



**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

Data Received 09-AUG-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 727339	

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>(Listed at top of windshield or drivers side)</small> 4TAWN72N8YZ656575	Vehicle Make TOYOTA	Vehicle Model TOYOTA	Vehicle Year 2000	Current Odometer Reading
---	-------------------------------	--------------------------------	-----------------------------	--------------------------

Purchase Date 01-APR-2000	Dealer's Name _____	Engine Size (CID/CC/L) 3.7L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	Body Style <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 02700000	Par. Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	------------------------------	---	---

No. of Failures 2	Date(s) of Failure(s) 01-JUN-2000	Mileage at Failure(s) 3000	Vehicle Speed at Failure(s) 50	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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

HELLO, I HAVE A 2000 TOYOTA TOCOMA 4X4 THAT I PURCHASED THIS PAST APRIL. FOR THE PAST MONTH I HAVE HAD TROUBLE WITH THE FIRESTONE WILDERNESS AT TIRES THAT WERE ORIGINAL EQUIPMENT ON THE TRUCK. I MADE AN APPOINTMENT WITH THE TOYOTA DEALER WHERE I PURCHASED THE TRUCK TO HAVE THE TIRES LOOKED AT. THE TIRES WERE MAKING A THUMPING NOISE. THIS WAS BEFORE I HAD HEARD ABOUT THE PROBLEM FIRESTONE WAS HAVING. THE DEALER TOLD ME TO TAKE THEM TO FIRESTONE TO HAVE THEM LOOKED AT, WHICH I DID. THE FIRESTONE DEALER TOLD ME THAT THE TIRES WERE LOW ON AIR (THE 26 PSI THAT THE TOYOTA DEALER TOLD ME TO RUN THE TIRES ON), AND THAT THE FRONT TIRES HAD EXCESSIVE WEAR. FIRESTONE SAID THE TIRES SHOULD HAVE 32 PSI. FIRESTONE REPLACED THE TIRES COSTING ME \$56.00 OF MY OWN MONEY

CONTINUED ON BACK PLEASE

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.



**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

Data Received 09-AUG-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 727339	

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>(Listed at top of windshield or drivers side)</small> 4TAWN72N8YZ656575	Vehicle Make FIRESTONE	Vehicle Model WILDERNESS	Vehicle Year 1900	Current Odometer Reading
---	----------------------------------	------------------------------------	-----------------------------	--------------------------

Purchase Date 01-APR-2000	Dealer's Name _____	Engine Size (CID/CC/L) 3.7L	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ult Truck 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 02700000	Par. Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	------------------------------	---	---

No. of Failures 2	Date(s) of Failure(s) 01-JUN-2000	Mileage at Failure(s) 3000	Vehicle Speed at Failure(s) 50	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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

HELLO, I HAVE A 2000 TOYOTA TOCOMA 4X4 THAT I PURCHASED THIS PAST APRIL. FOR THE PAST MONTH I HAVE HAD TROUBLE WITH THE FIRESTONE WILDERNESS AT TIRES THAT WERE ORIGINAL EQUIPMENT ON THE TRUCK. I MADE AN APPOINTMENT WITH THE TOYOTA DEALER WHERE I PURCHASED THE TRUCK TO HAVE THE TIRES LOOKED AT. THE TIRES WERE MAKING A THUMPING NOISE. THIS WAS BEFORE I HAD HEARD ABOUT THE PROBLEM FIRESTONE WAS HAVING. THE DEALER TOLD ME TO TAKE THEM TO FIRESTONE TO HAVE THEM LOOKED AT, WHICH I DID. THE FIRESTONE DEALER TOLD ME THAT THE TIRES WERE LOW ON AIR (THE 26 PSI THAT THE TOYOTA DEALER TOLD ME TO RUN THE TIRES ON), AND THAT THE FRONT TIRES HAD EXCESSIVE WEAR. FIRESTONE SAID THE TIRES SHOULD HAVE 32 PSI. FIRESTONE REPLACED THE TIRES COSTING ME \$56.00 OF MY OWN MONEY

CONTINUED ON BACK PLEASE

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.