

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

197

Date Received

01-SEP-2000

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

Reference No.

869398

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>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1MELM15P9VW602153  | MERCURY      | TRACER        | 1997         |                          |

|   |                                       |                             |  |
|---|---------------------------------------|-----------------------------|--|
| 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<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |

|   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| Transmission Type   | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train   | Vehicle Type   | Body Style   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Inlulubell<br><input checked="" type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<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 type="checkbox"/> Other |

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

|                       |                              |  |   |
|-----------------------|------------------------------|--|---|
| Component<br>02740000 | Part Name(s)<br>TIRES: TREAD | Location   | Failed Part(s)  |
|                       |                              | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |

|                      |                                      |                                |                                  |   |   |
|----------------------|--------------------------------------|--------------------------------|----------------------------------|---|---|
| No. of Failures<br>0 | Date(s) of Failure(s)<br>24-AUG-2000 | Mileage at Failure(s)<br>82000 | Vehicle Speed at Failure(s)<br>2 | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<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   | 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 | 0                         | 0                    |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

CONSUMER STATED THAT WHILE DRIVING COULD FEEL THE TIRES VIBRATING THEN TOOK VEHICLE TO DEALER WHERE FOUND OUT THAT RIGHT FRONT TIRE WAS HAVING A TREAD SEPARATION.  
 FIRESTONE RESPOND P196/65 R14

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.

|   |   |
|---|---|
| <p style="text-align: center;"><b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire (VOQ)</b><br/>                 NATIONWIDE 1-888-DASH-2-DOT<br/>                 1-888-327-4236<br/>                 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 197</p> <p>Date Received: <b>01-SEP-2000</b><br/>                 00 SEP 28 PM 12:34<br/>                 OFFICE OF DEFECTS INVESTIGATION</p> <p>Od_or _____<br/>                 rLdt _____<br/>                 od_rt _____<br/>                 up_ltr _____</p> <p>Reference No.<br/> <b>869398</b></p> <p>Work Number _____<br/>                 Home Number _____</p> |
| <p style="text-align: center;"><b>OWNER INFORMATION (Type or Print)</b></p> <p style="text-align: right;">833188</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 \_\_\_\_/\_\_\_\_/\_\_\_\_

| VEHICLE INFORMATION  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small><br><b>1MELM15P9VW802153</b> | Vehicle Mak<br><b>MERCURY</b>   | Vehicle Model<br><b>TRACER</b>   | Vehicle Year<br><b>1997</b>  | Current Odometer Reading<br><b>89000</b>  |   |  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                 | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |  | Engine Siz (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 Injectio |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel               | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input checked="" type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |

| FAILED COMPONENT(S)/PART(S) INFORMATION |  |  |   |
|---|--|--|---|
| Component<br><b>02740900</b>            | Part Name(s)<br><b>TIRES:TREAD</b>   | Location<br><input type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input checked="" type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Replacemen |
| No of Failures<br><b>0</b>              | Date(s) of Failure(s) <b>24-AUG-2000</b><br>Mileage at Failure(s) <b>82000</b><br>Vehicle Speed at Failure(s) <b>0</b> | 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   |   |                                       |                                  |                                      |  |
|--|---|---------------------------------------|----------------------------------|--------------------------------------|--|
| <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)</small> |   |                                       |                                  |                                      |  |
| 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><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damag<br><b>0</b> | Reported to Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**WHILE DRIVING COULD FEEL TIRES VIBRATING. THEN, TOOK VEHICLE TO DEALER, AND DEALER FOUND OUT THAT RIGHT FRONT TIRE WAS HAVING A TREAD SEPARATION. FIRESTONE RESPOND P185/65 R14. \*AK**

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staples and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

|     |           |   |             |
|-----|-----------|---|-------------|
| DOT | 6M28804-2 | MANUFACTURER/TIRE NAME<br>Firestone Response SE | SIZE<br>14" |
|-----|-----------|---|-------------|

\* 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)

The tires were not original to the car. They were purchase last fall. They were 50,000 mile tires & we only had 18,000 miles on the tire we had problems with.

P185/65R14 R5S

BM 18804-2

☆ U.S. G.P.O.: 1982 - 623-607 / 60396

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

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

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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  
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Washington, DC 20590

20550+0001

