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 252

Date Received: 05-MAR-2002

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

Reference No.: 8005049

[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
4TADL52N1YZ633693	TOYOTA TRUCK	TACOMA	2000	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ 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
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	23-FEB-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 22000		
	Vehicle Speed at Failure(s)		

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				☒ Yes ☐ No

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

WHILE TRAVELING ON A RESIDENTIAL STREET ANOTHER VEHICLE RAN RED LIGHT AND RAN INTO CONSUMER'S VEHICLE. UPON IMPACT, AIRBAGS DIDN'T GO OFF. *AK

CONTINUE ON REVERSE

Form Approved: O.M.B. No. 2127-0008

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

Vehicle Owner's Questionnaire (VOQ)

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

FOR AGENCY USE ONLY 252

Date Received: 05-MAR-2002
02 MAR -9 PM 3:31
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_itr

Reference No. 8005049

OWNER INFORMATION (Type or Print)

[redacted]

Work N[redacted]
Home N[redacted]

Do you authorize N[redacted]er of your vehicle? ☒ YES ☐ NO
in the absence of a[redacted]ne and address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/13/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
4TADL52N1YZ633693	TOYOTA TRUCK	TACOMA	2000	22,600 at time of accident

Purchase Date 6/2000 6/30/2000 — Dealer's Name Kearny Mesa Toyota — City San Diego State Ca. Zip Code 92111
☒ New ☐ Used
Engine Siz (CID/CCIL 4cyl — No Cylinders
☐ Turbo ☐ 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 Ult ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures: 1
Date(s) of Failure(s): 23-FEB-2002
Mileage at Failure(s): ≈ 22000
Vehicle Speed at Failure(s): Head on
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	Seat belt bruising see other side	0	$17,000 +	☒ Yes ☐ No

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

WHILE TRAVELING ON A RESIDENTIAL STREET ANOTHER VEHICLE RAN RED LIGHT AND I RAN INTO CONSUMER'S VEHICLE. UPON IMPACT, AIRBAGS DIDN'T GO OFF. *AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T												MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I have had several incidents with this truck.
My clutch went out 11-2-01 at 19,884 miles. I returned the truck stating a vibration 22,130. No problem detected. 1-11-2002
1-28-02 car was towed into dealership → DRIVE SHAFT fell off.
Luckily, I was at stop sign ≈ 1 mile from home and going ≈ 5 miles/hr. – otherwise my son and I would have been killed.
Injury: my lower back hurt for about 3 weeks.
I noticed it when I used the clutch
Thus, when I clutched the impact occurred.

☆ U.S. G.P.O.: 1992 – 623-697 / 60085

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

SAN DIEGO CA PM 28 MAR 2002

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

20590+0001