Form Approved: OMB No. 2127-0042

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 258

Date Received: 04-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 756386

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
4T1BF28B32U231376	TOYOTA	AVALON	2002	

Purchase Dat		Engine Size	
01-DEC-2001	Dealer's Name_____	(CID/CC/L 3.0L	☐ Turbo
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12110000 12321000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG INTERIOR SYSTEMS:FRONT BUCKET SEAT LATCH	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	02-JAN-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 222		
	Vehicle Speed at Failure(s) 0		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

PICKED UP THE CAR ON 12/31/01 WITHOUT ANY PROBLEMS. BEGINNING 1/2/02, THE FRONT PASSENGER SRS WARNING LIGHT FLASHED ON AN OFF INTERMITTENTLY. TOOK TO DEALER 1/3/02. THEY DETERMINED THAT THE WIRING HAD BEEN INCORRECTLY ROUTED UNDER THE FRONT PASSENGER BUCKET SEAT AND HAD BECOME CRIMPED WHEN THE POWER SEAT WAS MOVED. THE DEALER IS MAKING THE REPAIRS WHICH INCLUDES REMOVAL OF THE FRONT PASSENGER BUCKET SEAT. I AM PLEASED WITH THEIR RESPONSE, BUT CONCERNED THAT SUCH A PROBLEM COULD OCCUR AND THAT THERE MAY VERY WELL BE MORE CARS WITH THE SAME PROBLEM.*AK

CONTINUED ON REVERSE

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 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.