

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.

870009

 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 windshield or driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| PLEASE FILL IN                                                              | FIRESTONE    | WILDERNESS AT | 1900         |                          |

|                                                                       |                                       |                             |                                         |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo          |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         | <input type="checkbox"/> Diesel         |
|                                                                       |                                       |                             | <input type="checkbox"/> Gas            |
|                                                                       |                                       |                             | <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"/> Motorcyclist<br><input 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 Vlt<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 checked="" type="checkbox"/> Other |

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

|                                   |                                                                                                    |                                                                                                                                          |                                                                                             |
|-----------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02740000<br>02760003 | Part Name(s)<br>TIRES: TREAD<br>TIRES: BELT                                                        | 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) 08-SEP-2000<br>Mileage at Failure(s) 22<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No                                                                                                  | NHTSA Previously Contacted?<br>  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                                                               | 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)

PE00020, ORIGINAL EQUIPMENT ON 2000, TOYOTA, TACOMA, 16 INCH TIRE. WHILE DRIVING THERE WAS A LOUD THUMPING NOISE AND VIBRATION ON THE STEERING DUE TO TWO FRONT TIRE BELTS THAT BROKE, AND SEEMED THAT TREAD WAS SEPARATING. TOYOTA WAS WILLING TO REPLACE ALL 5 TIRES, INCLUDING THE SPARE. 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.



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of Transportation  
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FOR AGENCY USE ONLY 156

Date Received

08 OCT 18 AM

08-SEP-2000

OFFICE  
DEFECTS INVESTIGATION

Od. or

Gas

od. rt

up. ltr

CATION

Reference No.

870009

## OWNER INFORMATION (Type or Print)

635678

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized agent, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 9/20/00

## VEHICLE INFORMATION

|                                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                         |                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Make<br><b>STEWART 72NOY2695673</b><br>PLEASE FILL IN                                                                 | Vehicle Model<br><b>FIRESTONE</b>                                                                                                                  | Vehicle Year<br><b>1900</b>                                                                                                                                                                                                             | Current Odometer Reading<br><b>5360 *</b>                                                                                                                                                                  |
| Purchase Date                                                                                                                 | Dealer's Name<br><b>Roswell Toyota</b>                                                                                                             | Engine Size<br>(CID/CC/L)                                                                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injector                                                                |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                         | City<br><b>Roswell</b> State<br><b>NM</b> Zip Code<br><b>88201</b>                                                                                 | No. Cylinders                                                                                                                                                                                                                           |                                                                                                                                                                                                            |
| Transmission Type<br><input checked="" 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<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                   |
| Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Sport Utility<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                                                                                       | 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<br><input checked="" type="checkbox"/> Truck |

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

|                                           |                                                                                                                  |                                                                                                                                                                                            |                                                                                                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Component<br><b>02740000<br/>02760003</b> | Part Name(s)<br><b>TIRES:TREAD<br/>TIRES:BELT</b>                                                                | Location<br><input checked="" type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures                           | Date(s) of Failure(s)<br><b>08-SEP-2000</b><br>Mileage at Failure(s)<br><b>22</b><br>Vehicle Speed at Failure(s) | 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

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

|                                                                               |                                                                              |                           |                      |                           |                                                                                           |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|
| 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 | 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)

PE00020, ORIGINAL EQUIPMENT ON 2000, TOYOTA, TACOMA, 16 INCH TIRE. WHILE DRIVING THERE WAS A LOUD THUMPING NOISE AND VIBRATION ON THE STEERING DUE TO TWO FRONT TIRE BELTS THAT BROKE, AND SEEMED THAT TREAD WAS SEPARATING. TOYOTA WAS WILLING TO REPLACE ALL 5 TIRES, INCLUDING THE SPARE. PLEASE PROVIDE FURTHER INFORMATION.\*AK

\* Front tires failed at 2,200 miles.  
Rear tires failed at 4,000 miles

CONTINUE ON BACK IF NEEDED

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

DOT W2H HAWAII 40

MANUFACTURER/TIRE NAME

Firestone

SIZE

125-75-R15

\* 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)

☆ U.S. G.P.O.: 1982-807/80089

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



**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