

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

04-OCT-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

733395

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> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FBJS31M4RHA06551   | FIRESTONE    | STEELTEX      | 1900         |                          |

|   |                                       |                                    |  |
|---|---------------------------------------|------------------------------------|--|
| Purchase Date<br><b>01-OCT-1998</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) <b>7.3L</b> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____                |  |

|  |   |  |  |  |   |   |
|--|---|--|--|--|---|---|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input checked="" type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--|---|--|--|--|---|---|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                              |                                    |  |   |
|------------------------------|------------------------------------|--|---|
| Component<br><b>02740000</b> | Part Name(s)<br><b>TIRES:TREAD</b> | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|------------------------------|------------------------------------|--|---|

|                             |  |   |   |
|-----------------------------|--|---|---|
| No. of Failures<br><b>1</b> | Date(s) of Failure(s) <b>10-JUL-2000</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                             | Mileage at Failure(s) <b>357500</b>      |   |   |
|                             | Vehicle Speed at Failure(s) <b>65</b>    |   |   |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|   |   |                           |                      |                           |   |
|---|---|---------------------------|----------------------|---------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|---------------------------|---|

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

THE TIRE STARTED TREAD DELAMINATION. AN 8 INCH STRIP PEELED AWAY FROM THE TIRE. I STOPPED, CHANGED TO THE SPARE, AND THE NEXT DAY REPLACED ALL THE RUNNING TIRES WITH MICHELIN TIRES. THE SPARE IS STILL FROM THE ORIGINAL SET OF FIRESTONE. (DOT NUMBER: VNI181A TIRE SIZE: LT245/75R1)

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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## VEHICLE INFORMATION

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| Vehicle Ident. No. (VIN) _____<br><small>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FBJS31M4RHA06551  | FORD TRUCK   | E350          | 1994         |                          |

|   |                                       |                                    |  |
|---|---------------------------------------|------------------------------------|--|
| Purchase Date<br><b>01-OCT-1998</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) <b>7.3L</b> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____                |  |

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| No. of Failures<br><b>1</b>  | Date(s) of Failure(s) <b>10-JUL-2000</b><br>Mileage at Failure(s) <b>357500</b><br>Vehicle Speed at Failure(s) <b>65</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |

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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

|   |   |                           |                      |                           |   |
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