

785745

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 10/19/01 6:12AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

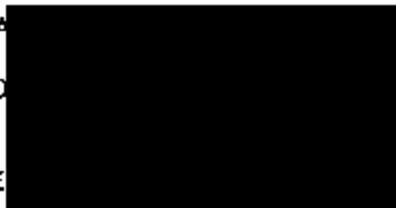
SUBMISSION DATE: Friday, October 19th 2001 at 6:12:06 AM

VEHICLE OWNER'S QUESTIONNAIRE

=====

OWNER INFORMATION

NA
ADD
TELE



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN:
MAKE: toyota
MODEL: Celica
YEAR: 1999

ODOMETER: 46000
PURCHASE DATE: 03/28/99
NEW OR USED: New

DEALER NAME: Toyota of Morristown
ADDRESS: Morristown, NJ 07054

ENGINE SIZE:
CYLINDERS: 4

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: Front
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Hatch Back

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: tires & steering wheel control.
PART NAME(S): tires & steering wheel control.
LOCATION: Left Front
NUMBER OF FAILURES: 3
DATE(S) OF FAILURES: 2000, 2001
MILEAGE AT FAILURE(S):
SPEED AT FAILURE(S): 70 mph
MANUFATURER CONTACTED: Yes
NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No
NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$
DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A
REPORTED TO POLICE: Yes

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME: michelin
TIRE SIZE: 15

ADDITIONAL COMMENTS

Original manufactured equipment on a 1999 toyota celica ,tire size p20555r15, Michelin brand. While driving 65-70 mph on the highway, tread is very unstable and rocky, constantly pulling to right or left even after a wheel alignment. Shakes uncontrollably at 80mph. No pick up any when the gas pedal is floored. Constant complaints to dealership & no one finds a problem, especially since I have to get a wheel alignment & tire balance on every oil change(3000miles). I am afraid that the tire will completely separated from sidewall or explode & cause a serious accident.

END OF FORM



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 254

Date Received

19-OCT-2001

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

Reference No.

785745

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 windshield and driver's side door)</small>	Vehicle Make TOYOTA	Vehicle Model CELICA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 28-MAR-1999	Dealer's Name _____	Engine Size (CID/CC/L 4 CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES:TREAD	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
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No of Failure 2	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) 70	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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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 checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES TREAD ON TIRES IS VERY UNSTABLE AND ROCKY, VEHICLE CONSTANTLY PULLS TO THE RIGHT OR LEFT EVEN AFTER A WHEEL ALIGNMENT, VEHICLE SHAKES UNCONROLLABLY AT 80 MPH, AND THERE IS NO PICK UP WHEN THE GAS PEDAL IS FLOORED, CONSUMER HAS COMPLAINED TO DEALERSHIP AND NO ONE IS ABLE TO REMEDY THE PROBLEM.(MICHELIN TIRES P2055R15)*JB

CONTINUE 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 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.



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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 MICHELIN	Vehicle Model MICHELIN	Vehicle Year 1900	Current Odometer Reading
------------------------------------------------------------------------------------------------	---------------------------------	----------------------------------	-----------------------------	--------------------------

Purchase Date 28-MAR-1999	Dealer's Name _____	Engine Size (CID/CC/L 4 CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 checked="" type="checkbox"/> Other _____
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No of Failure 3	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) 80	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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