



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 1038

Date Received

28-JAN-2002

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

Reference No.

8002981

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>(Leave blank for VINs not available or destroyed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	TOYOTA	CAMRY	1998			
Purchase Date <input checked="" type="checkbox"/> New <input 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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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) 24-JAN-2002 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

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)

WHILE TURNING A CORNER TRAVELING FIFTEEN MILES PER HOUR THROTTLE STUCK, CAUSING SUDDEN ACCELERATION DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*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.



U.S. Department
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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

AGENCY USE ONLY 1998

Model Year: 1998
Date: 13-JAN-2002
OFFICE INVESTIGATION

Od_or _____
rt_dt _____
od rt _____
up_itr _____

Reference No.
8002981

OWNER INFORMATION (Type or Print)

736210

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 02/05/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located in bulkhead or windshield on driver's side) N/A-4T10G22K0W0848953
Vehicle Make TOYOTA
Vehicle Model CAMRY
Vehicle Year 1998
Current Odometer Reading 45452

Purchase Date SEPT. 1998
Dealer's Name COPELAND TOYOTA/VOLVO (NOW RK TOYOTA VOLVO)
City HAMPION State VA Zip Code _____
Engine Size CID/CC/L _____
No. of Cylinders 4
Turbo Diesel Gas Fuel Injectic

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3 Point Belt Motorbelt 2-Point Belt
 Driverside Airbag Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rea 4-Wheel
Vehicle Type Car Sport Utl Truck Minivan Motorcycle Other
Body Style 2-Door Stationwagon 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000
Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL
ACCELERATOR CABLE
Location Left Front Right Rear
Failed Part(s) Original Replacemen
No. of Failures 1
Date(s) of Failure(s) 24-JAN-2002
Mileage at Failure(s) APPROX 45300
Vehicle Speed at Failure(s) LESS THAN 30 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 NONE
Number of Fatalities NONE
Estimated Property Damage NONE
Reported to Police Yes No

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

~~WHILE TURNING A CORNER TRAVELING FIFTEEN MILES PER HOUR THROTTLE STUCK, CAUSING
SUDDEN ACCELERATION DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER
DETAILS.~~AK

MADE A RIGHT TURN AT A NEIGHBORHOOD INTERSECTION AND BEGAN NORMAL
ACCELERATION IN "DRIVE" WHEN SUDDENLY, THE ACCELERATOR PEDAL CAME LOOSE.
ENGINE RPM RETURNED TO IDLE IN "DRIVE". DEALER SERVICE DEPARTMENT SAID THAT THE
ACCELERATOR CABLE WAS "BROKEN". PART WAS ORDERED FROM JAPAN AND ON 2-1-02
CAR WAS RETURNED TO ME. SERVICE DEPT SHOWED A DIAGRAM OF THE CABLE. (OVER)

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 Public Law 93-502. 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 responses 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.

