

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY

258

Date Received

05-AUG-2000

Od\_or

rt\_dt

od\_rt

up\_ltr

Reference No.

726735

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) (located at front of windshield or driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FMDU34X6RUC60578                                                          | FORD TRUCK   | EXPLORER      | 1994         |                          |

|                                                                       |                                       |                             |                                                                                                                                                         |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-JAN-1994</b>                                   | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         |                                                                                                                                                         |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                                                                                         |                                                                                                                                                |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02740000</b> | Part Name(s)<br><b>TIRE: TREAD</b>                                                                                      | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br><b>1</b>  | Date(s) of Failure(s) <b>02-AUG-2000</b><br>Mileage at Failure(s) <b>93900</b><br>Vehicle Speed at Failure(s) <b>75</b> | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  Yes   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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

IN AUGUST OF 1999 WE WERE TRAVELLING ON I-80 FROM HASTINGS TO LINCOLN, NE WHEN WE HEARD A LOUD NOISE FROM THE BACK OF THE CAR. WE STOPPED, AND UPON INSPECTION, WE FOUND THAT A CHUNK OF TREAD HAD BLOWN OFF OF OUR RIGHT REAR TIRE. WHEN WE GOT HOME, WE HAD THE TIRE STORE REPLACE THAT TIRE AND THE NEXT WORST ONE. THE STAFF AT THE TIRE STORE SAID THAT THE OTHER TIRE BEING REPLACED ALSO HAD A BUBBLE AND WAS NOT FAR FROM SEPARATING ALSO. WE DIDN'T THINK MUCH MORE ABOUT IT. THEN, ON 8/2/99, WE ARE AGAIN ON I-80 HEADED FROM HASTINGS TO OMAHA. WE NOTICE THAT THE CAR IS SHIMMYING/VIBRATING WITH INCREASING MAGNITUDE. WHEN WE STOP TO INSPECT, WE NOTICE THAT THERE ARE NO FLATS, BUT THAT THE TREAD OF THE ONE TIRE IS BEGINNING TO SEPARATE, SO

CONTINUE ON BACK IF NEEDED

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.