



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 758**

Date Received

20-AUG-2001

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

Reference No.

894697

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 and/or above windshield)</small>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>FIREHAWK</b>	Vehicle Year <b>1900</b>	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 type="checkbox"/> Other _____

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

Component 02740000	Part Name(s) <b>TIRES:TREAD</b>	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) 28-JUL-2001 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**P195/60R15, DOT VD, REPLACEMENT EQUIPMENT WITH 30000 MILES ON A 1994 HONDA ACCORD. CONSUMER STATES WHILE DRIVING 75 MPH THE FRONT PASSENGER TIRE HAD TREAD SEPARATION, CAUSING \$ 4000.00 DAMAGE TO VEHICLE. NO ACCIDENT.**

COPIED FROM NHTSA FORM 37

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;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></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;"><b>FOR AGENCY USE ONLY</b> 755</p> <p>Def. Received _____</p> <p style="text-align: center;">20-AUG-2001</p> <p style="text-align: center;">OFFICE</p> <p style="text-align: center;">DEFECTS INVESTIGATION</p> <p>Od_or _____</p> <p>nt_dt _____</p> <p>od_n _____</p> <p>up_itr _____</p> <p>Reference No. 894697</p> <p>Work Number _____</p> <p>Home Nur _____</p>
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<b>OWNER INFORMATION (Type or Print)</b>	
<div style="background-color: black; width: 100%; height: 100%;"></div>	708985
<p>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</p> <p><i>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</i></p> <p>Signature of Owner _____ Date <u>08/09/01</u></p>	

VEHICLE INFORMATION					
Vehicle Ident No (VIN) (includes a color code windshield on driver's side) <u>JHMCD5652RC112648</u>	Vehicle Mak <u>FIRESTONE</u>	Vehicle Model <u>FIREHAWK</u>	Vehicle Year <u>1994</u>	Current Odometer Reading <u>81,475</u>	
Purchase Date _____	Dealer's Name <u>Don Carlton</u>		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Tulsa</u> State <u>OK</u> Zip Code _____	No Cylinders <u>4</u>			
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <u>L.D.</u> <input checked="" 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 checked="" 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
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02740000</u>	Part Name(s) <u>TIRES:TREAD</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacemen
Date(s) of Failure(s) <u>28-JUL-2001</u>		Mileage at Failure(s) <u>81,000</u>	
Vehicle Speed at Failure(s) <u>75 MPH</u>		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
No of Failures <u>2</u>	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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>3,705.95</u>
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>show up</u>

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

P195/60R15, DOT VD, REPLACEMENT EQUIPMENT WITH 30000 MILES ON A 1994 HONDA ACCORD. CONSUMER STATES WHILE DRIVING 75 MPH THE FRONT PASSENGER TIRE HAD TREAD SEPARATION, CAUSING \$4000.00 DAMAGE TO VEHICLE. NO ACCIDENT.

*NO OF failures. Three of these Firestone tires is showing some defects. That DOT is VDV9 J.B.B. 233 or 238*

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.\*

D	O	T	V	D	V	9	J	B	B	6	3	3	8	MANUFACTURER/TIRE NAME	SIZE
														Firestone Firehawk	P195/60R15

\* 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)

While driving south on hwy 75 I experienced some ruffness and loud noise. I pulled off to the side of the road way got out of the car. the pictures tire #1 is what I found. Damage was done to my car in the amount of 3705.95. while the car was in the shop for repairs I was asked to take the tire from the Left front and get it replace. This tire has some seperation. It has a big bubble in it. One ~~of~~ of the rear tires has a crack and a small bubble in it. I am enclosing some pictures and a copy of a letter I got when I called Firestone.

★ U.S.G.P.O.: 1982-623-807/80086

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

400 Seventh St., S.W.  
Washington, D.C. 20580

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.

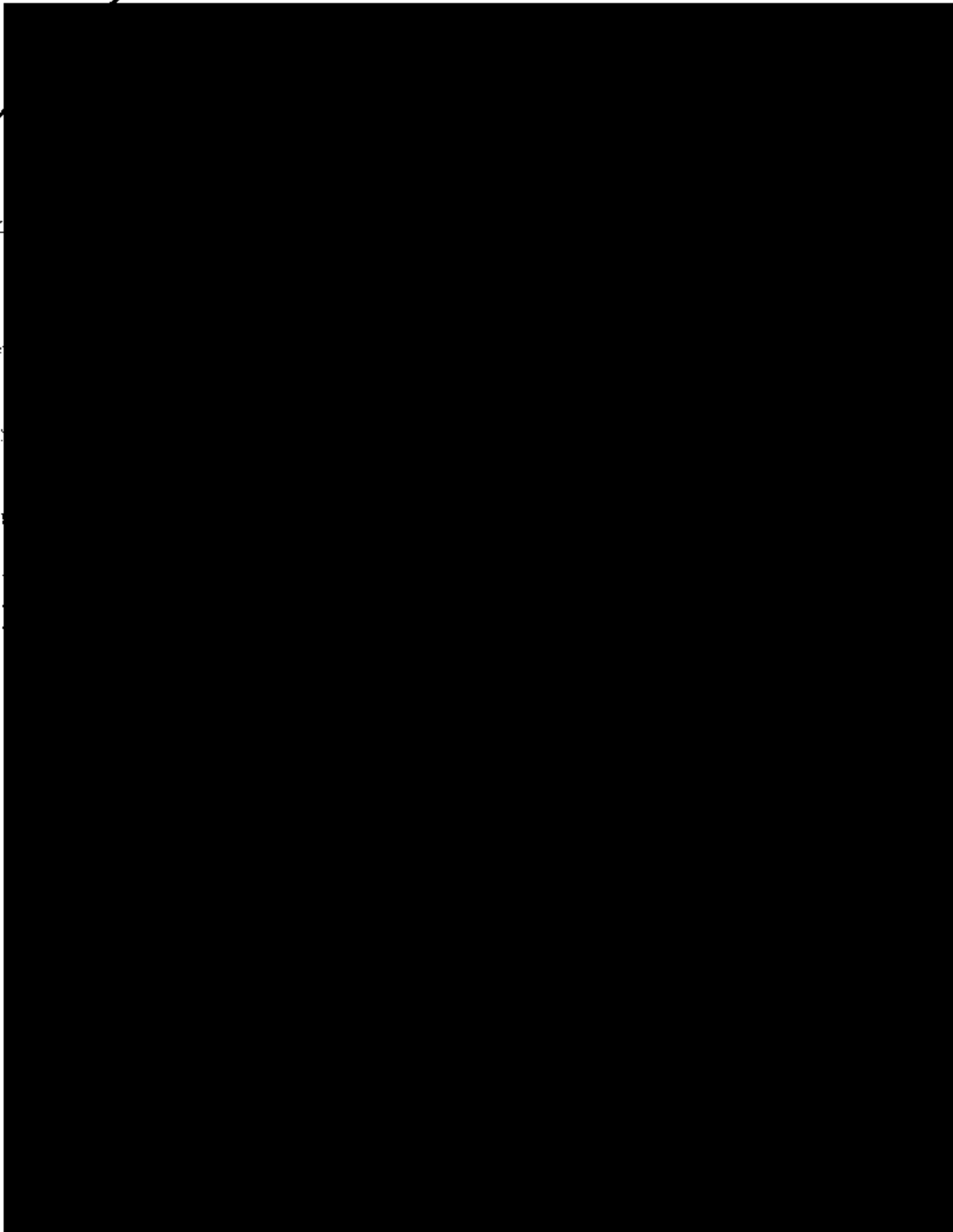
POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

