

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 150

Date Received

10-OCT-2000

Ocd_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

872604

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

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|---|--|--|--|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <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 | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle | 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 02700000 | Part Name(s) TIRES | Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------|-----------------------|---|---|

| | | | |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | 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; FIRESTONE, R4S TIRE, SIZE 24575R16LT, ORIGINAL EQUIPMENT ON 1999, GMC SUBURBAN. THERE IS A SEPARATION BETWEEN STEEL BELTS AND TREAD WITH TIRES THAT HAVE 18,000 MILES. PLEASE PROVIDE DOT# AND FURTHER INFORMATION.*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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Signature of Owner _____ Date ____/____/____

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|---|---------------------------------------|------------------------------|--|
| 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 type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
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|--|---|---|--|--|--|--|

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|-----------------------|-----------------------|---|---|

| | | | |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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CONTINUED ON BACK PLEASE

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OWNER INFORMATION (Type or Print)

645035

Reference No. 872604

Home No. [Redacted]

Work No. [Redacted]

10-OCT-2000

Date Received

FOR AGENCY USE ONLY 160

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: [Redacted] Date: 10/19/00

VEHICLE INFORMATION

Vehicle Identification No. (VIN): (Located at bottom of windshield or driver's door) 1GKGC26J7XJ737030

Vehicle Make: GMC

Vehicle Model: Suburban

Vehicle Year: 1999

Current Odometer Reading: 20221

Dealers Name: Beatty's GMC

City: Huntsville State: AL Zip Code: 35805

Engine Size (cid/cc/l): 7.4L

No. Cylinders: 8

Turn: Diesel Gas Fuel Injection

Vehicle Type: Car Van Minivan Other

Vehicle Type: Sport Utility Truck Motorcycle

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other SUV

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt 2-Point Belt Motorcork Driver's Side Airbag Passenger's Side Airbag

Cruise Control: Yes No

Drive Train: Front Rear 4-wheel

Location: Front Rear Right Left

Failed Part(s): Original Replacement

FAILED COMPONENTS/PARTS INFORMATION

Component: 02700000

Part Name(s): TIRES

Date(s) of Failure(s): 8/31/00

Mileage at Failure(s): [Blank]

Vehicle Speed at Failure(s): [Blank]

Failed Part(s) Available? Yes No

NHTSA Previously Contacted? Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)

Crash: Yes No

Fire: Yes No

Number of Persons Injured: 0

Number of Fatalities: 0

Estimated Property Damage: 0

Reported to Police: Yes No

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

PE00-040; FIRESTONE, R4S TIRE, SIZE 24576R16LT, ORIGINAL EQUIPMENT ON 1999, GMC SUBURBAN. THERE IS A SEPARATION BETWEEN STEEL BELTS AND TREAD WITH TIRES THAT HAVE 18,000 MILES. PLEASE PROVIDE DOT# AND FURTHER INFORMATION. *AK

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CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT V N 1 1 B 1 A 3 3 8

MANUFACTURER/TIRE NAME

Firestone Steeltex

SIZE

245/75/R16

* 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)

Firestone Steeltex Radial R4S

LT 245/75/R16 Load Range E

Made in Canada 23570 UR BMO5326-1

120 116R M.S

TPC Spec. 2012MS

☆ U.S. G.P.O.: 1992 - 625-897 / 80088

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

