

U.S. Department
of TransportationNational 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 241

Date Received

26-JAN-2000

 Oid_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855747

 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	Vehicle Model	Vehicle Year	Current Odometer Reading
4TT18BXWU234050	TOYOTA	AVALON	1998	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 06112000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	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 Failures	Date(s) of Failure(s) 26-JAN-2000 Mileage at Failure(s) 26000 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

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 checked="" type="checkbox"/> Yes <input 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 REFUELING VEHICLE AT A GAS STATION CONSUMER SET THE PUMP ON AUTOMATIC AND WLAKE OFF A FEW FEET, TURNED AROUND AND NOTICED FLAMES SHOOTING OUT OF FILLER NECK. FLAME WAS PUT OUT WITH A EXTINGUISHER, AND VEHICLE TOWED BACK TO DEALER. *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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Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 241

Date Received: APR 26 2000

Office: 28-JAN-2000

855747

Work Number: [Redacted]

Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of a signature of owner, please print name and address to the vehicle manufacturer.

Signature of Owner: [Redacted]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): 4T1B8XWU234450

Vehicle Make: TOYOTA

Vehicle Model: AVALON

Vehicle Year: 1998

Current Odometer Reading: 20,000

Purchase Date: 2/98

Dealer's Name: Bert Toupin

City: Englewood

State: CO

Zip Code: 80110

Engine Size (CID/CCL): 6

Engine Type: Diesel

Turbo:

Fuel Injection:

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt 2-Point Belt

Motorcycle: 2-Point Belt 4-Point Belt

Drive Train: Front Rear 4-Wheel

Vehicle Type: Car Van Minivan Other

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

Component: 06112000

Part Name(s): FUEL:FUEL TANK ASSEMBLY:PIPE:FILTER:NECK

Location: Left Right

Failed Part(s): Original Replacement

No of Failures: 1

Date(s) of Failure(s): 21-JAN-2000

Mileage at Failure(s): 20000

Vehicle Speed at Failure(s): parked and turned off

Failed Part(s) Available? Yes No

NHTSA Previously Contacted? Yes 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: Yes No

Number of Persons Injured: 0

Number of Fatalities: 0

Estimated Property Damage: \$ 9,000

Reported to Police: Yes No

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

WHILE REFUELING VEHICLE AT A GAS STATION CONSUMER SET THE PUMP ON AUTOMATIC AND WENT OFF A FEW FEET, TURNED AROUND AND NOTICED FLAMES SHOOTING OUT OF FILLER NECK. FLAME WAS PUT OUT WITH A EXTINGUISHER, AND VEHICLE TOWED BACK TO DEALER. *AK

Fire Dept report stated gas station pump ignited fire from spark of unknown source. No smoking or fire people allowed to be the cause, so car or gas pump were cause.

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CONTINUE ON BACK IF NEEDED