



U.S. Department of Transportation

National 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 241**

Data Received  13-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  870355	

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 front of windshield or drivers side)</small>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>WILDERNESS AT</b>	Vehicle Year <b>1900</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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 _____	Sport Ult Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 02740000	Par. Name(s) TIRES:TREAD	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
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No. of Failures	Date(s) of Failure(s) 02-JUL-2000 Mileage at Failure(s) 52000 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
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**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)**

PE 00 020/TIRE TREAD SEPARATION: RIGHT REAR TIRE WAS NOTICED WITH STEEL BELT COMING THROUGH THE TIRE, MOUNTED ON A 1997, MERCURY, MOUNTAINEER, ORIGINAL EQUIPMENT, P235/75R15, DOT# W1HL1EYO27. FIRESTONE NOTIFIED, AND INFORMED CONSUMER THAT TIRE WAS NOT COVERED UNDER RECALL. ALSO, TIRE AVAILABLE FOR ANALYSIS. PLEASE FEEL FREE TO PORVIDE ANY FURTHER DETAILS. \*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.

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 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received <u>13-SEP-2000</u> 00 OCT 18 AM 8: 13-SEP-2000 OFFICE DEFECTS INVESTIGATION	
[Redacted] 637689		Reference No. 870355	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date <u>10/21/00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>2561820-73744A20US2P7WUS</u>	<u>FIRESTONE</u>	<u>WILDERNESS AT</u>	<u>1900</u>
Current Odometer Reading	Purchase Date		Engine Size (CID/CC/L)
<u>52,309</u>	<u>7-99</u>		<u>8</u>
Dealer's Name	City		State
<u>Ronnie Watkins Ford</u>	<u>Gadsden</u>		<u>AL</u>
Zip Code	No Cylinders		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<u>35901</u>	<u>8</u>		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Motorbelt	
		<input type="checkbox"/> 2-Point Belt	
		<input checked="" type="checkbox"/> Passengerside Airbag	
Drive Train	Vehicle Type		Body Style
<input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
<u>02740000</u>	<u>TIRES:TREAD</u>	<input type="checkbox"/> Left <input type="checkbox"/> Front	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
	<u>Wilderness AT</u>	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	<u>02-JUL-2000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	<u>52000</u>		
	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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>PE 00 020/TIRE TREAD SEPARATION; RIGHT REAR TIRE WAS NOTICED WITH STEEL BELT COMING THROUGH THE TIRE, MOUNTED ON A 1997, MERCURY, MOUNTAINEER, ORIGINAL EQUIPMENT, P235/75R16, DOT# W1HL1EYO27. FIRESTONE NOTIFIED, AND INFORMED CONSUMER THAT TIRE WAS NOT COVERED UNDER RECALL. ALSO, TIRE AVAILABLE FOR ANALYSIS. PLEASE FEEL FREE TO PORVIDE ANY FURTHER DETAILS. *AK</p>			
CONTINUE ON BACK IF NEEDED			
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