Form Approved: O.M.B. No. 2127-0008

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

COPIED

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

FOR AGENCY USE ONLY

Date Received
RECEIVED
00 AUG 30 PM 1:57
OFFICE OF DEFECTS INVESTIGATION

QC'd POSTED 01/30d

554194

Od_or ___ ___
rt_dt ___ ___
___ ___
Petition No. ___

OWNER INFORMATION (Type or Print)

Name [redacted]
Street No. [redacted] Apt. No.
City [redacted] Zip Code [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/21/2000

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
4T1SK12E6PU179368	Toyota	Camry	1993

Purchased Date 10/25/99 ☐ New ☐ Used
Dealer's Name Private Deal
Dealer's City State Zip Code
Engine Size (CID/CC/L) ___ No. Cylinders ___ ☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
10/92	☐ Manual ☑ Automatic	☑ Driverside Air Bag ☐ Motorbelt ☑ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt	☑ Yes ☐ No	☑ Front ☐ Rear ☐ 4-Wheel	☑ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Child's Safety Seat	☑ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement	☐ Yes ☑ 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? ☐ Yes ☐ No
NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☑ No	☐ Yes ☑ No	None	None	☐ Yes ☐ No ___

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

The Safety Seat (Driver's Seat) Buckle Came apart in my hand as I was engaging ~~it~~ it prior to driving it.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 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.*

Mail postage free or fax to 202-366-7882