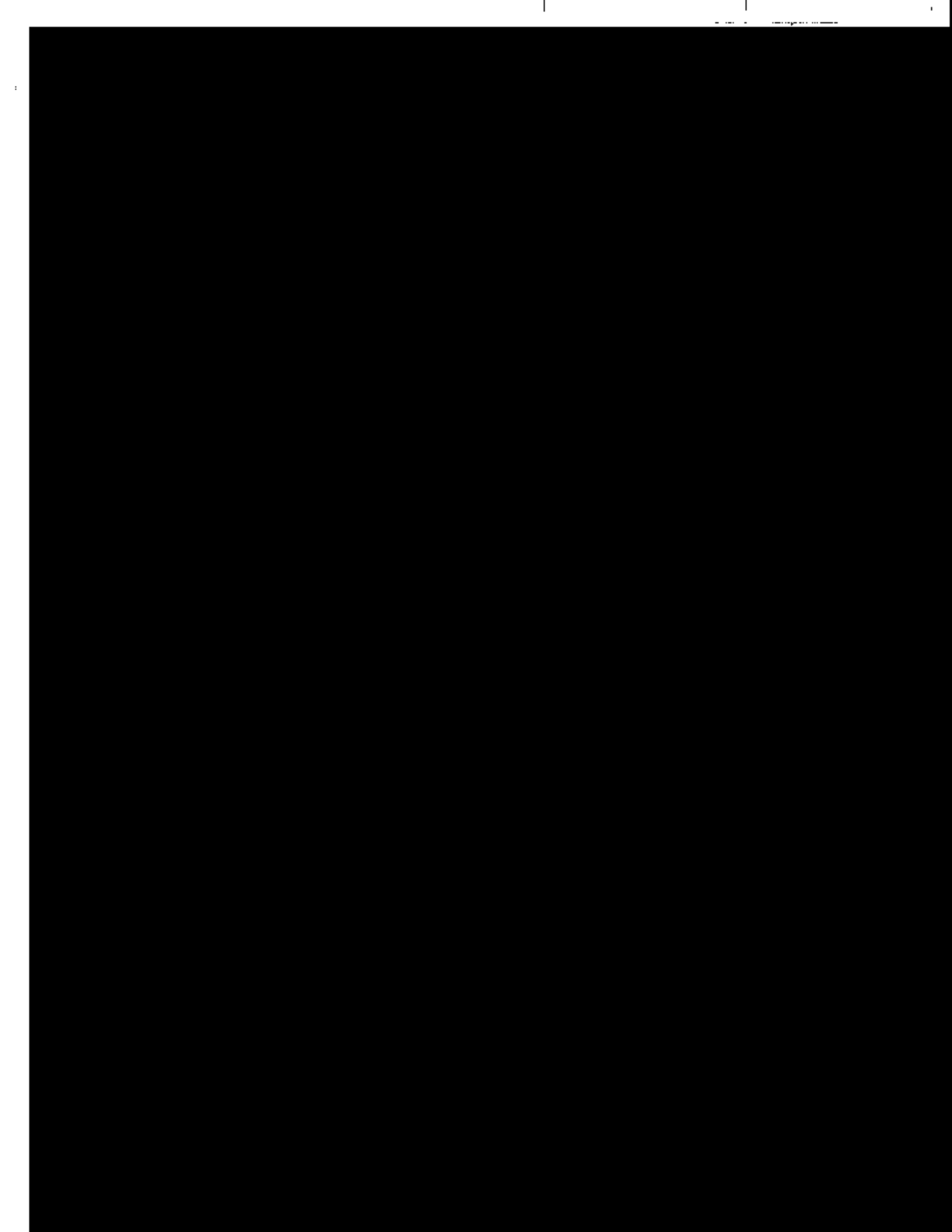
U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



