



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

11-JUN-2002

Ord. or  
rt. dt  
pd. rt  
up. ltr

Reference No.

762956

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)<br><small>(Location at bottom of windshield and driver's side door)</small> |                                                                                               | Vehicle Make<br><b>OLDSMOBILE</b>                                                                                                                                                                                                           | Vehicle Model<br><b>98</b>                                                                   | Vehicle Year<br><b>1994</b>                                                                                                   | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used           | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                             | Engine Size<br>(CID/CC/L) <b>3.8 L</b>                                                       | No Cylinders _____                                                                                                            | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection                                                                                                                                                                                                                                                                                                                                  |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic       | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____<br>Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                              |                                                                                                 |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02700000</b> | Part Name(s)<br><b>TIRES</b>                                                                    | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failure               | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------|

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

THE TIRE WAS PURCHASED ON 11/26/2000 FROM A SEARS BRANCH WHEN THE VEHICLE WAS AT 100000 MILE. CURRENTLY (6/11/2002) THE VEHICLE IS 122023 MILES AND THERE IS A BIG CRACK ON THE WALL OF THE FRONT DRIVER-SIDE TIRE. IT LOOKS MUCH LIKE WHAT HAPPENED WITH FORD MODELS. THE TIRE DID NOT BLOW BUT THE AIR WAS GONE THINKING THAT IT WAS A FLAT I TOOK IT TO GET IT REPAIRED, IT WAS SAID I THE TIRE BEYOND REPAIR! . I HAVE THE TIRE WITH ME AND CAN PROVIDE PICTURES IF WANTED...PLEASE TAKE ACTION BEOFE ANOTHER FORD INCIDENT HAPPENNES AND MORE PEOPLE DIES. I WAS LUCKY THAT I NOTICED IT EARLIER...THANKS. \*AK

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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| Vehicle Ident. No. (VIN)<br><small>(Locate at bottom of windshield or door frame)</small>      |                                                                                               | Vehicle Make<br><b>FIRESTONE</b>                                                                                                                                                                                                            | Vehicle Model<br><b>FIRESTONE</b>                                                            | Vehicle Year<br><b>1900</b>                                                                                                   | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| No. of Failure               | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

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