometer Reading <b>44744</b>	
Purchase Date <b>1999</b>	Dealer's Name <b>ASTRO LIN, MEA INC</b>	Engine Size (CID/CC/L) <b>5.0</b>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <b>PENSACOLA</b> State <b>FL</b> Zip Code <b>32505</b>	No Cylinders <b>8</b>	<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Ant-lock Brakes <input checked="" type="checkbox"/> Yes <input 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 Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input checked="" 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 <input checked="" type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>02740000</b>	Part Name(s) <b>TIRES:TREAD</b>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures <b>0</b>	Date(s) of Failure(s) Mileage at Failure(s) <b>44</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
<b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury( es) 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
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
ORIGINAL EQUIPMENT ON A 1997, MERCURY, MOUNTAINEER, P235/75R15 SIZE DOT#: MS. TREAD ON THE LEFT REAR TIRE WAS STARTING TO SEPARATE. FIRESTONE HAS INSPECTED TIRES. 'AK  ALSO TRAX TIRES LOOK AT THE 4 TIRES AND FOUND THE RIGHT FRONT BAD.  I BOUGHT 4 NEW TIRES FOR THE SAFETY OF MY FAMILY.			
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 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.			

FALSE INFORMANT ON FIRESTONE PAPER



1997 MER. MOT.

(LIC) KOREAN TAG KC 387

MI. 44744

Customer Invoice  
058480  
08/18/2000

**FIRESTONE TIRE & SERVICE CENTERS**  
3105 AIRPORT BLVD  
MOBILE, AL. 36606

Service Advisor:  
06 DUSTEN  
334.473.4494

1997 MERCURY MOUNTAINEER  
Lic #: 121212 AL Vln #:  
In: 08/18/00 9:12AM Mileage: 113,213  
Out: 08/18/00 10:49AM

Store #543012

**RETAIL SALE**

Description	Article Number	T#	Qty	Unit Price	Extended Price	Job Total
<b>COURTESY CHECK</b>						<b>0.00</b>
COURTESY CHECK THE LEFT REAR TIRE IS STARTER TO SEP. WE OVER TO PRO RATE THE TIRE . THIS TIRE IS NOT ON RECALL CUSTOMER STILL DID NOT WANT TO DO IT	7046930	87	1	N/C	N/C	
<b>MISCELLANEOUS CHECK</b>						<b>0.00</b>
CHECK TIRES	7042439	87	1	N/C	N/C	

Technician: 87 BL ANDERSON

Payment History:

**Summary:**

Parts	0.00
Labor	0.00
Shop Supplies	0.00
Sub-Total	0.00
Tax	0.00
Total	\$0.00

*I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.*

Customer Signature

**All parts are new unless otherwise specified.**

690-2811

694-4164

See  reverse side for Warranty  Information

BRIDGESTONE/FIRESTONE, INC.

CLAIM NO.

LIMITED WARRANTY CLAIM FORM

7781446

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

CHECK BOX IF NATIONAL FLEET  
ACCOUNT THE REPLACED  
NATIONAL FLEET SUB-LOCATION

ASSOCIATE DEALER INFO.  
ASSOCIATE DEALER NAME:

OUTLET SUBMITTING CLAIM  
TO TECHNICAL SERVICE CENTER  
COMPLETE ALL INFO OR CLAIM MAY BE DELAYED.  
DEALER  
ACCOUNT NO.

STREET ADDRESS  
CITY, STATE, ZIP CODE

STREET ADDRESS  
CITY, STATE, ZIP CODE

CLAIM  
DATE  
DEALER NAME

I/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 FREE AND CLEAR OF ALL LIENS AND THAT WE SAVE BRIDGESTONE/FIRESTONE INC. HARMLESS FROM ANY  
CLAIMS OR LOSS RESULTING FROM LIENS ON THE AFORESAID MERCHANDISE.

STREET ADDRESS  
CITY, STATE, ZIP CODE

MAKE **HS456**  
MODEL  
YEAR **X**  
VEHICLE INFORMATION

ATTACH MILEAGE COUPONS TO THIS CLAIM

DATE ( )  
PHONE NUMBER

WORK   
HOME   
NATIONAL FLEET  
ACCOUNT NO.

DEALER SECTION  
SUBMITTED TIRE SIZE, DESCRIPTION, SW, PLY (LIST ONE PER QUANT)

SEE INSTRUCTIONS ON BACK OF FORM  
IF CLAIM IS DENIED, CHECK  
BOX FOR FREIGHT COLLECT  
RETURN OR TIRE WILL BE SCRAPPED

DEALER REFERENCE  
NO.

LINE NO.	MAKE	MODEL	YEAR	VEHICLE INFORMATION	DEALER SECTION	ATTACH MILEAGE COUPONS TO THIS CLAIM	DATE	PHONE NUMBER	WORK <input type="checkbox"/>	HOME <input type="checkbox"/>	NATIONAL FLEET ACCOUNT NO.	DEALER REFERENCE NO.	REPLACEMENT TIRE PRODUCT/ARTICLE NO.	CUSTOMER BASE PRICE	QUANTITY	REPLACEMENT PRICE
1	W2HL	1PY107	7	LF												
2	W2HL	1PY296	9	LR												
3	W2HL	1PY107	8	RR												
4	W2HL	1PY107	7	RF												

RF Tread Sep.