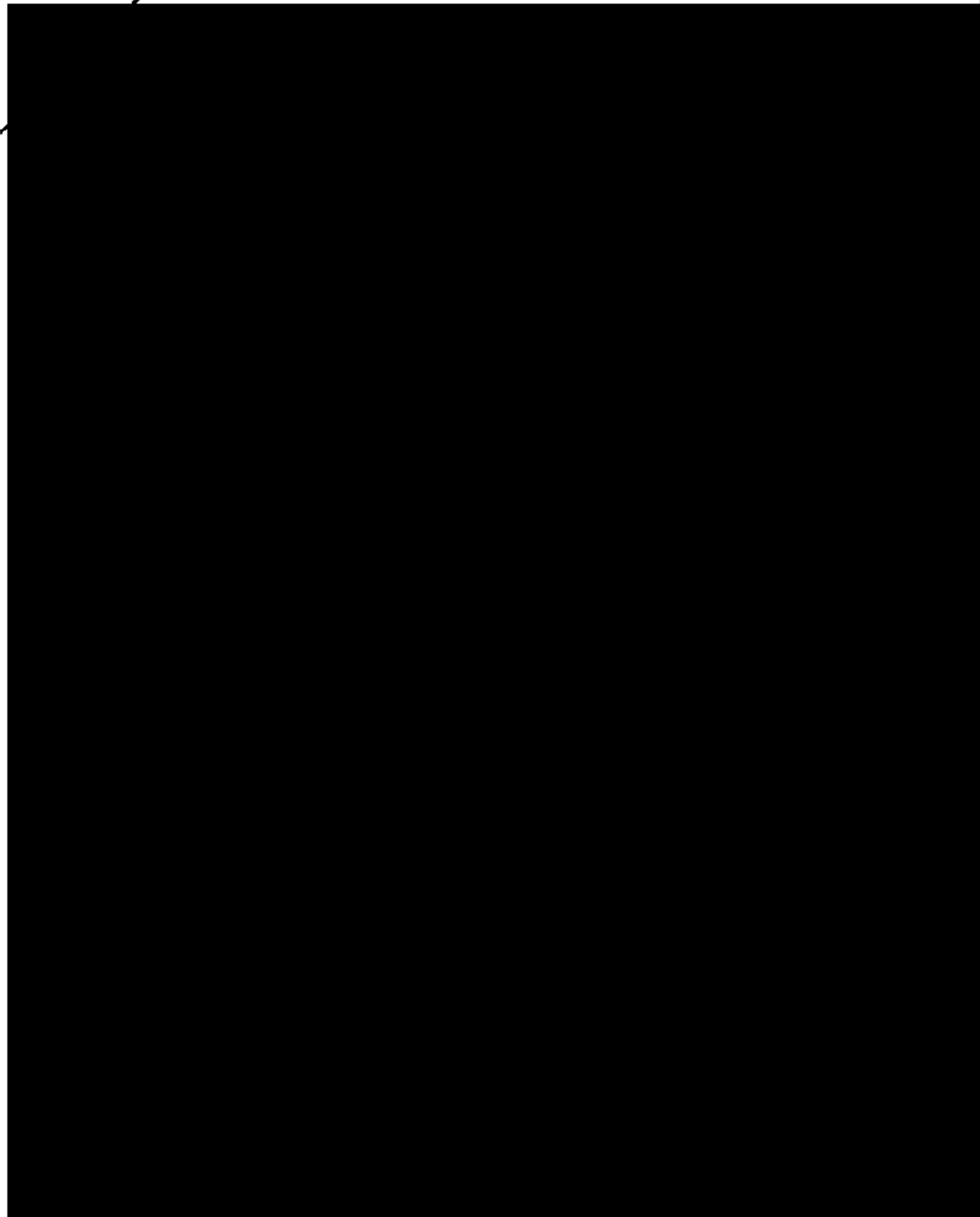
**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(5)**

