

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 241

Date Received

13-NOV-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874861

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4M2DU55P3VUJ30969	FIRESTONE	WILDERNESS AT	1900	

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 checked="" type="checkbox"/> Yes <input 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"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 11-OCT-2000 Mileage at Failure(s) 40000 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)

PE 00 020/TIRE TREAD SEPARATION: VEHICLE EXPERIENCED VIBRATION AND STEERING PROBLEM WHILE TRAVELING AT 30-60 MPH IN A 1997 MERCURY, MOUNTNEER; ORIGINAL EQUIPMENT, P235/75R15, DOT# W2111 _____, WITH DRIVER AND ONE PASSENGER. VEHICLE TAKEN TO A FORD DEALER FOR INSPECTION AND INFORMED THAT LEFT FRONT TIRE SHOW SIGN OF TREAD SEPARATION, BUT TIRE WAS NOT ON COVER AND NOTHING CAN BE DONE. TIRE AVAILABLE FOR ANALYSIS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER:

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 241</p> <p>Date Received 11 NOV 2000</p> <p>Office: DEFECTS INVESTIGATION</p>		<p>Odor: _____ rt_dt: _____ od_it: _____ up_itr: _____</p> <p>Reference No. 874861</p>		
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 654999</p>				<p>Work Number _____</p> <p>Home Number _____</p>				
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 11/21/00</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>								
VEHICLE INFORMATION								
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>4M2DU55P3VUJ30969</p>		<p>Vehicle Make</p> <p>FIRESTONE</p>	<p>Vehicle Model</p> <p>WILDERNESS AT</p>	<p>Vehicle Year</p> <p>1998 97</p>	<p>Current Odometer Reading</p>			
<p>Purchase Date</p> <p>Jan. 98</p>	<p>Dealers Name Independence Lincoln Mercury</p>		<p>Engine Size CID/CC/L 5.0 L</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>			
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City Indep. State MO Zip Code 64050</p>		<p>No Cylinders 8</p>					
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" 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</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p><input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stallionwagon <input type="checkbox"/> Pick Up/Truck <input checked="" type="checkbox"/> Other</p>
FAILED COMPONENT(S)/PART(S) INFORMATION								
<p>Component</p> <p>92740000</p>	<p>Part Name(s)</p> <p>TIRES:TREAD</p>		<p>Location</p> <p><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>			
<p>No of Failures</p>	<p>Date(s) of Failure(s) 11-OCT-2000</p> <p>Mileage at Failure(s) 40000</p> <p>Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)								
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
<p>PE 00 020/TIRE TREAD SEPARATION: VEHICLE EXPERIENCED VIBRATION AND STEERING PROBLEM WHILE TRAVELING AT 30-60 MPH IN A 1997 MERCURY, MOUNTNEER; ORIGINAL EQUIPMENT, P235/75R16, DOT# W211 WITH DRIVER AND ONE PASSENGER. VEHICLE TAKEN TO A FORD DEALER FOR INSPECTION, AND INFORMED THAT LEFT FRONT TIRE SHOWED SIGN OF TREAD SEPARATION, BUT TIRE WAS NOT ON COVER AND NOTHING CAN BE DONE. TIRE AVAILABLE FOR ANALYSIS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK</p>								
CONTINUE ON BACK IF NEEDED								
<p>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>								

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.*										MANUFACTURER/TIRE NAME										SIZE							
D	O	T	W	2	H	L	1	P	Y	4	2	6	Firestone Wilderness AT										P235/75R15				

* 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.: 1982-829-847/8006

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

