

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 255

Date Received

05-OCT-2000

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

Reference No.

872336

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>(Listed at front of windshield or 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<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | 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<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Ult. Truck<br><input type="checkbox"/> Motorcycle | 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 type="checkbox"/> Other _____ |
|--|---|---|--|--|--|---|

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

|                       |                       |  |   |
|-----------------------|-----------------------|--|---|
| Component<br>02700000 | Part Name(s)<br>TIRES | 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><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)

WHILE DRIVING A 1997, FORD, F250 CARGO VAN WITH A REPLACEMENT FIRESTONE, STEEL TEX RADIAL FRONT PASSENGER TIRE, 22575R16. TIRE SUDDENLY SEPARATED. THERE WERE THREE TIRES LEFT ON THIS VAN. FIRESTONE HAS BEEN CONTACTED.\*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 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<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p><b>FOR AGENCY USE ONLY</b> 255</p>      |   |
|   | <p>Date Received<br/><b>10/15/2000</b></p> | <p>Od_or _____<br/>r1_dt _____<br/>od_ft _____<br/>up_ltr _____</p> |
| <p>OWNER INFORMATION (Type or Print)</p> <p style="text-align: center;"><b>644365</b></p>   | <p>Reference No.<br/><b>872336</b></p>     |   |
| <p>Work Number _____<br/>Home Number _____</p>  |  |   |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an \_\_\_\_\_ name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date **10/16/2000**

|   |  |   |   |   |   |  |  |
|---|--|---|---|---|---|--|--|
| <b>VEHICLE INFORMATION</b>  |  |   |   |   |   |  |  |
| Vehicle Ident. No. (VIN)<br><b>1FTFS2421VA350019</b>                                    | Vehicle Make<br><b>FIRESTONE</b>   | Vehicle Model<br><b>STEEL TEX</b>   | Vehicle Year<br><b>1997</b>   | Current Odometer Reading<br><b>62,500</b>   |   |  |  |
| Purchase Date<br><b>9-11-2000</b>   | Dealer's Name<br><b>Ken Towany AUTO CARE #19</b>                                       |   | Engine Size (CID/CC/L)<br><b>4.3L</b>   | <input type="checkbox"/> Turbo  | <input type="checkbox"/> Diesel   | <input type="checkbox"/> Gas   | <input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                   | City<br><b>Louis</b>   | State<br><b>Ky</b>  | Zip Code<br><b>40222</b>  | No Cylinders<br><b>6</b>  |   |  |  |
| Transmission Type<br><input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | Body Style<br><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>FAILED COMPONENT(S)/PART(S) INFORMATION</b> |   |  |   |
| Component<br><b>02700000</b>                   | Part Name(s)<br><b>TIRES</b>              | Location<br><input type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement |
| No of Failures<br><b>1 SD FAR</b>              | Date(s) of Failure(s)<br><b>9-11-2000</b> | Mileage at Failure(s)<br><b>61,578.0</b>   | Vehicle Speed at Failure(s)<br>_____  |
|  |   | Failed Part(s) Available?<br><input checked="" 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 Damages | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|----------------------------|---|

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

**WHILE DRIVING A 1997, FORD, F250 CARGO VAN WITH A REPLACEMENT FIRESTONE, STEEL TEX RADIAL FRONT PASSENGER TIRE, 22575R16. TIRE SUDDENLY SEPARATED. THERE WERE THREE TIRES LEFT ON THIS VAN. FIRESTONE HAS BEEN CONTACTED.\*AK**

*ONE Replaced with same by dealer He has DOT # & tire*

*Driver/owner is SCARED OF remaining tires Firestone contacted & He was told there was NO RECALL yet*

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

POSTAGE WILL BE PAID BY N.A.T.L. HWY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



U.S. G.P.O. 1992-623-887 / 60086

AND THEY NEEDED NO INFORMATION FROM HIM ON  
THE TIRE, DEALER, OR VEHICLE  
ORIGINAL TIRES ALL FIRESTONE STEEL BELT R4S  
ALSO SPARE

*W. K. Stewart*

TIRE HAD LESS THAN 10,000 MILES ON IT & HAD  
RUN ROUGH WITHOUT SHOWING FOR WEEKS, DEALER  
ADJUSTED TIRE INSTEAD OF FULL REPLACEMENT



|   |  |                        |  |      |  |  |  |  |  |
|---|--|------------------------|--|------|--|--|--|--|--|
| NARRATIVE DESCRIPTION (CONTINUED)   |  |                        |  |      |  |  |  |  |  |
| * 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. |  |                        |  |      |  |  |  |  |  |
| TIRE IDENTIFICATION NO.   |  | MANUFACTURER/TIRE NAME |  | SIZE |  |  |  |  |  |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)  |  |                        |  |      |  |  |  |  |  |
| Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.   |  |                        |  |      |  |  |  |  |  |