

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

20-SEP-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

870997

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FIRESTONE	FR480	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> 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 02740000	Part 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) _____ Mileage at Failure(s) _____ 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)

THIS TIRE WAS ON AN MERCURY GRAND MARQUIS 1988. WHILE DRIVING AT 70 MPH VEHICLE BEGAN TO SHAKE AND WOBBLE. WHEN CONSUMER PULLED TO THE SIDE A TREAD SEPERATION WAS NOTICED. FIRESTONE HAS BEEN CONTACTED. \*AK

CONTINUED ON BACK PLEASE

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>DOT Auto Safety Hotline  <b>Vehicle Owner's Questionnaire (VOQ)</b>          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 255</p> <p>Date Received: <u>20-SEP-2000</u></p> <p>OFFICE: <u>OFFICE OF SAFETY</u></p> <p>EFFECTS DIVISION: <u>SAFETY</u></p>	
<p>U.S. Department of Transportation          National Highway Traffic Safety Administration</p>		<p>Old or New? <u>Old</u></p> <p>Year of purchase: <u>9/91</u></p> <p>Up to: <u>11/91</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] <b>640331</b></p>		<p>Work Number: <u>111</u></p> <p>H: <u>[Redacted]</u></p>	
<p>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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>			
<p>Signature of Owner: <u>[Redacted]</u></p>		<p>Date: <u>09/29/00</u></p>	
<b>VEHICLE INFORMATION</b>			
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)  <u>2MEBM75F6TX65823</u></p>		<p>Vehicle Make  <u>FIRESTONE</u></p>	<p>Vehicle Model  <u>FR480</u></p>
<p>Purchase Date  <u>9/91</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Vehicle Year  <u>1988</u></p>	<p>Current Odometer Reading  <u>97,620</u></p>
<p>Dealer's Name <u>PRIVATE ??</u></p> <p>City <u>STATEN ISLAND</u> State <u>NY</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) <u>804</u></p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo  <input type="checkbox"/> Diesel  <input checked="" type="checkbox"/> Gas  <input type="checkbox"/> Fuel Injection</p>
<p>Transmission Type  <input type="checkbox"/> Manual  <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>	<p>Restraint System <u>??</u>  <input checked="" type="checkbox"/> 3-Point Belt  <input type="checkbox"/> Driverside Airbag  <input type="checkbox"/> Passengerside Airbag  <input type="checkbox"/> Motorbelt  <input checked="" type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control  <input checked="" type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p>Drive Train  <input type="checkbox"/> Front  <input type="checkbox"/> Rear  <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type  <input checked="" type="checkbox"/> Car  <input type="checkbox"/> Van  <input type="checkbox"/> Minivan  <input type="checkbox"/> Other</p>	<p>Sport Utl  <input type="checkbox"/> Truck  <input type="checkbox"/> Motorcycle</p>	<p>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</p>
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
<p>Component  <u>02740000</u></p>	<p>Part Name(s)  <u>TIRES:TREAD</u></p>	<p>Location  <input checked="" type="checkbox"/> Left  <input type="checkbox"/> Front  <input type="checkbox"/> Right  <input checked="" type="checkbox"/> Rear</p>	<p>Failed Part(s)  <input type="checkbox"/> Original  <input checked="" type="checkbox"/> Replacement</p>
<p>No. of Failures  <u>1</u></p>	<p>Date(s) of Failure(s) <u>9/4/00</u></p> <p>Mileage at Failure(s) <u>97,021</u></p> <p>Vehicle Speed at Failure(s) <u>65/70</u></p>	<p>Failed Part(s) Available?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
<p>Crash  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured  <u>None</u></p>	<p>Number of Fatalities  <u>None</u></p>
<p>Estimated Property Damage  <u>TIRE + DAMAGE TO CAR \$620-</u></p>		<p>Reported to Police  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<p><b>THIS TIRE WAS ON AN MERCURY GRAND MARQUIS 1988. WHILE DRIVING AT 70 MPH VEHICLE BEGAN TO SHAKE AND WOBBLE. WHEN CONSUMER PULLED TO THE SIDE A TREAD SEPERATION WAS NOTICED. FIRESTONE HAS BEEN CONTACTED. *AK</b></p>			
CONTINUE ON BACK IF NEEDED			
<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 V N M 3 1 L T 4 9 7

