

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 294

Date Received

05-SEP-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 Od\_rt \_\_\_\_\_  
 Up\_ltr \_\_\_\_\_

Reference No.

869497

 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 front of windshield on drivers side)</small> | Vehicle Make<br><b>FIRESTONE</b> | Vehicle Model<br><b>ATX</b> | Vehicle Year<br><b>1900</b> | Current Odometer Reading |
|---------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|-----------------------------|--------------------------|

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<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 Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | 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 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 Failures               | Date(s) of Failure(s) <b>03-JUN-2000</b><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

ORIGINAL EQUIPMENT ON A 1996 EXPLORER. TREAD SEPARATED FROM LEFT REAR TIRE AT HIGHWAY SPEEDS, RESULTING IN A ROLLOVER. \*AK

CONTINUED ON BACK (REVERSE)

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.

| DOT Auto Safety Hotline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              | FOR AGENCY USE ONLY 284                                                                                                                                        |                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <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                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              | Date Received <u>05-SEP-2000</u><br>OFFICE DEFECTS INVESTIGATION<br>Od_or _____<br>Mod_el _____<br>Mod_yr _____<br>up_ltr _____<br>Reference No. <u>869497</u> |                                                                                                                                                                                                                                   |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| VIN <u>1FMDU32P5TZA 34335</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              | Work No. _____<br>Home No. _____                                                                                                                               |                                                                                                                                                                                                                                   |
| 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.                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Date <u>9/29/00</u>                                                                                |                                                                                                                                                                                                                                   |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | Vehicle Make                                                                                                                                                                                                                                   | Vehicle Model                                                                                                                | Vehicle Year                                                                                                                                                   | Current Odometer Reading                                                                                                                                                                                                          |
| <u>1FMDU32P5TZA 34335</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | <u>FORD</u>                                                                                                                                                                                                                                    | <u>EXPLORER</u>                                                                                                              | <u>4000-1996</u>                                                                                                                                               | <u>?</u>                                                                                                                                                                                                                          |
| Purchase Date <u>9/97</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | Dealer's Name <u>Magic Ford</u>                                                                                                                                                                                                                |                                                                                                                              | Engine Size (CID/CC/L)                                                                                                                                         | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio                                                                                     |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | City <u>Valencia</u> State <u>CA</u> Zip Code _____                                                                                                                                                                                            |                                                                                                                              | No. Cylinders <u>8</u>                                                                                                                                         |                                                                                                                                                                                                                                   |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Antilock Brakes                                                     | Restraint System                                                                                                                                                                                                                               | Cruise Control                                                                                                               | Drive Train                                                                                                                                                    | Vehicle Type                                                                                                                                                                                                                      |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                          | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                  | <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport/Utility Truck<br><input type="checkbox"/> Van <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ |
| Body Style                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Part Name(s)                                                        |                                                                                                                                                                                                                                                | Location                                                                                                                     |                                                                                                                                                                | Failed Part(s)                                                                                                                                                                                                                    |
| <u>02740000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>TIRES:TREAD</u>                                                  |                                                                                                                                                                                                                                                | <input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear |                                                                                                                                                                | <input checked="" type="checkbox"/> Original Replacement                                                                                                                                                                          |
| No. of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date(s) of Failure(s) <u>03-JUN-2000</u>                            |                                                                                                                                                                                                                                                | Failed Part(s)                                                                                                               |                                                                                                                                                                | NHTSA Previously                                                                                                                                                                                                                  |
| <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mileage at Failure(s) <u>unknown</u>                                |                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                          |                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                          |
| Vehicle Speed at Failure(s) <u>65-70 mph</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>1</u>                                                                                                                                                                                                                                       | <u>0</u>                                                                                                                     | <u>total loss - \$18,000</u>                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                               |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |
| ORIGINAL EQUIPMENT ON A 1996 EXPLORER. TREAD SEPARATED FROM LEFT REAR TIRE AT HIGHWAY SPEEDS, RESULTING IN A ROLLOVER. AK<br><u>As a result of the crash - the vehicle was beyond repair and I no longer have it to retrieve the dot #</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. |                                                                     |                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                   |