

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

156

Date Received

03-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

869984

 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.) (located at front of vehicle or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMNU43S1YEB16963	FIRESTONE	STEEL TEX	1900	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES: TREAD	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) 02-SEP-2000 Mileage at Failure(s) 28 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE00020, ORIGINAL EQUIPMENT ON 2000, FORD, EXCURSION, 26575R16, DOT YNW81X0369. WHILE DRIVING THERE WAS A THUMPING NOISE DUE TO FRONT DRIVER TIRE TREAD PEELING OFF WHICH MAY HAVE CAUSED A CRASH. FORD WAS NOT WILLING TO HELP. HOWEVER, FIRESTONE WAS REPLACING THE TIRE. PLEASE PROVIDE FURTHER INFORMATION.*AK

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 156 Data Received OCT 18 AM 9:41 08-SEP-2000 EFFECTS INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Od or rt_dk _____ od_rt _____ up_ltr _____ Reference No. 869984	
OWNER INFORMATION (Type or Print) [Redacted] 635622		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to use the information you provide for the purpose of investigating the safety of your vehicle? In the absence of an authorized signature, please print the name and address to the vehicle manufacturer.		YES ☒ NO ☐ Signature of Owner [Redacted] Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FMNU43S1YEB18963		Vehicle Make FIRESTONE	
		Vehicle Model STEEL TEX	
		Vehicle Year 1900	
Current Odometer Reading _____			
Purchase Date ☒ New ☐ Used		Dealer's Name _____ City _____ State _____ Zip Code _____	
Engine Size (CID/CC/L) _____ No Cylinders _____		☐ Turbo Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic		Antilock Brakes ☐ Yes ☒ No	
Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag		☐ Motorbelt ☐ 2-Point Belt	
Cruise Control ☐ Yes ☒ No		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		Sport Util. Truck ☐ Motorcycle	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02740000		Part Name(s) TIRES:TREAD	
Location ☐ Left ☐ Front		☐ Right ☐ Rear	
Failed Part(s) ☐ Original ☐ Replacement			
No of Failures _____		Date(s) of Failure(s) 02-SEP-2000 Mileage at Failure(s) 28 Vehicle Speed at Failure(s) _____	
Failed Part(s) ☐ Yes ☐ No		NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☒ No		Fire ☐ Yes ☒ No	
Number of Persons Injured _____		Number of Fatalities _____	
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
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