

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

08-SEP-2000

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

Reference No.

869765

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	FIREHAWK ATX	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	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 Util <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 type="checkbox"/> Other

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

Component 02700000	Part Name(s) TIRES	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) 18 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ORIGINAL EQUIPMENT ON A 97 TACOMA 31X10.50R15LT SIZE W260AX1526. THE LEFT REAR TIRE TREAD IS PECKING AWAY.

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.



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National Highway Traffic Safety Administration

**OWNER INFORMATION (Type or Print)**

634914

Work Number

Home Number

Reference No. 869765

Od. or  
n. dt  
od. rt  
up. lt

DATE RECEIVED  
SEP-2000  
OFFICE INVESTIGATION

09 OCT -3 PM 1:57

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**VEHICLE INFORMATION**

Vehicle Make FIRESTONE	Vehicle Model FIREHAWK ATX	Vehicle Year 1900	Current Odometer Reading 18893
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Dealers Name Waipahu Toyota	City Waipahu	State HI	Zip Code 96797
Engine Size (CID/CIL)	No. Cylinders 6	Fuel System Turbo Diesel	Gas

Transmission Type Automatic	Restraint System 3-Point Belt	Antilock Brakes Yes	Vehicle Type Car
Motorcycle 2-Point Belt	Driver's Side Airbag No	Passenger's Side Airbag Yes	Body Style 2-Door

Component 02740000	Failed Parts Location: Front, Left, Right	Failed Parts Previously: No	Vehicle Speed at Failure(s) 18,300
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Crash Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 0	Reported to Police Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

ORIGINAL EQUIPMENT ON A 1997 TACOMA, 31X10.50R15LT SIZE, W260AX1526, LEFT REAR TIRE TREAD WAS PEELING OFF. AK

CONTINUE ON BACK IF NEEDED

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