

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

02-OCT-2000

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

Reference No.

872029

 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 windshield on drivers side)</small> | Vehicle Make<br><b>FIRESTONE</b> | Vehicle Model<br><b>STEEL TEX</b> | Vehicle Year<br><b>1900</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <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><input 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 <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | 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 type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | 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 Truck<br><input checked="" type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                                                                 |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02700000</b> | Part Name(s)<br><b>TIRES</b>                                                                    | 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) _____<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><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 A 1999, FORD F350, TIRE SIZE P26575R16. TIRES ARE SPLITTING AT THE SIDEWALL STARTING AT THE TREAD AND GOING TO THE RIM OF THE TIRE. PLEASE GIVE 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.

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Reference No.

872029

 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 windshield on drivers side)</small> | Vehicle Make<br><b>FIRESTONE</b> | Vehicle Model<br><b>STEEL TEX</b> | Vehicle Year<br><b>1900</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <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><input 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 <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | 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 type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | 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 Truck<br><input checked="" type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                                                                 |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02700000</b> | Part Name(s)<br><b>TIRES</b>                                                                    | 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) _____<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><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 A 1999, FORD F350, TIRE SIZE P26575R16. TIRES ARE SPLITTING AT THE SIDEWALL STARTING AT THE TREAD AND GOING TO THE RIM OF THE TIRE. PLEASE GIVE ANY FURTHER DETAILS.\*AK

CONTINUED ON BACK (REVERSE)

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|                                                                                                                                                                                                                                                                                           |  |                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|
|  <b>DOT Auto Safety Hotline</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>www.nhtsa.dot.gov/hotline<br>1-888-327-4236<br>NATIONWIDE 1-888-DASH-2-DOT |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>REFERENCE NO. 872029<br>DATE RECEIVED 02 OCT 2002<br>OFFICE OF INVESTIGATION |  |
| Home Number<br>SAME                                                                                                                                                                                                                                                                       |  | Work Number<br>843577                                                                                                      |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                            |  |                                                                                                                            |  |
| In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date 10/16/00                                                                                                                                   |  |                                                                                                                            |  |

|                                                                                                         |                                                                                                         |                                                                                          |                            |                                                                                     |                                                                                                     |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)<br>1FTST31F4XB15392 |                                                                                                         | Vehicle Make<br>FIRESTONE                                                                | Vehicle Model<br>STEEL TEX | Vehicle Year<br>1999                                                                | Current Odometer Reading<br>10,100                                                                  |
| Purchase Date<br>12-9-98                                                                                | Dealer's Name<br>Midway Ford Truck Center                                                               | City<br>Kansas City                                                                      | State<br>MO                | Zip Code<br>64116                                                                   | Engine Size<br>7.3L                                                                                 |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                   | Engine Type<br>Diesel                                                                                   | Fuel Injection<br><input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Gas | No Cylinders<br>8          | Body Style<br>2-Door                                                                | Vehicle Type<br>Car                                                                                 |
| Transmission Type<br><input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual      | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | Drive Train<br>Front       | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |

|                                                |                                      |                                                                                                                                                         |                                                                                                    |
|------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b> |                                      | <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form) |                                                                                                    |
| Component<br>02700000                          | Part Name(s)<br>TIRES                | Date(s) of Failure(s)<br>7-18-00                                                                                                                        | Mileage at Failure(s)<br>9,200                                                                     |
| No of Failures<br>1                            | Vehicle Speed at Failure(s)<br>9,200 | Failed Part(s)<br>Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                        | NHTSA Previously Contacted?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                              |                                                                             |                                |                           |                                |                                                                                           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage<br>0 | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------------|-------------------------------------------------------------------------------------------|

PE00020: ORIGINAL EQUIPMENT ON A 1999, FORD F350, TIRE SIZE P265R16. TIRES ARE SPLITTING AT THE SIDEWALL STARTING AT THE TREAD AND GOING TO THE RIM OF THE TIRE. PLEASE GIVE ANY FURTHER DETAILS. AK

This is NOT a road hazard problem!! The tires are the original ones that came with my truck and neither Firestone or Ford will help me get this problem resolved.

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