Form Approved: O.M.B. No. 2127-0042

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

Date Received: 02-OCT-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 733222

[redacted]

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNGC26K9SJ424310	BRIDGESTONE	STEEL RADIAL TI	1900	

Purchase Date: 01-JUL-1997
☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) 450
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

Transmission Type	Antilock Brakes	Restrairt System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
02700000	TIRES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	10-NOV-1999 / 35000 / 75	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OUR TIRE SHREDDED WHILE WE WERE TRAVELING ON A CALIFORNIA FREEWAY AT 75+ MILES PER HOUR. WE WERE FORTUNATE THAT MY HUSBAND WAS ABLE TO CONTROL THE CAR WHEN THE TIRE BLEW AND NEITHER MYSELF, MY HUSBAND OR 18 MONTH OLD BABY WERE INJURED. HOWEVER, THERE IS NO TELLING WHAT MIGHT HAPPEN NEXT TIME ONE OF OUR TIRES SHREDS. PLEASE DO NOT WAIT UNTIL MORE PEOPLE DIE OR GET INJURED TO RECALL THESE FAULTY TIRES. ^AK

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 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.

Form Approved: O.M.B. No. 2127-0039

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Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

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1GNGC26K9SJ424310	CHEVROLET TRUI	SUBURBAN	1995	

Purchase Date			
01-JUL-1997	Dealer's Name_____	Engine Size (CID/CC/L 450	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restrairt System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
02700000	TIRES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
1	Date(s) of Failure(s) 10-NOV-1999 Mileage at Failure(s) 35000 Vehicle Speed at Failure(s) 75	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
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