



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 118

Data Received

20-OCT-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

873487

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 BRIDGESTONE	Vehicle Model BRIDGESTONE	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"/> 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 _____ <input type="checkbox"/> Sport Ult. 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 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"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <u>25-MAY-1998</u> 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

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)

WHILE DRIVING ABOUT 25 MPH TREAD ON REAR PASSENGER'S SIDE TIRE CAME OFF. DRIVER WAS ABLE TO MAINTAIN CONTROL OF A 1998, CADILLAC, DEVILLE. BRIDGESTONE, DAYTONA, P21575R15 MS, DOT # HYHFEA8. TIRE MILEAGE LESS THAN 10,000. REPLACEMENT TIRE EQUIPMENT. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED ON BACK (REVERSE)

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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Date Received

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Ocd_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

873487

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
	BRIDGESTONE	BRIDGESTONE	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 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"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 25-MAY-1998 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	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)

WHILE DRIVING ABOUT 25 MPH TREAD ON REAR PASSENGER'S SIDE TIRE CAME OFF. DRIVER WAS ABLE TO MAINTAIN CONTROL OF A 1998, CADILLAC, DEVILLE. BRIDGESTONE, DAYTONA, P21575R15 MS, DOT # HYHFEA8. TIRE MILEAGE LESS THAN 10,000. REPLACEMENT TIRE EQUIPMENT. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 11B

Date Received: 20-OCT-2000
Office: EFFECTS INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

OWNER INFORMATION (Type or Print)

[Redacted] 648550
[Redacted]

Reference No. 873487
Work Number _____
Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.

Signature of Owner [Redacted] Date 11/15/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G6AM47R7E9052579	Vehicle Make BRIDGESTONE	Vehicle Model BRIDGESTONE	Vehicle Year 1900	Current Odometer Reading 151,000
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Purchase Date	Dealer's Name	Engine Size (CID/CC/L) 4.0	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders 8	<input type="checkbox"/> Diesel
			<input checked="" type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manua. <input checked="" 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"/> Motorbelt <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 checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures 2	Date(s) of Failure(s) 25-MAY-1998 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 checked="" 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	Fine <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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CONTINUE ON BACK IF NEEDED

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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. *

DOT HY HF # A 8 2 5 6

MANUFACTURER/TIRE NAME

THORCBRED STEEL DAYTON

SIZE

P 215/75R15 MBS

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the tire flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

U.S. G.P.O.: 1982 - 624-007 / 0228

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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



873487

BRIDGESTONE/FIRESTONE, INC.

May 27, 1998

REGIONAL TECHNICAL SERVICE CENTER

1382 Sarah Place
Ontario, CA 91761
Phone: (800) 360-7230
FAX: (909) 390-7236



As a follow up to our telephone conversation regarding the situation you experienced with your tire, you will find listed below the items that are required to process your claim for consideration:

- 1.) Complete the attached Incident Report.
- 2.) Two estimates for the repair of your vehicle (photos which are, in most instances, available from the body shops supplying the estimates would be helpful).
- 3.) A copy of the replacement tire invoice.
- 4.) The tire must be shipped to us. (Include legible copy of your paid UPS invoice.)

Upon receipt of all of the above items, we will advise you in writing of our decision, usually within 30 days.

Instructions for Shipping Your Tire and The Requested Paperwork

Please ship the tire and paperwork by United Parcel Service (UPS) freight **PREPAID** to the following:

1-800-742 5877

BFTS
1515 Elm Hill Pike #405
Nashville, TN 37210-3615

A pre-addressed shipping tag is enclosed for use in shipping.

Thank you for your cooperation. If you have any questions, please feel free to contact us at 1-800-356-4644.

