



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

09-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897448

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)</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 02700000	Part Name(s) TIRES	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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FIRESTONE, STEEL TEX TIRES, R4SLT235/85R16, DOTVOORTWC415; WHILE TRAVELING IN A FORD, F250 VEHICLE AT 60MPH CONSUMER HEARD A NOISE. PULLED VEHICLE OVER, AND NOTICED TIRE HAD A BLOWOUT WHICH CAUSED DAMAGE TO WHEEL WELL. 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.

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 231 Date Received: <u>SEP 17 2001</u> REF: <u>0J-OCT-2001</u> Reference No. <u>897448</u> Work Number _____ Home Number _____				
OWNER INFORMATION (Type or Print) [Redacted] 719026						
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 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date <u>10/23/2001</u>						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FTHX25H7TEA35108</u>	Vehicle Make <u>FIRESTONE</u>	Vehicle Model <u>STEEL TEX</u>	Vehicle Year <u>1996</u>	Current Odometer Reading <u>40,000</u>		
Purchase Date <u>3/28/96</u> <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>ATCHINSON FORD</u> City <u>BELLEVILLE</u> State <u>MICH</u> Zip Code <u>48111</u>		Engine Siz (CID/GC/L) <u>5.8</u> No Cylinders <u>8</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio		
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Trax <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>F250</u>	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component <u>02700000</u>	Part Name(s) <u>TIRES</u>	Location <input type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacemen			
No of Failures <u>1</u>	Date(s) of Failure(s) <u>SEPT 8, 2001</u> Mileage at Failure(s) <u>39,000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input checked="" 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 Damage <u>\$2800.00</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p style="text-align: right; margin-right: 50px;"><u>LOUD EXPLOSION</u> <u>SEPT 8, 2001</u></p> <p>FIRESTONE, STEEL TEX TIRES, R4SLT235/85R16, DOTVOOR TWC415; WHILE TRAVELING IN A FORD, F250 VEHICLE AT 60MPH CONSUMER HEARD A NOISE. PULLED VEHICLE OVER, AND NOTICED TIRE HAD A BLOWOUT WHICH CAUSED DAMAGE TO WHEEL WELL. PLEASE PROVIDE FURTHER INFORMATION. AK</p> <p>DAMAGE WAS DONE TO TRUCK - REAR R.H QUARTER PANEL + WHEEL WELL - STEEL BRAID PULLED TAIL PIPES FORWARD DAMAGING RIPES + WHEEL HOUSING!</p> <p style="text-align: right;">DOT-VDOR RAS LT235/85R16M/S TWC415</p> <p>INFORMATION ON TIRE - 03136 SN1230 D12R</p>						
CONTINUE ON BACK IF NEEDED						
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.						

Field to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT - V D O R T W C 4 1 5 MANUFACTURER/TIRE NAME FIRESTONE R4S LT235/85/R-16 SIZE

* 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)

NOTE - THESE ^{FIRESTONE} TIRES ~~WERE~~ CAME ON MY FORD F250 WHEN I TOOK DELIVERY 3/28/96 - I HAD 39,000 MILES ON TIRES. AFTER BLOWOUT, I REMOVE ALL FIRESTONE TIRE FROM MY TRUCK. - AT MY EXPENSE. FORD MOTOR REFERRAL TO FIRESTONE. BOTH COMPANYS SAY THESE TIRES (STEELTEX FIRESTONE) ARE NOT ON THE RECALL LIST. THEREFORE NO ADJUSTMENTS WERE MADE.

