

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 117

Date Received

24-OCT-2000

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

Reference No.

873762

 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
<b>FILL IN</b>	<b>FIRESTONE</b>	<b>AFFINITY</b>	<b>1900</b>	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Other _____

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

Component 02740000	Par. 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
No. of Failures	Date(s) of Failure(s) 13-SEP-2000 Mileage at Failure(s) 30 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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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE PARKED. TIRE PICKED UP TACK. NOTICED CRACKS JUST BELOW THE TREAD. WAS JAGGED ALONG 3/4 OF LEFT REAR TIRE. CHECKED OTHER TIRES & CRACKS ON THEM BUT NOT AS BAD. ALL FOUR TIRES HAD NUMEROUS CRACKS. TOOK TO FIRESTONE RETAILER & WAS INFORMED WILL BE LOOKING INTO THE PROBLEM. DEALER WILL NOT MECHANIC TOUCH TIRE. 1998 CHEVROLET MALIBU. FIRESTONE AFFINITY TOURING T2. P214/60R15 WITH 30,000 MILES.

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><b>DOT Auto Safety Hotline</b>                  U.S. Department of Transportation                  National Highway Traffic Safety Administration</p>	<p><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 117</b></p> <p>Date Received <u>10/24/00</u>                  24-OCT-2000                  OFFICE OF DEFECTS INVESTIGATION</p> <p>Out or rt dt _____                  od ft _____                  up_tr _____</p> <p>Reference No. <b>873762</b></p>
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OWNER INFORMATION (Type or Print)	
[Redacted]	649993
Work Num [Redacted]	Home Num [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of your name and address to the vehicle manufacturer.  
 Signature of Owner [Redacted] Date 11/18/00

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>FILL IN 1G1NDS2T4W6B37601</b>	Vehicle Make <b>Chevy</b>	Vehicle Model <b>Malibu</b>	Vehicle Year <b>1998</b>	Current Odometer Reading <b>34000</b>			
Purchase Date <u>11/1999</u>	Dealer's Name <u>J. N. Chevrolet</u>		Engine Size (CID/CC/L) <u>3.0L</u>	<input type="checkbox"/> Turbo Diesel			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Hondula</u>	State <u>ME</u>	Zip Code <u>96818</u>	No Cylinders <u>4</u>	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut 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 <b>02700800</b>	Part Name(s) <b>TIRES, Firestone Affinity DOT W2M WAAA 397</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>4</b>	Date(s) of Failure(s) <u>13-SEP-2000</u>	Mileage at Failure(s) <u>30K</u>	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 <u>None</u>	Number of Fatalities <u>None</u>	Estimated Property Damage <u>None</u>
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE PARKED. TIRE PICKED UP TACK. NOTICED CRACKS JUST BELOW THE TREAD. WAS JAGGED ALONG 3/4 OF LEFT REAR TIRE. CHECKED OTHER TIRES & CRACKS ON THEM, BUT NOT AS BAD. ALL FOUR TIRES HAD NUMEROUS CRACKS. TOOK TO FIRESTONE RETAILER & WAS INFORMED WILL BE LOOKING INTO THE PROBLEM. DEALER WILL NOT MECHANIC TOUCH TIRE. 1998 CHEVROLET MALIBU. FIRESTONE AFFINITY TOURING T2. P214/60R15 WITH 30,000 MILES. \*AK  
 Firestone Dealer & Discarded 2 Tire replacement tires.

CONTINUE ON BACK IF NEEDED

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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 W2MWA A A 997

MANUFACTURER/TIRE NAME

Firestone Army

SIZE

P215/60R15

\* 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. 2007-2008/7-80 54

READER'S GREETING POST OFFICE DELIVERED BY FIRST CLASS MAIL

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

