

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 335

Date Received

04-OCT-2000

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

Reference No.

872238

 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTHX26FXTEB60478	FIRESTONE	STEELTEX	1900	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 _____

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

Component 02740000	Part Name(s) TIRES:TREAD	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 0	Date(s) of Failure(s) 01-AUG-1998 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) 45	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 0	Number of Fatalities 0	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)

PE00-040; ORIGINAL TIRE ON FORD, 1996, F250, LT235/85R16 M/S. PASSENGER'S SIDE TIRE TREAD CAME OFF AT 45 MPH. CONSUMER WAS ABLE TO KEEP CONTROL OF VEHICLE. INCIDENT TOOK PLACE IN ALASKA.\*AK

CONTINUED ON BACK PLEASE

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 335</p> <p>Date Rec'd: <u>04-OCT-2000</u> OFFICE DEFECTS INVESTIGATION</p>		<p>Od. or rt. dir. _____ bd. rt. _____ up. ltr. _____</p>		
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 644154</p>				<p>Reference No. 872238</p>		<p>Work Number _____ Home Number _____</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of a signature, NHTSA will use the name and address to the vehicle manufacturer.</p>								
<p>Signature of Owner: [Redacted]</p>				<p>Date: <u>1/1</u></p>				
<b>VEHICLE INFORMATION</b>								
<p>Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side) <b>1FTHX26FXTEB60478</b></p>		<p>Vehicle Make <b>FORD</b></p>	<p>Vehicle Model <b>F250 STEPLER</b></p>	<p>Vehicle Year <b>1996</b></p>	<p>Current Odometer Reading</p>		<p>_____</p>	
<p>Purchase Date</p>		<p>Dealer's Name: <b>MARCEL FORD</b></p>		<p>Engine Size (CID/CC/L): <b>1.3L</b></p>		<p><input checked="" type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City: <b>BOULDER</b> State: <b>CO</b> Zip Code: _____</p>		<p>No. Cylinders: <b>3</b></p>		<p>_____</p>		
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>		<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>		<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>								
<p>Component 02740000</p>	<p>Part Name(s) TIRES:TREAD</p>			<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No. of Failures 0</p>	<p>Date(s) of Failure(s): <u>01-AUG-1998</u> Mileage at Failure(s): <u>22000</u> Vehicle Speed at Failure(s): <u>45</u></p>			<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)								
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>								
<p>PE00-040; ORIGINAL TIRE ON FORD, 1996, F250, LT235/85R16 M/S, PASSENGER'S SIDE TIRE TREAD CAME OFF AT 45 MPH. CONSUMER WAS ABLE TO KEEP CONTROL OF VEHICLE, INCIDENT TOOK PLACE IN ALASKA. AK. Had to change tire in VERY hazardous location... very narrow steep dirt shoulder with bumper to bumper traffic.</p>								
CONTINUE ON BACK IF NEEDED								
<p>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>								

