

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 252

Date Received

05-OCT-2000

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

Reference No.

872387

 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>(located at front of windshield on drivers side)</small><br><b>1FDLE40S4VHA03673</b> | Vehicle Make<br><b>COACHMEN</b> | Vehicle Model<br><b>CLASS A</b> | Vehicle Year<br><b>1997</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>02740000</b> | Part Name(s)<br><b>TIRES: TREAD</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) <b>19-AUG-2000</b><br>Mileage at Failure(s) <b>15000</b><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)

PE00 040; CONSUMER WAS TRAVELING ABOUT 85MPH ON HIGHWAY AND HEARD A LOUD NOISE. SHE WAS ABLE TO PULL OVER TO SHOULDER, AND NOTICED THAT ON REAR PASSENGER'S SIDE TIRE TREAD HAD SEPARATED FROM RIM. TIRE WAS STILL INFLATED. FIRESTONE, #STEELTEX RADIAL, LT22575R16. THERE WERE NO INJURIES. \*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.

| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |  | FOR AGENCY USE ONLY 252                                                                                                                                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 644518                                                                                                                                              |  | Date Received<br>05 OCT 2000                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                     |  | OFFICE INVESTIGATION                                                                                                                                                                                                                                       |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorized NHTSA representative, your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                 |  | Reference No.<br>872387                                                                                                                                                                                                                                    |  |
| Signature of Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date 10/11/00                                                                                                                                       |  | Work Number                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                     |  | Home Number                                                                                                                                                                                                                                                |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                                            |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Vehicle Make                                                                                                                                        |  | Vehicle Year                                                                                                                                                                                                                                               |  |
| 1FDLE40S4VHA03673                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | COACHMEN                                                                                                                                            |  | 1997                                                                                                                                                                                                                                                       |  |
| Purchase Date<br>Jan. 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Dealer's Name<br>Howard Motorhome                                                                                                                   |  | Engine Size (CID/CC/L)                                                                                                                                                                                                                                     |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City<br>St. Louis State<br>MO Zip Code                                                                                                              |  | No Cylinders                                                                                                                                                                                                                                               |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Antilock Brakes                                                                                                                                     |  | Restraining System                                                                                                                                                                                                                                         |  |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                 |  | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag                                                    |  |
| Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Drive Train                                                                                                                                         |  | Vehicle Type                                                                                                                                                                                                                                               |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                            |  | <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>Motorhome</u> |  |
| 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                                                                     |  |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                                            |  |
| Component<br>02740000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Part Name(s)<br>TIRES-TREAD                                                                                                                         |  | Location                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                     |  | <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear                                                                                                            |  |
| No of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Date(s) of Failure(s)<br>19-AUG-2000                                                                                                                |  | Failed Part(s) Available?                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Mileage at Failure(s)<br>15000                                                                                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Vehicle Speed at Failure(s)<br>60.5 MPH                                                                                                             |  | NHTSA Previously Contacted?                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                   |  |
| APPLICATION INCIDENT INFORMATION<br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                                            |  |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Fire                                                                                                                                                |  | Number of Persons Injured                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                 |  |                                                                                                                                                                                                                                                            |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                                            |  |
| PE00 040; CONSUMER WAS TRAVELING ABOUT 65MPH ON HIGHWAY AND HEARD A LOUD NOISE. SHE WAS ABLE TO PULL OVER TO SHOULDER, AND NOTICED THAT ON REAR PASSENGER'S SIDE TIRE TREAD HAD SEPARATED FROM RIM. TIRE WAS STILL INFLATED. FIRESTONE, #STEELTEX RADIAL, LT22575R16. THERE WERE NO INJURIES. *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. |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                                            |  |

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 N 1 L 1 X A 2 7 6

MANUFACTURER/TIRE NAME

Firestone

SIZE

\* 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)

★ U.S. G.P.O.: 1982-025-887 / 60086

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20580

Official Business  
Penalty for Private Use \$300



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UNITED STATES

**BUSINESS REPLY MAIL**

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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



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