



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 231

Date Received

24-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

889070

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>(Location at bottom of windshield and driver's side door)</small> | Vehicle Make FIRESTONE | Vehicle Model STEEL TEX | Vehicle Year 1900 | Current Odometer Reading | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input 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 type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <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 _____ |

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 Failure | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

WHILE TRAVELING HEARD A LOUD NOISE. PULLED VEHICLE OVER AND NOTICED TREAD SEPARATION. LT225/75R16. PLEASE PROVIDE FURTHER INFORMATION. *AK

COPIES OF THIS FORM ARE:

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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U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)

DATE RECEIVED: JUN 12 PM 3:47
 24-MAY-2001
 OFFICE: DEFECTS INVESTIGATION

Reference No. 889070

Work Number 693802

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized representative, please provide the name and address to the vehicle manufacturer.

Signature of Owner

Vehicle Ident. No. (VIN) **1FDLE40531HA00620** (if recorded in section of this form)

Vehicle Make **FORD** Vehicle Model **FORD LTD** Vehicle Year **1997**

Current Odometer Reading **38588**

Purchase Date **3-29-97**

Dealers Name **Stewart RV** City **Madison** State **Ky** Zip Code **40318**

New Used

Engine Size (CID/CYL) **4** No. Cylinders **4**

Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual

Articulation Brakes Yes No

Restraint System 3-Point Belt 2-Point Belt Motorbelt

Cruise Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Van Minivan Other

Body Style Sport Utv Truck Motorcycle Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **02740000** Part Name(s) **Sidewall Cracks**

Tires: Tread **Separation and** Location Front Rear

Failed Part(s) Right Left Replacement Original

No of Failures **6** Dates of Failure(s) **2-14-00 & 6-6-01**

Vehicle Speed at Failure(s) **65 OR 3 SEPARATE** 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.)

38334

Vehicle Speed at Failure(s) **65 OR 3 SEPARATE**

Available? Yes No

NHTSA Previously Contacted? Yes No

Crash Yes No

Fire Yes No

Number of Persons Injured **0**

Number of Fatalities **0**

Estimated Property Damage **300.00**

Reported to Police Yes No

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

WHILE TRAVELING HEARD A LOUD NOISE, PULLED VEHICLE OVER AND NOTICED TREAD SEPARATION. LT225/75R16. PLEASE PROVIDE FURTHER INFORMATION. AK Damage done to wheel well area, tire with blowouts. Five spoke steel spits HPS "E" range 80 spain. 1-original tire remains on vehicle as spare. Vehicle is Conquest Model MB305 mini - motorhome on Ford chassis

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CONTINUE ON BACK IF NEEDED