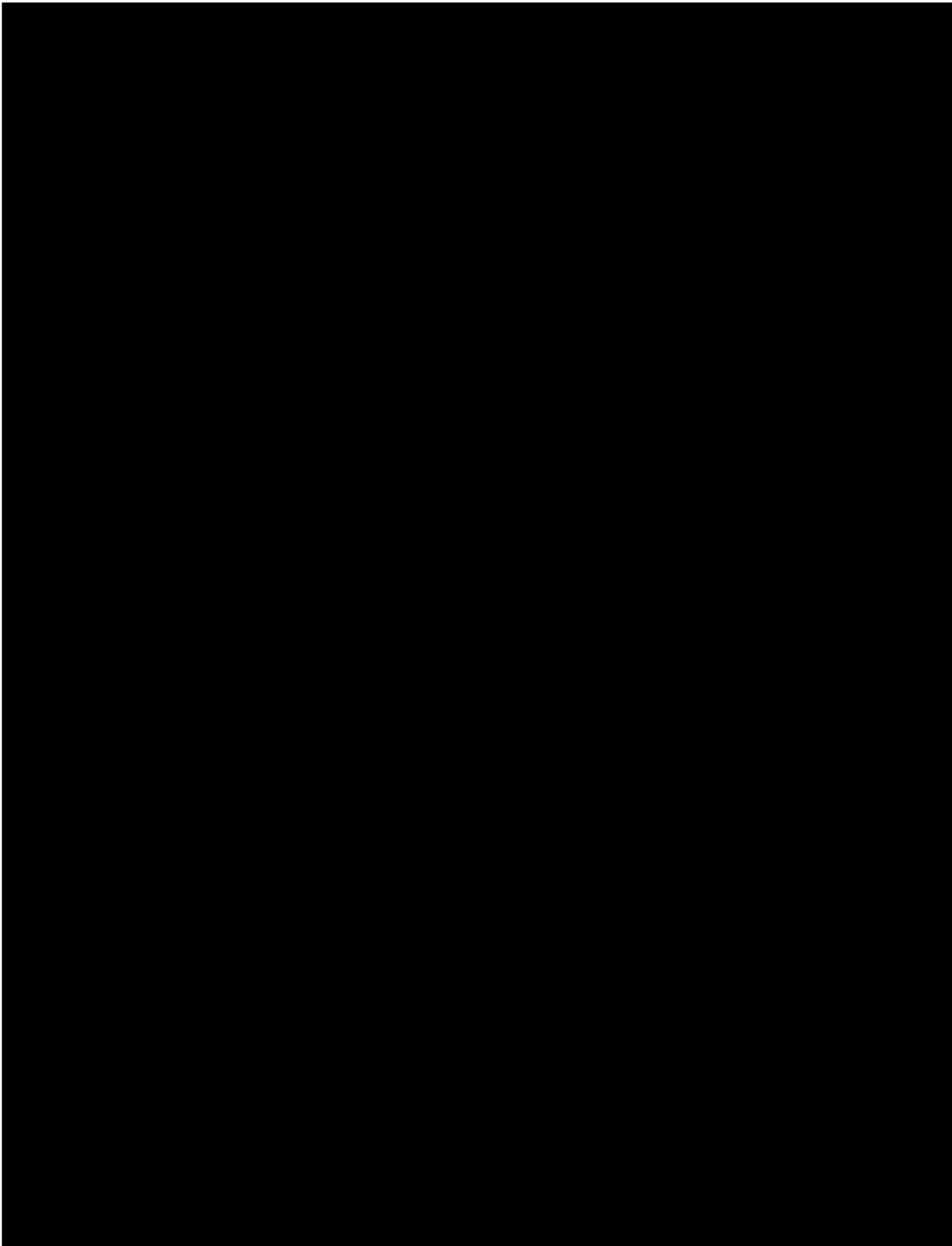
**(Page 1 through Page 21)**



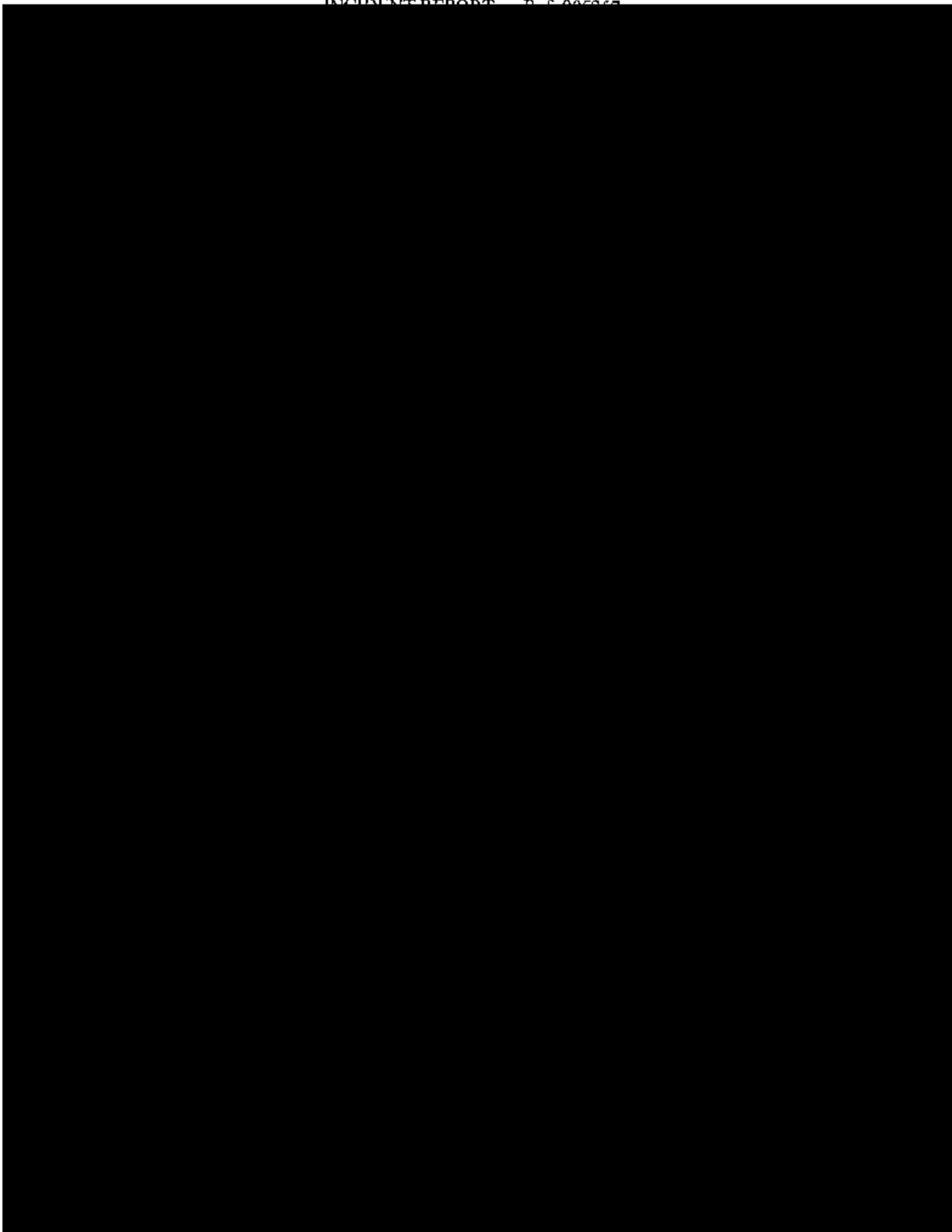


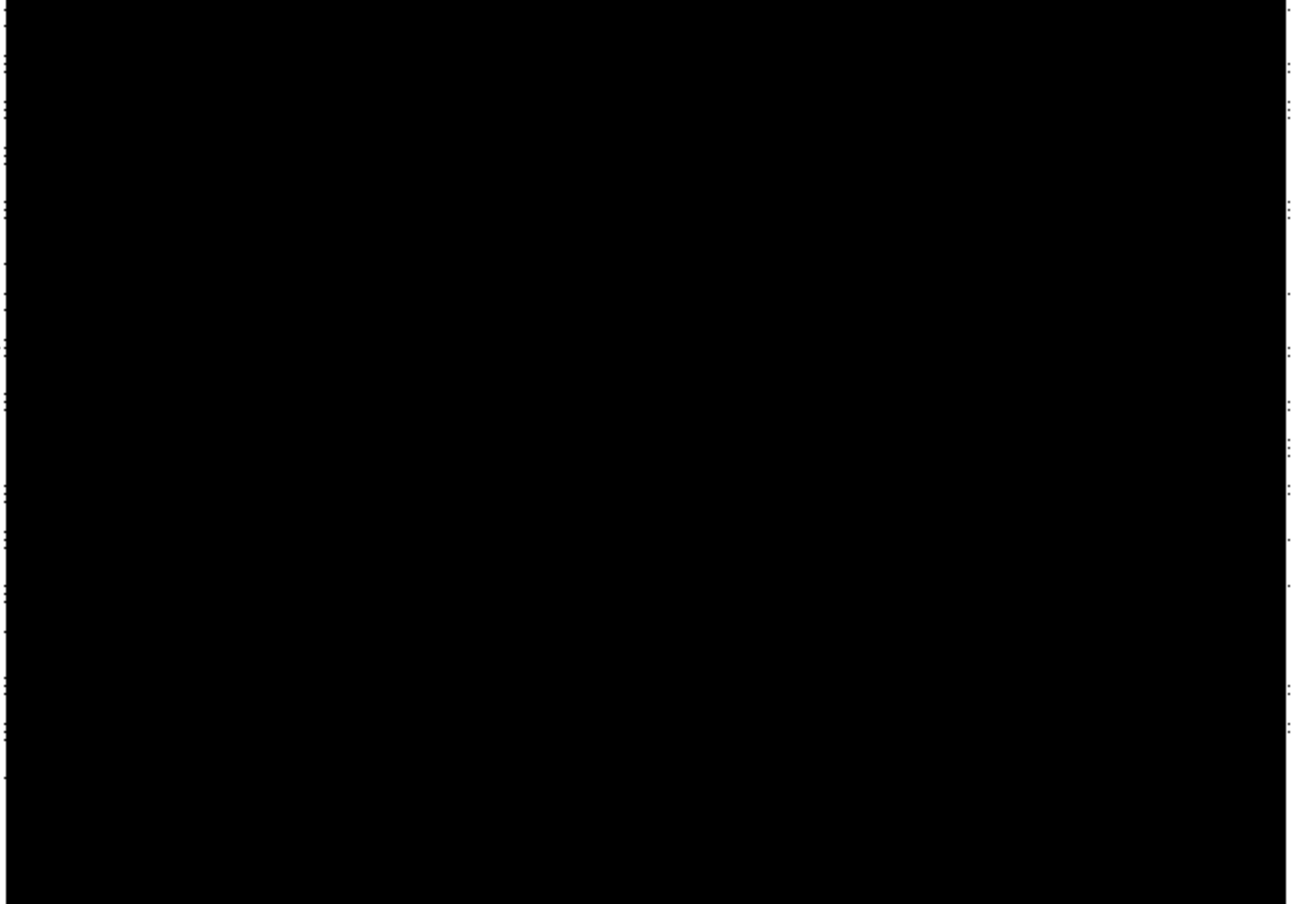


