

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 118

Date Received

15-SEP-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 Od\_rt \_\_\_\_\_  
 Up\_ltr \_\_\_\_\_

Reference No.

870593

 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) _____<br><small>(located at front of windshield on driver's side)</small> | Vehicle Make<br><b>FIRESTONE</b> | Vehicle Model<br><b>FIRESTONE</b> | Vehicle Year<br><b>1900</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                                              |                                                                                                                                          |                                                                                             |
|-----------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02740000 | Part Name(s)<br><b>TIRES: TREAD</b>                                                                          | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) <u>21-AUG-2000</u><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

PE00020, TIRE TREAD SEPARATION: WHILE DRIVING 70 MPH, DRIVER HEARD A THUMPING NOISE. IMMEDIATELY AFTERWARDS ABOUT 2/3 OF THE TREAD ON THE PASSENGER'S FRONT SIDE TIRE CAME OFF. DRIVER WAS ABLE TO CONTROL VEHICLE AND WAS NOT INJURED. TRUCK WAS A 1992, FORD, F250, NOT ORIGINAL TIRE EQUIPMENT. TIRE MANUFACTURED AT DECATUR ILLINOIS PLANT. TIRE MILEAGE ABOUT 18,000. FIRESTONE WAS CONTACTED ABOUT TIRE. FIRESTONE WAS ONLY WILLING TO PRORATE FEE FOR THAT TIRE. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

CONTINUED ON BACK (11888)

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 118                                                                                                                                                                                                                                        |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p>                                                                                                                          |                                                                                                                 |
| <p>DATE RECEIVED: 10 OCT 30 AM 10:15<br/>15-SEP-2000<br/>OFFICE<br/>DEFECTS INVESTIGATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | <p>Od_or _____<br/>rt_dt _____<br/>pd_rt _____<br/>up_ltr _____</p>                                                                                                                                                                                            |                                                                                                                 |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 638887</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | <p>Reference No.<br/>870593</p>                                                                                                                                                                                                                                |                                                                                                                 |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorized agent, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | <p>Work [Redacted]<br/>Home [Redacted]</p>                                                                                                                                                                                                                     |                                                                                                                 |
| <p>Signature of Owner [Redacted] Date 10/23/00</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | <p>Information</p>                                                                                                                                                                                                                                             |                                                                                                                 |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | <p>Vehicle Make<br/>FIRESTONE</p>                                                                                                                                                                                                                              | <p>Vehicle Model<br/>FIRESTONE</p>                                                                              |
| <p>Purchase Date</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | <p>Vehicle Year<br/>1992</p>                                                                                                                                                                                                                                   | <p>Current Odometer Reading<br/>4888</p>                                                                        |
| <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <p>Dealer's Name 4 DAY TIRE<br/>City BAKERSFIELD State CA Zip Code 93313</p>                                                                                                                                                                                   |                                                                                                                 |
| <p>Engine Size (CID/CC/L) _____<br/>No Cylinders _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | <p><input type="checkbox"/> Turbo<br/><input type="checkbox"/> Diesel<br/><input type="checkbox"/> Gas<br/><input type="checkbox"/> Fuel Injection</p>                                                                                                         |                                                                                                                 |
| <p>Transmission Type<br/><input type="checkbox"/> Manual<br/><input checked="" type="checkbox"/> Automatic</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>Antilock Brakes<br/><input type="checkbox"/> Yes<br/><input checked="" type="checkbox"/> No</p>             | <p>Restraint System<br/><input type="checkbox"/> 3-Point Belt<br/><input type="checkbox"/> Driverside Airbag<br/><input type="checkbox"/> Passengerside Airbag<br/><input type="checkbox"/> Motorbelt<br/><input checked="" type="checkbox"/> 2-Point Belt</p> | <p>Cruise Control<br/><input checked="" type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>               |
| <p>Drive Train<br/><input type="checkbox"/> Front<br/><input checked="" type="checkbox"/> Rear<br/><input type="checkbox"/> 4-Wheel</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | <p>Vehicle Type<br/><input type="checkbox"/> Car<br/><input type="checkbox"/> Van<br/><input type="checkbox"/> Minivan<br/><input type="checkbox"/> Other</p>                                                                                                  |                                                                                                                 |
| <p>Body Style<br/><input type="checkbox"/> 2-Door<br/><input type="checkbox"/> 4-Door<br/><input type="checkbox"/> Stationwagon<br/><input checked="" type="checkbox"/> Pick Up Truck<br/><input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <p>3/4 Tn.</p>                                                                                                                                                                                                                                                 |                                                                                                                 |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                 |
| <p>Component<br/>02740000</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Part Name(s)<br/>TIRES:TREAD</p>                                                                            | <p>Location<br/><input type="checkbox"/> Left<br/><input checked="" type="checkbox"/> Front<br/><input type="checkbox"/> Right<br/><input type="checkbox"/> Rear</p>                                                                                           | <p>Failed Part(s)<br/><input type="checkbox"/> Original<br/><input checked="" type="checkbox"/> Replacement</p> |
| <p>No of Failures<br/>(ONE)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Date(s) of Failure(s) 21-AUG-2000<br/>Mileage at Failure(s) _____<br/>Vehicle Speed at Failure(s) _____</p> | <p>Failed Part(s) Available?<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                       | <p>NHTSA Previously Contacted?<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>      |
| <p><b>APPLICATION INCIDENT INFORMATION</b><br/>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                 |
| <p>Crash<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Fire<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                            | <p>Number of Persons Injured<br/>0</p>                                                                                                                                                                                                                         | <p>Number of Fatalities<br/>0</p>                                                                               |
| <p>Estimated Property Damage</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | <p>Reported to Police<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                              |                                                                                                                 |
| <p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                 |
| <p>PE00020, TIRE TREAD SEPARATION: WHILE DRIVING 70 MPH, DRIVER HEARD A THUMPING NOISE. IMMEDIATELY AFTERWARDS ABOUT 2/3 OF THE TREAD ON THE PASSENGER'S FRONT SIDE TIRE CAME OFF. DRIVER WAS ABLE TO CONTROL VEHICLE AND WAS NOT INJURED. TRUCK WAS A 1992, FORD, F250, NOT ORIGINAL TIRE EQUIPMENT. TIRE MANUFACTURED AT DECATUR ILLINOIS PLANT. TIRE MILEAGE ABOUT 18,000. FIRESTONE WAS CONTACTED ABOUT TIRE. FIRESTONE WAS ONLY WILLING TO PRORATE FEE FOR THAT TIRE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK<br/>I REPLACED ALL (4) TIRES AS IN VIEW OF ALL THE MEDIA ABOUT THESE TIRES I FEARED FOR MY LIFE.</p> |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                 |
| <p>CONTINUE ON BACK IF NEEDED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                 |
| <p>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.</p>                                    |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                 |

