

U.S. Department
of TransportationNational Highway
Traffic Safety
AdministrationDOT 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

POSTED

COPIED

FOR AGENCY USE ONLY

Date Received

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

JAN 18 - 6 AM '96

Reference No.

551203

Daytime Telephone Number

OWNER INFORMATION (Type or Print)

N
S
CDo you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 2/12/96

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) 1 N X A E 0 9 B 3 3 Z 3 1 9 3 0 0		Make TOYOTA	Model CARDLLA	Year 1995
Purchased Date 8/17/95	Dealer's Name PAUL YORK TOYOTA	Engine Size (CID/CC/L) No. Cylinders 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City CORPUS CHRISTI	State TX	Zip Code 78411	
Manufacture Date (on driver's door or pillar) 1995	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Brake 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
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) STARTER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------	---	--	---

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--------------------------------	---------------------------	---

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

STARTER ENGAGED WHEN KEY IGNITED ENGINE. STARTER STAYED ENGAGED EVEN AFTER KEY WAS TURNED OFF. DROVE IMMEDIATELY TO NEAREST DEALERSHIP APPROX 2 MILES AWAY. WHILE DRIVING, SMOKE BILLOWED FROM UNDER HOOD. I IMMEDIATELY PULLED OVER. ELECTRICAL SYSTEM FAILED - INCLUDING POWER LOCKS - TRAPPING ME INSIDE CAR. I TURNED OFF ENGINE. MOMENTS LATER LOCKS RELEASED. I WENT TO NEAREST BUSINESS AND CALLED FOR A TOW. TOWED CAR APPROX 2 BLOCKS TO DEALERSHIP. AT THAT TIME, DEALERSHIP HANDLED REPAIRS, WARRANTY + STATE FARM INSURANCE. Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.