



U.S. Department of Transportation

National 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 17-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 731734	

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>(located at front of windshield or drivers side)</small>	Vehicle Make FIRESTONE	Vehicle Model FR680	Vehicle Year 1900	Current Odometer Reading
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Purchase Date 01-MAR-1995	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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"/> Motorbell <input type="checkbox"/> 2-Point Belt	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 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 3	Date(s) of Failure(s) 21-AUG-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) 179999	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 10			

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crashes), 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	Number of Fatalities	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)

PURCHASED 4 TIRES 12/17/98 @129,217MILES. TIRES WERE 50,000 MILE WARRANTY. HAD TIRES ROTATED AND BALANCED SEVEN(7) TIMES BETWEEN PURCHASE DATE AND FAILUR DATE OF 8/21/00 TIRES STILL HAD 6-7/32 OF RUBBER ON TREAD WHEN 3 OUT OF 4 TIRES HAD THE TREAD SEPERATE FROM THE CASING. TIRES COMPLETELY FAILED WITH PLENTY OF RUBBER STILL LEFT. I DRIVE 35,000-40,000 MILES A YEAR ALL ROAD MILAGE. ON EVERY PREVIOUS SET OF TIRES I HAVE GOTTEN 10,000-15,000 ADDITIONAL MILES, EVEN THOUGH THEY WERE RATED AT 50,000. I DO NOT FEEL THE TIRES SHOUD HAVE A COMPLETE FAILURE WITH THIS MUCH TREAD LEFT ON THEM. HAD I NOT TAKEN CAR IN FOR NORMAL ROTATION AND BALANCE, AND THE DEALER POINTED OUT THE TREAD SEPERATION INSTEAD OF ON INTERSTATE 4 THE OUT COME MAY HAVE BEEN VERY DIFFERENT. 3 OUT OF THE TIRES

CONTINUED 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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VEHICLE INFORMATION

Vehicle Ident. No. (VIN) _____ <small>(located at front of windshield or drivers side)</small>	Vehicle Make MAZDA	Vehicle Model 929	Vehicle Year 1993	Current Odometer Reading
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Purchase Date 01-MAR-1995	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injection

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"/> Motorbell <input type="checkbox"/> 2-Point Belt	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 _____	Sport Ult Truck Motorcycle <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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