

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

Data Received

09-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

727383

OWNER INFORMATION (Type or Print)

BRIAN	MCINTYRE	630382
273 HARVARD AVE		
BOURBONNAIS	IL	60914

Work Number **708 363 0592**Home Number **815 936 9078**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



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National Highway Traffic Safety Administration

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> 4M2DU55P8VUJ13682	Vehicle Make FIRESTONE	Vehicle Model WILDERNESS	Vehicle Year 1900	Current Odometer Reading
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Purchase Date 01-DEC-1999	Dealer's Name _____	Engine Size (CID/CC/L) 5.0L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Par. Name(s) TIRES:TREAD	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
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No. of Failures 4	Date(s) of Failure(s) 09-AUG-2000	Mileage at Failure(s) 25648	Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AFTER MEDIA PUBLICITY ON THE TIRE MATTER, I INSPECTED TIRES ON VEHICLE STATED. ALL FOUR TIRES HAVE A SEPARATION BETWEEN THE TREAD AND THE SIDEWALL AROUND THE ENTIRE CIRCUMFERENCE. THE SEPARATION IS BOTH ON THE INSIDE AND OUTSIDE SIDEWALLS. I TOOK THE VEHICLE TO THE DEALERSHIP WHERE PURCHASED, AND THEY IN TURN SENT ME TO THE LOCAL FIRESTONE DEALER. THE MANAGER OF THE STORE OBSERVED THE SEPARATIONS AND COMMENTED THAT HE HAD NEVER SEEN ANYTHING LIKE IT BEFORE. HE SAID THAT I WOULD HAVE TO WAIT FOR THE RECALL NOTICE FROM FIRESTONE. I AM A RESIDENT OF THE STATE OF ILLINOIS AND WE ARE AMONG THE LAST STATES TO BE CONSIDERED FOR THE RECALL (BY YEAR END 2001). MEANWHILE, I FEEL THAT THIS IS A SAFETY ISSUE THAT CONCERNS MY FAMILY THAT NEEDS TO BE ADDRESSED SOO

CONTINUED ON BACK (REVERSE)

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.