MANUFACTURER/TIRE NAME FIRESTONE

SIZE

FR480-215TUR #115

\* 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)

SEE LETTER ATTACHED - I WOULD RETURN HOME ON THUR. 9/7/00

ASO - TOOK VEHICLE TO S-I FIRESTONE DRIVE ON HIGHLAND,

NEW YORK - THE MANAGER DID NOT WANT TO KNOW ANYTHING AS

THE WAS NOT THE # RECALLED. I ALSO CALLED THE S-I ADVANCE

AND TOLD MY FAILURE - THEY TOOK INFO & ASK ME TELL # OF

FIRESTONE & ADDRESS. WHEN I CALLED THE 800 #

THE PERSON WHO ANSWERED (ROBIN) ALSO SAID THE SAME

NOT THE # RECALLED - DID NOT EVEN ASK MY HOME OR #

UNTIL I INSISTED. SHE THEN RELUCTANTLY TOOK MY INFO. -

DID NOT HEAR FROM FIRESTONE.

[REDACTED]

- 9/29/00

★ U.S. G.P.O. 1992-429-897/60086

U.S. Department of Transportation  
National Highway Traffic Safety Administration

405 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

September 27, 2000

Chief Executive Masatoshi Ono  
Bridgestone/Firestone  
50 Century Boulevard  
Nashville Tennessee 37214

Dear Chief Executive Masatoshi Ono:

On September 4, 2000, I was driving on the New Jersey turnpike when my car started to vibrate; I assumed I had a "blow-out" and go flat. When I pulled over to the side it was evident that I did not have a flat tire but that the tread on my left rear tire had detached from the tire. After calling AAA to change the tire I proceeded with my journey

The next day September 5, 2000 I subsequently took the tire to a Bridgestone/Firestone shop at the Oxford Valley Mall in Fairless Hills, Pennsylvania and was told by the manager that my tires did not qualify for the replacement program. I was then forced to replace my tires at another auto shop for a total cost of \$174.78. I have saved the Firestone tire that lost its treads # FR480.

I am shocked that Firestone has not stood by its product particularly when the tire exhibited the same deficiencies that have been creating so many deaths and injuries. I hope that this will result in a fair remuneration for my tire replacements. If not, I will contact my Congressman and let his office solve the problem in a more public forum.

Sincerely,



Cc: NHTSA  
Staten Island Advance

VEH NAME

REPAIR ORD

**SKERDLANT'S MOBIL**

Louis J. Skerdlant, Proprietor  
Sam Scully, Manager  
P.O. Box 151  
Washington Crossing, PA 18977  
(215) 493-4347 FAX 493-3970



NAME <i>Sheriff (DAUGHTER)</i>		DATE OF ORDER <i>9-6-00</i>
ADDRESS <i>390 WOODHILL RD</i>		3219
CITY <i>PA.</i>		
PHONE	FAX	DATE PROVIDED
<i>58-924</i>		
LICENSE NUMBER		
SKERDLANTSMOBIL@aol.com		ODOMETER

VEHICLE MAKE AND MODEL  
*Grand Marquis*

VEHICLE YEAR  
*92*

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT
<i>2</i>	<i>Valve stems</i>	<i>N/C</i>	<input type="checkbox"/> LUBE <input type="checkbox"/> CHG. OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF. <input type="checkbox"/> P.A. INSPECTION (WHEEL LOCK?) <input type="checkbox"/> STICKER <input type="checkbox"/> I/M TEST <input type="checkbox"/> STATE PHONE CHRG	
			<i>2 New Tires</i>	<i>146.00</i>
			<i>mount Tires</i>	<i>N/C</i>
			<i>spin balance</i>	<i>17.0</i>
			LITERS/GALS. OF GAS @	TOTAL LABOR <i>163.00</i>
			LITERS/GALS. OF OIL @	TOTAL PARTS
			kg/LBS. OF GREASE @	ACCESSORIES
TOTAL PARTS: <i>N/C</i>				GAS, OIL AND GREASE

ACCESSORIES

TOTAL AMOUNT \$

RETAIL SALES RECEIPT



MOBIL  
P.O. Box 151  
Washington Crossing, PA 18977  
(215) 493-4347

THIS RECEIPT IS VALID ONLY IF THE PURCHASER PRESENTS THE ORIGINAL RECEIPT FROM THE MOBIL SERVICE CENTER WHERE THE PARTS WERE PURCHASED. THIS RECEIPT IS NOT VALID FOR RETURNS OR REFUNDS. SEE STORE FOR DETAILS.

