

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

Data Received

10-OCT-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

733937

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> 1FDPK84PXLVA15235	Vehicle Make FORD TRUCK	Vehicle Model F800	Vehicle Year 1990	Current Odometer Reading
---	-----------------------------------	------------------------------	-----------------------------	--------------------------

Purchase Date 01-JAN-1997	Dealer's Name _____	Engine Size (CID/CC/L) 4C1.6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input 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 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
--	---	---	--	---	--	--

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
No. of Failures 12	Date(s) of Failure(s) 10-OCT-1998 Mileage at Failure(s) 61931 Vehicle Speed at Failure(s) 55	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

WE PUT NEW FIRESTONE TIRES ON THIS TRUCK FOR THE FIRST TIME ON 01/27/1998, THEY BEGAN TO FAIL 10/10/1998, WE REPLACED THE ENTIRE SET BY ~ 04/09/1999. THE SET INSTALLED ON ~ 04/09/1999 BEGAN TO FAIL ~ 10/02/1999, BY MARCH 2000 WE WERE REPLACING THE FRONT TIRES, AND BY MAY OF 2000 WE COMPLETELY REMOVED ALL FIRESTONE PRODUCT FROM THE TRUCK AND PLACED MICHELIN ON THE FRONT AND GOODYEAR ON THE REAR. WE HAVE HAD NO PROBLEMS SINCE. THE FIRESTONE 10.00/20 WERE SEPARATING THE TREAD FROM THE TIRE. THIS WAS NOT BLOW OUTS, BUT TREAD SEPARATION VERY SIMILAR TO THE PROBLEM NOW UNDER RECALL. FIRESTONE IS AWARE OF OUR PROBLEM THEY HAVE ISSUED SOME CREDITS, THEY ADMIT THERE WAS A PROBLEM BUT NO ONE WILL RETURN MY CALLS AND THE ISSUE OF THE CREDITS IS NOT COMPLETELY RESOLVED. (DOT NUMBER: 6

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.

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

10-OCT-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

733937

 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 FIRESTONE	Vehicle Model FIRESTONE	Vehicle Year 1900	Current Odometer Reading
--	----------------------------------	-----------------------------------	-----------------------------	--------------------------

Purchase Date 01-JAN-1997	Dealer's Name _____	Engine Size (CID/CC/L) 4C1.6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input 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 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
--	---	---	--	---	--	--

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
No. of Failures 12	Date(s) of Failure(s) 10-OCT-1998 Mileage at Failure(s) 61931 Vehicle Speed at Failure(s) 55	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

WE PUT NEW FIRESTONE TIRES ON THIS TRUCK FOR THE FIRST TIME ON 01/27/1998, THEY BEGAN TO FAIL 10/10/1998, WE REPLACED THE ENTIRE SET BY ~ 04/09/1999. THE SET INSTALLED ON ~ 04/09/1999 BEGAN TO FAIL ~ 10/02/1999, BY MARCH 2000 WE WERE REPLACING THE FRONT TIRES, AND BY MAY OF 2000 WE COMPLETELY REMOVED ALL FIRESTONE PRODUCT FROM THE TRUCK AND PLACED MICHELIN ON THE FRONT AND GOODYEAR ON THE REAR. WE HAVE HAD NO PROBLEMS SINCE. THE FIRESTONE 10.00/20 WERE SEPARATING THE TREAD FROM THE TIRE. THIS WAS NOT BLOW OUTS, BUT TREAD SEPARATION VERY SIMILAR TO THE PROBLEM NOW UNDER RECALL. FIRESTONE IS AWARE OF OUR PROBLEM THEY HAVE ISSUED SOME CREDITS, THEY ADMIT THERE WAS A PROBLEM BUT NO ONE WILL RETURN MY CALLS AND THE ISSUE OF THE CREDITS IS NOT COMPLETELY RESOLVED. (DOT NUMBER: 6

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.