



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 231**

Date Received

02-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

881963

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>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	FIRESTONE	WILDERNESS HT	1900			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
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"/> Motorbelt <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 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 Truck <input checked="" type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02750010	Part Name(s) TIRES:SIDEWALL	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 Failure	Date(s) of Failure(s) _____ Mileage 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 <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 Damag	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 TRAVELING AT HIGHWAY SPEED NOTICED VIBRATION. CONSUMER SLOWED VEHICLE DOWN.  
BACK RIGHT TIRE SIDEWALL HAD A BLOWOUT. PLEASE PROVIDE FURTHER INFORMATION. \*AK

COPIES OF THIS FORM ARE:

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.

 <p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 23'</p> <p>Date Received: <u>02-MAR-2001</u></p> <p>Reference No. <u>881963</u></p> <p>Work Number _____</p> <p>Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] <u>677877</u></p>	

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 1/1

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make <b>NISSAN</b>	Vehicle Model <b>FRONTIER WILDERNESS HT</b>	Vehicle Year <b>4999 2000</b>	Current Odometer Reading <b>16100</b>			
Purchase Date <u>JAN 01</u>	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 checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____	State _____	Zip Code _____	No. Cylinders _____			
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 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 checked="" 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 checked="" 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	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>02750010</b>	Part Name(s) <b>TIRES:SIDEWALL</b>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>1</b>	Date(s) of Failure(s) <u>19 FEB 01</u>	Mileage at Failure(s) <u>16100</u>	Vehicle Speed at Failure(s) <u>75 MPH</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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHILE TRAVELING AT HIGHWAY SPEED NOTICED VIBRATION. CONSUMER SLOWED VEHICLE DOWN. BACK RIGHT TIRE SIDEWALL HAD A BLOWOUT. PLEASE PROVIDE FURTHER INFORMATION. \*AK**

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 WZ F N N A 3 4 7

MANUFACTURER/TIRE NAME

FIRESTONE / WILDERNESS HT

SIZE

P215/65R15

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

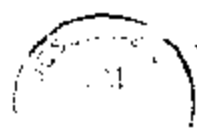
NARRATIVE DESCRIPTION (CONTINUED)

☆ U.S. G.P.O.: 1982-492-887 1-800-888

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



Customer Invoice  
007583  
02/20/2001

FIRESTONE TIRE & SERVICE CENTERS  
7950 E SPEEDWAY  
TUCSON, AZ. 85715

01 THOMAS  
520.722.3080

2000 NISSAN FRONTIER SE [GOLD]  
Lic #: 3VWW02 AZ TxVin #:  
In: 02/20/01 7:54AM Mileage: 17,166  
Out: 02/20/01 9:00AM

Store # 019852

RETAIL SALE

Description	Article Number	T#	Qty	Unit Price	Extended Price	Job Total
COURTESY CHECK						0.00
CK TIRE IN BED		66				
COURTESY CHECK	7046930	66	1	N/C	N/C	
<b>FIRESTONE TIRE PACKAGE</b>						<b>115.54</b>
WILD HT TUBLPS 21565R15	058572	66	1	66.99	66.99	
DISCOUNT FOR WILD HT TUBLPS 21565R15	7011132	66	-1	15.00	-15.00	
ARIZONA TIRE FEE	7095729	66	1	2.00	2.00	
WHEEL BALANCE WEIGHT	7018708	66	1	3.99	3.99	
WHEEL BALANCE LABOR	7018716	66	1	6.00	6.00	
RUBBER VALVE STEM	7015040	66	1	3.00	3.00	
ROAD HAZARD WARRANTY	7040215	66	4	11.39	45.56	
DISPOSAL FEE	7075078	66	1	3.00	3.00	
TIRE INSTALLATION	7015016	66	1	N/C	N/C	

Technician: 66 JEFFERY HERRETT

Payment History:

MasterCard	7408	123.22	020917
Total Tendered		123.22	

Summary:

Parts	107.54
Labor	8.00
Shop Supplies	0.36
Sub-Total	115.90
Tax (7.00%)	7.32
<b>Total</b>	<b>\$123.22</b>

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.

Revision History:

02/20/2001 08:47AM	LERMA, DANIEL	123.22	Rev Amt Init
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Customer Signature

All parts are new unless otherwise specified.

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

Signature or Initials

See reverse side for Warranty Information