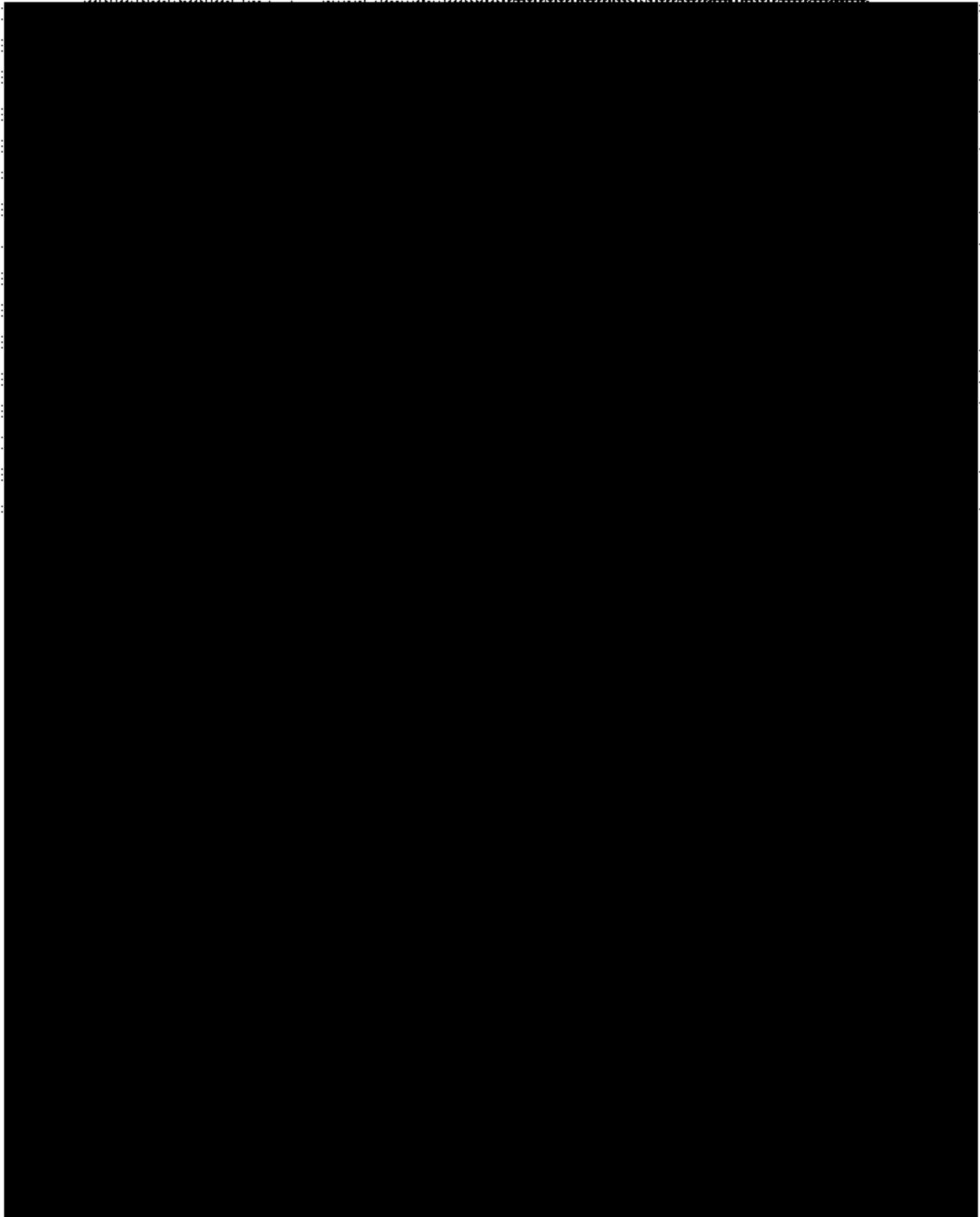


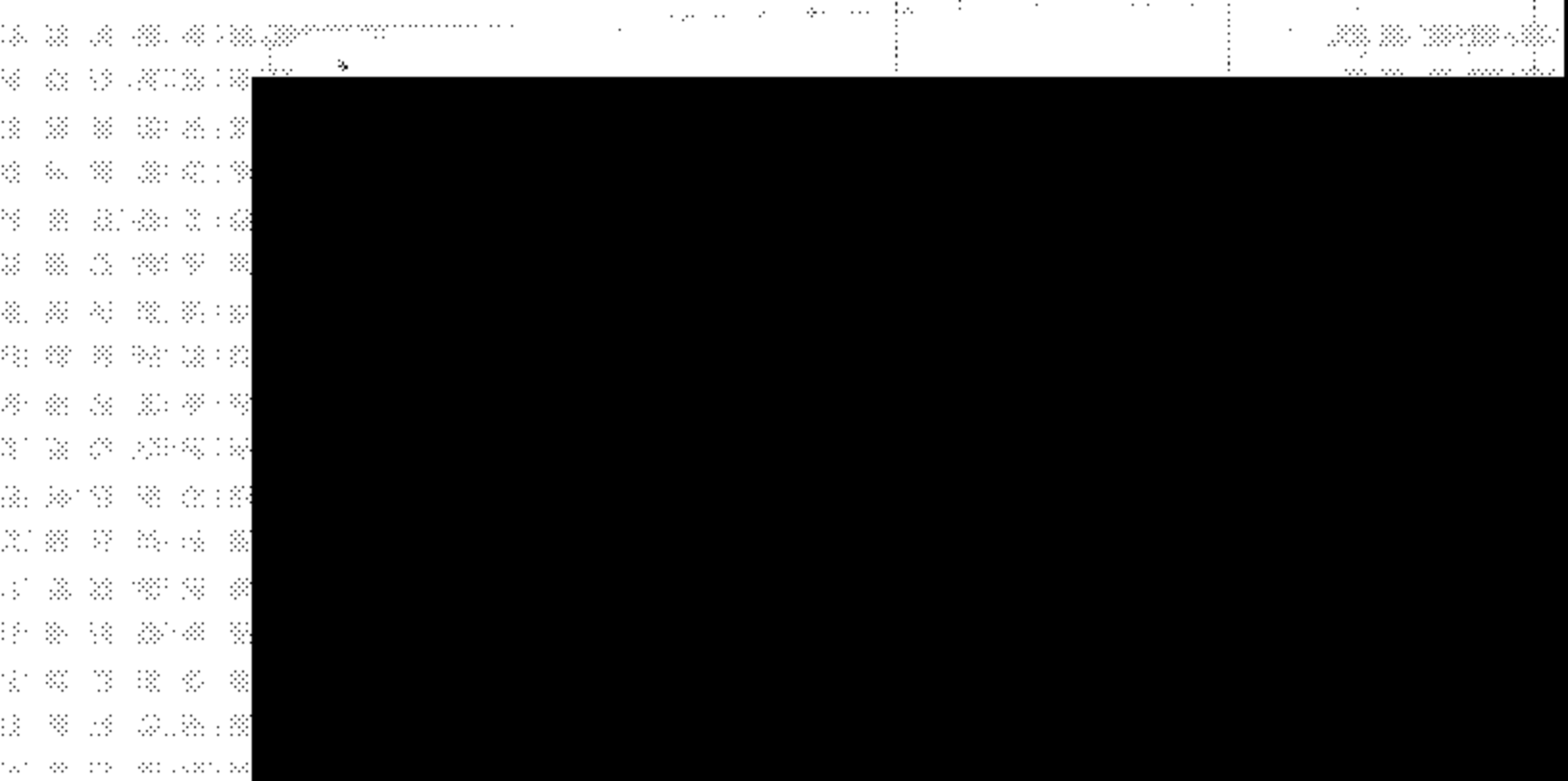












1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for ensuring transparency and