



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 241

Date Received

29-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

889322

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)<br><small>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                                              | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                                |
| 1FTCRA4U6TPB45562                                                                                   |                                                                        | FIRESTONE                                                                                                                                                                                                                                 | FR480                                                                  | 1900                                                                                                                                         |                                                                                                                                                                                                                                                         |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                                                                                                                           | Engine Size<br>(CID/CC/L) _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><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                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                                                                              |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____                                                |

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

|                       |                                                                        |                                                                                                                                          |                                                                                             |
|-----------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02740000 | Part Name(s)<br>TIRES:TREAD                                            | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>29-MAY-2001<br>45000<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

PE 00 020/TREAD SEPARATION: WHILE PARKED NOTICED LEFT REAR TIRE SHOW SIGN OF TREAD SEPARATION ON A 1996, FORD, RANGER; AFTERMARKET EQUIPMENT, INSTALLED AT 25,000 MILES, TIRE SIZE P225/70R14, DOT# W2FC1PR038. FIRESTONE WAS NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE US WITH ANY FURTHER INFORMATION CONCERNING THIS MATTER. \*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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                    | <b>FOR AGENCY USE ONLY</b> 241                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    | Date Received: <b>JUN 11 AM 10:48</b><br><b>29-MAY-2001</b><br><b>OFFICE</b><br><b>DEFECTS INVESTIGATION</b>                                                                                                                                                  | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_llr _____<br>Reference No. <b>889322</b>                                                                                                                                                                                                                                                   |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> <b>694360</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorized signature, your name and address to the vehicle manufacturer.<br>Signature of Owner: <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div> Date: <b>6/15/01</b>                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1FTCRA4U6TPB45562</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Vehicle Make<br><b>FORD RANGER</b><br><b>FIRESTONE</b>                                                                                             | Vehicle Model<br><b>XLT EXTENDED</b><br><b>FR480 CAB P-U</b>                                                                                                                                                                                                  | Vehicle Year<br><b>1996</b><br><b>1900</b>                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    | Current Odometer Reading<br><b>46,000</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |
| Purchase Date<br><b>NOV 1996</b><br><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dealer's Name <b>BOB BEATTY FORD</b><br>City <b>SIMI VALLEY</b> State <b>CA</b> Zip Code <b>93099</b>                                              |                                                                                                                                                                                                                                                               | Engine Size (CID/CC/L) _____<br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                                                         |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                          | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                   |
| Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                               | Body Style<br><input type="checkbox"/> Sport Ut.<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| Component<br><b>02740000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Name(s)<br><b>TIRES:TREAD</b>                                                                                                                 | Location<br><input checked="" type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear                                                                                          | Failed Part(s) <b>SAME AS ORIGINAL</b><br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Replacement                                                                                                                                                                                                             |
| No. of Failures<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date(s) of Failure(s) <b>29-MAY-2001</b><br>Mileage at Failure(s) <b>45000</b><br>Vehicle Speed at Failure(s) _____                                |                                                                                                                                                                                                                                                               | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                        | Number of Persons Injured _____                                                                                                                                                                                                                               | Number of Fatalities _____                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    | Estimated Property Damage _____                                                                                                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| <p><b>PE 00 020/TREAD SEPARATION: WHILE PARKED NOTICED LEFT REAR TIRE SHOW SIGN OF TREAD SEPARATION ON A 1996, FORD, RANGER; AFTERMARKET EQUIPMENT, INSTALLED AT 25,000 MILES, TIRE SIZE P225/70R14, DOT# W2FC1PR038. FIRESTONE WAS NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE US WITH ANY FURTHER INFORMATION CONCERNING THIS MATTER. *AK</b></p>                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| <small>CONTINUE ON BACK IF NEEDED</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
| <small>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 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.</small> |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |

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.\*

DOTW2FC1PRO38

MANUFACTURER/TIRE NAME

FIRESTONE FR480

SIZE

P225-70R14

98R

\* 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)

I REPORTED THE PROBLEM TO FIRESTONE ON 5/29/01. THEY ADVISED ME TO CONTACT FORD. FORD ADVISED ME TO CONTACT A FIRESTONE DEALER. THE FIRESTONE TIRE + SERVICE CENTER IN SIMI VALLEY OFFERED TO SELL ME A NEW TIRE AT \$40 OFF THE REGULAR PRICE. I WENT TO AMERICA'S TIRE CO. IN SIMI VALLEY, WHERE I HAD PURCHASED THE REPLACEMENT FIRESTONES, AND BOUGHT 4 NEW COOPER DOMINATOR TIRES FOR \$276.

WE WERE VERY FORTUNATE THE DAMAGED TIRE WAS MOUNTED ON THE LEFT REAR RATHER THAN THE FRONT AND THAT IT DIDN'T BLOW.

I STILL HAVE THE DEFECTIVE TIRE SHOULD IT BE WANTED FOR ANALYSIS

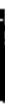
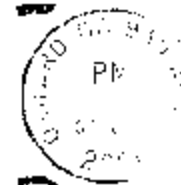
★ U.S. G.P.O. 1992-623-957 / E0086

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**

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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

