



U.S. Department  
of Transportation

National 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 252

Date Received

14-APR-2000

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

860392

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 |
| JT3HJ85J8VQ168416                                                                       | TOYOTA TRUCK | LAND CRUISER  | 1997         |                          |

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                       |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06410000 | Part Name(s)<br>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL                                              | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures        | Date(s) of Failure(s) 02-APR-2000<br>Mileage at Failure(s) 72000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

VEHICLE STALLS AND SHUTS OFF UNEXPECTEDLY. WHEN CONSUMER LIFTS FOOT FROM ACCELERATOR PEDAL VEHICLE JUST CUTS OFF. \*AK

CONTINUED ON BACK

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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FOR AGENCY USE ONLY 252

Date Received

MAY 15 AM 9:58  
14 APR 2000  
OFFICE  
EFFECTS INVESTIGATION

Od or

n dt

od rt

ip tr

Reference No.

860392

OWNER INFORMATION (Type or Print)

603269

Work

Home

Do you own the vehicle? ☒ YES ☐ NO

In the absence of an authorization from NHTSA, do NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 5/1/00

## VEHICLE INFORMATION

|                                                                                                                                                    |                                                                                           |                                                                                                                                                                                                                                                                          |                                                                                          |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br>(Located at bottom of windshield on driver's side)                                                                     | Vehicle Make                                                                              | Vehicle Model                                                                                                                                                                                                                                                            | Vehicle Year                                                                             | Current Odometer Reading                                                                                                                                |
| JT3HJ95J8VO168418                                                                                                                                  | TOYOTA TRUCK                                                                              | LAND CRUISER                                                                                                                                                                                                                                                             | 1997                                                                                     | 83,000                                                                                                                                                  |
| Purchase Date<br>1/97                                                                                                                              | Dealer's Name<br>Bell Toyota                                                              |                                                                                                                                                                                                                                                                          | Engine Size<br>(CID/CC/L)                                                                | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                              | City<br>Phoenix State<br>AZ Zip Code                                                      |                                                                                                                                                                                                                                                                          | No Cylinders<br>6                                                                        |                                                                                                                                                         |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                              | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                           |
| Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |                                                                                           | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input checked="" type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other                                                         |                                                                                          |                                                                                                                                                         |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                        |                                                                                                       |                                                                                                                                                |                                                                                                        |
|------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Component<br>05410000  | Part Name(s)<br>FUEL THROTTLE LINKAGES AND CONTROL PEDAL                                              | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br>many | Date(s) of Failure(s)<br>02-APR-2000<br>Mileage at Failure(s)<br>72000<br>Vehicle Speed at Failure(s) | Failed Part(s)<br>Available?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                            | NHTSA Previously<br>Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

VEHICLE STALLS AND SHUTS OFF UNEXPECTEDLY. WHEN CONSUMER LIFTS FOOT FROM ACCELERATOR PEDAL VEHICLE JUST CUTS OFF. \*AK

cable control valve control faulty  
engine shuts down or stalls

CONTINUE ON BACK IF NEEDED

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