accountability in financial reporting.

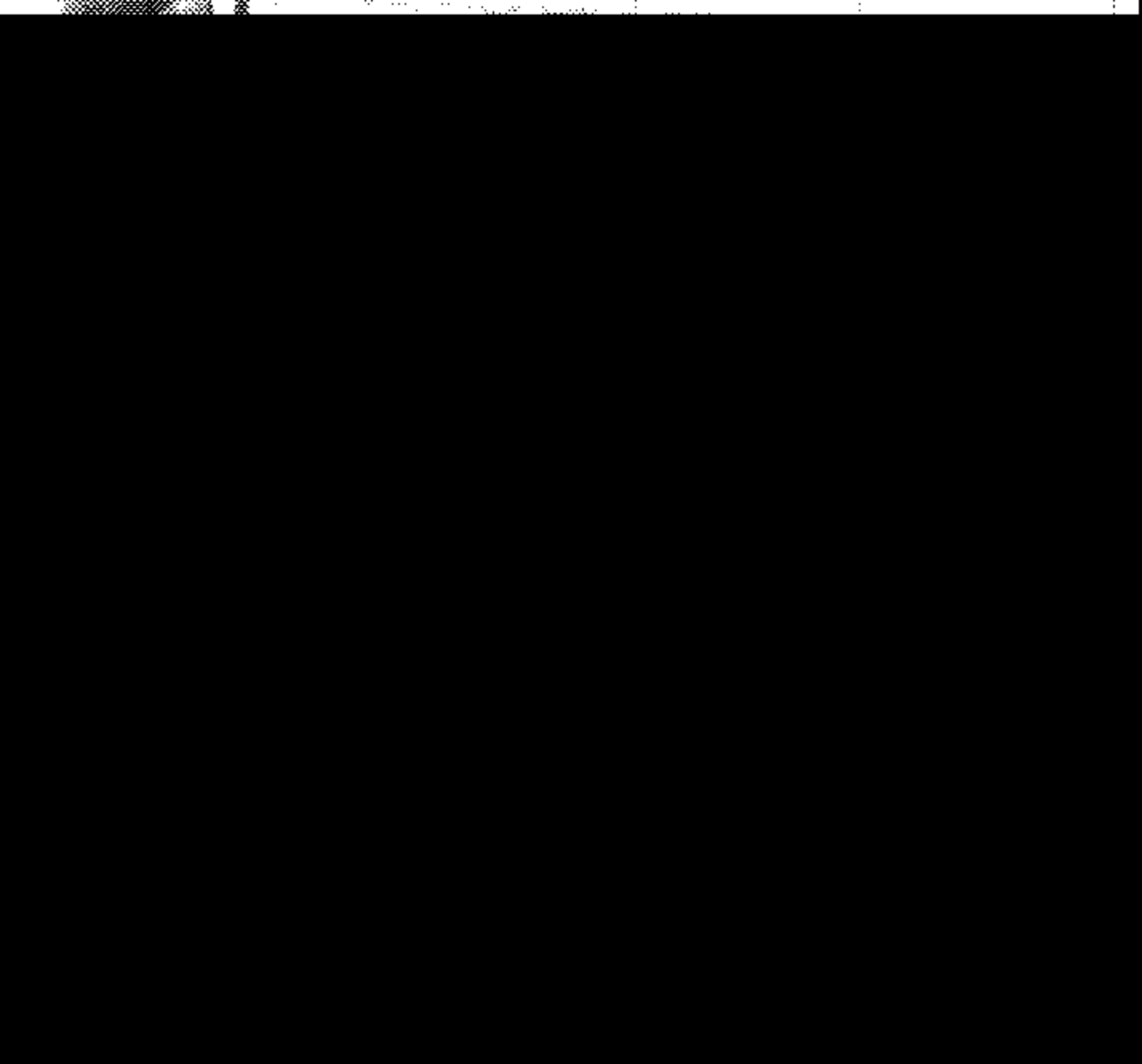
2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to ensure the validity of the results.

