

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1368 Date Received 02-OCT-2002 Reference No. 8020001 Work Number Home Number	
OWNER INFORMATION (Type or Print) [Redacted] HARBOR CREEK PA			
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. Signature of Owner: [Redacted] Date: 10/12/02			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) JT0BT123120224040 PLEASE PROVIDE	Vehicle Make TOYOTA	Vehicle Model ECHO	Vehicle Year 2002
Purchase Date March 2002 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name Joni Confer BMW City State College, State PA Zip Code 16801	Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo Diesel Gas Fuel Injecto
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 Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12110000	Part Name(s) INTERIOR SYSTEMS-PASSIVE RESTRAINT: AIR BAG	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 17-AUG-2002 July 18, 2002 Mileage at Failure(s) 5000 Vehicle Speed at Failure(s) 40	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0
Estimated Property Damage 0		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATES THAT WHEN HIT AT 40MPH IN THE FRONT CENTER OF THE VEHICLE THE AIR BAG DID NOT DEPLOY. DEALER NOTIFIED. NLM			

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)

Other car pulled directly in front of me, no time to stop vehicle, hit the side of her car, between front over door panel and door, with front end of my vehicle. State police reported 40 mph crash, very few skid marks. Vehicle was totaled with \$6000 dollars damage. Air bags did not deploy with extensive damage to front end. Neck and shoulder injury from crash, have not worked since incident.

[Redacted]
Hickory Creek PA [Redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety Administration
<http://www.safercar.gov/dot>

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
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).**