★ U.S. G.P.O.: 1992 - 023-857 / 80095

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



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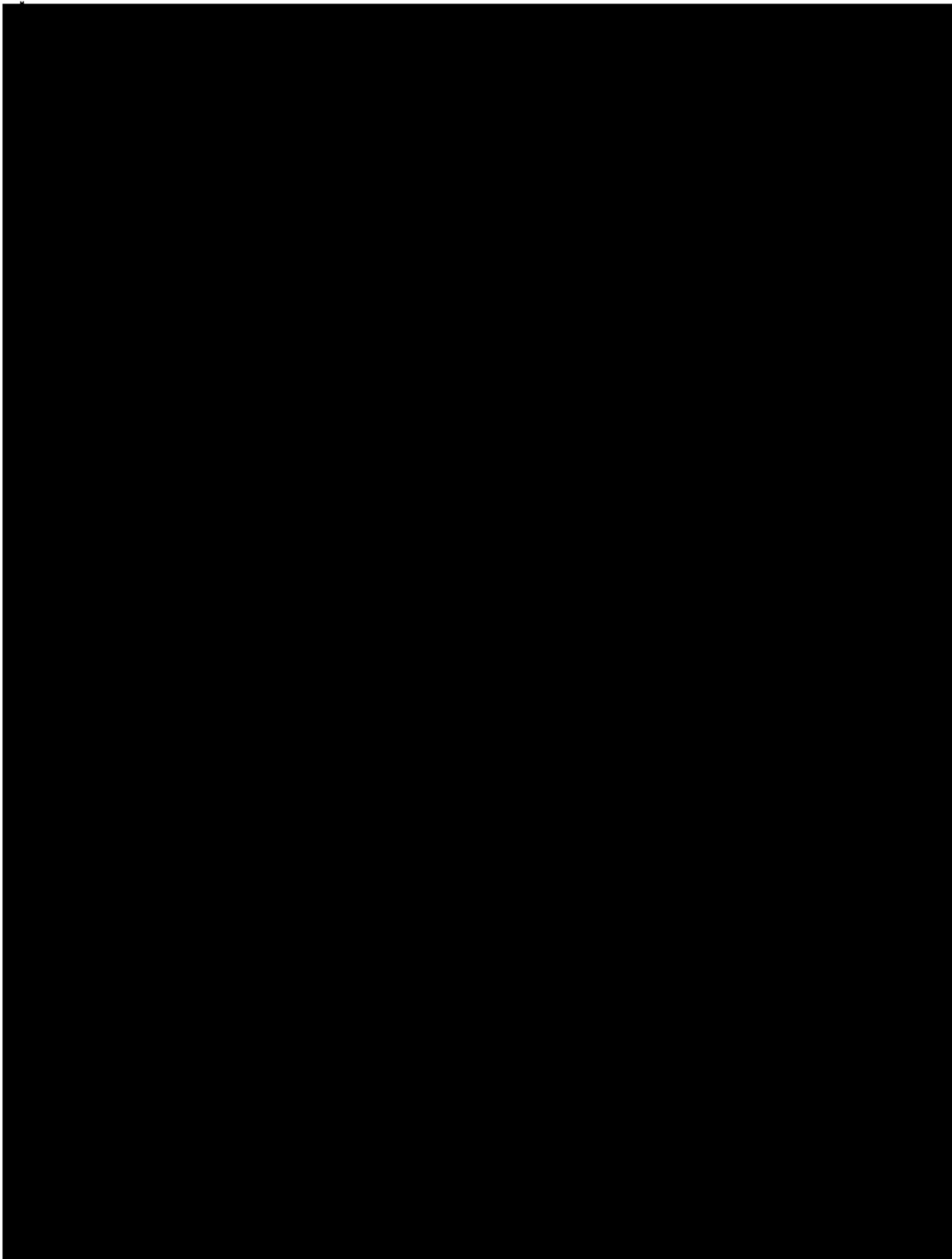
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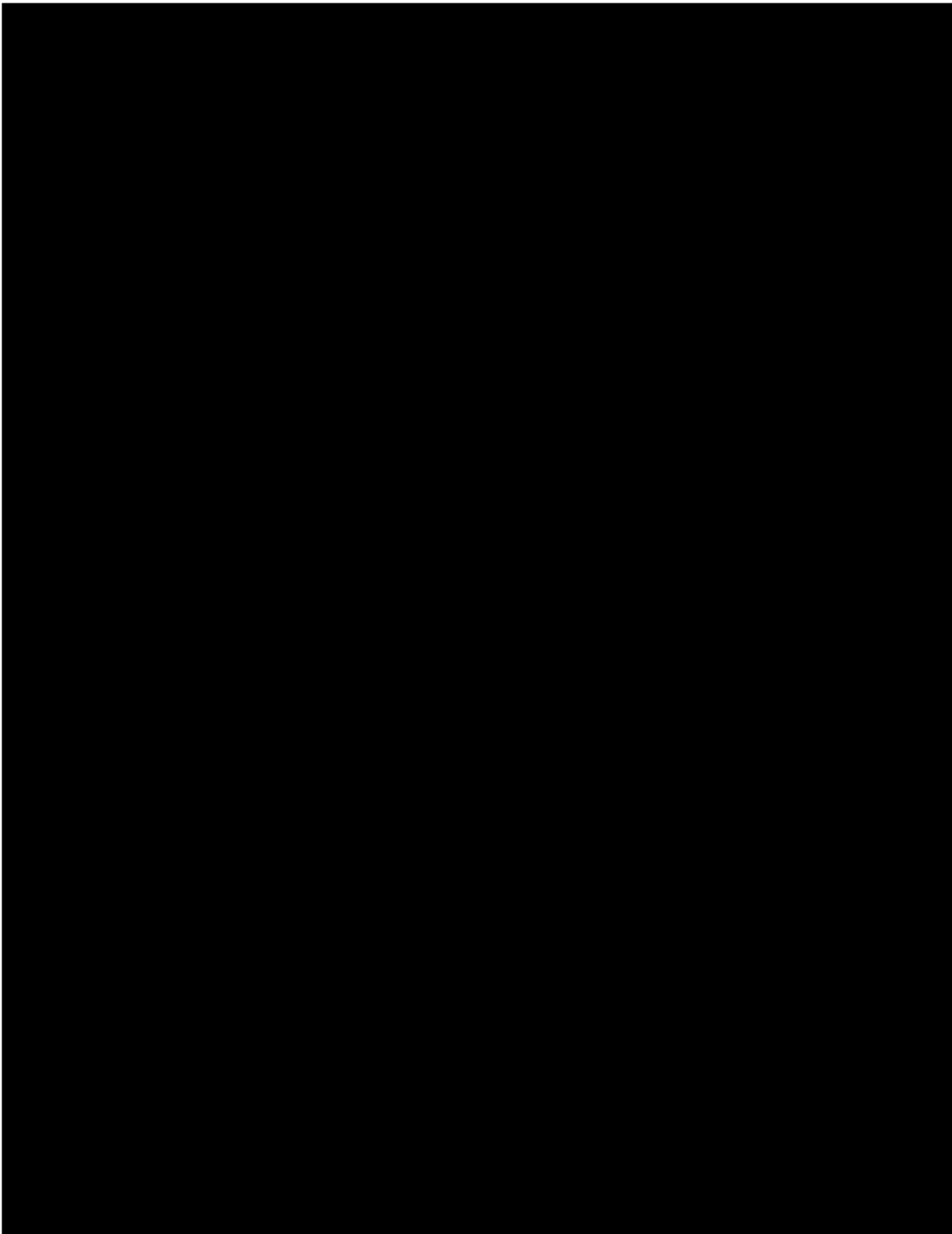
U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590



