



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

20-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005987

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>(Lowercase letters "i" and "o" are not allowed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	TOYOTA	CAMRY	1998			
Purchase Date <input type="checkbox"/> New <input checked="" 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 09500000 12110000 15300000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG EQUIPMENT:SPEED 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) _____ Mileage at Failure(s) _____ RD 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAG LIGHT ILLUMINATES AT ALL TIMES. ALSO, HORN AND CRUISE CONTROL ARE INOPERABLE. DEALER CONTACTED. PLEASE ADD VIN. *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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

744327
 [Redacted]
 IL
 HINSDALE

Work Number
 [Redacted]

Phone Number
 [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 In the absence of an authorized signature, you are responsible for the accuracy of the information provided.

Signature of Owner
 [Redacted]
 Date 5/2/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]
 Vehicle Make TOYOTA
 Vehicle Model CAMRY
 Vehicle Year 1998
 Current Odometer Reading 61000

Purchase Date [Redacted]
 Dealers Name STEPHENSON TOYOTA
 City STEPHENSON State IL Zip Code [Redacted]
 Engine Size [Redacted] (CID/CCL)
 Fuel System Turbo Diesel Gas Fuel Injecto

Transmission Type Automatic
 Restraint System 3-Point Belt
 Cruise Control Yes
 Drive Type Front Wheel
 Vehicle Type Car
 Rody Style 2-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09500000
 Part Name(s) COMMUNICATIONS:HORN ASSEMBLY
 121:0000 INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG
 15300000 EQUIPMENT: SPEED CONTROL

No. of Failures
 Dates of Failure(s)
 Mileage at Failure(s)
 Vehicle Speed at Failure(s)
 Failed Part(s)
 NHTSA Previously

APPLICATION INCIDENT INFORMATION

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

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

AIR BAG LIGHT ILLUMINATES AT ALL TIMES, ALSO, HORN AND CRUISE CONTROL ARE INOPERABLE. DEALER CONTACTED, PLEASE ADD VIN, AK

CONFIRM ON BACK IF NEEDED

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