



**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 294

Data Received 11-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 872753	

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 drivers side)</small>	Vehicle Make FIRESTONE	Vehicle Model STEEL TEX	Vehicle Year 1900	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 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"/> 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 _____	Body Style <input type="checkbox"/> Sport Ult 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 _____
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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)

FIRESTONE, STEEL TEX R4S, LT235/85R16 SIZE . TREAD ON THREE OF THE TIRES SEPARATED ON SEPARATE OCCASIONS.*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.

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

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Date Received

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Reference No.

872753

 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 drivers side)</small>	Vehicle Make FIRESTONE	Vehicle Model STEEL TEX	Vehicle Year 1900	Current Odometer Reading
--	----------------------------------	-----------------------------------	-----------------------------	--------------------------

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 <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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____
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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)

FIRESTONE, STEEL TEX R4S, LT235/85R16 SIZE . TREAD ON THREE OF THE TIRES SEPARATED ON SEPARATE OCCASIONS.*AK

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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 284 Date Received: <u>NOV 9 2000</u> OFFICE OF INVESTIGATION Reference No. 872753 Work Number: XXXXXXXXXX Home Number: <u>same</u>
OWNER INFORMATION (Type or Print) 007 <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> 645630	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an XXXXXXXXXX vehicle manufacturer.
 Signature of Owner XXXXXXXXXX Date 10/27/2000

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side) <u>1FTHS34GXLH055540</u>	Vehicle Make <u>FORD</u> FIRESTONE	Vehicle Model <u>E350</u> STEEL TEX	Vehicle Year <u>1990</u>	Current Odometer Reading <u>53542</u>
Purchase Date <u>10-27-98</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Heller Ford ? not sure</u> City <u>National City</u> State <u>CA</u> Zip Code <u>92050</u>		Engine Size <u>460</u> (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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"/> 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 checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		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 <u>VAN</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02740000</u>	Part Name(s) <u>TIRES:TREAD</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>3</u>	Date(s) of Failure(s) <u>8-6-97 / 7-16-97 + one other</u> Mileage at Failure(s) <u>40,000 to 50,000</u> Vehicle Speed at Failure(s) <u>60-70 MPH</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$500-</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

FIRESTONE, STEEL TEX R4S, LT235/85R16 SIZE . TREAD ON THREE OF THE TIRES SEPARATED ON SEPARATE OCCASIONS.*AK

I almost lost my life in a near headon with a semi 16 wheeler by about 2", in the incident in Oastow California. Fortunately I was able to strain to control the steering of my van to avoid collisson

CONTINUE ON BACK IF NEEDED

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FIRESTONE TIRE & SERVICE CENTERS

CUSTOMER INVOICE
1. 4-176021-3

FIRESTONE TIRE AND SERVICE CENTER
17320 MAIN ST.
HEBBERIA CA 92345
(619) 244-5282

Page 1 of 1
08-07-97

VEHICLE:
CARRY OUT

TOP # 0028341-2263 TR:9915 99 02 1 BAR # AK098185 EPA # CAD98198199E

SALES RECEIPT		58% COLLECTED	BASE	COLLECT	
ALTEXDR48 TUBLPS 23585R1610	213309		110.99	64.57	
7 189 VDR1WT160		EXCISE TAX	0.23	0.23	
Description		Tech Part	Qty	Unit	Parts
		No. Number		Price	Total
WHEEL BALANCE LABOR	15 18716		0.00		Labor
sch: 15 AG REIGEL					Total
					0.00

Sales Associate: NOT IDENTIFIED
/ISA Exp 1197 69.61 Acct# 4301790000025746 Apr# 009050

SUMMARY	
Parts	64.60
Labor	0.00
Sub Total	64.60
CA Tax 7.750%	3.01
TOTAL	69.61

Total Tendered 69.61

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

I acknowledge notice and oral approval of an increase in the original estimated price.

Customer signature
The attached estimate is part of this invoice.

Signature or Initials
Estimate Revised D _____ T _____
Contacted: _____

THANK YOU FOR SHOPPING
FIRESTONE TIRE AND SERVICE CENTER
WE'RE NOT SATISFIED
UNTIL YOU'RE SATISFIED

FIRESTONE TIRE & SERVICE CENTER

CUSTOMER INVOICE
J. 4-176020-2

* FIRESTONE TIRE AND SERVICE CENTER
17920 MAIN ST.
HESPERIA CA 92345
(619) 244-5222

VEHICLE:
CARRY OUT

BAR # AK098185 EPA # CAD981981392

FORM #020541-2253 TR19916 99 02 1

SALES RECEIPT		5% COLLECTED	BASE	COLLECT	LABOR
Description	Tech Part No. Number	Qty	Unit Price	Parts Total	Total
WHEEL BALANCE LABOR	15 18716	CSF 01	0.00		0.00
			110.39	64.67	
			0.28	0.28	
					0.00

Sales Associate: NOT IDENTIFIED
/ISA Exp 1197 69.61 Acct# 4301790000025746 Apr# 009054

SUMMARY	
Parts	64.60
Labor	0.00
Sub Total	64.60
CA TAX 7.750%	5.01
TOTAL	69.61

Total Tendered 69.61

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with _____

I acknowledge notice and oral approval of an increase in the original estimated price.

Customer signature
The attached estimate is part of this invoice.

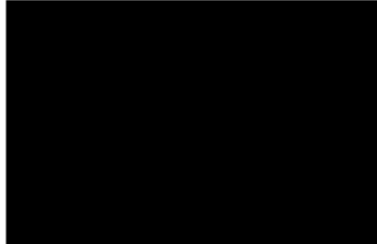
Signature or initials _____
Estimate revised D _____ T _____
Contacted _____

THANK YOU FOR SHOPPING
FIRESTONE TIRE AND SERVICE CENTER
WE'RE NOT SATISFIED
UNTIL YOU'RE SATISFIED



AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA

09/11/2000



Member No.: 63551188

As you have requested, here is a synopsis of the call(s) you placed for Emergency Roadside Assistance:

Call:	2	Date:	08/06/1997	Time:	06:48 PM
Location:	NB 15/North of Wildwash Rd Exit			License:	UNK
				Problem:	Flat Tire
		Barstow		Tow Dest.:	N/A
Vehicle:	90 Ford Econ Van Wht			Miles:	N/A
	Service Charge: NO		Service Charge Amount: \$35.00		
Call:	3	Date:	07/16/1997	Time:	05:31 PM
Location:	SB 5/ North of Carmel Valley Exit			License:	UNK
				Problem:	Flat Tire
		Del Mar		Tow Dest.:	N/A
Vehicle:	90 Ford Van White			Miles:	N/A
	Service Charge: NO		Service Charge Amount: \$35.00		



Headquarters: LOS ANGELES • Administrative Offices: COSTA MESA
Mailing Address: P.O. BOX 25001, SANTA ANA, CA 92799-5001