



**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 294**

Data Received  <b>07-SEP-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>869867</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>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>ATX</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"/> 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 <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 _____	Body Style <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <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 <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) _____ Mileage at Failure(s) <u>51</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 1994, B4000, P265/75R15 SIZE, DOT#: W29V1N3314. TREAD STARTED TO SEPARATE AND CRACKED ON SIDE OF THE TREAD, CLOSE TO THE TOP OF THE TIRE. FIRESTONE HAS INSPECTED THE TIRE. \*AK**

CONTINUED ON BACK (REVERSE)

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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 284</p> <p>Date Received 09 OCT 11 PM 12:52</p> <p><b>07-SEP-2000</b> OFFICE DEFECTS INVESTIGATION</p> <p>Reference No. <b>869867</b></p> <p>Work Num [REDACTED]</p> <p>Home Num [REDACTED]</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[REDACTED] <b>635349</b></p>	

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 1/1

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (locate on hood or windshield on driver's side) <b>4F4DR17X7RTM95736</b>	Vehicle Mark <b>FIRESTONE</b>	Vehicle Model <b>ATX</b>	Vehicle Year <b>1990-1994</b>	Current Odometer Reading			
Purchase Date	Dealer's Name _____		Engine Siz (CID/CC/L) <b>4.0</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders <b>6</b>				
Transmission Type <input type="checkbox"/> Manua <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"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Tran <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	Sport Ult <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Truck

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"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacemen
No. of Failures	Date(s) of Failure(s): _____ Mileage at Failure(s): <b>52000</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 injuries) 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 Fatalie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	-------------------	--------------------------	--

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

**ORIGINAL EQUIPMENT ON A 1994, B4000, P265/75R15 SIZE, DOT#: W29V1N3314. TREAD STARTED TO SEPARATE AND CRACKED ON SIDE OF THE TREAD, CLOSE TO THE TOP OF THE TIRE. FIRESTONE HAS INSPECTED THE 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 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 W 2 9 V 1 N 3 3 1 4

MANUFACTURER/TIRE NAME  
FIRESTONE / ATX

SIZE  
P265/75R15

\* 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)

HAD FIRESTONE REPLACE TIRES DUE TO  
CRACKING!

FIRESTONE SAYS THESE TIRES ARE NOT A  
RECALL ITEM!

FIRESTONE REPLACED THE ATX'S WITH  
BRIDGESTONE DUEL AT D693P-MET 265/75R15

COPY OF CUSTOMER INVOICE IS ATTACHED

★ U.S. G.P.O.: 1992-625-897/60086

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



Customer Invoice  
005225  
09/14/2000

**FIRESTONE TIRE & SERVICE CENTERS**  
370 WESTPORT AVE  
NORWALK, CT. 06851

Service Advisor:  
02 DAVE  
203.847.4567

1994 MAZDA B4000 LE [GREEN]  
Lic #: 67621 CT Vin #:  
In: 09/07/00 8:28AM Mileage: 52,386  
Out: 09/14/00 4:49PM

Store # 014273

**RETAIL SALE**

Description	Article Number	T#	Qty	Unit Price	Extended Price	Job Total
<b>BRIDGESTONE TIRES WITH UNI-T, PACKAGE</b>						<b>301.44</b>
DUEL A/T D693 P-MET 265/75R15	062243	06	1	51.50	51.50	
WARRANTY TIRE INFORMATION						
ORIGINAL ARTICLE #136220 PRICE 102.99 COLLECTED 50%						
REMAINING TREAD DEPTH 7/32 SERIAL # W29V1N3314						
WHEEL BALANCE WEIGHT	7018708	06	4	1.25	5.00	
WHEEL BALANCE LABOR	7018716	06	4	5.75	23.00	
RUBBER VALVE STEM	7015040	06	4	2.00	8.00	
ROAD HAZARD WARRANTY	7040215	06	4	12.36	49.44	
DISPOSAL FEE	7075078	06	4	2.50	10.00	
TIRE INSTALLATION	7015018	06	4	N/C	N/C	
DUEL A/T D693 P-MET 265/75R15	062243	06	1	51.50	51.50	
WARRANTY TIRE INFORMATION						
ORIGINAL ARTICLE #136220 PRICE 102.99 COLLECTED 50%						
REMAINING TREAD DEPTH 7/32 SERIAL # W29V1N3314						
DUEL A/T D693 P-MET 265/75R15	062243	06	1	51.50	51.50	
WARRANTY TIRE INFORMATION						
ORIGINAL ARTICLE #136220 PRICE 102.99 COLLECTED 50%						
REMAINING TREAD DEPTH 7/32 SERIAL # W29V1N3314						
DUEL A/T D693 P-MET 265/75R15	062243	06	1	51.50	51.50	
WARRANTY TIRE INFORMATION						
ORIGINAL ARTICLE #136220 PRICE 102.99 COLLECTED 50%						
REMAINING TREAD DEPTH 7/32 SERIAL # W29V1N3314						
<b>COURTESY CHECK</b>						<b>0.00</b>
COURTESY CHECK	7046930	05	1	N/C	N/C	
<b>ALIGNMENT - THRUST ANGLE LIGHT TRUCK</b>						<b>64.99</b>
SYMPTOM:		05				
NEW TIRES PUT ON.						
THRUST ANGLE ALIGNMENT - LIGHT TRUCK	7024929	05	1	64.99	64.99	

Technician: 05 IS WHEELER  
Technician: 06 LF ORTIZ

Payment History:

MasterCard 2114 392.82 014322  
Total Tendered 392.82

Summary:

Parts	278.44
Labor	87.99
Shop Supplies	4.40
Sub-Total	370.83
Tax	21.99
Total	\$392.82

\* SPARE P225/75R15 } FIRESTONE WOULD NOT  
DOT W29V1N3314 } REPLACE!

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.

Revision History:

09/14/2000 03:27PM 203.227.0363 LORUSSO, JIM

Rev Amt Init

72.14

Customer Signature

All parts are new unless otherwise specified.

See reverse side for Warranty Information