

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

12-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

731117

 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) (located at front of vehicle or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU32X4TUA29947	FORD TRUCK	EXPLORER	1996	

Purchase Date 01-OCT-1995	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ 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 Vlt ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 6	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____		Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ALL REAR SETS OF TIRES (3 TO DATE) HAVE BECOME CUPPED ACCOMPANIED BY AUTO VIBRATION. FORD DEALERSHIPS HAVE GIVEN BLAME FOR AUTO VIBRATION AND CUPPING OF TIRES TO TIRE MANUFACTURER. GOODYEAR, ACCORDINGLY, HAS REPLACED 2 TIRES ON TWO SEPARATE OCCASIONS. CUPPING DETECTED ON FIRST TIRE ROTATION WHEN REAR TIRES BROUGHT TO FRONT OF VEHICLE...ALONG WITH NOTICABLE DETERIORATION IN STEERING. THIS PROBLEM CONTINUES TO EXIST WITH NO APPARENT SATISFACTION PROVIDED BY LOCAL FORD. *AK

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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1FMDU32X4TUA29947	GOODYEAR	WRANGLER	1900	

Purchase Date

01-OCT-1995

Dealer's Name

Engine Size

(CID/CC/L

No Cylinders

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

City _____ State _____ Zip Code _____

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 Vlt☐ Truck☐ Motorcycle

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures

6

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA Previously
Contacted?☐ 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

☐ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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