

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 119

Date Received

11-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

870100

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
NOT AVAILABLE	FIRESTONE	AFFINITY	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 checked="" type="checkbox"/> New <input 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 <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 Utl <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 02740000	Part Name(s) TIRES: TREAD	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) _____ 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)

PE-00-020- ORIGINAL EQUIPMENT ON A 1998 CHEVROLET, MALIBU. TIRES ARE 14 INCHES. TWO SETS OF TIRES HAVE BEEN REPLACED, AT 10 THOUSANDS MILES ONE OF THE FOUR TIRES WENT FLATE OTHER THREE TIRES HAD DEVELOPED CRACKS BETWEEN THE TREAD, SECOND SET OF TIRES WAS REPLACED DUE TO BAD VEHICLE CONTROL. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED 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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FOR AGENCY USE ONLY 119
 Date Received 09 OCT -5 PM 3:00
 11 SEP 2004
 DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)
 [Redacted] 636133

Reference No. 870100
 Work Number [Redacted]
 Home Number [Redacted]

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 1 / 1

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G1ND527-3W6263578 (Located on collar of windshield on driver's side)
 Vehicle Make MALIBU Vehicle Model AFFINITY 4-Door Vehicle Year 1998 Current Odometer Reading 12,182 miles
 Vehicle Make FIRESTONE

Purchase Date AUG. 29, 1998 Dealer's Name TONY LARICHE Engine Size (CID/CC) _____ Turbo
 New Used City WILLOUGHBY State OH Zip Code 44094 No. Cylinders 4 Diesel
 Gas Fuel Injecto

Transmission Type Manual Automatic Antilock Brakes Yes No Restraint System
 3-Point Bel. Motorbelt 2-Point Bel. Driverside Airbag Passengerside Airbag
 Cruise Control Yes No Drive Train Front Rear 4-Wheel
 Vehicle Type Car Sport Utl Truck, Minivan Motorcycle Other
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000 Part Name(s) TIRES:TREAD FIRESTONE/AFFINITY Location Left Right Front Rear
 Failed Part(s) Original Replacemen

No of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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 Fatalitie _____ Estimated Property Damag _____
 Reported to Polic Yes No

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

PE-00-020- ORIGINAL EQUIPMENT ON A 1998 CHEVROLET, MALIBU. TIRES ARE 14 INCHES. TWO SETS OF TIRES HAVE BEEN REPLACED, AT 10 THOUSANDS MILES ONE OF THE FOUR TIRES WENT FLATE OTHER THREE TIRES HAD DEVELOPED CRACKS BETWEEN THE TREAD, SECOND SET OF TIRES WAS REPLACED DUE TO BAD VEHICLE CONTROL. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

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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.*										MANUFACTURER/TIRE NAME		SIZE	
D	O	T									FIRESTONE / AFFINITY		15"
* 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)													

TIRES CRACKED BETWEEN TREADS AT 10,900 MILES HAD BEEN ROTATED TWICE BY DEALER - TONY LARICHE 2810 Bishop Ro. Phone 1-440-585-7258. SERVICE MGR SAID HAD TO TALK TO FIRESTONE - FIRESTONE REPS SAID COULD DO NOTHING, WENT TO FIRESTONE DEALER EVERY TIRE 348 1/2 VINE ST, ATATA OHIO 44095 - 1-440-975-1677 - HE TALKED TO REPS. THEN MEASURED TREAD, HE THEN REPLACED TIRES WITH NEW AFFINITY TIRES AND CHARGED ME \$216.00 (WHY WOULD TIRES BE WORN AT 10,900?) AFTER NEW TIRES PUT ON FELT LIKE TREAD WAS SHIFTING, HE THEN REPLACED THOSE TIRES WITH COOPER COBRA RADIAL GT TIRES AND CHARGED ME ANOTHER \$90.00 FOR A TOTAL OF \$306.00, I THINK FIRESTONE MADE A BAD PRODUCT AND SHOULD HAVE TO GIVE ME A REFUND, I THINK MY NEXT MOVE IS TO TALK TO A TV STATION TO SEE IF THEY CAN HELP ME GET MY MONEY BACK AND INVESTIGATE THE PRODUCT AND ^{HOW} MANY OTHER PEOPLE HAD THIS PROBLEM, I KNOW THEY DID BECAUSE OTHERS HAD PREMATURE TREADWEAR SO IVE HEARD

☆ U.S.G.P.O. 1982-623-887 / 00006

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



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 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