LINE REFERENCE NO.	TREAD MEASURED (FTD)	% OF FTD	PROS. CODE	CONDITION CODE	2ND COND. CODE	0 1 2	CASING CRG.	NO. H/C	R #	CREDIT THIS AMOUNT	REASON FOR REMOVAL	REPLACEMENT TIRE PRODUCT/ARTICLE NO.	CUSTOMER BASE PRICE	QUANTITY	REPLACEMENT PRICE
1															
2															
3															
4															
5															

NATIONAL FLEET USE

TIRE COMPANY USE ONLY

PLACE OF INSPECTION W D U O DATE NO.

SIGNATURE

COMMENTS:

PRODUCT/ARTICLE NO. OF CURRENT EQUIVALENT REPLACEMENT IF SUBMITTED LINE HAS BEEN DISCONTINUED.

**BRIDGESTONE Firestone DAYTON**

**ROAD HONK! - POWER**

TECHNICAL SERVICE CENTER

**Gillette Pontass Lemans**

**SEIBERLING Triumph**

For anyone who paid to replace a tire(s) as described in the NHTSA Consumer Advisory, purchased after September 1, 2000 from any retailer.

Complete This Form.

Customer Information

Please Print Clearly

Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone with Area Code \_\_\_\_\_

Vehicle Information

Year: 1997  
Make: Mercury  
Model: Mountaineer  
License Plate # \_\_\_\_\_  
Vehicle Identification # \_\_\_\_\_

Please identify which type of tire was removed from your vehicle:  
Brand Firestone Type/Pattern wilderness A/T  
Size P235/75R15

Please identify the location you purchased the replacement tires from:

Retailer Name & Address TRAX TIRES  
3907 GOVERNMENT BLVD.  
MOBILE, AL. 36688  
(334) 661-0406

Quantity Purchased: 4  
929.00  
Date of Purchase

This Form Must Be Completed and you must have a Firestone Tire and Service Center or Authorized, Participating BFS Retailer fill out the "NHTSA Consumer Advisory Tire Surrender Form" To Be Valid. You must also attach one of the following documents to this form:

- 1 Your original, paid receipt for the replacement tire(s) purchased. Must be dated September 1, 2000 or later.
- 2 A copy of the Bridgestone/Firestone Limited Warranty Claim Form if your tire(s) were surrendered at an authorized, participating BFS Retailer other than a company owned Firestone Tire and Service Center.

NOTE: On tires purchased from any other retailer, we will reimburse up to \$144.00 per tire based on actual costs by size and type to replace a tire(s) described in the NHTSA Consumer Advisory. This reimbursement amount includes the cost of the tire, mounting, balancing, valve stem, sales tax and applicable disposal fees, only.

Amount Paid \$ 370.25

By my signature below, I certify that the information contained in this Request is true and correct, and that upon receipt of my refund, I release Bridgestone/Firestone, Inc. and it's agents from any and all claims, whether known or unknown, in connection with the tires that are the subject of this Request.

Signature \_\_\_\_\_ Date: 10/8/00

For Office Use Only

Please read all instructions carefully before completing this Request.

NCAA

2723

G. Adams and Associates Inc.

# TRAX TIRES

## THE AUTO CENTER

# INVOICE

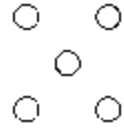
Store # 102  
5907 Government Blvd.  
Mobile, Alabama 36693  
(334) 661-0406  
Home Office

Store # 103  
5908 Highway 90  
Theodore, Alabama 36582  
(334) 653-1057

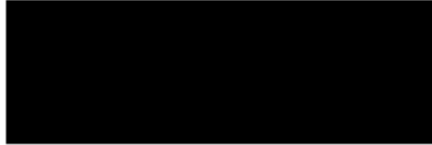
Store # 105  
90-6 Dauphin Street  
Mobile, Alabama 36607  
(334) 476-5057

Store # 106  
7070 Airport Blvd  
Mobile, Alabama 36608  
(334) 343-0717

Store # 107  
1312 Hwy 43 South  
Saraland, As. 36571  
(334) 679-4411



BILL TO:



SHIP TO:

INVOICE		ORDER		CUSTOMER	CUSTOMER P.O. NUMBER	TERMS	SALESPERSON
NUMBER	DATE	NUMBER	DATE	NUMBER			
1250348	09/29/00	181038	09/29/00	2723			

UNITS	UM	ITEM / DESCRIPTION	DISC	UNIT PRICE	AMOUNT
		MAKE: MERCURY			
		MODEL: MOUNTAINEER			
		YEAR: 1997			
		COLOR: WHITE			
		MILEAGE: 43456			
		VEHICLE TYPE: 2			
4	SA	REAR WHEEL		65.00	260.00
4	SA	FRONT WHEEL		21.00	84.00
4	SA	FRONT WHEEL		21.00	84.00
4	SA	FRONT WHEEL		21.00	84.00
1	SA	FRONT WHEEL		37.95	37.95
		Subtotal			445.95
		Sales Tax			15.00
		Total			460.95

**DISCLAIMER OF WARRANTIES**

THE SELLER, TRAX TIRES, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, THE MANUFACTURER'S WARRANTY, IF ANY, IS EXTENDED BY THE MANUFACTURER TO THE PURCHASER AND ANY SUCH WARRANTY IS NOT ADOPTED, ASSUMED OR AUTHORIZED BY THE SELLER.

CONTROL # 101577

