



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

| | |
|---------------------------------------|--------------|
| Date Received <i>July 10, 2003</i> | Old or _____ |
| Reference No. <i>10027190</i> | rt-ct _____ |
| | od-rt _____ |
| | sp-tr _____ |

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: [REDACTED]

STREET NO. *Callicott City* APT. NO. [REDACTED]

CITY [REDACTED] STATE *MD*

ENTER ZIP CODE [REDACTED]

AREA CODE [REDACTED]

DAYTIME TELEPHONE NUMBER [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? Yes No

In the absence of an authorized signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
SIGNATURE OF OWNER: [REDACTED] DATE: *6/27/03*

VEHICLE INFORMATION

| VEHICLE IDENT. NO. (VIN) | VEHICLE MAKE | VEHICLE MODEL | MANUFACTURE DATE | MODEL YEAR |
|--------------------------|---------------|---------------|------------------|-------------|
| <i>JTDBT123820</i> | <i>Toyota</i> | <i>Echo</i> | | <i>2002</i> |

VEHICLE MANUFACTURER

BMW Ford Honda Nissan Subaru Volvo Other _____

Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE: *Dec 2001* New Used

DEALER'S NAME: *Russell Toyota* CITY: *Catonsville* STATE: *MD* ZIP CODE: *21228*

ENGINE SIZE (CID/CC/L): *4* NO. CYLINDERS: *4*

FUEL SYSTEM: Turbo Fuel Injection

FUEL TYPE: Diesel Gas

TRANSMISSION TYPE: Manual Automatic

ANTILOCK BRAKES: Yes No

RESTRAINT SYSTEM: Driver-side Airbag 2-Point Belt Passenger-side Airbag Motorbelt 3-Point Belt

CRUISE CONTROL: Yes No

DRIVETRAIN: Front Rear 4-Wheel

VEHICLE TYPE: Car Minivan Truck Other _____

Van Sport Utility Motorcycle

DOORS: 2-Door 4-Door

BODY STYLE: Hatchback Pick Up Truck Sedan Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Child Seat Electrical Lights & Alarms Engine & Cooling System Equipment Fuel System, Exhaust Heater, Defrost, Ventilation Interior Parking Brake Power Train Service Brakes Steering Structure Suspension Visual Systems Other _____

NO. OF FAILURES: *1*

INCIDENT DATE: *April 4, 2002*

RELEASE AT INCIDENT: *8100*

VEHICLE SPEED AT INCIDENT: *35 MPH*

FAILED PART(S): Original Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

TIRE NAME: _____ COMPLETE TIRE SIZE: _____

TIRE BRAND: BF Goodrich Cooper Firestone Goodyear Kelly Springfield Michelin Yokohama Other _____

HANDICAPPED ADAPTIVE: Yes No

FAILED PART(S) AVAILABLE: Yes No

NHTSA PREVIOUSLY CONTACTED: Yes No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.

CRASH: Yes No

FIRE: Yes No

NUMBER OF PERSONS INJURED: *1*

NUMBER OF FATALITIES: *0*

CAUSE OF INCIDENT: Wear/Corroded/Rust Weak/Poor Fit/Loose Cut/Torn Disconnect/Fell Off Erratic/Poor Performance Excessive Effort Noy Lanks Short Loose/Slack/Creep Stability/Vibration Broken

RESULT OF INCIDENT: Explosion/Fire Loss of Control Poor Visibility Inadvertent Start Rollover Stalls Sudden Acceleration

unknown

