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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2005 FEB 11 AM 1:39

FOR AGENCY USE ONLY 1367	
Date Received: 07-JAN-2005	Repository ☐
	Reference No.: 10108997

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: ASHLAND	State: KY	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an Signature of Owner, is your name or address to the vehicle manufacturer.
Date: 1/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located on left bottom of windshield on driver's side)	Make	Model	Model Year
4T1BF1B87XU	TOYOTA	AVALON	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	JANNIN LINCOLN-MERCURY TOYOTA				
Original Owner ☒	Dealer's City: FLATWOODS	State: KY	Zip Code: 41139		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-OCT-2003	14256		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC038)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE SRS WARNING LIGHT CAME ON WHILE DRIVING WHICH RENDERED THE AIR BAGS INOPERATIVE. DEALERSHIP INSPECTED THE SRS SYSTEM AND INDICATED THAT IT NEEDED TO BE REPLACED BECAUSE IT WAS DEFECTIVE.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).