



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 27

Data Received  
 06-JAN-2000  
 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.  
 854760

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make <b>TOYOTA</b>	Vehicle Model <b>COROLLA</b>	Vehicle Year <b>1988</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>25-DEC-1999</u> Mileage at Failure(s) <u>55000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ON TURNPIKE 60MPH HEARD A NOISE LIKE AN EXPLOSION. VEHICLE SKIDDED THEN CAME TO A STOP. CONTACT DEALER, THEY EXPLAINED IT WAS A TRANSMISSION PROBLEM. \*AK

CONTINUED ON BACK PLEASE

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.



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INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY 27**

Date Received: **06-FEB-22 AM 7:25**  
**06-JAN-2000**  
OFFICE DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
a\_at \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.  
**854760**

Work Number

Home Number

**OWNER INFORMATION (Type or Print)**

**583034**

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, please print name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make <b>TOYOTA</b>	Vehicle Model <b>COROLLA</b>	Vehicle Year <b>1988</b>	Current Odometer Reading <b>55,552</b>
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Purchase Date <b>5/1/88</b>	Dealer's Name <b>STOLUS TOYOTA</b>	Engine Size (CID/CC/L) <b>4</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>LAWRENCE</b> State <b>NY</b> Zip Code <b>11559</b>	No Cylinders <b>4</b>	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input 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"/> Sport UTV <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <b>HATCHBACK</b>	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>07300000</b>	Part Name(s) <b>POWER TRAIN: TRANSMISSION: AUTOMATIC EXPLOSION OF DIFFERENTIAL</b>	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
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No of Failures	Date(s) of Failure(s) <b>25-DEC-1999</b>	Mileage at Failure(s) <b>55000</b>	Vehicle Speed at Failure(s)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**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 <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police 
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WHILE DRIVING ON TURNPIKE 60MPH HEARD A NOISE LIKE AN EXPLOSION. VEHICLE SKIDDED THEN CAME TO A STOP. CONTACT DEALER, THEY EXPLAINED IT WAS A TRANSMISSION PROBLEM. \*AK**

DO NOT WRITE 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.

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) While driving home, I was on the New Jersey Tpke, I was driving at the legal speed limit, when an explosion occurred. The car skidded 30 feet to a dead stop. The police were called and a tow truck was ordered. I was towed home from Carteret, N.J. to my home. The next day the car was towed to a Toyota repair shop where it was discovered that the differential had exploded into the transmission. Enclosed are copies of an overhaul bill, a current repair bill, and a copy of the police report.

Thank you for your help and interest

Sincerely,



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  
 Office of Defects Investigation, NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590



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X  
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Arner

CUSTOMER NO. 42546	ADVISOR PHILIP SALA	CARD NO. 500	INVOICE DATE 01/11/00	INVOICE NO. 1137
	LABOR RATE 77.00	LICENSE NO.	MILEAGE IN 55427	STOCK NO.
	YEAR/MAKE/MODEL 88/TOYOTA/COROLLA EX		DELIVERY DATE	DEPT/PRY MILER
	VEHICLE ID. NO. 1RXAE826XJ2522347		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	F.O. NO.	R.O. DATE 12/28/99	REPORTING MILEAGE OUT NOV 99

LABOR & PARTS-  
JOB # 1 77102 TOW CAR HOURS: TECH(S):0653 700.  
CUSTOMER STATES;LOUD POPPING/EXPLODING NOISE HEARD, WHEELS  
LOCKED UP, GRINDING NOISE HEARD ALSO, CHECK AND ADVISE...  
REMOVED TRANSMISSION AND DIFFERENTIAL FOR FURTHER DIAG. FOUND  
DIFFERENTIAL BLEW APART, SENDING LARGE AMOUNTS OF METAL.  
PARTIAL THREW OUT TRANSMISSION.  
OVERHAULED DIFFERENTIAL/TRANSMISSION, TEST DROVE W/CUSTOMER  
JOB # 1 TOTAL LABOR & PARTS 700.

J# 2414102001 UNICEL TIRE REPAIR HOURS: TECH(S):0653 0.  
NOTE;FLAT SPOT IN FRONT TIRES WHEN WHEELS LOCKED UP,  
ROTATED BAD TIRES TO REAR.  
JOB # 2 TOTAL LABOR & PARTS 0.

SUBLET	POH	QEND	INVB	INV. DATE	DESCRIPTION	
JOB # 1	44079	29040		12/30/99	TOW BILL	37
JOB # 1	43968	20492		01/10/00	R/R TRANNY	1100
TOTAL SUBLET						1137

TOTALS

THE STAFF AT FIVE TOWN TOYOTA  
VALUES IT'S CUSTOMERS.  
WE HAVE FACTORY TRAINED TECHNICIANS  
OVER 20 YEARS TOYOTA EXPERIENCE.  
OUR GOAL: TO FIX IT RIGHT THE FIRST TIME.  
FOR FIVE TOWN TOYOTA STAFF  
THESE "NO BETTER" THANKS "THAN A  
[REDACTED]

TOTAL LABOR	700.
TOTAL PARTS	0.
TOTAL SUBLET	1137
TOTAL G.O.G.	0
TOTAL MISC CHG.	0
TOTAL MISC DISC.	0
TOTAL TAX	15
TOTAL INVOICE	199

2 Year 24,000 Mile  
Warranty

P.T. AUTOMOTIVE, INC. D/B/A FIVE TOWN TOYOTA • INWOOD, N.Y. 11096 • N.Y.S. Repair Shop # R 704 8444