

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
**National Highway Traffic Safety Administration**  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
13-SEP-2000	
Reference No. <b>870366</b>	

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>(Listed at front of windshield or drivers side)</small> <b>1FTH324H1THA49738</b>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>STEELTEX</b>	Vehicle Year <b>1900</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ult Truck Motorcycle <input checked="" type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>02740000</b>	Par. Name(s) <b>TIRES:TREAD</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures <b>3</b>	Date(s) of Failure(s) <b>14-JUN-2000</b> Mileage at Failure(s) <b>52000</b> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**PE 00 020/TIRE TREAD SEPARATION: REPORTING THREE INCIDENTS WITH FIRESTONE, AND ONE WITH BRIDGESTONE TIRES THAT EXPERIENCED A TREAD SEPARATION ON A 1996, FORD, SUPER DUTY WITH AFTERMARKET EQUIPMENT, LT225/75R16, DOT# VD1L1XD. FIRESTONE NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. \*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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b>    241</p> <p style="text-align: center;">RECEIVED OCT 22 AM 8:15 13 SEP 2006 OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. <b>870386</b></p> <p>Work Number _____ Home Phone _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>637715</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized signature, your name and address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date 9/30/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <b>1FTH324H1THA49738</b>	Vehicle Make <b>FORD VAN FIRESTONE</b>	Vehicle Model <b>STEELTEX</b>	Vehicle Year <b>1996 1900</b>	Current Odometer Reading	
Purchase Date <b>12-96</b>	Dealer's Name <b>MCREE FORD</b>		Engine Size (CID/CC/L) No Cylinders <b>8</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>DICKINSON</b> State <b>TX</b> Zip Code _____				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <b>VAN CARGO</b>	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>02740005</b>	Part Name(s) <b>TIRES:TREAD</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	Failed Part(s) <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures <b>5</b>	Date(s) of Failure(s) <b>14 JUN 2000</b> Mileage at Failure(s) <b>52000</b> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**PE 00 020/TIRE TREAD SEPARATION: REPORTING THREE INCIDENTS WITH FIRESTONE, AND ONE WITH BRIDGESTONE TIRES THAT EXPERIENCED A TREAD SEPARATION ON A 1996, FORD, SUPER DUTY WITH AFTERMARKET EQUIPMENT, LT225/75R16, DOT# VD1L1XD. FIRESTONE NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. \*AK**

*The above vehicle was purchased new, with the above Firestone tires. I can recall at least 5 separations of treads with this tire above. I also have three tires, which I replace with new Bridgestone in my garage.*

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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.\*

D	O	T	V	D	I	L	I	X	D	I	X	A	MANUFACTURER/TIRE NAME	FIRESTONE	SIZE	LT 225/75R11
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\* 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)

I purchased\* new Ford Van in Dec 1996. Have had 5 tread separations since that date. I decided to change tires and put a new set of Bridgestone tires on, of which, a front tire tread separated. I am left with 3 Firestone tires, they are in my garage.

I would have cash compensation for the above tire. (8 new tires)

When I spoke with the representative of Firestone - Tamika she told me to see a Firestone dealer and hang up the telephone. I had told her I did see a dealer and no compensation was forthcoming!

U.S. G.P.O.: 1992 - 623-897 / 8006

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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

