

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

06-OCT-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

733576

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 driver's door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FTCR15X4RPB21794                                                                        | FORD TRUCK   | RANGER        | 1994         |                          |

|                                                                       |                                       |                                    |                                                                                                                                                         |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-AUG-1995</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) <b>4.0L</b> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" 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 checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<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 checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                                                                                        |                                                                                                                                          |                                                                                             |
|------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02750010</b> | Part Name(s)<br><b>TIRES:SIDEWALL</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>2</b>   | Date(s) of Failure(s) <b>07-SEP-2000</b><br>Mileage at Failure(s) <b>83600</b><br>Vehicle Speed at Failure(s) <b>2</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     |

## 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<br><b>0</b> | Number of Fatalities<br><b>0</b> | 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)

ONE TIRE LOCATED ON THE RIGHT REAR DEVELOPED A CRACK IN THE SIDEWALL, GOING COMPLETELY AROUND THE RIGHT REAR TIRE IN THE SAME LINE AS THE TIRE SIZE. THIS TIRE ALSO HAS A CRACK BEGINNING TO FORM AT THE OUTER BASE OF THE TREAD. AFTER HAVING THE TIRES REMOVED I FOUND A HAIRLINE CRACK BEGINNING AT THE BASE OF THE TREAD ON THE INSIDE OF ANOTHER TIRE. I'M NOT SURE WHERE THE TIRE WAS LOCATED ON THE VEHICLE, BECAUSE THEY HAD ALREADY BEEN REMOVED AND WEREN'T MARKED. THE OTHER TWO TIRES DOT VD 60 AW4 108 SHOW SIGNS THAT A CRACK MAY BE BEGINNING TO FORM ON THE OUTER SIDEWALL BUT SHOW NO OBVIOUS FAILURE AT THIS POINT. I HAD THE TIRES REPLACED IN CONCERN FOR SAFETY AND HAVE THEM IN STORAGE PENDING RECALL OR WARRANTY ADJUSTMENT. THE COMPLETE TIRE SIZE IS 31X10.50 LT R1

CONTINUED ON BACK (SEE INSTRUCTIONS)

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 Ident. No. (VIN) <small>(Listed at front of windshield or driver's door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FTCR15X4RPB21794                                                                        | FIRESTONE    | WILDERNESS AT | 1900         |                          |

|                                                                       |                                       |                                    |                                                                                                                                                         |
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|                                                                                            |                                                                                           |                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
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