

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

335

Date Received

03-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

870032

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	FR680	1900	

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"/> Inflator <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 <input type="checkbox"/> 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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	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) 30-MAY-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)

NOT THE ORIGINAL TIRES ON DODGE, NEON, 1995 PURCHASED MAR 30, 2000, SIZE 218565R/14.
CONSUMER PURCHASED TWO OF THE FIRESTONE TIRES, CONSUMER HAD TIRES FOR 2 MONTHS
AND HAD A BLOWOUT ON THE FRONT DRIVERS SIDE OF 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 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 335	
 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] 635754		Date Received: 09 OCT 25 PM 2:07 06-SEP-2000 OFFICE OF DEFECTS INVESTIGATION	
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.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (if located on back of windshield on driver's side)	Vehicle Mark	Vehicle Model	Vehicle Year
2B3ES47LXT606615	FIRESTONE	FR680	1900
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
3/30/00	DISCOUNT TIRES		<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City	State	Zip Code
	SAYVILLE	NY	11782
No. Cylinders			
4			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" 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	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
02700000	TIRES, Firestone 185/65R14 FR680	<input checked="" type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
0	30-MAY-2000		0 10 MPH
Failed Part(s)		NHTSA Previously	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damag		Reported to Polic	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
NOT THE ORIGINAL TIRES ON DODGE, NEON, 1995 PURCHASED MAR 30, 2000, SIZE 218565R14. CONSUMER PURCHASED TWO OF THE FIRESTONE TIRES, CONSUMER HAD TIRES FOR 2 MONTHS AND HAD A BLOWOUT ON THE FRONT DRIVERS SIDE OF THE TIRE. *AK TIRES WORE DOWN TO CORBS WITHIN TWO MONTHS.			
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.			

NISSAN 112 SALES CORP.
730 ROUTE 112
PATCHOGUE, NY 11772
516-289-9100

NISSAN 112
730 Rte. 112 (Medford Ave.)
Patchogue, New York 11772
Sales 516-289-9100 Service 516-289-9010
Parts 516-289-9070 Fax 516-289-9420
N.Y.S. Repair Shop No. R7024668

543198267208889 112
DATE 06/02/00 TIME 02:02 PM

ITEM: B19 VES SALE
ACCT: 434328816687873
RESP: AUTH/TKT 008424

VEHICLE IDENTIFICATION	CUST. NO.	FAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
7CXST606615	70468	T331E		02JUN00	121187
MODEL	TELEPHONE NO.	CUST. PAY LABOR RATE	DELIVERY DATE	PREPARED BY	SA
		72.00	15OCT96	785	785

TOTAL 386.07

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

SIGNATURE
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

RE: WAVE A NICE DAY
COL: WORN ON INSIDE
HAVE HIT POSS A CURB HUB CAP SCRAPED KNOCKING
OUT ALIG, REPL BOTH FRONT TIRES AND BAL REPL
ONE STUD AND ALIG FRONT WHEELS AND ROAD TESTED
AND CAR NOW TRACKS STRAIGHT.
E** PERFORM 4 WHEEL ALIGNMENT
19 PERFORM 4 WHEEL ALIGNMENT
22 CP 2.00
PERFORM 4 WHEEL ALIG.

*Customer did not hit curb.

TIRE WENT FLAT ALSO PASS SIDE RT. ONE STUD	97.50	97.50
2.65	2.65	2.65
1.55	1.55	1.55
67.50	67.50	135.00
40.00	40.00	40.00
79.95	79.95	79.95

NISSAN

PAID

90 DAYS/4000 MILES ON REPAIRS
UNLESS OTHERWISE STATED

ALL PARTS AND ACCESSORIES
WARRANTED FOR ONE YEAR

Cash
 Check

ALL PARTS INSTALLED ARE NEW
OR FACTORY REBUILT UNLESS
SPECIFIED OTHERWISE

** PRE-INVOICE **

DESCRIPTION	TOTALS
LABOR AMOUNT	177.45
PARTS AMOUNT	139.20
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	40.00
MISC. CHARGES	0.00
TOTAL CHARGES	356.65
LESS INS. LESS DISCOUNT	0.00
SALES TAX	29.42
PLEASE PAY THIS AMOUNT	386.07

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle 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 vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

****YOUR TOTAL SATISFACTION IS OUR #1 CONCERN****
Our Staff Is Dedicated To Delivering You The Highest Degree Of Customer Satisfaction....
* YOU MAY RECEIVE A SURVEY FROM NISSAN *
If For Some Reason You Can Not Rate Us As....
EXCELLENT.... PLEASE CONTACT OUR SERVICE
DEPARTMENT MANAGER-VINCE SCLAFANI. THANK-YOU

