

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

255

Date Received

13-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

870771

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	WILDERNESS	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 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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES: TREAD	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

TIRE TREAD ON FIRESTONE WILDERNESS/AT, P23575R15 HAS SEPARATED. CONSUMER HAS NOTICED A BULGE IN THE SIDEWALL OF THE TIRES. FIRESTONE HAS BEEN CONTACTED.*AK

CONTINUED 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.

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Od_or	_____
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Reference No.

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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	WILDERNESS	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	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"/> 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 Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES: TREAD	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

TIRE TREAD ON FIRESTONE WILDERNESS/AT, P23575R15 HAS SEPARATED. CONSUMER HAS NOTICED A BULGE IN THE SIDEWALL OF THE TIRES. FIRESTONE HAS BEEN CONTACTED.*AK

CONTINUE ON BACK IF NEEDED

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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 255 Date Rec'd: 18-SEP-2000 OFFICE DEFECTS INVESTIGATION				
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Rec'd: 18-SEP-2000 OFFICE DEFECTS INVESTIGATION				
OWNER INFORMATION (Type or Print) [Redacted]		Od. or Fuel, oil, up_ltr _____ Mileage No. 870771				
Signature of Owner _____		Work Number _____ Home Num. [Redacted]				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an address to the vehicle manufacturer, _____ Date 10/9/00						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make FIRESTONE	Vehicle Model WILDERNESS	Vehicle Year 1900	Current Odometer Reading	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____		<input type="checkbox"/> Turbo <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"/> Motorbelt <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 Utl <input 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 Truck <input checked="" type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 02746000	Part Name(s) FIRESTONE TIRES:TREAD WILDERNESS AT P235/75R15 DOT W2HL 1PY 306		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures 1	Date(s) of Failure(s) 9/7/00 Mileage at Failure(s) 22,500 Vehicle Speed at Failure(s) NA		Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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)						
TIRE TREAD ON FIRESTONE WILDERNESS/AT, P23575R15 HAS SEPARATED. CONSUMER HAS NOTICED A BULGE IN THE SIDEWALL OF THE TIRES. FIRESTONE HAS BEEN CONTACTED.*AK <i>See enclosed letter & documents</i>						
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.						

9/8/00

Firestone Recall Reimbursement Center
P.O. Box 5199
Des Plaines, Il. 60017-5199

Gentlemen:

This morning I talked to a Firestone Consumer Affairs person and per their instructions in my request for reimbursement for my replaced Firestone Wilderness AT tires I am including the following: ① Form 2 ② ~~Original~~ copy of receipt for the money I paid out for the replacement tires ③ Letter explaining in detail my request for reimbursement for the tires.

Purcell's has done all of my automotive and tire work for more than 10 years so therefore when my Mercury Mountaineer developed a shimmy in the front end when driving I took the care to them to check the balance of the tires on 9/7/00. They found a bulge and

the start of Thread separation on the left front tire. With all that had been in the news about Firestone tires and fatal accidents following thread separation on Wilderness AT tires I decided to have the tires replaced immediately with Goodyear tires. Enclosed is the invoice and paid receipt for the 5 Firestone Wilderness AT tires I had replaced on 9/7/00.

I am well aware that these Wilderness AT tires do not have Dot VD on them but instead are Dot W2HL. But the fact is that these Firestone Wilderness AT tires were starting to have thread separation and I feel an accident with them could be just as fatal with Dot W2HL on the sidewall as Dot VD. After seeing a Ford Explorer on TV every nite that had rolled over due to Firestone tire thread separation and was laying upside down in the median I had no intention to subject myself or my family to that very real risk.

I definitely feel it is Firestones obligation to reimburse me for those tires and I think Firestone should just be very happy that a tragic accident did not occur as a result of the defective tires on my Mountaineer.

Your reimbursement check for the 3 tires would be greatly appreciated.

Thank you.

Sincerely,



For anyone who paid to replace a recalled tire(s) (only tires noted below)
purchased after August 8, 2000 from any retailer.

Complete This Form

- For All P235/75R15 Firestone ATX, ATX II (excludes Temporary Spare Tires Identified by "TEMPORARY" on the Sidewall)
- For All P235/75R15 Firestone Wilderness AT Produced at the Decatur Plant ONLY & with DOT Serial # 1st and 2nd Digits of "VD".

Customer Information

Please Print Clearly

Customer Name:
Address:
City, State & Zip:
Phone w/ Area Code:



Vehicle Information

Year: 1997
Make: MERCURY
Model: MOUNTAINEER
License Plate # AZ NSV-570

Vehicle Identification # 4 M Z D 4 5 5 P O V U J 1 6 7 5 4

Please identify the location you purchased the replacement tires from:

Retailer Name & Address: PURCELL'S WESTERN STATES TIRE Quantity Purchased 5
10301 N. SCOTTSDALE RD
SCOTTSDALE AZ 85258 9/7/2000
Date of Purchase

This Form Must Be Completed On Both Sides To Be Valid. You must have the Firestone Tire and Service Center or Authorized, Participating Bridgestone/Firestone Retailer fill out the "Firestone Voluntary Safety Recall Tire Surrender Form" on the reverse side.

