



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 §20

Date Received

21-MAY-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

888723

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 and/or above windshield)</small>	Vehicle Make <b>BRIDGESTONE</b>	Vehicle Model <b>BRIDGESTONE</b>	Vehicle Year <b>1900</b>	Current Odometer Reading		
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 type="checkbox"/> Other _____

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

Component 02740000	Part Name(s) <b>TIRES:TREAD</b>	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) 01-NOV-2000 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 0	Number of Fatalities 0	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)

ALL FOUR OF BRIDGESTONE TIRES ON 1997, FORD, F250HD ARE SHOWING EXCESSIVE TREAD WEAR. THESE TIRES ARE NOT ORIGINAL EQUIPMENT THAT CAME WITH VEHICLE, AND CURRENTLY HAVE 29,000 MILES ON THEM. SIZE OF THE TIRES L235/85R16. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 920 Date Received JUN 11 AM 11:02 21-MAY-2001 OFFICE DEFECTS INVESTIGATION	Od_or _____ Rt_dt _____ Od_rt _____ Up_hr _____
	OWNER INFORMATION (Type or Print)	693104	Reference No. 888723

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 In the absence of \_\_\_\_\_ address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/3/01

YES  NO

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FTAF25H8VEA55348</u>	Vehicle Make <u>BRIDGESTONE</u>	Vehicle Model <u>BRIDGESTONE</u>	Vehicle Year <u>1900 1997</u>	Current Odometer Reading <u>61925, mi</u>
Purchase Date <u>4-1997</u>	Dealer's Name <u>CARLISLE MOTOR S, INC</u> City <u>ST PETERSBURG</u> State <u>FL</u> Zip Code _____		Engine Size (CID/CC/L) <u>5.8</u> No. Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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 checked="" 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 <u>02740000</u>	Part Name(s) <u>TIRES: TREAD</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>01-NOV-2000</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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**ALL FOUR OF BRIDGESTONE TIRES ON 1997, FORD, F250HD ARE SHOWING EXCESSIVE TREAD WEAR. THESE TIRES ARE NOT ORIGINAL EQUIPMENT THAT CAME WITH VEHICLE, AND CURRENTLY HAVE 29,000 MILES ON THEM. SIZE OF THE TIRES L235/85R16. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*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 7B91PUAY08

MANUFACTURER/TIRE NAME

BRIDGE STONE

SIZE

L235851E

\* 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)

When I asked to have tires re balanced I was told that was not needed they would put the rear tires to the front and said that was the way that bridge stone told them how to do it. I asked why they did not balance over the tires and was told that did not work.

I took the tires back to Sears and was told that the tread on some of the tires was at 3/32. The next time I asked to have them checked by Sears they told me that it was 7/32 and the man who checked them the last time was wrong a Fire Stone store also said they were at 3/32 on the low side. People who sell tires are just trying to sell tire who care about the people who use the tires I am not that bright but I know a conn when I see one

☆ U.S. G.P.O.: 1982-623-867/10006

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



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National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

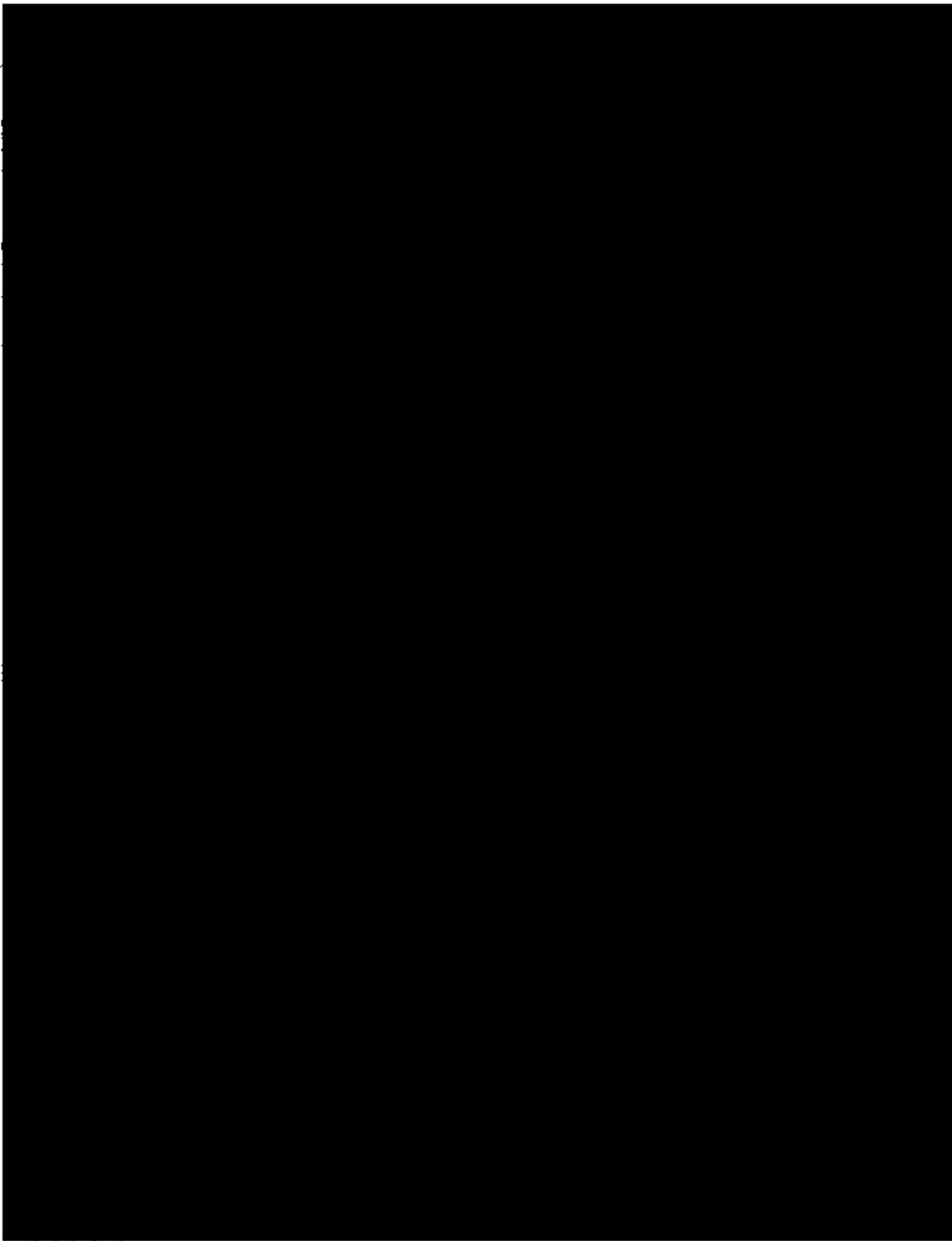


THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 5)

See reverse side for warranty information

PIRESTONE MASTERCARE LASER - 348-11-803-B 3 REV. 3/01



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