



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 §20

Date Received

23-JAN-2002

Ord or _____
rt dt _____
pd rt _____
rp lr _____

Reference No.

8002653

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2T1BR12EXYC370984		TOYOTA	COROLLA	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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 15-NOV-2001 Mileage at Failure(s) 26000 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE ROLLED BACKWARDS APPROXIMATELY 20 FEET WHILE GEAR SHIFT WAS IN PARK POSITION AND THE ENGINE WAS IDLING. DRIVERS DOOR WAS DAMAGED WHEN VEHICLE ROLLED BACKWARDS INTO A DITCH. DEALERSHIP INSPECTED GEAR SHIFT MECHANISM, AND COULD NOT FIND ANY DEFECT OR PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*AK

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.



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4235

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Received

13 JAN 2002
DEFECTS INVESTIGATION

Odor _____
Plate _____
Color _____
Uptr _____

Reference No.

8002653

OWNER INFORMATION (Type or Print)

Work Number

Home

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of your signature, _____

Signature of Owner

☒ YES ☐ NO
Vehicle Manufacturer

Date 2/20/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 2T1BR12EXYC370984 Vehicle Make TOYOTA Vehicle Model COROLLA Vehicle Year 2000 Current Odometer Reading _____

Purchase Date

Dealer's Name Metro Toyota

Engine Size 1.8L/108cc

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

☒ New ☐ Used

City Cleveland State Ohio Zip Code _____

No. Cylinders 4

Transmission Type Automatic Brakes

☐ Manual
☒ Automatic

☒ Yes
☐ No

Restraint System

☐ 3 Point Belt ☐ Motorbelt
☒ Driver's side Airbag ☐ 2-Point Belt
☒ Passenger's side Airbag

Cruise Control

☒ Yes
☐ No

Drive Type

☒ Front
☐ Rear
☐ 4-Wheel

Vehicle Type

☒ Car ☐ Sport Utility Vehicle
☐ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other

Body Style

☐ 2-Door
☒ 4-Door
☐ Station wagon
☐ Pick Up
☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000 Part Name(s) POWER TRAIN TRANSMISSION AUTOMATIC INTERLOCK SYSTEM Location ☐ Left ☐ Right ☐ Front ☐ Rear Failed Part(s) ☒ Original ☐ Replacement

No. of Failures 1

Date(s) of Failure(s) 15-NOV-2001

Mileage at Failure(s) 25000

Vehicle Speed at Failure(s) Under 5 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 Fire ☐ Yes ☐ No Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage \$0 Reported to Police ☐ Yes ☐ No

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

VEHICLE ROLLED BACKWARDS APPROXIMATELY 20 FEET WHILE GEAR SHIFT WAS IN PARK POSITION AND THE ENGINE WAS IDLING. DRIVERS DOOR WAS DAMAGED WHEN VEHICLE ROLLED BACKWARDS INTO A DITCH. DEALERSHIP INSPECTED GEAR SHIFT MECHANISM, AND COULD NOT FIND ANY DEFECT OR PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *A

Estimate damage of \$1,200
to door and fender

CONTINUE ON BACK (REVERSE)

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