

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            | <b>FOR AGENCY USE ONLY 258</b><br>Date Received<br><div style="font-size: 1.2em; font-weight: bold;">11-AUG-2000</div>                                                                                                                  |                                                                                                                                          | Od_or _____<br>Rt_dt _____<br>od_rt _____<br>up_ltr _____<br>Reference No.<br><div style="font-size: 1.2em; font-weight: bold;">727592</div> |                                                                                                                                                                                                                                              |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| Vehicle Ident. No. (VIN) _____<br><small>(located at front of windshield on drivers side)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            | Vehicle Make<br><div style="font-size: 1.2em; font-weight: bold;">FIRESTONE</div>                                                                                                                                                       | Vehicle Model<br><div style="font-size: 1.2em; font-weight: bold;">STEELTEX</div>                                                        | Vehicle Year<br><div style="font-size: 1.2em; font-weight: bold;">1900</div>                                                                 | Current Odometer Reading                                                                                                                                                                                                                     |
| Purchase Date<br><div style="font-size: 1.2em; font-weight: bold;">01-OCT-1999</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                                                                                                                                                               |                                                                                                                                                                                                                                         | Engine Size (CID/CC/L) _____<br>No Cylinders _____                                                                                       | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| 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 type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                 | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input 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 Ult. Truck<br><input type="checkbox"/> Motorcycle |
| Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| Component<br><div style="font-size: 1.2em; font-weight: bold;">02700000</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part Name(s)<br><div style="font-size: 1.2em; font-weight: bold;">TIRES</div>                                                                                                                                                                                              |                                                                                                                                                                                                                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                  |                                                                                                                                                                                                                                              |
| No of Failures<br><div style="font-size: 1.2em; font-weight: bold;">1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date(s) of Failure(s) <div style="font-size: 1.2em; font-weight: bold;">24-JUN-2000</div><br>Mileage at Failure(s) <div style="font-size: 1.2em; font-weight: bold;">11500</div><br>Vehicle Speed at Failure(s) <div style="font-size: 1.2em; font-weight: bold;">55</div> |                                                                                                                                                                                                                                         | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                      |                                                                                                                                                                                                                                              |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| (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><div style="font-size: 1.2em; font-weight: bold;">0</div>                                                                                                                                                  | Number of Fatalities<br><div style="font-size: 1.2em; font-weight: bold;">0</div>                                                        | Estimated Property Damage                                                                                                                    | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                    |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <div style="font-size: 1.1em;">           THE TIRE BLEW WHILE TURNING LEFT ON AN UP HILL CURVE. APPROXIMATELY 95% OF THE FRONT SIDEWALL SHREDDED. NO VISABLE DEFECTS IN THE SIDEWALL OR TREAD. THIS OCCURED AFTER 3.5 HOURS OF CONTINUOUS DRIVING AT SPEEDS FROM 55 - 75.         </div>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| CONTINUED ON BACK (SEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |
| 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. |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                              |

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

11-AUG-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

727592

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) _____<br><small>(located at front of windshield on drivers side)</small> | Vehicle Make  | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GNFK16R9XJ545626                                                                                 | CHEVROLET TRU | SUBURBAN      | 1999         |                          |

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-OCT-1999</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                                                                                         |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02700000</b> | Part Name(s)<br><b>TIRES</b>                                                                                            | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <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>24-JUN-2000</b><br>Mileage at Failure(s) <b>11500</b><br>Vehicle Speed at Failure(s) <b>55</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<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)

THE TIRE BLEW WHILE TURNING LEFT ON AN UP HILL CURVE. APPROXIMATELY 95% OF THE FRONT SIDEWALL SHREDDED. NO VISABLE DEFECTS IN THE SIDEWALL OR TREAD. THIS OCCURED AFTER 3.5 HOURS OF CONTINUOUS DRIVING AT SPEEDS FROM 55 - 75.

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.