



**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  <b>07-SEP-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>730649</b>	

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> <b>1FTEX15N5TKA30731</b>	Vehicle Make <b>FORD TRUCK</b>	Vehicle Model <b>F150</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
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Purchase Date <b>01-JAN-1998</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>5.0L</b>	<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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input 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 _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>02700000</b>	Par. Name(s) <b>TIRES</b>	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 <b>1</b>	Date(s) of Failure(s) <b>01-SEP-1999</b>	Mileage at Failure(s) <b>56000</b>	Vehicle Speed at Failure(s) <b>75</b>	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 <b>0</b>	Number of Fatalities <b>0</b>	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)**

MY WIFE AND I WENT TO GEORGIA ON VACATION FROM TEXAS. IN MISSISSIPPI WHILE MY WIFE WAS DRIVING AROUND 5-6 PM SHE HAD A TIRE SEPARATION IN THE DRIVERS SIDE REAR. SHE WAS ABLE TO KEEP THE TRUCK UNDER CONTROL AND PULLED OVER TO THE SIDE OF THE ROAD. THE TREAD HAD SEPARATED FROM THE TIRE BUT THE TIRE DID NOT LOSE THE AIR. THIS IS PROBABLY WHY SHE WAS ABLE TO CONTROL THE TRUCK. THE TREAD SLUNG AROUND THE WHEEL WELL AND BEAT UP THE INSIDE OF THE WHEEL WELL CAUSING SOME VISIBLE DAMAGE. THE TRUCK HAS STILL NOT BEEN REPAIRED. I INSTALLED THE SPARE TIRE ON THE VEHICLE AND CALLED IT A NIGHT AND GOT US A ROOM. WHEN I ARRIVED IN GA. I WENT TO NUMEROUS TIRE DEALERS TO TRY TO FIND A MATCHING TIRE TO REPLACE BUT WAS TOLD THAT THE TIRE WAS OUT OF PRODUCTION BUT IF I LOOKED AROUND

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.



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CONTINUED ON BACK (REVERSE)

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