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 MD OR/WT 282 MANUFACTURER/TIRE NAME FIRESTONE/STEELTEX R445 SIZE ET 235/85R16

\* 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)

☆ U.S. G.P.O.: 5992-022-927 / 80000

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

**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

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

4day tire stores  
4860 Stine Rd  
Bakersfield, Ca 93313  
1-661-837-0387

**4day tire stores**

**NOBODY SELLS FOR LESS**

Tires • Wheels • Brakes • Shocks • Alignments



Mike Dalton, Manager  
DUELDNN@aol.com  
661-837-0387

Fax 661-837-0380  
4860 Stine Rd  
Bakersfield, CA 93313

ATT: National Highway Traffic Safety Administration  
RE: [REDACTED] Reference #870593

This letter is in regards to Firestone Steeltex R4S in the size  
Lt 235/85R16, product code# 273-309.

Mr. Merritt came to our store on 8/26/2000 and wanted to see if we  
could allow him any type an adjustment to his tires on his truck being  
that "One" of the tires came apart while driving and he did not feel  
comfortable driving with those Firestone tires. Due to what has been  
said thru the Television Media and in Print. Prior to coming to our store  
he had visited the Firestone dealer up the street. They said they could  
provide him an adjustment on the one tire that had seperated, but  
could not do anything about the other three remaining tires.  
He did not feel this was right and that he was not treated fairly, being  
the tires that had been on his truck where the tires that were made  
at the Decatur Plant and he was afraid and did not feel secure of the  
ohter three Firestone tires.

Even though the tires where not on recall, he feels he should be  
compensated out of Good Faith.

When the one tire was inspected, it showed no signs of any  
visable punctures or/ penetrations. The top ply just came apart

Note: all "FOUR" tires are of the D.O.T numbers that are on the  
recall and they are as follows- VD OR 1WT 282

Thank you for all your concern and that this matter can be resolved  
as quickly as possible due to the circumstances.

