

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
**National Highway Traffic Safety Administration**  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  17-OCT-2000	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. <b>734545</b>
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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		
<b>1FTHX26GXTEA17474</b>	<b>FORD TRUCK</b>	<b>F250</b>	<b>1996</b>			
Purchase Date	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	Antilock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Component <b>02700000</b>	Par. Name(s) <b>TIRES</b>		Location		Failed Part(s)	
			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear		<input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures <b>4</b>	Date(s) of Failure(s) <b>15-JUL-1999</b>			Failed Part(s) Available?	NHTSA Previously Contacted?	
	Mileage at Failure(s) <b>27000</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vehicle Speed at Failure(s) _____					
<b>APPLICATION INCIDENT INFORMATION</b>						
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>						
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>0</b>	<b>0</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>						
<p><b>THESE 4 TIRES FAILED.THE CENTER STEEL CHORDS WERE SHOWING ON ALL 4 TIRES UPON INSPTECTION. I IMMIDEATLY REMOVED AND REPLACED ALL THE TIRES. I HAVE ONE TIRE LEFT THAT WAS A SPARE SERIAL NUMBER 20881URBD96426-4.THESE TIRES ARE THE ORIGINAL TIRES BOUGHT ON A 1996 FORD 250 NEW AT COUNTS FORD, SULLIVAN, MO. I FEEL THAT YOU NEED TO KNOW THE INFORMATION ON THESE TIRES BEING THAT YOU HAVE HAD SO MUCH TROUBLE WITH FIRESTONE TIRES.I REPLACED THESE TIRES OUT OF MY POCKET MYSELF AND CAN BE VERIFIED OF THEIR CONDITION BY MONROE CITY TIRE&amp; BATTERY, MONROE CITY, MO 63456.BUSINESS HWY. 36. *AK (TIRESIZE: 2358516M8)</b></p>						

CONTINUED ON BACK (REV. 11/99)

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

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## Vehicle Owner's Questionnaire (VOQ)

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Date Received

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Reference No.

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 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
1FTHX26GXTEA17474	FIRESTONE	STEEL TEX	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) 460	<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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input 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 4	Date(s) of Failure(s) 15-JUL-1999 Mileage at Failure(s) 27000 Vehicle Speed at Failure(s) _____	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
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THESE 4 TIRES FAILED.THE CENTER STEEL CHORDS WERE SHOWING ON ALL 4 TIRES UPON INSPTECTION. I IMMIDEATLY REMOVED AND REPLACED ALL THE TIRES. I HAVE ONE TIRE LEFT THAT WAS A SPARE SERIAL NUMBER 20881URBD96426-4.THESE TIRES ARE THE ORIGINAL TIRES BOUGHT ON A 1996 FORD 250 NEW AT COUNTS FORD, SULLIVAN, MO. I FEEL THAT YOU NEED TO KNOW THE INFORMATION ON THESE TIRES BEING THAT YOU HAVE HAD SO MUCH TROUBLE WITH FIRESTONE TIRES.I REPLACED THESE TIRES OUT OF MY POCKET MYSELF AND CAN BE VERIFIED OF THEIR CONDITION BY MONROE CITY TIRE& BATTERY, MONROE CITY, MO 63456.BUSINESS HWY. 36. \*AK (TIRESIZE: 2358516M8)

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