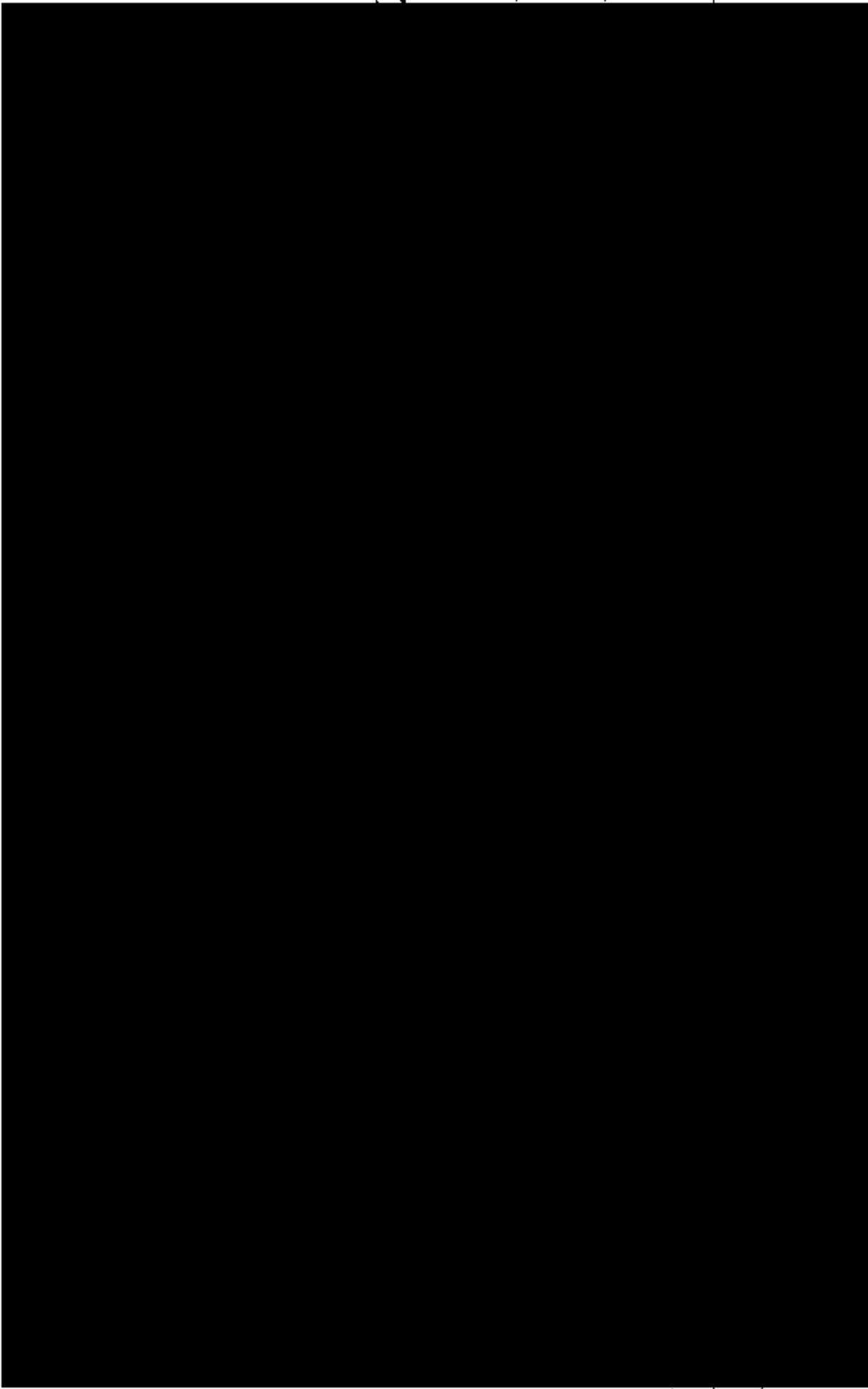
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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. § 552(b)(6)**

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