

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 252**

Data Received

28-AUG-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

868962

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>(Listed at front of windshield or driver's side)</small>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>SUBURBAN</b>	Vehicle Year <b>1985</b>	Current Odometer Reading
--	--------------------------------------	----------------------------------	-----------------------------	--------------------------

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

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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <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 Failures	Date(s) of Failure(s) 12-FEB-1994	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) _____		
	Vehicle Speed at Failure(s) _____		

**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 checked="" type="checkbox"/> Yes <input 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
--	---	---------------------------	----------------------	---------------------------	---

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

PE00 020; WAS TRAVELING ABOUT 60MPH ON HIGHWAY AND HAD A BLOWOUT ON THE REAR TIRE. CONSUMER LOST CONTROL. VEHICLE SPRUNG AROUND AND WENT INTO FOUR LANE TRAFFIC, AND A GASOLINE TRUCK RAN INTO IT. TIRES WERE FIRESTONE #AT STEEL MS/RADIAL R4S .\*AK

CONTINUED ON BACK PLEASE

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.

ATTENTION: Defective Firestone TIRES were sold in 1994

Form Approved O.M.B. No. 2127-0008

<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>DEFECT AGENCY USE ONLY</b> 252</p>	
	<p>Date Received: 00 SEP 28 AM 11:14</p> <p>28 AUG-2000</p> <p>OFFICE: DEFECTS INVESTIGATION</p>		<p>Od_or: _____</p> <p>rt_dt: _____</p> <p>od_n: _____</p> <p>up_itr: _____</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 831642</p>		<p>Reference No. 868962</p> <p>Work Number: _____</p> <p>Home Number: _____</p>	

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: 9/18/00

<p>LG8GC26W0FF17643 VEHICLE INFORMATION</p>				
<p>Vehicle Ident. No. (VIN) (Located at bottom of a windshield on driver's side)</p> <p>LG8R026W0FF17643</p>	<p>Vehicle Make</p> <p>CHEVROLET TRU</p>	<p>Vehicle Model</p> <p>SUBURBAN</p>	<p>Vehicle Year</p> <p>1985</p>	<p>Current Odometer Reading</p> <p>59,139.8</p>
<p>Purchase Date</p> <p>1985</p>	<p>Dealer's Name</p> <p>DENNIS P. PACKER</p>		<p>Engine Size (CID/CC)</p> <p>8</p>	<p><input type="checkbox"/> Turbo Diesel Fuel Injectio</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City/Temple City State CA Zip Code 91784</p>		<p>No Cylinders</p>	<p><input checked="" type="checkbox"/> Gas</p>
<p>Transmission Type</p> <p><input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input 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>Shoulder Cross Belt</p>	<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front Rear 4-Wheel</p>
<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car Van <input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other</p> <p>→ SUBURBAN</p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p> <p>→ SUBURBAN</p>		

<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component</p> <p>02740000</p>	<p>Part Name(s)</p> <p>TIRES:TREAD</p>	<p>Location</p> <p><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s)</p> <p>12-FEB-1994</p>	<p>Mileage at Failure(s)</p>	<p>Vehicle Speed at Failure(s)</p> <p>55</p>
<p>Failed Part(s)</p> <p>TIRES</p>		<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p><b>APPLICATION INCIDENT INFORMATION</b></p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p>			
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>STATED-NONE at time of accident</p>	<p>Number of Fatalities</p> <p>LATER-DRIVER HAD EXCURSIATING PAIN IN SHOULDER</p>
<p>Estimated Property Damag</p> <p>\$5,000.00</p>		<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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

PE00 020; WAS TRAVELING ABOUT 55MPH ON HIGHWAY AND HAD A BLOWOUT ON THE REAR TIRE. CONSUMER LOST CONTROL. VEHICLE SPRUNG AROUND AND WENT INTO FOUR LANE TRAFFIC, AND A GASOLINE TRUCK RAN INTO IT. TIRES WERE FIRESTONE #AT STEEL MS/RADIAL R4S \*AK PRINTED ON TIRE → LT 235/85 R16 STEEL-TEX M/S RADIAL R4S

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.

INFORMATION ON TIRE FAILURE(S) IF APPLICABLE

TIRE IDENTIFICATION NO.™

DOT LT235/85R16 MANUFACTURER/TIRE NAME FIRESTONE SIZE 16

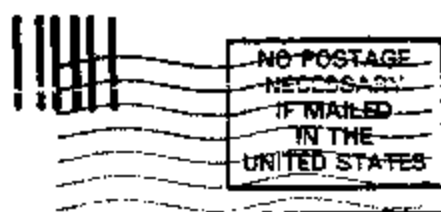
\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED) **SUFFERED NEAR DEATH ACCIDENT.** *2/12/94*

*Firestone tire. I replaced two, but still have 2 Firestone on car. They were very apprehensive having on car & I want them replaced with new tires NOT FIRESTONE. KNOW THAT INFERIOR TIRES were sold in 1994 at time of accident tires had just recently been replaced with NEW Firestone tires. (I only drove my car when on weekends) Officer G. Lopez # 12923 reported "The tire had sufficient tread & had completely separated from its sides, leaving the outside cap still intact." Likewise several other witnesses "tire blew out for no apparent reason." The trailer big rig truck was fully loaded with gasoline. <sup>that crashed into me</sup> He applied brakes way ahead of impact & hit me just before stopping. Swerving out of control across all freeway lanes tried maneuvering to shoulder. Since accident, avoiding driving in freeway using surface streets until I can buy 2 more new tires. At time of accident, myself & 2 passengers claimed "no injuries." Subsequent I had severe shoulder pain & have had medical bills to relieve pain - (cortizone shot) - about \$500. medical bills & I have NO medical insurance. Feb. 1994 contacted my lawyer about the tire accident & felt (because no injuries) not worth pursuing further. Felt my ins. should have notified Firestone of faulty tires.*

★ U.S.G.P.O. 1982 - 625-8671/60396

US Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300



**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

