



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 335

Date Received

07-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

879990

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4M2DU55P3YUJ43026	FIRESTONE	WILDERNESS AT	1900	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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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"/> 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 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 Util 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 checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	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) 07-DEC-2000 Mileage at Failure(s) 5000 Vehicle Speed at Failure(s) 65	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 0	Number of Fatalities 0	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)

NOT ORIGINAL TIRES ON A MERCURY, MOUNTINEER, 1997. 23575R15. WHILE DRIVING DOWN HIGHWAY REAR DRIVER'S SIDE TIRE BUSTED ,AND TIRE CAME OFF RIM.*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-502 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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p> <p>Date Received: 07-FEB-2001 Reference No. 879990 Work Number Home Number</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>Vehicle Identification Number (VIN): [REDACTED] 573032</p>					
<p>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.</p> <p>Signature of Owner _____ Date 1/1</p>					
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>[REDACTED]</p>		<p>Vehicle Make</p> <p>FIRESTONE</p>	<p>Vehicle Model</p> <p>WILDERNESS AT</p>	<p>Vehicle Year</p> <p>1900 1997</p>	<p>Odometer Reading</p> <p>75,000</p>
<p>Purchase Date</p> <p>9/29/99</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>Car Max</u></p> <p>City <u>Lanex</u> State <u>MD</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) <u>8 cyl</u></p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Anti-lock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p>02700000</p>	<p>Part Name(s)</p> <p>TIRES</p>	<p>Location</p> <p><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>	
<p>No of Failures</p> <p>1</p>	<p>Date(s) of Failure(s) <u>07-DEC-2000</u></p> <p>Mileage at Failure(s) <u>5000</u></p> <p>Vehicle Speed at Failure(s) <u>65</u></p>	<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>NOT ORIGINAL TIRES ON A MERCURY, MOUNTINEER, 1997. 23576R15. WHILE DRIVING DOWN HIGHWAY REAR DRIVER'S SIDE TIRE BUSTED ,AND TIRE CAME OFF RIM.*AK</p>					

CONTINUE ON BACK IF NEEDED

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