



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 252

Date Received

10-DEC-2001

Od. or

rt_dt

pd_rt

rp_lr

Reference No.

8000508

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2P1BR12E71C394763	TOYOTA	COROLLA	2001			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02B11000 02700000	Part Name(s) WHEELS:RIM BASE TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 01-JUN-2001 Mileage at Failure(s) 200000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS TRAVELING ABOUT 65MPH ON HIGHWAY AND FRONT LEFT TIRE BLEWOUT. SHE HEARD A NOISE, AND WAS ABLE TO PULL OVER TO THE SHOULDERS. GOODYEAR, INTEGRITY, P175/65R14, DOT M68JC9032200. DEALERSHIP MECHANIC TOLD CONSUMER THAT ALL FOUR TIRES NEEDED TO BE REPLACED. ALSO, TO REPLACE RIMS. *AK

CONFIDENTIAL - NHTSA

The Privacy Act of 1974-Public Law 93-579 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.

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Reference No. 8000508

Del. Received 10-DE-2001

Od. or _____

Ref. or _____

Up. or _____

Agency Use Only 252

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Signature of Owner _____

Vehicle Information

Vehicle Identification No. (VIN) 2F1BR12Z71C394763

Vehicle Make TOYOTA

Vehicle Model COROLLA

Vehicle Year 2001

Current Odometer Reading 30,000

Purchase Date 7-1-2001

Dealer's Name Headquarter Toyota

City M. Garm. **State** FL **Zip Code** 33015

Engine Size 1.2L-12-FF

Engine Type Gas Diesel Turbo Fuel Injection

Transmission Type Automatic Manual

Automatic Yes No

3-Point Belt Yes No

Diverside Airbag 2-Point Belt 3-Point Belt

Passengerside Airbag

Crash Control

Drive Type Front Rear 4-Wheel

Vehicle Type Car Van Truck Spot Util. Motorcycle Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck

Failed Component(s)/Part(s) Information

Component 02611000
22700000

Part Name(s) WHEELS:RIM:BASE
TRES:MISSION

Location Front Rear Both

Failed Part(s) Original Replacement

No. of Failures 3

Date(s) of Failure(s) 01-JUN-2001

Mileage at Failure(s) 20000

Vehicle Speed at Failure(s) 65 MPH

Failed Previously Yes No

APPLICATION 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 None

Number of Failures None

Estimated Property Damage Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

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Transmission repaired on 3/30/01

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FOR AGENCY USE ONLY 1058

Date Received

07-JUL-2000

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8000508

OWNER INFORMATION (Type or Print)

DORA DEJESUS 729656
15714 EAST WATERSIDE CIRCLE#101
SUNRISE FL 33326

Work Number 954-433-7104

Home Number 954-384-0289

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Locate at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B4GT54L4VB	DODGE TRUCK	GRAND CARAVA	1997	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
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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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01300000 05100000	Part Name(s) STEERING:POWER ASSIST ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Dates of Failure(s) 05-JUL-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING THE POWER STEERING WENT OUT, CONSUMER PULLED OVER AND SMOKE STARTED COMING OUT, CLAIM 25-5411-610. *SLC

COPIED FROM NHTSA FORM 1058

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No. of Failure 1	Dates of Failure(s) 05-JUL-2000 Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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NUMBER

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CHANGED

TO

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