



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

28-MAY-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

746015

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GN6C26J7VJ318191	CHEVROLET TRUCK	SUBURBAN	1997	

Purchase Date 01-JAN-1999	Dealer's Name _____	Engine Size (CID/CC/L) <u>454</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Part Name(s) TIRES	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) <u>27-MAY-2001</u> Mileage at Failure(s) <u>53600</u> Mileage at Failure(s) <u>60</u>	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I PURCHASED THIS SUBURBAN USED FROM VALENCIA NISSAN WITH 23,000 MILES ON IT. THEY STATED THE TIRES WERE NEW AT THAT TIME. ON THE INDICATED DATE, I WAS TOWING A TRAVEL TRAILER ON THE FREEWAY AT 60MPH, THE TRUCK STARTED TO RATTLE THEN THE LEFT REAR TIRE EXPLODED. I SAFELY STOPPED ON THE SHOULDER. I HAD MY WIFE, 4YR OLD & 2YR OLD IN THE VEHICLE WITH ME. AFTER INSPECTING THE TIRE, THE TREAD COMPLETELY SEPARATED FROM THE TIRE IN THE SAME FASHION THAT THE RECALLED FIRESTONE TIRES DID. I WANTED TO KNOW IF THIS SET OF TIRES WAS ALSO UNDER RECALL. I WOULD LIKE IF YOU COULD CALL ME REGARDING THIS MATTER. THANK YOU.*AK (DOT NUMBER: V611B1A TIRESIZE: 245/75R16)

COPIES OF THIS FORM ARE:

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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rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

746015

Work Number 818 947 2911

Home Number 661 297 8310

OWNER INFORMATION (Type or Print)

RANDY TUINSTRA 694859
20420 SAMUAL DR
SAUGUS CA 91350

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) (Locate at bottom of and/or driver's door side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GN6C26J7VJ318191	FIRESTONE	STEELTEX RADIA	1900	

Purchase Date 01-JAN-1999	Dealer's Name _____	Engine Size (CID/CC/L) 454	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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APPLICATION INCIDENT INFORMATION

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