


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 156	
 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)		Date Received	Od_or rt_dt od_rt up_ltr
<div style="background-color: black; width: 100%; height: 100%; min-height: 50px;"></div>		12-JAN-2001	Reference No. 878102
		Work Number	Home Number
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.) (Locates all bodies of a vehicle and/or driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year
PLEASE FILL IN	FIRESTONE	WILDERNESS	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 Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<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 Util <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 <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component:	Part Name(s)	Location	Failed Part's
02700000 02100000	TIRES SUSPENSION:INDEPENDENT FRONT	<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) 01-AUG-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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 incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Estimated Property Damag	Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
PE00020, ORIGINAL EQUIPMENT ON 2000, MAZDA, B3000, TIRE SIZE P23570R15, DOT W2U01P0.WHILE DRIVING VEHICLE TIRE VIBRATES VERY HARD WHICH MAY INDICATE A PROBLEM WITH TIRES. FIRESTONE SAID THEY NEEDED TO BE BALANCED. OCCUPANT DID BALANCE TIRES, BUT THE PROBLEM IS STILL OCCURRING. PLEASE PROVIDE FURTHER INFORMATION. *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 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: 12-JAN-2001
OFFICE DEFECTS INVESTIGATION

Od or rt dt _____
od let up_itr _____

Reference No.
878102

OWNER INFORMATION (Type or Print)

NAME: [REDACTED] 666603
ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED]

Work Number: [REDACTED]
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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 1-19-2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side): 4FLYR16V6Y9A1986-25794
PLEASE FILL IN
Vehicle Make: FIRESTONE Vehicle Model: WILDERNESS Vehicle Year: 1900 2000 Current Odometer Reading: 16047

Purchase Date: 5/10/2000 Dealer's Name: CORY FAIRBANKS MAZDA Engine Size (CID/CC/L): 4 Turbo Diesel Gas Fuel Injection: Turbo Diesel Gas Fuel Injection
 New Used City: ORLANDO State: FL Zip Code: 34759 No Cylinders: 6

Transmission Type: Manual Automatic
Antilock Brakes: Yes No
Restraint System: 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Van Minivan Other Sport Utl Truck Motorcycle
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 02700000 Part Name(s): TIRES ? Location: Left Right Front Rear Failed Part(s): Original Replacement

No of Failures: _____ Date(s) of Failure(s): 01-AUG-2000 Mileage at Failure(s): 1 Vehicle Speed at Failure(s): 50 TO 65 MPH Failed Part(s) Available?: Yes No NHTSA Previously Contacted?: Yes 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: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: Yes No

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

PE00020, ORIGINAL EQUIPMENT ON 2000, MAZDA, B3000, TIRE SIZE P23570R15, DOT W2UU1P0. WHILE DRIVING VEHICLE TIRE VIBRATES VERY HARD WHICH MAY INDICATE A PROBLEM WITH TIRES. FIRESTONE SAID THEY NEEDED TO BE BALANCED. OCCUPANT DID BALANCE TIRES, BUT THE PROBLEM IS STILL OCCURRING. PLEASE PROVIDE FURTHER INFORMATION. *AK

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ON MY NEXT SERVICE OR OIL CHANGE AT 15000 MILES I TOLD MAZDA SERVICE WHAT THEY SAID HE SAID IT WAS TIME FOR 15,000 MILE SERVICE WHICH INCLUDED TIRE CHECK ROTATION FOR \$149.00 I THOUGHT IT INCLUDED TIRE BALANCE BEFORE LEAVING I ASK THE SERVICE MGR IF THE TIRES WERE ROTATED & BALANCED HE SAID LET'S ASK THE MECHANIC WE DID AND THE MECHANIC SAID HE DID NOT BALANCE THE TIRES I SAID WHY NOT (AS I TOLD YOU THE SERVICE MGR) ABOUT THE PROBLEM WITH VIBRATION SINCE I HAD THIS TRUCK HE SAID THAT WILL BE ANOTHER \$40.00 FOR BALANCEING BUT IT PROBABLY WON'T HELP. I SAID WELL HOW AM I TO GET ~~THE~~ THIS VIBRATION PROBLEM FIXED HE SAID GO TO FIRESTONE ITS THERE PROBLEM, I SAID IF I GO BACK THERE THEY WILL WANT A NOT HER \$40.00 AND IT WON'T FIX MY PROBLEM, HE SAID I DON'T KNOW WHAT TO TELL YOU, SO I CALLED YOU "SO HELP" I DON'T KNOW WHERE TO GO FROM HERE

THANK YOU

CELL
WORK

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