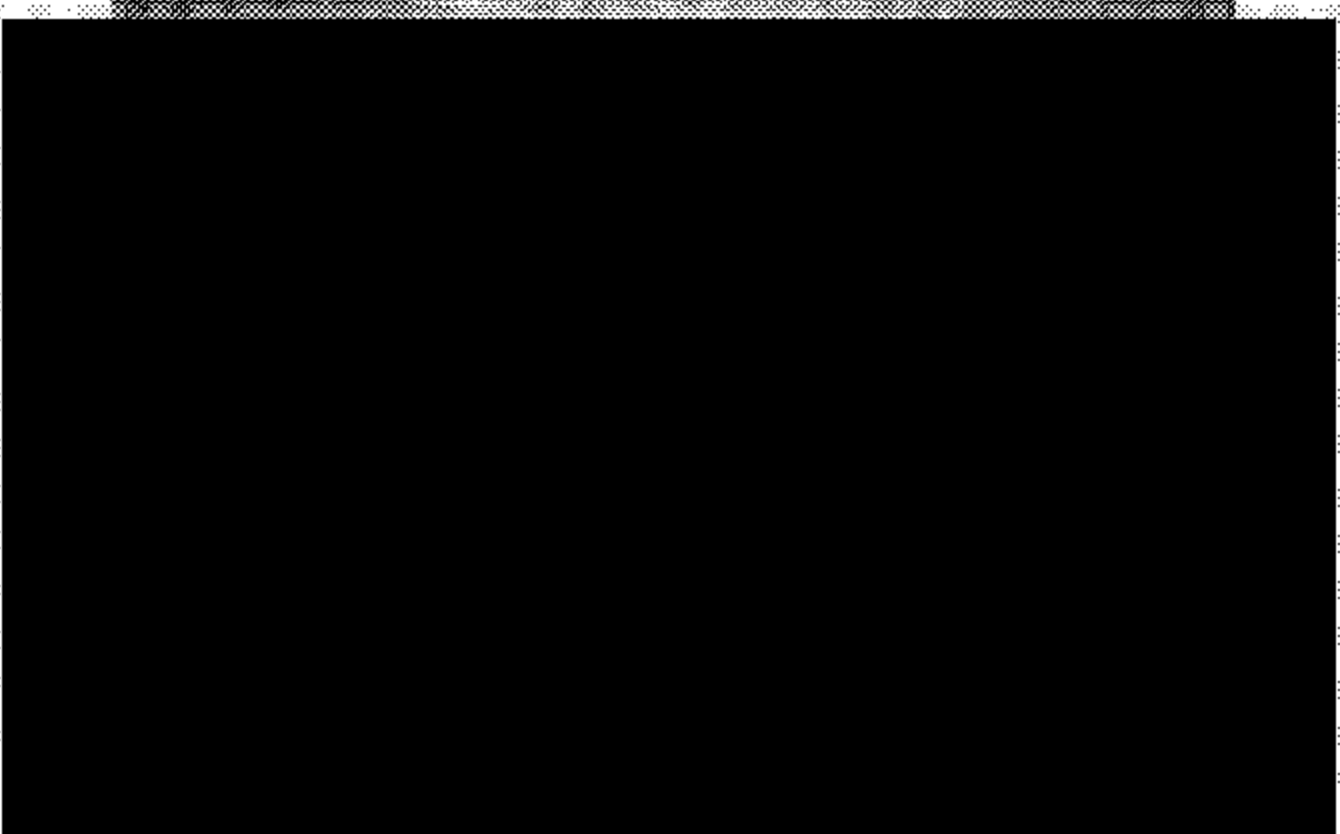
3. The third part of the document focuses on the analysis and interpretation of the collected data. It discusses the various statistical and analytical tools used to identify trends, patterns, and correlations in the data.

4. The fourth part of the document discusses the implications and conclusions drawn from the analysis. It highlights the key findings and their potential impact on the organization's operations and decision-making processes.

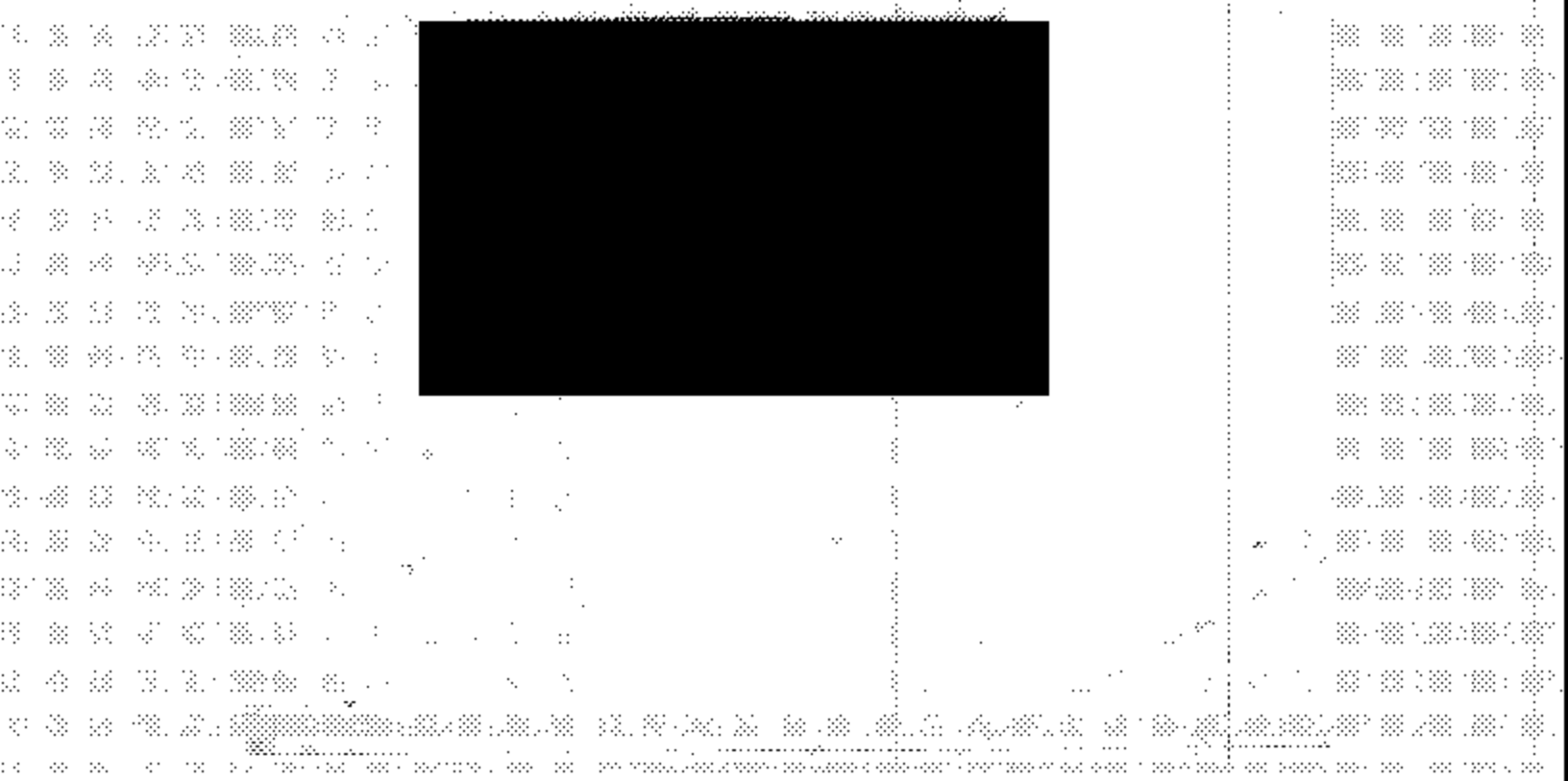
5. The fifth part of the document provides a summary of the overall findings and recommendations. It emphasizes the need for continuous monitoring and evaluation to ensure the effectiveness of the implemented measures.

