



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 241

Date Received

10-JAN-2002

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Reference No.

8001911

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JTDDR32T7Y003908		TOYOTA	CELICA	2000	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 20-DEC-2001 Mileage at Failure(s) 34000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS REAR ENDED AND FORCED INTO A GUARD RAIL. UPON IMPACT, NEITHER AIR BAG DEPLOYED. DEALER HAS BEEN NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *AK

COPIES OF THIS FORM ARE:

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		AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 733121 ARDEN NC		02 JUL 32 2002 10 JAN 2002 OFFICE DEFECTS INVESTIGATION Reference No. 8001911 Work Number Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of NOT provide your name and address to the vehicle manufacturer. Signature of Owner YES ☐ NO Date 6/1/02			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JTDDR32T7Y003908		Vehicle Make TOYOTA	Vehicle Model GELICA
Purchase Date ☒ New ☐ Used		Dealer's Name Bryan Easler Toyota City Hendersonville State NC Zip Code _____	Vehicle Year 2000 Current Odometer Reading 3400 Engine Size (CID/CC/L) _____ No. Cylinders _____ ☐ Turbo Diesel ☒ Gas Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Van ☐ Sport Utility Truck ☐ Minivan ☐ Motorcycle ☐ Other	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☒ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) 20-DEC-2001 Mileage at Failure(s) 34000 Vehicle Speed at Failure(s) 12 mph	Failed Part(s) ☒ Yes ☐ No	NHTSA 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	FFL ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities 0
Estimated Property Damage 1500.00		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS REAR ENDED AND FORCED INTO A GUARD RAIL. UPON IMPACT, NEITHER AIR BAG DEPLOYED. DEALER HAS BEEN NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *AK Was on I-26 Thurs. before Christmas was rear ended by man coming off of Asheville Airport exit. He hit me between 45-55 mph and it threw me into the guard rail head on! Neither air bag deployed...			
(CONTINUE ON BACK IF NEEDED)			
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.			

