

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

22-AUG-2000

Od\_or

rt\_dt

od\_rt

up\_ltr

Reference No.

728699

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 vehicle or on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2HKRL1862XH543599                                                                             | HONDA TRUCK  | ODYSSEY       | 1999         |                          |

|                                                                       |                                       |                                 |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-AUG-1999</b>                                   | Dealer's Name _____                   | Engine Size<br>(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<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 checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input checked="" type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<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 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<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>2</b>  | Date(s) of Failure(s) <b>01-JUN-2000</b><br>Mileage at Failure(s) <b>16500</b><br>Vehicle Speed at Failure(s) <b>65</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)

MY CAR CAME EQUIPPED WITH FIRESTONE TIRES. ON JUNE 14, 2000, MY RIGHT REAR TIRE BLEW OUT ON THE HIGHWAY. IT WAS OVER 100 DEGREES, AND THE VEHICLE WAS TRAVELING AT 65 MPH. THE DRIVER WAS ABLE TO SAFELY MANEUVER THE VEHICLE OFF THE ROAD. THE ENTIRE OUTSIDE WALL OF THE TIRE WAS BLOWN OUT, AND THE FIRESTONE DEALER I TOOK THE TIRE TO COULD FIND NO PUNCTURE IN THE TIRE. THE DEALER (FIRESTONE TIRE & SERVICE IN REDWOOD CITY, 650-364-1900) TOLD ME THEY WOULD SEND THE TIRE TO A LAB FOR ANALYSIS. AS OF LAST WEEK, THEY STILL HAD NOT RECEIVED ANY WORD BACK FROM THE LAB. ON JULY 28, THE NEWLY INSTALLED TIRE (WITH LESS THAN 1,000 MILES ON IT) BLEW OUT UNDER SIMILAR HIGH HEAT-65 MPH CONDITIONS. AGAIN, THE DRIVER WAS ABLE TO NEGOTIATE OFF THE ROAD SAFELY. I'M VERY CONCERNED.

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.

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☐ YES☐ NO

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|                                                                                               |              |               |              |                          |
|-----------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.)<br><small>(located at front of vehicle or on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2HKRL1862XH543599                                                                             | FIRESTONE    | AFFINITY      | 1900         |                          |

Purchase Date

01-AUG-1999

Dealer's Name

Engine Size

(CID/CC/L)

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☒ New ☐ Used

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

No. Cylinders

Transmission Type

☐ Manual☐ Automatic

Antilock Brakes

☒ Yes☐ No

Restraint System

☐ 3-Point Belt☐ Driverside Airbag☐ Passengerside Airbag☐ Motorbelt☐ 2-Point Belt

Cruise Control

☒ Yes☐ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☐ Car☒ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

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

|                       |                                    |                                                                                                                                          |                                                                                             |
|-----------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02700000 | Part Name(s)<br>TIRES              | 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>2  | Dates of Failure(s)<br>01-JUN-2000 | 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     |
|                       | Mileage at Failure(s)<br>16500     |                                                                                                                                          |                                                                                             |
|                       | Vehicle Speed at Failure(s)<br>65  |                                                                                                                                          |                                                                                             |

## 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>0 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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