



**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 08-NOV-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 736008 | |

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> 1FDLE40S1VHC01949 | Vehicle Make FIRESTONE | Vehicle Model STEELTEX | Vehicle Year 1900 | Current Odometer Reading |
|---|----------------------------------|----------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|-------------------------------------|---|
| Purchase Date 01-FEB-1998 | Dealer's Name _____ | Engine Size (CID/CYL) V 10 T | <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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" 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 type="checkbox"/> Front <input checked="" 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 3 | Date(s) of Failure(s) 06-JUL-2000 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mileage at Failure(s) 15000 | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vehicle Speed at Failure(s) 70 | | | |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crashes, 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)

WHILE DRIVING INTERSTATE RT.80 IN NABRASKA THIS JULY ; AT ABOUT 70 MPH I, I EXPERIANCED A NEAR FATAL BLOWOUT OF MY LEFT REAR INNER TIRE. IT ALSO DAMAGED THE OUTTER TIRE AS WELL. I WAS ABLE TO GET THE MOTOR HOME UNDER CONTROL, AND GET TO AN EXIT. WE HAD TO WAIT 5 HRS. TO GET IT REPAIRED. WE GOT HOME OK. THE VERY NEXT TIME WE WHERE GO OUT , AS SOON AS I GOT UP TO HIGHWAY SPEED I FELT A PULLING TO THE RIGHT AND A VERY BAD VIBRITIONS. I HAD TO STOP AND GO BACK HOME; AT CLOSER INSPECTION, I DISCOVERED BOTH FRONT TIRES HAD BELT SEPERATION . I JUST AVIODED WHAT COULD HAVE BEEN A BIG PROBLEM. OUR 31 FOOT CLASS 'C' FLEETWOOD JAMBOREE GT WOULD HAVE MADE A MESS.*AK (DOT NUMBER: VD1L1XD217 TIRE SIZE: 225/75R16)

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

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VEHICLE INFORMATION

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|---|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FDLE40S1VHC01949 | FORD TRUCK | F SUPER DUTY | 1998 | |

| | | | |
|---|---------------------------------------|----------------------------------|---|
| Purchase Date 01-FEB-1998 | Dealer's Name _____ | Engine Size (CID/CC/L) V 10 T | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
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| No. of Failures 3 | Date(s) of Failure(s) 06-JUL-2000 Mileage at Failure(s) 15000 Vehicle Speed at Failure(s) 70 | 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

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