

 <p><b>DOT Auto Safety Hotline</b>                  U.S. Department of Transportation                  National Highway Traffic Safety Administration</p>	<p><b>Vehicle Owner's Questionnaire (VOQ)</b>                  NATIONWIDE 1-888-DASH-8-DOT                  1-888-327-4236                  www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY 335</b></p>	
		<p>Date Received                  2:06 AUG-2002</p>	<p>Od, or                  rt_dt                  od_rt                  up_lr</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>YORKTOWN HEIGHTS NY</p>		<p>Reference No.                  8015828</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                  In the absence of an authorization, NHTSA will not provide your name and address to the vehicle manufacturer.</p>		<p>Work Number _____                  Home Number _____</p>	

Signature of Owner \_\_\_\_\_ Date 12/11/2002

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) 4T1BF22K3WU925239 NOT AVAILABLE	Vehicle Make TOYOTA	Vehicle Model CAMRY	Vehicle Year 1998	Current Odometer Reading 105,600	
Purchase Date 11/97	Dealer's Name GREEK TOYOTA		Engine Size (CID/CCL) No. Cylinders 6	<input type="checkbox"/> Turbo Diesel Gas	<input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City WAPPINGERS FALLS State NY Zip Code 12590				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front Rear 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
					Body Style <input checked="" type="checkbox"/> 2-Door 4-Door Stationwagon <input type="checkbox"/> Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 11108000	Part Name(s) HEATER:WATER:DEFROSTER:DEFOGGER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No. of Failures ONGOING CONTINUE	Date(s) of Failure(s) 31-OCT-1998	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) 400		
	Vehicle Speed at Failure(s) ANY SPEED		

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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured N/A	Number of Fatalities N/A	Estimated Property Damage N/A	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHENEVER IT RAINS OR SNOWS DEFOGGER WILL JUST STOP WORKING. WINDOWS FOG UP, AND IT IS IMPOSSIBLE TO SEE CLEARLY. CONSUMER FEELS THIS IS VERY UNSAFE. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

SEE BACK

CONTINUE ON BACK IF NEEDED

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

WHEN VEHICLE IS OPERATED, WEATHER CONDITIONS CAN BE RAIN, SNOW OR ANY OTHER CONDITION WHERE WINDSHIELD DEFROSTER IS NEEDED. WHEN VEHICLE GOES THROUGH A WATER PUDDLE, WATER GETS SPLASHED INTO UNDER SIDE OF VEHICLE. WHEN AIR CONDITIONER IS ON (TO ASSIST WITH HEATER) THE LIGHT ON THE AIR CONDITIONER SWITCH BLINKS AND AIR CONDITIONER STOPS WORKING, WINDOWS FOG UP AND MUST BE CONTINUOUSLY CLEANED BY HAND IN ORDER TO SEE OUT WINDOWS. INTERNET CHECK SHOWED A SIMILAR COMPLAINT TO TOYOTA BY ANOTHER CARRY OWNER.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/ncr>