HALF OF SERVICING DEALER. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE STATED. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY "RECALL" REQUIREMENTS OF MANUFACTURER. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 12 MONTH FROM THE DATE OF PAYMENT LOCATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

BY: CUSTOMER OR GENERAL MANAGER OR AUTHORIZED PERSON DATE

*We sincerely thank you
for choosing Nissan 112
for all your vehicle
maintenance and repairs.
Please contact our service*

NISSAN
631-289-9010 Ext. 333
FAX: 631-289-9128

Ed Sullivan
Service Advisor

NISSAN 112
730 Rte. 112 (Medford Ave.), Patchogue, NY 11772

118997

NISSAN 112 SALES CORP.
730 ROUTE 112
PATCHOGUE, NY 11772
516-289-9100

DATE 8/13/01
TIME 12:17 PM

ITEM: R18 AC SALE
ACCT: 54186504177784
RES: ALDNYT 287892

EXP: 0301

TOTAL: \$394.34

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
MERCHANT AGREEMENT TO CREDIT CARD

HENRIETTE HANN
TOP COPY-MERCHANT BOTTOM
HAVE A NICE DAY

IDENTIFICATION	CUST NO	TAG N
KST606515	70468	T520
TEL	TELEPHONE NO.	LAB
		7

DESCRIPTION	AMOUNT	TOTAL
REPAIR WORK	35.00	35.00
WAS REPORTED AT REPAIRED REPORT.		
NO ENDS.		
LABOR	108.00	108.00
PARTS	67.00	67.00
TOTAL		134.00
WARRANTY NOT COVERED.		
TAX	89.95	89.95

PAID
- 3 2001

** PRE-INVOICE **

*We sincerely thank you
for choosing Nissan 112
for all your vehicle
maintenance and repairs.
Please contact our service
department for more information.*

DESCRIPTION	TOTALS
LABOR AMOUNT	232.95
PARTS AMOUNT	134.00
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	366.95
LESS INS./LESS DISCOUNT	0.00
SALES TAX	27.39
PLEASE PAY THIS AMOUNT	394.34

NEW YORK STATE INSPECTION RECEIPT

1995 DODGE HENNY Plate No 70468
Year Make
059070 70468 4255 No Line Found
Mileage Station Insp
Emissions HC 1.20 CO 20.00 NOX 3.00
Test Limits HC 0.30 CO 5.74 NOX 1.04
Emissions Test Results
Certificate No 15694318 EIR No 480379

KEEP THIS RECEIPT FOR YOUR RECORDS

UNLESS OTHERWISE STATED
ALL PARTS AND ACCESSORIES
WARRANTED FOR ONE YEAR
ALL PARTS INSTALLED ARE NEW
OR FACTORY REBUILT UNLESS
SPECIFIED OTHERWISE

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle 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 vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

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Our Staff Is Dedicated To Delivering You The Highest Degree Of Customer Satisfaction.....
**** YOU MAY RECEIVE A SURVEY FROM NISSAN ****
If For Some Reason You Can Not Rate Us As....
EXCELLENT..... PLEASE CONTACT OUR SERVICE DEPARTMENT MANAGER-VINCE SCLAFANI. THANK-YOU

IN WITNESS WHEREOF, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE INDICATED. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER, THERE WAS NO INDICATION FROM THE APPEARANCE OF VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY DEFECT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT IDENTIFICATION BY THE SERVING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

NAME: CUSTOMER COPY GENERAL MANAGER OR AUTHORIZED PERSON DATE



631 289-9010 Ext: 333
FAX: 631 289-9420

Ed Sullivan
Service Advisor

NISSAN 112

730 Rte. 112 (Medford Ave.), Patchogue, NY 11772

QUANT	DESCRIPTION	TECH UNIT PR	AMOUNT	TAX
2	185/65R-14	62.00	124.00	10.23
	FIRESTONE FR680 OZ B/W			

SUB TOTALS 124.00 10.23
TOTALS 134.23

WE APPRECIATE YOUR BUSINESS- THROUGH YOUR CONTINUED SUPPORT WE ARE ABLE TO GROW TO SERVE YOU MORE EFFICIENTLY. THANKS AGAIN!



YR/MAKE/MODL:
LICENSE:
MILEAGE: 47000
TERMS:
SOLD BY:
P.O. #:

Discount Tire of Savville
295 West Main Street
Savville
516-244-3535

ID.# 0023960 C# 6501

03-30-00 23960