Yours Truly,
Claims Processing

Incident Report

Time and Place	Date of Incident 05-25-98	Time 2:00 PM	Exact Location Where Incident Occurred OAK AVE, CITRUS HEIGHTS, CA		
Customer Vehicle	Vehicle Make CADILLAC	Year 1984	Model COUP DEVILLE	Mileage 148,877	
	Owner of Auto BONITA L DAVID MASARIK			Telephone Number	
	Address 7646 POPPY WAY		City	State	
	Zip Code		[REDACTED]		
Property Damage to Customer's Car	Damage to Customer Vehicle TWO TIRES, BODY DENTS			Estimated Cost \$900.00	
	Have you submitted this to your insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Are you planning to submit this claim to insurance company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Has your vehicle been repaired? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Customer Insurance Co. (Please include telephone number) COLONIAL PENN FRANKLIN INSURANCE 1-800-523-1700					
Property Damage to Other Car (if applicable)	Was another vehicle involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name and Address		
	Damage		Estimated Cost		
	Does Owner of Vehicle Have Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Covering Damages to Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Covering Damages or Injury to Other Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Other Property Damage				
Injured Person	Was Anyone Injured? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name and Address		
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	Occupation	Has Injured Person Retained an Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Injury	Nature of Injury				
	Any Disability Involved?				
Witness	Name		Address		
Tire Data (if available)	Size/Type 215/75R15	Mileage on Tire ?	DOT Number (10 digit located on sidewall) 13207-UE-0089195-3	Position Mounted REAR, BOTH	
	Description of Incident 1st time on I-80 going 55 mph in lane and Tire blew out. 2nd time going 25 MPH and same thing happened				
Signature of Customer	[REDACTED]		Date Signed 05-09-98	(continue on back if necessary)	

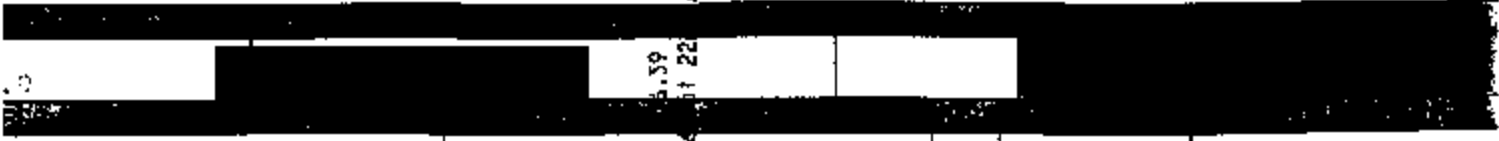


STORE # 3376
 8501 AUBURN BLVD.
 CITRUS HEIGHTS, CA 95612-0395
 TELEPHONE NO. 916-726-4014
 REGISTRATION NO. AG054058

CAL 000124926

PAGE - 1

TAX 3.50
 726776 3576 07:07A



05/26/98 FULL SIZ 84

PCAD AUTHORIZATION
 YOU ARE ENTITLED TO A FREE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIRS
 WILL BE LESS THAN THE ESTIMATE WILL BE. YOU MUST APPROVE THE ESTIMATE WITHOUT SIGNING FOR
 OLD PARTS REQUESTED BY CUSTOMER
 YES NO

P.C. CODE	AS	DESCRIPTION	KEY	UNIT PRICE	AMOUNT	TIME	TECH	SALE
7662009900		DECATHLON XNW P215//SR15 S2	1	42.99	42.99			5017502
041014	5	STD TIRE PROTECTION \$15 VALUE	2	.00	.00			5017502
2000378378		TIRE DISPOSAL FEE	2	1.00	1.00			5017502
2000201918		VALVE STEM VS	2	2.50	2.50			5017502
2000801581		LIFETIME WHEEL BALANCE	6	6.50	6.50			5017502
		STANDARD TIRE PROTECTION PACKAGE ALSO INCLUDES THE FOLLOWING AT NO ADDITIONAL COST TIRE MOUNTING LIFETIME TIRE ROTATION						
2000805435		CHECK ALL TIRES FOR SEPERATION CUSTOMER TO KEEP OIL TIRE PAC COURTESY INSPECTION REE IDLER ARM 02.15 ALIGN 39.99	2	.00	.00			5017502

			42.99					
CUSTOMER DEDUCTIBLE								
TOTAL						56.59	CASH	
TECHNICIAN						STATE CERTIFICATION NO.		
R. BASS								

IF REPAIRS LISTED ON THIS DOCUMENT HAVE BEEN MADE
 YES NO

TECHNICIAN'S NAME _____ STATE CERTIFICATION NO. _____

YOU TO PERFORM THE REPAIRS ABOVE AND FURNISH NECESSARY MATERIALS. I UNDERSTAND ANY IS AN ESTIMATE. YOUR TECHNICIANS MAY OPERATE THIS VEHICLE FOR INSPECTION, TESTING AND MAINT. NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN IT IN CASE OF ANY OTHER CAUSE BEYOND YOUR CONTROL.

