



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 1039

Date Received

16-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007714

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>(Location at bottom of windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	FIRESTONE	STEEL TEX	1900			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TREAD SEPARATED ON FRONT AND BACK TIRES . HAD A BULGE WHERE TIRES SEPARATED. TIRE SIZE 245/75R16, DOT# STLTXR4211, ORIGINAL EQUIPMENT ON 1999, GMC, SUBARBAN. *AK

COPIED FROM NHTSA FILE # 10

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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CONTINUE ON BACK IF NEEDED

TREAD SEPARATED ON FRONT AND BACK TIRES. HAD A BULGE WHERE TIRES SEPARATED. TIRE SIZE 245/75R18, DOT# SLTXR4211, ORIGINAL EQUIPMENT ON 1999, GMC, SUBARBU, AK

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	NONE	Number of Fatalities	NONE	Estimated Property Damage	NONE	Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	1	Date(s) of Failure(s)	12-01	Mileage at Failure(s)	65	Vehicle Speed at Failure(s)	65	Failed Part(s)		NHTSA Previously	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Component	02740000	Part Name(s)	TIRES:TREAD	Location	Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/>	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>	Failed Part(s)		Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FAILED COMPONENT(S)/PART(S) INFORMATION

Purchase Date	09-1998	Dealer's Name	NATIONS GMC	City	LAS VEGAS	State	NV	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System	<input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Motorbell	<input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger Side Airbag	Motorbell	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Vehicle Type	Truck <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Sport Util <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Vehicle Type	Suburban	Drive Trail	Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/>	Cruise Control	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Body Style	Truck <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Stationwagon <input type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Sport Util <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>
Engine Size	4.5L	Engine Size (CID/CCL)	274	No Cylinders	8	Fuel Injectio	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/>	Current Odometer Reading	197,000

VEHICLE INFORMATION

Vehicle Ident No (VIN)	36K622613X6530384	Vehicle Make	FIRESTONE	Vehicle Model	STEEL TEX	Vehicle Year	1900
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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: [Redacted] Date: 4/3/02

Home Number: [Redacted] Work Number: [Redacted]

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

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

OFFICE INVESTIGATION
8007714
748625

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