



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 920**

Date Received

12-OCT-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

897675

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>(Lowercase letters "i" and "o" are not used.)</small>	Vehicle Make <b>FIRESTONE</b>	Vehicle Model <b>FIRESTONE</b>	Vehicle Year <b>1900</b>	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input 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 <b>02750010</b>	Part Name(s) <b>TIRES:SIDEWALL</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 <b>4</b>	Date(s) of Failure(s) <b>01-OCT-2001</b> Mileage at Failure(s) <b>17000</b>	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 <b>0</b>	Number of Fatalities <b>0</b>	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)**

**ALL FOUR FIRESTONE, WILDERNESS TIRES, SIZE: P225/60R15, DOT: BM19359-1 HAVE RUBBER ON SIDEWALL THAT WAS PEELING OFF. THESE TIRES HAVE APPROXIMATELY 17,000 MILES ON THEM, AND WERE ORIGINAL EQUIPMENT ON A 2001, SUBARU, LEGACY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS / PHOTOGRAPHS. \*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 920</b></p> <p>Date Received FEB 15 PM 12:15 12-OCT-2001</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED] 720072</p>		<p>Od_or _____ gt_dt _____ od_rt _____ sp_tr _____</p> <p>Reference No. 897675</p>	
<p>Do you authorize NHTSA to provide a copy of reports and information about your vehicle? In the absence of your signature, NHTSA will use the name and address to the vehicle manufacturer.</p> <p>Signature of Owner: [REDACTED] YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Date: 10/19/01</p>		<p>Work Number _____ Home Number [REDACTED]</p>		

Do you authorize NHTSA to provide a copy of reports and information about your vehicle?  
In the absence of your signature, NHTSA will use the name and address to the vehicle manufacturer.

Signature of Owner: [REDACTED] YES  NO

Date: 10/19/01

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading			
	FIRESTONE	FIRESTONE	2001				
Purchase Date 12-08-00	Dealer's Name		Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders	6			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Motorbelt <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 Utl <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 <input checked="" type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02750010	Part Name(s) TIRES:SIDEW: LL	Location <input checked="" type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 4	Date(s) of Failure(s) 01-OCT-2001	Mileage at Failure(s) 17000	Vehicle Speed 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 0	Number of Fatalities 0	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ALL FOUR FIRESTONE, WILDERNESS TIRES, SIZE: P225/60R15, DOT BM19359-1 HAVE RUBBER ON SIDEWALL THAT WAS PEELING OFF. THESE TIRES HAVE APPROXIMATELY 17,000 MILES ON THEM, AND WERE ORIGINAL EQUIPMENT ON A 2001, SUBARU, LEGACY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS / PHOTOGRAPHS. \*AK

*ALL 4 TIRES THE SIDEWALLS WERE WEATHER CRACKED AND THE CAR WAS KEPT IN THE GARAGE, EXCEPT WHEN DRIVEN. THIS WAS A TIRE FAILURE*