THEIR AMOUNT OF REPAIRS. YES NO

ADVICE YES NO

CUSTOMER'S SIGNATURE _____

ADDITIONAL REPAIR AUTHORIZATION

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled with THREE days of the date shown above if I chose not to authorize the service recommended.

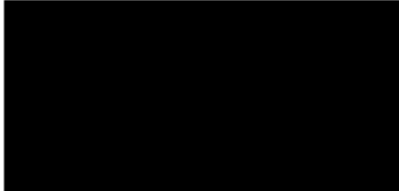
"THE LEADER IN AUTOMOTIVE SERVICE"

SPICKARD AUTOMOTIVE & BODY

9477 GREENBACK LANE #302
 FOLSOM, CA 95630
 (916)988-2409
 Fax: (916)988-5260

E.A.R.#AJ097513 E.P.A.#CAL000003008 TAX I.D.#94-2839479

Estimate Damage Quotation #2223 by JIM on 06-08-98



Style : 2D CPE.
 Lic. Plate: 2XX2399
 Paint Code:
 Prod. Date:
 Profile : STANDARD
 Deductible: 0.00
 Insurer :
 Adjuster :
 Appraiser:
 Claimant :
 Insured :
 Policy # :
 Claim # :

1G6AM4787E9052579
 Age: 0
 Ans:

Labor Op	Description	Price	Labor	Paint	L/G	P/G	Part Number
REPAIR	R QUARTER OUTER PANEL	0.00*	2.0*	2.8	BODY	EXIS*	
REPAIR	L QUARTER OUTER PANEL	0.00*	1.0*	2.6	BODY	EXIS*	
REPLACE	R QUARTER ADHESIVE MOLDING	62.00	0.4	0.0	BODY	NEW	ORDER FROM DEALER
REPLACE	L QUARTER ADHESIVE MOLDING	62.00	0.4	0.0	BODY	NEW	ORDER FROM DEALER
R & I	R QUARTER W/OPENING MLDG	0.00*	0.2*	0.0	BODY	EXIS*	
R & I	L QUARTER W/OPENING MLDG	0.00*	0.2*	0.0	BODY	EXIS*	
ADL LABOR	BUFF LT DOOR	0.00	0.5*	0.0	BODY*		
ADL OPER	TINT COLOR	0.00	0.5*	0.0	REFI		
ADL OPER	MASK FOR OVERSPRAY	0.00	0.2*	0.0	REFI		

* Judgment Item C Included in Clear Coat Calc

	Add'l Lbr	Sublet	Totals			
Y	4.78	48.00	225.60	PAINT MATERIALS	129.80	NEW 124.00
SH	6.10	48.00	292.80	Taxed Costs	129.80	Taxed Parts 124.00
Red Labor			518.40	Tx 7.750%	10.06	Tx 7.750% 9.61
				Labor (10.8 units)	518.40	
				Add'l Costs/Materials	129.80	
				Parts	124.00	
				Tax	19.67	

Grand Total. 791.87



5100 4 1076
 8501 AUBURN BLVD.
 CINCINNATI, OH 45210-0395

TELEPHONE NO. 513-726-4864
 REGISTRATION NO. AG054897

CAL 000124926

PAGE 1



FULL STZ 84

E-CAD AUTHORIZATION
 YOU ARE ENTITLED TO A FREE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIRS WILL BE DONE TO THE BEST OF OUR ABILITY AND WILL NOT EXCEED THE ESTIMATE UNLESS YOU APPROVE OLD PARTS REQUESTED BY CUSTOMER

