

 <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>COPIED</b> <b>POSTED</b> <b>AUTO SAFETY HOTLINE</b> <b>VEHICLE OWNER'S QUESTIONNAIRE</b> <b>NATIONWIDE 1-800-424-9393</b> <b>DC METRO AREA 202-368-0123</b>		<b>FOR AGENCY USE ONLY</b> <b>DATE RECEIVED</b> RECEIVED <b>OFFICE DEFECTS INVESTIGATION</b> <b>551116</b> <b>DAY TIME TELEPHONE NO. (AREA CODE)</b>		
<b>OWNER INFORMATION (TYPE OR PRINT)</b> NAME: [REDACTED]				od..or _____ rl..dt _____ od..rt _____ up..ltr _____ <b>REFERENCE NO.</b> <b>551116</b>		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.						
SIGNATURE OF OWNER [REDACTED]				DATE 2/14/00		
VEHICLE INFORMATION						
VEHICLE IDENTIFICATION NO.* HT1BP18B4WU215574		VEHICLE MAKE TOYOTA		VEHICLE MODEL AVALON		
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE		MODEL YEAR 1998				
CURRENT ODOMETER READING 033681		DATE PURCHASED 10/97		DEALER'S NAME, CITY & STATE COMPUTESY TOYOTA Brandon (Tampa) FL		
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		ENGINE SIZE (CID/COIL) _____		<input type="checkbox"/> TURBO <input checked="" type="checkbox"/> DIESEL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> FUEL INJECTN		
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input checked="" type="checkbox"/> PASSENGERSIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRIVETRAIN <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	BODY STYLE STAWAG 4 DR <input checked="" type="checkbox"/> 2 DR _____ HATCH BK _____ VAN _____ PK UP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)						
COMPONENT REAR SUSPENSION	PART NAME(S) STRUTS	LOCATION <input checked="" type="checkbox"/> LEFT FRONT <input checked="" type="checkbox"/> RIGHT REAR		FAILED PART(S) <input type="checkbox"/> ORIGINAL REPLACEMENT		
NO. OF FAILURES	DATE(S) OF FAILURE(S) _____	MANUFACTURER CONTACTED No repair for this <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	MILEAGE AT FAILURE(S) _____	VEHICLE SPEED AT FAILURE(S) _____		TRY AFTER MARKET		
APPLICABLE ACCIDENT INFORMATION						
ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____	PROPERTY DAMAGE EST\$ _____	POLICE REPORTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)						
Rear suspension "bottoms out" with two passengers in rear. Rebound gives an uneasy feeling of temporary loss of control.						
				CONTINUE ON BACK IF NEEDED		
The Privacy Act of 1974 Public Law 95-578 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.			