

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

125

Date Received

28-SEP-2000

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

Reference No.

871527

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.)<br><small>(located at front of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|                                                                                                   | FIRESTONE    | FIRESTONE     | 1900         |                          |

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

|                                                                                                    |                                                                                                   |                                                                                                                                                                                                                                             |                                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><br><input type="checkbox"/> Manual<br><br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No | Restraint System<br><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><br><input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><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 | Part Name(s)<br>TIRES: TREAD                                                                    | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><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) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                          | NHTSA Previously Contacted?<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><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

PE-00020; REPLACEMENT TIRES ON A 1993 FORD RANGER. TIRE SIZE P21570R14. TREAD IS SEPARATING FROM SIDEWALL. PLEASE GIVE ANY FURTHER DETAILS. \*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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FOR AGENCY USE ONLY 125

Date Received

09 OCT 13 2000

26 SEP 2000

OFFICE

DEFECTS INVESTIGATION

Od or  
ri dt  
ort rt  
up lr

Reference No.

871527

OWNER INFORMATION (Type or Print)

642156

Work Num

Home Num

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 2014100

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

1FTCR10A2RPA24564

Vehicle Make

FORD  
FIRESTONE

Vehicle Model

RANGER  
FIRESTONE

Vehicle Year

1990 1994

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

(CID/GC/L)

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☐ New ☒ Used

City State Zip Code

No Cylinders

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 Utility Vehicle☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☒ Other

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

Component  
02740000Part Name(s)  
TIRES:TREAD

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☒ Replacement

No of Failures

2

Date(s) of Failure(s) 1) NOV 99 2) MAY 00

Mileage at Failure(s) UNKNOWN

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

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

PE-00020; REPLACEMENT TIRES ON A 1994 FORD RANGER. TIRE SIZE P21570R14. TREAD IS SEPARATING FROM SIDEWALL. PLEASE GIVE ANY FURTHER DETAILS. \*AK

TREAD SEPERATED FROM CORE CAUSING BULGING. THIS CAUSED AN OUT OF ROUND CONDITION CAUSING VIBRATION AND STEERING PULL AND INSTABILITY. TIRE #1 WAS REPIALED AT 50% WITH ANOTHER

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 HYHYR3E0Z6

MANUFACTURER/TIRE NAME

FIRESTONE

FR 360

SIZE

P215/70R14

\* 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)

MAKE / MODEL, ~~TIRE #2 WAS~~ WHEN TIRE #2 FAILED,  
ALL TIRES WERE REPLACED WITH DIFFERENT MAKE/  
MODEL TIRES.

☆ U.S. G.P.O.: 1982-225-887 / 60088

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

