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 1039

Date Received: 18-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 8005801

[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
JT4VD22F5S0009688	TOYOTA TRUCK	T100	1995	

Purchase Dat		Engine Size (CID/CC/L ____	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	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
02410000	SUSPENSION:SINGLE AXLE:REAR:LEAF SPRING ASSEMBLY	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 85	☐ Yes ☐ No	☐ Yes ☐ No
	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)

WHEN DRIVING REAR SPRINGS SWITCHED BACK AND FORTH. TOOK VEHICLE TO DEALER, AND DEALER CHECKED ANOTHER VEHICLE AND THEY HAD FRONT AND BACK CLAMPS. *AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0018

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
-1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received
18-MAR-2002
DEFECTS INVESTIGATION OFFICE

Od_or
rt_dt
pd_rt
up_ltr

Reference No.
3005801

OWNER INFORMATION (Type or Print)

[redacted]

Work Number

Home Nur [redacted]

Do you authorize NHTSA to pro[redacted] vehicle manufacturer.
In the absence of an authorizat[redacted]
☒ YES ☐ NO

Signature of Owner [redacted] Date 3-27-02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
JT4VD22F5S0009688	TOYOTA TRUCK	T100	1995	68,200

Purchase Date
☐ New ☒ Used

Dealer's Name Jan Puklich Chevrolet
City Bismarck State ND Zip Code 58502

Engine Siz (CID/CC/L
No Cylinders V6
☐ 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 ☐ Motorbel ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☑ 4-Wheel	☐ Car ☐ Sport Uti ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) I[redacted]ATION

Component	Part Name(s)		Failed Part(s
02410000	SUSPENSION:SINGLE AXLE:REAR:LEAF SPRING ASSEMBLY	☒ Right ☒ Rear	☒ Original ☐ Replacement

of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 85	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT IN[redacted]RMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and [redacted]y(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitl	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), I[redacted]CIDENT(S), INJURY(IES)

WHEN DRIVING REAR SPRINGS SWITCHED BACK AND FORTH. TOOK VEHICLE TO DEALER, AND DEALER CHECKED ANOTHER VEHICLE AND THEY HAD FRONT AND BACK CLAMPS. *AK

CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)

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