



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

## DOT Auto Safety Hotline Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

**COPIED** 1-888-DASH-2-DOT  
(1-888-327-4238)

INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

### FOR AGENCY USE ONLY

Date Received

Off. or

Ref. dt

Case No.

MP No.

Reference No.

RECEIVED

00 OCT 13 AM 8:52

OFFICE  
DEFECTS INVE

556023

### OWNER INFORMATION (Type or Print)

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 \_\_\_\_\_

Date 1/1

### PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <small>(Located at bottom of windshield on driver's side)</small>		Make <b>FORD</b> <b>1996</b>	Model <b>FORD T-Bird</b>	Year <b>1996</b>	
Purchased Date <input type="checkbox"/> New <input type="checkbox"/> Used	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		
Dealer's City		State	Zip Code	No. Cylinders	
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passenger's Air Bag <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input checked="" 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

Tire <b>Tire</b>	Part Name(s) <b>Firestone Tire</b>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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### TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand <b>Firestone</b>	Tire Name <b>P215TOR15M+S</b>	Complete Tire Size <b>P215TOR15M+S</b>
No. of Failures	Date(s) of Failure(s) <b>MAY 28, 2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s)	Vehicle Speed at Failure(s): <b>65</b>	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### APPLICABLE INCIDENT INFORMATION

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

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>3</b>	Number of Fatalities <b>1</b>	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

LEFT REAR TIRE TREAD WAS TORN FREE FROM THE TIRE - ALL OTHER TIRES LOOKED NORMAL - I WAS DRIVING EASTBOUND ON I-10 FREEWAY NEAR PAUL SPRING'S - THE WOMEN WHO WAS DRIVING THE GREEN T-BIRD HAD STOPPED ON THE FREEWAY AND STEPPED OUT OF HER CAR TO "WAVE" OFF ON COMING VEHICLES HER (2) REAR TIRE HAD COME AAPT - MY VISION WAS BLOCKED BY A TRUCK IN FRONT OF ME WHEN HE "SWERVED" TO AVOID HITTING HER AND HER CAR I NO WHERE TO GO AND I HIT HER AND HER CAR - KILLING HER INSTANTLY - I BROKE MY LEFT HAND / INJURED MY RIGHT MY HUSBAND SUSTAINED LACERATIONS TO BOTH ARMS - THIS ACCIDENT WOULD NOT

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