GAS, OIL AND GREASE	
SUBLET REPAIRS	
EPA/WASTE DISPOSAL	
PA TIRE TAX	<i>2.00</i>
TAX	<i>9.78</i>
TOTAL	<i>174.78</i>

*X*  
CUSTOMER SIGNATURE TO REPORT A LOST/STOLEN CARD CALL 1-800-4-A-MOBIL

**T.J.'S AUTO BODY**

15 Colfax Ave.  
 Staten Island N.Y. 10306  
 DMV REG.#7023220  
 (718) 351-9027  
 Fax: 980-5123

Damage Report #2221 by TOM SMOLKA on 09-29-00



Style : 40 SEDAN Insurer :  
 Lic. Plate: B574AT Adjuster :  
 Paint Code: Appraiser:  
 Prod. Date: Claimant :  
 Profile : T.J. AUTO BODY Insured :  
 Deductible: 0.00 Policy # :  
 Claim # :

88 MERCURY GRD MARQ  
 VIN: 2ME8M75F6JX658233  
 Mileage: 0  
 Options:

#	Labor Op	Description	Price	Labor	Paint	Labor Group	Price Group
1	REPLACE	L QUARTER W/OPENING HLDG	42.67*	0.3	0.0	BODY	NEW
2	REPAIR	L/R QUARTER PANEL	0.00	4.5*	2.0*	BODY	* EXISTING *
3	REPLACE	L/R MUD GUARD	25.00*	0.5*	0.0	BODY	* NEW *
4	ADL LABOR	UNDERCOATING	5.00*	0.3*	0.0	BODY	* NEW *
5	ADL LABOR	CAR COVER	5.00*	0.3*	0.0	BODY	* NEW *
6	ADL OPER	CLEAR COAT	0.00	1.0*	0.0	REFINISH	

\* Judgment Item

Summary	Add'l Lbr	Sublet	Totals				
BODY	5.9@ 40.00		236.00T	PAINT MATERIALS	54.00T	NEW	77.67T
REFINISH	3.0@ 40.00		120.00T	HAZARDOUS WASTE	5.00T		
Taxed Labor			356.00	Taxed Costs	59.00	Taxed Parts	77.67
Tx 8.250%			29.37	Tx 8.250%	4.87	Tx 8.250%	6.41
				Labor ( 8.9 units)			356.00
				Add'l Costs/Materials			59.00
				Parts			77.67
				Tax			40.65
				<b>Grand Total</b>			<b>533.32</b>

ESTIMATE RECALL NUMBER: 09/29/00 12:27:40 2221

Mitchell Data Version: AUG\_99

Estimate Plus is a trademark of Mitchell International  
 Copyright 1991-1997 All Rights Reserved

# SUNOCO

Joyce Kilmer Service Area  
Milepost 78.7 North NJ Turnpike  
East Brunswick, NJ 08816  
(732) 257-6103

7651

Co-Op # 7012

## ROAD SERVICE ORDER



Triple A Info



CLUB #

097

ADDRESS

78.7 North NJ Turnpike

CITY

STATE

ZIP

TELEPHONE NO.

LOCATION OF CAR

77.5 SE

MAKE

YEAR

MILEAGE

LIC. NO.

STATE

TRUCK NO.

AID NO.

ODOMETER ENDING

CALL COMPLETED

A.M.  
P.M.

ODOMETER STARTING

CALL RECEIVED

A.M.  
P.M.

TOTAL MILES

TOTAL TIME

SERVICES RENDERED	AMOUNT
GASOLINE / DIESEL	
TIRE SERVICE	
TIRE CHANGE	N/C
BATTERY SERVICE	N/C
WATER	N/C
ROAD SERVICE	\$30.00
LABOR RATE - \$40/hr	
COOLANT	
OIL	
STATE SALES TAX 6%	1.80
AAA will reimburse up to \$5.00 for product. ** Maximum AAA reimbursement allowed - \$30.00	TOTAL 31.80

CUSTOMER'S

V