



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

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Reference No.
10159986

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: REVERE State: MA Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 6-27-06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTNF21L [REDACTED]
Make: FORD Model: F250 Model Year: 2000
Date Purchased: 15-NOV-99 Dealer's Name and Telephone Number: SENTRY FORD 781-394-6400
Engine: No: Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: MEDFORD State: MA Zip Code: 02155
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 192000 TIRES:SIDEWALL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-JUN-2006 Failure Mileage: 24000 Failure Speed: 45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: FIRESTONE Tire Model (Name or Number): STEELTEX A/T Tire Size (Example P215/65R15): LT 265/75R16 E
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: PASSENGER SIDE REAR
Tire Component Code: 192000 TIRES:SIDEWALL Tire Failure Type: BLOWOUT

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: Number of Deaths: Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED WHILE DRIVING 45 MPH THE REAR PASSENGER TIRE BLEW OUT IN THE SIDEWALL. THE VEHICLE WAS DRIVEN OFF THE ROAD AND THE TIRE WAS LATER TAKEN TO THE TIRE DEALER WHO DETERMINED THE CONTACT DROVE OVER A SHARP OBJECT, ALTHOUGH THE CONTACT DID NOT NOTICE ANYTHING IN THE ROAD. THE AUTO DEALER HAS BEEN ALERTED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