Mike Dalton: manager, 4day tire stores

# 4day tire stores

4000 STONE ROAD  
BAKERFIELD, CA 93311

(661) 837-0387

SOLD  
NAME  
ADDR  
CITY  
PHONE

NAME  
ADDR  
CITY  
PHONE

DATE  
YEAR MAKE  
MODEL  
MILEAGE  
MECHANIC  
INSTALLER  
INSPECTED BY  
TEST DRIVE BY

STORE #

20

16511

SEE REVERSE SIDE FOR  
OTHER LOCATIONS

| QTY                                                                                                         | SIZE | TIRE OR WHEEL DESCRIPTION | EW / YW / RWL / RBL / OWL | CODE NUMBER | EACH | TOTAL |
|-------------------------------------------------------------------------------------------------------------|------|---------------------------|---------------------------|-------------|------|-------|
| 4                                                                                                           | 1235 | SL-R16                    | UNIDYAL                   | 1822        | 100  | 400   |
| FEDERAL EXCISE TAX                                                                                          |      |                           |                           |             |      | 51    |
| STEMS <input type="checkbox"/> RM 25001 <input type="checkbox"/> ML 25002 <input type="checkbox"/> CR 25003 |      |                           |                           |             |      | 51    |
| TIRE DISPOSAL FEE                                                                                           |      |                           |                           |             |      | 100   |
| <input type="checkbox"/> CHECK IF OLD PARTS REQUESTED PRIOR TO START OF WORK                                |      |                           |                           |             |      | 51    |
| TOTAL TIME/WHEELS                                                                                           |      |                           |                           |             |      | 51    |

| QTY | PARTS DESCRIPTION                                                                                          | CODE NUMBER | EACH | TOTAL |
|-----|------------------------------------------------------------------------------------------------------------|-------------|------|-------|
|     | SHOCKS <input type="checkbox"/> F <input type="checkbox"/> R                                               |             |      |       |
|     | STRUTS <input type="checkbox"/> F <input type="checkbox"/> R                                               |             |      |       |
|     | RELINED BRAKE SHOES <input type="checkbox"/> F <input type="checkbox"/> R                                  |             |      |       |
|     | RELINED BRAKE PADS <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> METALLIC |             |      |       |
|     | OIL, LUBE & FILTER                                                                                         |             |      |       |
|     | OTHER                                                                                                      |             |      |       |

ALL PARTS ARE NEW UNLESS OTHERWISE STATED.

TOTAL PARTS

| TIRE LABOR / BALANCE                |                                  |                          |           | EACH | TOTAL |
|-------------------------------------|----------------------------------|--------------------------|-----------|------|-------|
| <input type="checkbox"/>            | COMPUTER WHEEL BALANCE           | <input type="checkbox"/> | REG       |      |       |
| <input type="checkbox"/>            | MOUNTING                         | <input type="checkbox"/> | LIFE TIME |      |       |
| <input type="checkbox"/>            | ROTATION                         | <input type="checkbox"/> | POLICY    |      |       |
| <input type="checkbox"/>            | FLAT REPAIR                      | <input type="checkbox"/> | N/C       |      |       |
| <input checked="" type="checkbox"/> | ROAD HAZARD WARRANTY* (OPTIONAL) |                          |           |      |       |

TOTAL TIRE LABOR / BALANCE

| SERVICE / MECHANICAL LABOR |                          |                |                | EACH  | TOTAL |
|----------------------------|--------------------------|----------------|----------------|-------|-------|
| <input type="checkbox"/>   | INSTALLATION             | SHOCKS EACH \$ | STRUTS EACH \$ | XXXXX |       |
| <input type="checkbox"/>   | WHEEL ALIGNMENT          |                |                |       |       |
| <input type="checkbox"/>   | COMPUTER WHEEL ALIGNMENT |                |                |       |       |
| <input type="checkbox"/>   | MACHINE ROTORS/DRUMS     |                |                |       |       |
| <input type="checkbox"/>   | OTHER LABOR ITEMS        |                |                |       |       |

☐ INSPECT AND ADVISE COST OF REPAIR

TOTAL SERVICE / MECHANICAL LABOR

1544

RECOMMENDATION R+R (4) NEW OPTIMS

55 70

ESTIMATE & AUTHORIZATION

I hereby authorize the repair work herein set forth to be done using the necessary material and agree that I am 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 damage in parts shipment 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. Any warranty covering the goods or services covered by this invoice shall be the repair or replacement of same and 40Day The Store will not be liable in any way for special or consequential damages. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repair charges. No responsibility for any damage done to custom wheels or caps. Repairs shall begin if not specified within 24 days.

Customer's Signature X

METHOD OF PAYMENT

Cash ☐

Discover ☐

Bankcard ☐

AMEX ☐

Other ☐

Charge ☐

BEFORE AFTER

R CAM

R CAST

L CAM

L CAST

TOTAL PARTS

SUB TOTAL

SALES TAX ON PARTS & TYRES

TOTAL TIME/WHEELS

TOTAL SERVICE / MECHANICAL LABOR

















