



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**

Data Received  05-NOV-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  735748	

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 <b>FIRESTONE</b>	Vehicle Model <b>FIRESTONE</b>	Vehicle Year <b>1900</b>	Current Odometer Reading
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Purchase Date <b>01-JAN-2000</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>L31</b>	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>02700000</b>	Par. Name(s) <b>TIRES</b>	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
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No. of Failures <b>1</b>	Date(s) of Failure(s) <b>03-NOV-2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) <b>8200</b>	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) <b>30</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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	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)**

DRIVING ON CLEAR PAVED ROAD 30 MILES PER HOUR RIGHT REAR TIRE SUDDENLY FELT FLAT. WE IMMEDIATELY PULLED TO SIDE OF ROAD AND FOUND TIRE COMPLETELY FLAT AND RIPPED OPEN AT TREAD LINE ABOUT HALF OF THE FULL CIRCLE OF THE TIRE. WE CHANGED TO SPARE AND IMMEDIATELY DROVE TO FIRESTONE RETAILER IN SCOTTSDALE AND SHOWED HIM TIRE. HE CLAIMED WE HAD RUN ON IT AND CAUSED TREAD SEPERATION. WE RAN ABOUT THIRTY FEET AFTER FEELING TIRE GO FLAT. TO PULL OFF ROAD AND SAFELY STOP ON SIDE. I HAVE BEEN DRIVING 50 YEARS AND EXPERIENCED SEVERAL FLATS UNDER FAR WORSE CONDITIONS AND NEVER HAD A TREAD SEPERATE FROM THE SIDEWALL LIKE THIS. I WOULD LIKE TO SEND YOU THE TIRE SO THAT YOU MAY SEE IF THIS IS FAULTY MANUFACTURE AND IF WE CAN GET RID OF THESE TIRES AND GET SOME REPLACEMENT CO

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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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1GNEK13R9YR118465</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>TAHOE</b>	Vehicle Year <b>2000</b>	Current Odometer Reading
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Purchase Date <b>01-JAN-2000</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>L31</b>	<input type="checkbox"/> Turbo
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	Vehicle Speed at Failure(s) <b>30</b>		

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