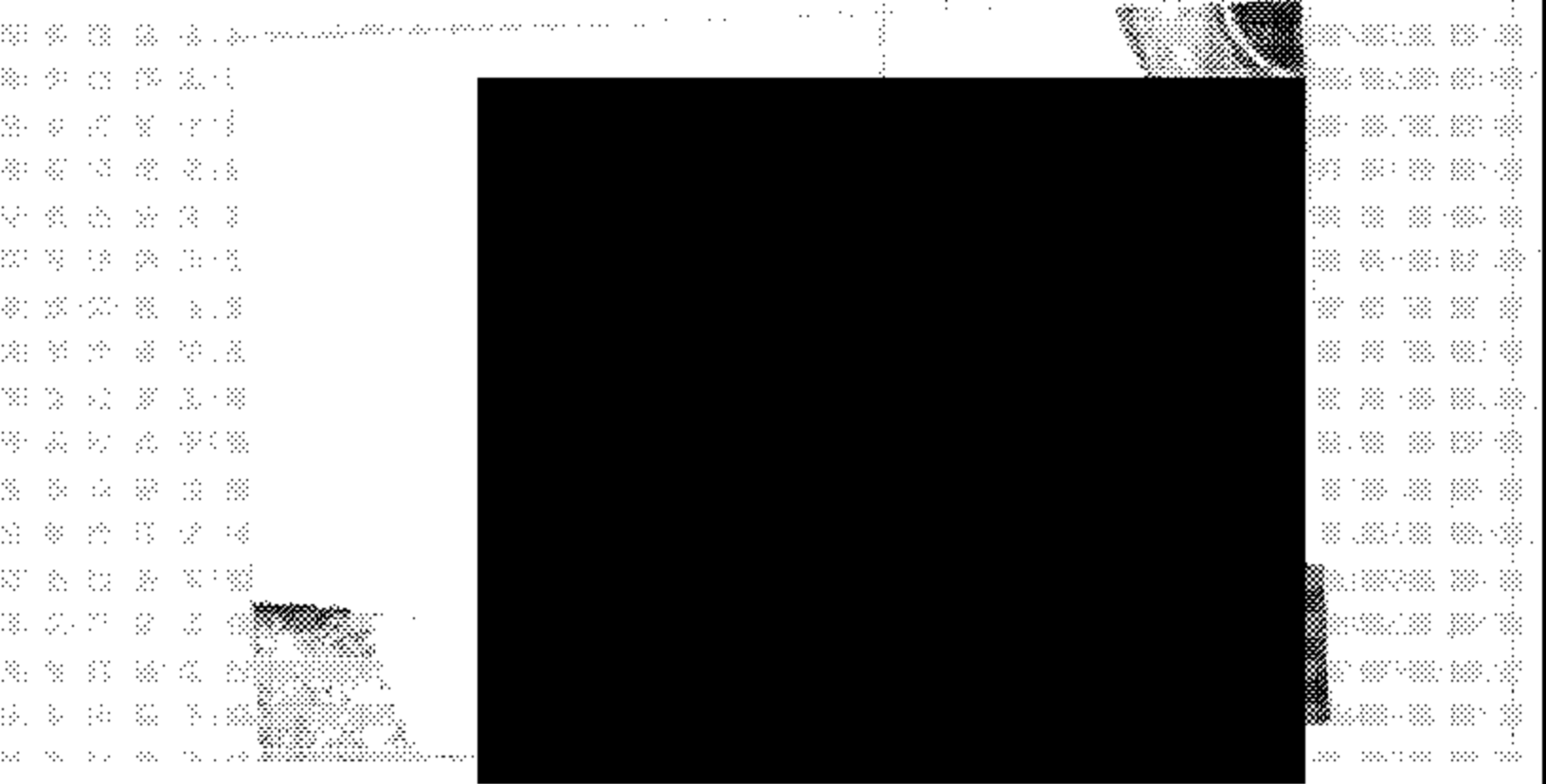


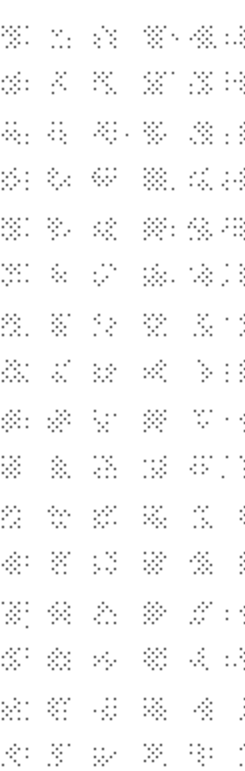












1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100





