

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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 151

Date Received

03-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

866719

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FIRESTONE	WILDERNESS	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <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	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

AFTER PULLING OVER FROM DRIVING 65MPH AND THEN TAKING OFF AGAIN, DRIVER REALIZED THAT TREAD WAS TORN OFF THE FLAT TIRE. TIRE WAS REPLACED WITH ANOTHER OF THE SAME. *AK

CONTINUED 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.



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OWNER INFORMATION (Type or Print)

Home Number: 624686
 Work Number: 866719
 Home Name: [Redacted]
 Work Name: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of a signature, the manufacturer's name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 8/15/00

VEHICLE INFORMATION

Vehicle Identification No. (VIN): H53B6H527608692
 Vehicle Model: Firestone
 Vehicle Year: 2000
 Current Odometer Reading: 13656
 WILDERNESS: YES NO
 FIRESTONE: YES NO

Dealer's Name: [Redacted]
 City: Plaistow State: NH Zip code: 03865
 Purchase Date: 9/8/99
 Engine Size (CID/CC/L): 4
 Fuel Injection: Turbo Diesel Gas Fuel Injection

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt 2-Point Belt Motorbelt
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Sport UR Truck Motorcycle Van Minivan Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures: 1
 Date(s) of Failure(s): 7/12/00
 Mileage at Failure(s): 12810
 Vehicle Speed at Failure(s): 65
 Failed Part(s): [Redacted]
 Location: Front Rear Right Left
 Failed Part(s): Replacement Original
 NHTSA Previously Contacted? Yes No

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

AFTER PULLING OVER FROM DRIVING 65MPH AND THEN TAKING OFF AGAIN, DRIVER REALIZED THAT TREAD WAS TORN OFF THE FLAT TIRE. TIRE WAS REPLACED WITH ANOTHER OF THE SAME. *AK

Crash: Yes No
 File: Yes No
 Number of Persons Injured: 0
 Number of Fatalities: 0
 Estimated Property Damage: 0
 Reported to Police: Yes No

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