



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 758

Date Received

28-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8002969

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) (Location at bottom of windshield and driver's side)		Vehicle Make GENERAL	Vehicle Model GENERAL	Vehicle Year 1900	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
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 02740000	Part Name(s) TIRES:TREAD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ 20-JAN-2002 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GENERAL, GRABBER AW, P275/60R17, DOT UNKNOWN, ORIGINAL EQUIPMENT ON A 2000, FORD EXPEDITION WITH 19700 MILES. WHILE DRIVING 70 MPH DRIVER'S REAR TIRE HAD TREAD SEPARATION, CAUSING DAMAGE TO VEHICLE. NO INJURIES, PLEASE ADD DOT AND DAMAGE TO VEHICLE.*AK

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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.

 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 758 Date Received <u>28-JAN-2002</u> Reference No. <u>8002969</u> Work Number _____ Home No. _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>736180</u>		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.	
Signature of Owner <u>[Redacted]</u>		Date <u>2/10/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <u>1FMRU17L3Y408686</u>	Vehicle Make <u>GENERAL</u>	Vehicle Model <u>GENERAL</u>	Vehicle Year <u>2000</u> Current Odometer Reading <u>19,922</u>
Purchase Date <u>June 2000</u>	Dealer's Name <u>Don Reid Ford</u>		Engine Size <u>4.0L</u> ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City <u>Mayland</u> State <u>FL</u> Zip Code <u>32751</u>		No Cylinders _____
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2 Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02740000</u>	Part Name(s) <u>TIRES/TREAD</u>	Location ☒ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>20-JAN-2002</u>	Mileage at Failure(s) <u>19000</u>	Vehicle Speed at Failure(s) <u>70 mph</u>
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 _____	Number of Fatalities _____
Estimated Property Damage <u>\$2000 + replacement tires</u>		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) GENERAL, GRABBER AW, P275/60R17, DOT UNKNOWN, ORIGINAL EQUIPMENT ON A 2000, FORD EXPEDITION WITH 19700 MILES. WHILE DRIVING 70 MPH DRIVER'S REAR TIRE HAD TREAD SEPARATION, CAUSING DAMAGE TO VEHICLE. NO INJURIES, PLEASE ADD DOT AND DAMAGE TO VEHICLE. AK			
CONTINUE ON BACK IF NEEDED			
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PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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