



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 798

Date Received

13-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8009640

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>FIRESTONE</b>                                                                                                                                                                                                     | Vehicle Model<br><b>STEEL TEX</b>                                                 | Vehicle Year<br><b>1900</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) _____<br>No Cylinders _____                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic       | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input 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 type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><br><input 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 Util<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 type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

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

|                              |                                                                                                            |                                                                                                                                          |                                                                                             |
|------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02740000</b> | Part Name(s)<br><b>TIRES:TREAD</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                | Dates of Failure(s) <b>02-MAY-2002</b><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><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

ALL SIX TIRES ARE HAVING STEEL BELTS SEPARATE. CONSUMER HAS ONLY 12000 MILES ON THE TIRES. LT 225/75R16, ORIGINAL EQUIPMENT, 12000 MILES, CLASS C, FLEETWOOD, TOYOTA MOTOR HOME.\*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.

|                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline        |                                                                                                              | <b>FOR AGENCY USE ONLY 798</b><br>Date Received: <u>13-MAY-2002</u><br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <u>8009640</u><br>Work Number _____<br>Home Number _____                                                                           |                                                                                                                                                                                                                                                                                                 |
| OWNER INFORMATION (Type or Print)<br><div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">753446</div> <div style="clear: both;"></div> <b>HASTINGS MN</b>                            |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>5/28/02</u> |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |
| VEHICLE INFORMATION                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)<br><u>1FDLE40S8VHC05089</u>                                                                                                                                                 | Vehicle Make<br><u>FIRESTONE</u>                                                                             | Vehicle Mode<br><u>STEEL TEX</u>                                                                                                                                                                                                                        | Vehicle Year<br><u>1900</u>                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                          |                                                                                                              | Current Odometer Reading<br><u>013191</u>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 |
| Purchase Date<br><u>4/22/00</u><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                 | Dealer's Name <u>MODERN RV</u><br>City <u>OSSEO</u> State <u>MN</u> Zip Code <u>55369-0465</u>               |                                                                                                                                                                                                                                                         | Engine Size (CID/CC/L)<br>No Cylinders <u>10</u><br><input type="checkbox"/> Turbo Diesel Gas Fuel Injection                                                                                                                                                                                    |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                       | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" 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 Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                          |                                                                                                              | Drive Train<br><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                            | Vehicle Type<br><input checked="" 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 checked="" type="checkbox"/> Other <u>MOTORHOME</u> |
|                                                                                                                                                                                                                                                          |                                                                                                              | Body Style<br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck                                                    |                                                                                                                                                                                                                                                                                                 |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |
| Component<br><u>02740000</u>                                                                                                                                                                                                                             | Part Name(s)<br><u>TIRES:TREAD</u>                                                                           | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                          | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                                                                                             |
| No of Failures<br><u>6</u>                                                                                                                                                                                                                               | Date(s) of Failure(s) <u>02-MAY-2002</u><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ |                                                                                                                                                                                                                                                         | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                           |
| NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" 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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | Number of Persons Injured<br><u>NONE</u>                                                                                                                                                                                                                | Number of Fatalities<br><u>NONE</u>                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                          |                                                                                                              | Estimated Property Damage<br><u>NONE</u>                                                                                                                                                                                                                | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                       |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                            |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |
| ALL SIX TIRES ARE HAVING STEEL BELTS SEPARATE. CONSUMER HAS ONLY 12000 MILES ON THE TIRES, LT 225/75R16, ORIGINAL EQUIPMENT, 12000 MILES, CLASS C, FLEETWOOD, TOYOTA MOTOR HOME.*AK<br>DOT # <u>VDTL 1X0227</u>                                          |                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |

CONTINUE ON BACK IF NEEDED

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.



**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

**(Page 1 through Page 6)**

The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The methodology section describes the research design and the data collection process. The results section presents the findings of the study, and the conclusion section summarizes the main points and provides recommendations for future research.

The study was conducted in a laboratory setting, and the participants were recruited from a local university. The data was collected using a series of questionnaires and interviews. The results of the study show that there is a significant relationship between the variables being studied. The findings suggest that the research has practical implications for the field.

The study was limited by a number of factors, including the sample size and the laboratory setting. Future research should aim to address these limitations and explore the topic further. The authors thank the participants and the research assistants for their contribution to the study.