You must also attach the following documents to this form:

- 1 Your original, paid receipt for the replacement tire(s) purchased. Must be dated August 9, 2000 or later.
- 2 A copy of the Bridgestone/Firestone Limited Warranty Claim Form if your recalled tire(s) were surrendered at an authorized, participating Bridgestone/Firestone Retailer other than a company owned Firestone Tire and Service Center.

NOTE: On tires purchased from any other retailer, we will reimburse up to \$100.00 per tire to replace a recalled tire(s). This reimbursement amount includes the cost of the tire, balancing, valve stem, sales tax and applicable disposal fees, only.

Amount Paid \$ 743.09

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 its agents from any and all claims, whether known or unknown, in connection with the purchase of the tires.

Signature: Date: 9/8/00 For Office Use Only

FIRESTONE VOLUNTARY SAFETY RECALL TIRE SURRENDER VERIFICATION FORM

This form is to be completed at the time the customer surrenders the tires that are covered by the Recall.

DATE: 09-08-00

QUANTITY RECEIVED five

- Firestone ATX
 Firestone ATX II
 Firestone Wilderness AT
 (Decatur production only - DOT serial # 1st & 2nd digits "VD")

DOT Serial #'s

1	W	2	H	L	1	P	4	3	0	6	
2	W	2	H	L	1	P	4	3	0	6	
3	W	2	H	L	1	P	4	3	0	6	
4	W	2	H	L	1	P	4	3	0	6	
5	W	2	H	L	1	P	4	3	0	6	

Important: Black out any DOT Serial # lines NOT used.

**Firestone Tire & Service Center
Store Stamp**

#26T3/024929
FIRESTONE STORE
 7531 E CAMELBACK RD
 SCOTTSDALE AZ 85251-3510

Ronald Lubie

Signature: Store Manager
 Firestone Tire & Service Center

[Redacted Signature]
 Signature: Customer

**All Other Authorized, Participating
Bridgestone/Firestone Retailers:
All Information is Required For Refund**

Retailer Name _____

Address _____

City & State _____

Zip Code _____

Area/Phone # _____

Retailer Six Digit # _____

Claim Form # _____

Signature: Manager, Authorized,
 Participating Bridgestone/Firestone
 Retailer



SEND PAYMENTS ONLY TO: PURCELL TIRE COMPANY
 FILE 56129
 LOS ANGELES, CA 90074-6129

PURCELL'S WESTERN STATES TIRE
 6301 N. SCOTTSDALE RD.

INVOICE #: 6931461

SCOTTSDALE, AZ,
 85253
 443-2577

PAGE: 1
 TIME STARTED: 13:51:37
 TIME CLOSED: 15:06:53

INSIG #: 000172666
 CUSTOMER: [REDACTED]
 51111
 OFFICE PH: [REDACTED]
 OPER FROM: [REDACTED]
 SALESMAN: 05785

VEHICLE: 1997 MERC MOUNT
 LICENSE: NSV570 MILEAGE: 24653
 COLOR: WHITE ENGINE: S. OL
 TERMS: CASH

INVOICE DATE: 09/07/00

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
2875R15 GOYA WRANGLER RTS OWL 137406090		5	112.95		564.75
VALVES, PARTS 041000	6961	5	2.99		14.95
SEL BALANCE/AUTO, LT, VAN -PARTS 044000	6961	5	2.50		12.50
SEL BALANCE, LABOUR 044100	6961	5	7.49		37.45
PURCELL'S TIRE PROTECTION PLAN ROADHAZ	6905	5	12.00		60.00
Registration: Serial# 16HLTBDR3400 Quantity 5 Warranty Period 3					
RE PROTECTION PLAN STICKER # QF1214-2290, 2291, 2292, 2293, 2294.					
60 SHOP MATERIALS 092000			1.30		1.30
FLORIDA WASTE TIRE FEE RECYCLE			10.00		10.00
LES TAX 01700			42.14		42.14

ROAD HAZARD AND
 FLAT TIRE CHANGING
 ASSISTANCE PLAN
 For terms of coverage,
 please refer to your
 protection plan statement
 QF-1214-2290

ROAD HAZARD AND
 FLAT TIRE CHANGING
 ASSISTANCE PLAN
 For terms of coverage,
 please refer to your
 protection plan statement
 QF-1214-2291

ROAD HAZARD AND
 FLAT TIRE CHANGING
 ASSISTANCE PLAN
 For terms of coverage,
 please refer to your
 protection plan statement
 QF-1214-2292

ROAD HAZARD AND
 FLAT TIRE CHANGING
 ASSISTANCE PLAN
 For terms of coverage,
 please refer to your
 protection plan statement
 QF-1214-2293

ANDISE: 743.09
 TOTAL: 743.09
 743.09

Investment: Purchase PURCELL'S TIRE PROTECTION PLAN ON YOUR NEW
 RESERVE NATIONWIDE COVERAGE WITH 100% FREE REPLACEMENT (60 PACKERS)

ROAD HAZARD AND
 FLAT TIRE CHANGING
 ASSISTANCE PLAN
 For terms of coverage,
 please refer to your
 protection plan statement
 QF-1214-2294

Signature: *[Handwritten Signature]*