



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

**Vehicle Owner's Questionnaire**

**NATIONWIDE 1-800-424-9393**  
**DC METRO AREA (202) 366-0123**  
**INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 258

Date Received

10-JAN-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

739110

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G2WP52K1YF278967	PONTIAC	GRAND PRIX	1997	

Purchase Date <b>01-MAY-2099</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) 3.8 L No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<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 _____

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

Component	Part Name(s)	Location	Failed Part(s)
02700000	TIRES	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>1</b>	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) 04-SEP-2000 5047E 60	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	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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

I WAS DRIVING BACK TO SAN DIEGO ON SUNDAY SEPTEMBER 10 2000 ON I-15. THE HIGHWAY HAD PREVIOUSLY BEEN CONGESTED AND TRAFFIC WAS MOVING AS SLOW AS 20 MPH. A FEW MILES NORTH OF BAKER, CALIFORNIA THE CONGESTION EASED AND TRAFFIC SPED UP TO ABOUT 60 MPH. SHORTLY AFTER ACCELERATING TO 60 MPH, THE LEFT FRONT TIRE BLEW OUT. I PULLED TO THE SIDE OF THE ROAD AND CONFIRMED THE TIRE HAD BLOWN. I DROVE ANOTHER 100 FEET ALONG THE SHOULDER AT 2 MPH TO A PLACE WIDE ENOUGH TO CHANGE THE TIRE. I REMOVED THE FLAT TIRE AND REPLACED IT WITH A SPARE. AT THAT POINT I NOTICED THE SEVERITY OF THE BLOW OUT, AS THE TREAD HAD SEPARATED FROM THE SIDEWALLS OF THE TIRE. I PLACED THE BLOWN OUT TIRE IN THE TRUNK AND DROVE APPROXIMATELY 2 MILES TO BAKER AND PULLED INTO THE FIRST G

CONTINUE ON BACK IF NEEDED

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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1G2WP52K1YF278967	FIRESTONE	FIRESTONE	1900	

Purchase Date <b>01-MAY-2099</b>	Dealer's Name _____	Engine Size (CID/CCL) 3.8 L	<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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
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No. of Failures 1	Date(s) of Failure(s) 04-SEP-2000 Mileage at Failure(s) 5047E Vehicle Speed at Failure(s) 60	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

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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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