

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 119

Date Received

11-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

867605

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
4M2DU55P8VUJ64664	FIRESTONE	WILDERNESS AT	1900	

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
Q2740000	TIRES: TREAD	<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE-00-020-TIRE SIZE P23575R15, DOT NUMBER W2HL1PY257, AND TIRES ONLY HAD 22000 MILES ON THEM. WHEN DRIVING AT 65 MPH ON A VERY HOT DAY DRIVER'S SIDE FRONTAL TREAD COMPLETELY CAME APART IN PIECES, CAUSING LOSS OF VEHICLE CONTROL. VEHICLE WAS DAMAGED. CONSUMER CONTACTED A TIRE INSPECTION COMPANY, INSPECTOR NOTED THAT BELT WITHIN THE TREAD SEPARATED WHICH LOOKED TO BE A DEFECT. PLEASE PROVIDE ANY FURTHER DETAILS. *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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 119</p> <p>Date Received <u>11-AUG-2000</u> OFFICE DEFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED] 626361</p>		<p>Od. or od_mt up_ltr</p>		<p>Reference No. 887605</p>	
<p>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.</p> <p>Signature of Owner [REDACTED] Date <u>9/15/00</u></p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Work Number [REDACTED] Home Number <u>SAME</u></p>	
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>4M2DU55P8VUJ84664</u></p>		<p>Vehicle Make <u>FIRESTONE</u></p>	<p>Vehicle Model <u>WILDERNESS AT</u></p>	<p>Vehicle Year <u>1999</u></p>	<p>Current Odometer Reading <u>23,385</u></p>
<p>Purchase Date</p>		<p>Dealer's Name <u>COURTESY OLDS</u> City <u>HENDERSON</u> State <u>NV</u> Zip Code <u>89014</u></p>		<p>Engine Size (CID/CC/L) <u>2.7</u> No. Cylinders <u>V8</u></p>	<p><input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other</p>	<p><input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>			
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component <u>92740000</u></p>	<p>Part Name(s) <u>TIRES:TREAD</u></p>		<p>Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures <u>(1)</u></p>	<p>Date(s) of Failure(s) <u>AUG 10, 2000</u> Mileage at Failure(s) <u>22,303</u> Vehicle Speed at Failure(s) <u>65 MPH</u></p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <u>0</u></p>	<p>Number of Fatalities <u>0</u></p>	<p>Estimated Property Damage <u>\$1000.00</u></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>PE-00-020-TIRE SIZE P23575R15, DOT NUMBER W2HL1PY267, AND TIRES ONLY HAD 22000 MILES ON THEM. WHEN DRIVING AT 65 MPH ON A VERY HOT DAY DRIVER'S SIDE FRONTAL TREAD COMPLETELY CAME APART IN PIECES, CAUSING LOSS OF VEHICLE CONTROL. VEHICLE WAS DAMAGED. CONSUMER CONTACTED A TIRE INSPECTION COMPANY, INSPECTOR NOTED THAT BELT WITHIN THE TREAD SEPARATED WHICH LOOKED TO BE A DEFECT. PLEASE PROVIDE ANY FURTHER DETAILS. *AK</p>					
<p align="right">CONTINUE ON BACK IF NEEDED</p>					
<p>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.</p>					