48.604

QTY	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT	TAX	TOTAL
1	0897662019428	DECATHLON XNL P215/75R15	42.99	42.99		50179.00
1	042041014	STD TIRE PROTECTION \$16 VALUE	.00	.00		50179.00
1	0072000878378	TIRE DISPOSAL FEE	1.00	1.00		50179.00
1	0072000801918	VALVE STEMS VS	1.99	1.99		50179.00
1	0072000801581	LIFETIME WHEEL BALANCE	9.01	9.01		50179.00
		STANDARD TIRE PROTECTION PACKAGE ALSO INCLUDES THE FOLLOWING AT NO ADDITIONAL COST: TIRE MOUNTING LIFETIME TIRE ROTATION				
1	0072000895435	FREE COURTESY INSPECTION FOR TIRE TREAD WEAR// REC 1 TIRE				
				1 TOTAL	58.55	TAX 2
				0261 0261 051 22	09/15/98	3376 1 1

42.99

CREATED BY DOUGLAS

TOTAL

58.55

LASH

2.99

3.56

9.01

TECHNICIAN P. BARR

STATE CERTIFICATION NO.

CERTIFICATION: THE REPAIRS LISTED ON THIS DOCUMENT HAVE BEEN MANAGER'S SIGNATURE X

TECHNICIAN'S NAME STATE CERTIFICATION NO.

ADDITIONAL REPAIR AUTHORIZATION

I AUTHORIZE YOU TO PERFORM THE REPAIRS ABOVE AND FURNISH NECESSARY MATERIALS. I UNDERSTAND ANY COST QUOTED IS AN ESTIMATE. YOUR TECHNICIAN MAY OPERATE THIS VEHICLE FOR INSPECTION, TESTING AND DELIVERY. YOU WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN IT IN CASE OF FIRE, THEFT OR ANY OTHER UNUSUAL CIRCUMSTANCES. YOUR SIGNATURE IS REQUIRED TO SECURE ABOVE.

ABOVE MERCHANDISE RECEIVED BY X

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled THREE days of the date shown above if I choose not to authorize the recommended.

THORBRED STEEL
DAYTON

P215/75R15 MAS

DOT - HYHF-EAS
256

U02R

17207 UR-

17206 UR-BD89195-3

① WT. 18#, 17" W, 26 inches DIA

② WT. 15#, 17" W, " "

 **All Star Printing**

2029 Greenback L

UPS United Parcel Service

PICKUP RECORD
(One Time)

PICKUP CONTROL NUMBER
06/193376-1

PICKUP DATE
06/10/98

TAKEN BY
967 P02

TEL SERVICE NUMBER
916 787-2388

CLOSING TIME
12:00

PICKUP INSTRUCTIONS
NONE

NAME ADDRESS CITY ST ZIP CODE

BRIDGE STONE APARTMENTS
1515 BURNING HILL PIKE WY
2

OS (Overseas) applies if you ship to the United States and you are not in the United States.
Unless a greater value is declared in writing on this receipt, the shipper holds the shipper's liability for the value of the contents of the package covered by this receipt as \$100.00. This is a restriction on the shipper's liability for the value of the contents of the package covered by this receipt. The shipper's liability for the value of the contents of the package covered by this receipt is not a declaration of value. In addition, the maximum value of any shipment is \$50,000.00. The shipper's liability for the value of the contents of the package covered by this receipt is not a declaration of value. In addition, the maximum value of any shipment is \$50,000.00. The shipper's liability for the value of the contents of the package covered by this receipt is not a declaration of value. In addition, the maximum value of any shipment is \$50,000.00.

RECEIVED BY

PICKUP TIME

NO. PACKAGES

CALLS

2:133

2

[Signature]

WHITE UPS COPY

CH: 751-740
Rocklin

ESTIMATED DELIVERY DATE
12:00 PM
12:00 PM
12:25 PM
12:25 PM
12:25 PM
12:25 PM

ESTIMATED DELIVERY TIME
12:00 PM
12:00 PM
12:25 PM
12:25 PM
12:25 PM
12:25 PM

09 10 15 12:54

12:51 PM 12:25 PM

C.O.D. CHANGE
CALL TAG CHANGE
DELIVERY CONFIRMATION CHARGE
HAZARDOUS MATERIAL CHARGE
EXCESS VALUATION CHARGE
SATURDAY DELIVERY CHARGE
SERVICE CHARGE

THANK YOU

32.77

