

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 118

Date Received

09-NOV-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

874715

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 driver's side)</small> | Vehicle Make FIRESTONE | Vehicle Model STEELTEX R4S | 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 02740000 | Part Name(s) TIRES:TREAD | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------|-----------------------------|--|---|

| | | | |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) 22-SEP-2000 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)

PE00040; TIRE TREAD SEPARATION; WHILE DRIVING ABOUT 65 MPH TREAD ON REAR DRIVER'S SIDE TIRE CAME OFF. DRIVER WAS ABLE TO MAINTAIN CONTROL OF VEHICLE. TIRE EQUIPMENT ON A 1998, FORD, E250. TIRE MILEAGE ABOUT 50,000, TIRE SIZE LT22575R16, AND DOT # VD1L1XD377. PLEASE PROVIDE ANY FURTHER INFORMATION. *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;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 118</p> <p>Data Received 09 NOV 2000</p> <p>09 NOV 13 PM 12:00 OFFICE</p> <p>Work Number _____ Home Number _____</p> |
| <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p>Od_or _____ rt_dt _____ od_rt _____ up_fr _____</p> <p>Reference No. S 874715</p> |
| <p>OWNER INFORMATION (Type or Print)</p> | |
| | 654724 |

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 **11/1/00**

| VEHICLE INFORMATION | | | | | | |
|---|---|--|--|---|---|---|
| Vehicle Ident. No. (VIN.) <i>1FTNE24L2WHA48360</i> | Vehicle Make FORD | Vehicle Model VAN E250 | Vehicle Year 1998 | Current Odometer Reading 72000 | | |
| Purchase Date _____ | | Dealer's Name MATTHEWS FORD | | Engine Size (CID/CC/L) 18 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City PAOLI State PA Zip Code 19301 | No Cylinders 8 | | | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | 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 VAN |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|--|------------------------------------|--|---|
| Component 02740000 | Part Name(s) TIRES:TREAD | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| Date(s) of Failure(s) 22-SEP-2000 | | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| No of Failures 1 | Mileage at Failure(s) 50000 | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Vehicle Speed at Failure(s) 65 | | | |

| 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 Vehicle 300 | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

PE00040; TIRE TREAD SEPARATION; WHILE DRIVING ABOUT 65 MPH TREAD ON REAR DRIVER'S SIDE TIRE CAME OFF. DRIVER WAS ABLE TO MAINTAIN CONTROL OF VEHICLE. TIRE EQUIPMENT ON A 1998, FORD, E250. TIRE MILEAGE ABOUT 50,000, TIRE SZIE LT22575R16, AND DOT # VD1L1XD377. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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