



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

23-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

748993

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
1FTYR10VXYPB60402	FORD	FORD	2000	

Purchase Date 01-JAN-2000	Dealer's Name _____	Engine Size (CID/CC/L) <u>3.0</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02750000	Part Name(s) TIRES:LINER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure 1	Date(s) of Failure(s) 01-JUL-2001 9500 Mileage at Failure(s) 20	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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)

NOTIFIED THE DEALER OF THE PROBLEM . THE FIRST PERSON NAMED TOM SAID THAT I HIT A CURB THE PERSON AT THE NEXT DEALER LOCATION SAID HE WOULD REPLACE THE TIRE AND THAT SOMETHING WAS PROBABLY WRONG INSIDE . THE SIDEWALL HAD A LARGE BUBBLE AND APPEAR AND IT GREW FROM THE THREAD TO THE RIM AT THE TIME THER WAS ONLY 9500 MILES ON THE TRUCK . THIS TRUCK IS DRIVEN BY VERY FEW PEOPLE . MY ESTIMATE OF MILEAGE PUT ON FROM OTHERS DRIVING THIS TRUCK IS AROUND 500 MILES THE REST ARE MINE. I DON'T FEEL THAT I SHOULD HAVE BEEN CHARGED FOR A TIRE THAT HAS 90% MORE WEAR LEFT . THERE IS A PROBLEM WITH WITH THE TIRE AND EVEN THOUGH THEY WORKED WITH ME A PROBLEM DOES EXIST AND THIS SHOULD BE LOOKED INTO . PLEASE CALL ME AND LET ME KNOW IF THERE IS ANYTHING ELSE I CAN HELP WITH. THA

COPIED FROM A FILE

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) (Location at bottom of windshield and driver's side door) 1FTYR10VXYPB60402	Vehicle Make FIRESTONE	Vehicle Model WILDERNESS HT	Vehicle Year 1900	Current Odometer Reading
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Purchase Date 01-JAN-2000	Dealer's Name _____	Engine Size (CID/CC/L) 3.0	☐ 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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02750000	Part Name(s) TIRES:LINER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) 01-JUL-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 9500		
	Vehicle Speed at Failure(s) 20		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

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CONTINUE ON REVERSE

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