
 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252	
OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100%; height: 20px;"></div>		Date Received 03-JAN-2001		Od_or _____ rt_dt _____ od_rt _____ up_ltr _____	
				Reference No. 877362	
		Work Number _____		Home Num _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.					
Signature of Owner _____				Date ____/____/____	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) JT4VD10A4P0002644		Vehicle Mak TOYOTA TRUCK	Vehicle Mode T100	Vehicle Year 1993	Current Odometer Readin
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectin
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 Bel <input type="checkbox"/> Passengerside Airbag		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Truck	
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"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 14-JUN 2000 Mileage at Failure(s) 10004 Vehicle Speed at Failure(s) 0		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the accident(s), failure(s), crashes), and injury(ies) on the back of this form)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Firs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalitie 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
PE00 020; CONSUMER WAS TRAVELING ON HIGHWAY AND NOTICED THAT TIRE TREAD SEPARATED. FIRESTONE HAS BEEN NOTIFIED. *AK					
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.					

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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted]		Date Received: 01 FEB 15 PM 2:15 03 JAN 2001 SERVICE DEPT. DEFECTS INVESTIGATION	
[Redacted]		Reference No. 877362	
[Redacted]		Work Number [Redacted]	
[Redacted]		Home Number [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 authorization, NHTSA will NOT include your name and address to the vehicle manufacturer.			
Signature of Owner: [Redacted]		Date: 2/1/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JT4VD10A4P0002644	Vehicle Make TOYOTA TRUCK	Vehicle Model T100	Vehicle Year 1993
Current Odometer Reading 105,000 miles		Purchase Date	
Dealer's Name: <u>Toyota on Western</u> City: <u>Chicago</u> State: <u>IL</u> Zip Code: <u>60636</u>		Engine Size (CID/CC/L) _____ No. Cylinders _____	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		<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"/> Drivenside 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 checked="" 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 checked="" type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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 0	Date(s) of Failure(s) <u>14 JUN 2000</u> Mileage at Failure(s) <u>10004</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? <input checked="" 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 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
PED0 020; CONSUMER WAS TRAVELING ON HIGHWAY AND NOTICED THAT TIRE TREAD SEPARATED. FIRESTONE HAS BEEN NOTIFIED. *AK			
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.			



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Jim Ryan
ATTORNEY GENERAL

November 13, 2000



Re: Firestone Tire & Service Center
File No: 2000-CONSC-00018723

Dear M 

The Consumer Protection Division of the Attorney General's Office has received your recent complaint. The matter you described appears to fall under the authority of the agency named below. Therefore, we have sent your correspondence to that agency for their review.

Agency: **James Downing, General Counsel**
Retail Division Bridgestone Firestone
2550 W. Golf Rd.
Rolling Meadows, IL 60008-4097

Sincerely,

Dolores Rodman
Consumer Protection Division
(312) 814-3811

/bm

November 20, 2000

BRIDGESTONE/FIRESTONE, INC.

Ms. Delores Rodman
First Assistant
Consumer Protection Division
Office of the Attorney General
100 West Randolph Street
Chicago, IL 60601

50 Century Boulevard
P.O. Box 148900
Nashville, TN 37214-8900
Phone: 615-872-5000
Fax: 615-872-1598

RE: Ms. [REDACTED]
Consumer Complaint #2000-CONSC-00018723

Dear Ms. Rodman:

Thank you for your October 3, 2000 correspondence, attaching the complaint filed in your office by Ms. Garza. She is concerned that the rubber is peeling off the Firestone Wilderness AT tires she purchased in June, 2000 for her Toyota T100 truck. Specifically, Ms. Garza seeks reimbursement in the amount of \$426.47, the purchase price paid for the tires, so that she may purchase Goodyear tires.

The tires in question, Firestone Wilderness AT, with a DOT code "VNHIPY150," are not included in the voluntary recall announced by the Company in August, 2000. Nor are they included in the September 1, 2000 Consumer Advisory issued by the National Highway Traffic Safety Administration. Regrettably, therefore, Ms. Garza is not eligible for the respective replacement/reimbursement programs for the recalled tires and the Consumer Advisory tires.

However, Ms. Garza is advised that the Company has a procedure whereby a consumer may present for inspection by our engineers and possible adjustment of a tire or tires that he or she believes may have failed. It appears that Ms. Garza still has possession of the tires, and this option is therefore viable for her. Should she wish to pursue this option, she may contact our engineering department at the address shown below for specific instructions:

Engineering Department
Bridgestone/Firestone, Inc.
One Bridgestone Park
Nashville, TN 37214
(615) 391-0088 (mail number)

We trust that the information herein satisfies your inquiry and will be of assistance to Ms. Garza.

Sincerely,


Ms. Kerry Cantrell
Corporate Paralegal

