



US Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE
NATIONWIDE 1-800-424-9393
DC METRO AREA 202-6129

FOR AGENCY USE ONLY

REFERENCE NO.

10015242

DATE RECEIVED

2003 APR -4 PM 1:59

OWNER INFORMATION (TYPE OR PRINT)

| | | | |
|-----------------------------------|---|---|------------------------|
| LAST NAME [REDACTED] | FIRST NAME & MIDDLE INITIAL [REDACTED] | TELEPHONE NO. (Area Code) Work [REDACTED] Home [REDACTED] | |
| STREET ADDRESS [REDACTED] | CITY NO AURORA | STATE IL | ZIP CODE [REDACTED] |
| SIGNATURE OF OWNER [Signature] | | DATE 03/25/03 | |

VEHICLE INFORMATION

| | | |
|--|--|--|
| VEHICLE IDENTIFICATION NO.* 1T2B128K3W0127R67 | VEHICLE MAKE & MODEL Toyota CARRY | MODEL YEAR 1998 |
| * LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE | | |
| CURRENT ODOMETER READING 50463 | DATE PURCHASED [REDACTED] | DEALER'S NAME, CITY, & STATE Toyota of Naperville Naperville, IL 60540 |
| TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (Speed) | CRUISE CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No | POWER STEERING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| POWER BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | AIR CONDITIONED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ENGINE SIZE (CID/CC/LI) NO. CYLINDERS 6 |
| BODY STYLE STAVAG 4 DR <input checked="" type="checkbox"/> 2 DR [REDACTED] | | <input type="checkbox"/> TURBO <input type="checkbox"/> DIESEL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> FUEL INJECTED |

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

| | | |
|------------------------|--|---|
| COMPONENT/PART NAME(S) | 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 FAILURES | DATE(S) OF FAILURE(S) MILEAGE(S) AT FAILURE(S) VEHICLE SPEED AT FAILURE(S) | MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO |

APPLICABLE ACCIDENT INFORMATION

| | | | | | |
|--|--|------------------------|----------------------|------------------------------|---|
| ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO | NUMBER PERSONS INJURED | NUMBER OF FATALITIES | PROPERTY DAMAGE (Est.) \$ | POLICE REPORT FILED <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|------------------------|----------------------|------------------------------|---|

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

No Failure Just Inquiry if any recalls on this model

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 95-579

The 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.