



**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 29-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 732884	

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 front of windshield or drivers side)</small> 1FAPP4041WF253372	Vehicle Make FORD	Vehicle Model MUSTANG	Vehicle Year 1998	Current Odometer Reading
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Purchase Date 01-DEC-1998	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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input 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 checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input 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 02700000	Par. Name(s) TIRES	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 1	Date(s) of Failure(s) 05-MAY-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) _____	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 40			

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 0	Number of Fatalities 0	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 RT. FRONT TIRE BLEW WHILE I WAS TRAVELING. EVEN THOUGH I WAS GOING SLOW, THERE WAS ENOUGH FORCE TO TAKE OUT A PEICE OF MY WHEEL COVER & DENT THE FRONT DOOR. I HAD TO REPLACE IT AT T LITTLE TIRE STORE IN THE TOWN IT HAPPENED IN. I REPLACED ALL THE TIRES AT THE SAME TIME BECAUSE THE SHOP WORKER SHOWED ME A PLACE ON THE LEFT FRONT TIRE THAT LOOKED LIKE IT WAS SEPARATING TOO. AT THE TIME, I THOUGHT THAT A BIG-BRAND NAME LIKE FIRESTONE SHOULDN'T DO THAT, SO I REPLACE IT WITH ANOTHER BRAND. I REALIZED THAT IF IT HAD HAPPENED ON THE OPEN HIGHWAY AT A HIGH SPEED, I COULD HAVE LOST CONTROL OF THE CAR & I FELT LUCKY. BUT IT WAS COSTLY & I STILL HAVE THE DENT & PEICE IF FENDER IN MY FLOORBOARD. I DO NOT HAVE THE TIRES SO I DO NOT KNOW ANY PARTICULARS ABOUT THEM, BUT THE DEALER SHOU

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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> 1FAPP4041WF253372	Vehicle Make FORD	Vehicle Model MUSTANG	Vehicle Year 1998	Current Odometer Reading
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Purchase Date 01-DEC-1998	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input 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 checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input 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 02700000	Par. Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 1	Date(s) of Failure(s) 05-MAY-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) _____	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 40			

APPLICATION INCIDENT INFORMATION

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VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> 1FAPP4041WF253372	Vehicle Make FIRESTONE	Vehicle Model RADIAL	Vehicle Year 1900	Current Odometer Reading
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