

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

436

Date Received

06-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864940

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>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| NOT AVAILABLE | TOYOTA TRUCK | TUNDRA | 2000 | |

| | | | |
|---|---------------------------------------|--------------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCL) _____ | <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|---|
| Component 12111000 | Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A | Location | Failed Part(s) |
| | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |

| | | | |
|-----------------|-----------------------------------|--|--|
| No. of Failures | Date(s) of Failure(s) 03-JUL-2000 | Failed Part(s) Available? | NHTSA Previously Contacted? |
| | Mileage at Failure(s) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vehicle Speed at Failure(s) _____ | | |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)


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

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

CONSUMERS VEHICLE WAS STOLEN & IN AN ACCIDENT. THE VEHICLE HIT A CONCRETE BRIDGE & THE AIRBAGS DIDN'T DEPLOY. THE CONSUMER SAYS THE MANUFACTURE DOESN'T SEEM TO BE CONCERN ABOUT THE SAFETY OF THE VEHICLE.*AK

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.

| | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|---|--|---|--|
|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 438</p> <p>Date Received <u>00 AUG -2 AM</u> <u>06-JUL-2000</u> OFFICE DEFECTS INVESTIGATION</p> | | <p>Od_or _____ od_m _____ up_itr _____</p> <p>Reference No. 864940</p> | | | | | | | |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted]</p> | | | | | | <p>Work Number _____</p> <p>Home Number _____</p> | | | | | | | |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of _____ and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>7/27/00</u></p> | | | | | | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | | | | | |
| <p align="center">VEHICLE INFORMATION</p> | | | | | | | | | | | | | |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of field on driver's side) <u>5TBBT4419YS05595</u> NOT AVAILABLE</p> | | <p>Vehicle Make TOYOTA TRUCK</p> | | <p>Vehicle Model TUNDRA</p> | | <p>Vehicle Year 2000</p> | | <p>Current Odometer Reading _____</p> | | | | | |
| <p>Purchase Date <u>5-20-00</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | | <p>Dealer's Name <u>LEE AUTO MALLS</u> City <u>Westbrook</u> State <u>ME</u> Zip Code _____</p> | | | | <p>Engine Size (CID/CC/L) _____ No Cylinders <u>8</u></p> | | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p> | | | | | |
| <p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> | | <p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Restraint System <input 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</p> | | <p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p> | | <p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> | | <p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p> | |
| <p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | | | | | | | | | |
| <p>Component 12111090</p> | | <p>Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA</p> | | | | <p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p> | | <p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p> | | | | | |
| <p>No of Failures _____</p> | | <p>Date(s) of Failure(s) <u>03-JUL-2000</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p> | | | | <p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | |
| <p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.)</p> | | | | | | | | | | | | | |
| <p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Number of Persons Injured <u>0</u></p> | | <p>Number of Fatalities <u>0</u></p> | | <p>Estimated Property Damage _____</p> | | <p>Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |
| <p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> | | | | | | | | | | | | | |
| <p>CONSUMERS VEHICLE WAS STOLEN & IN AN ACCIDENT. THE VEHICLE HIT A CONCRETE BRIDGE & THE AIRBAGS DIDN'T DEPLOY. THE CONSUMER SAYS THE MANUFACTURE DOESN'T SEEM TO BE CONCERN ABOUT THE SAFETY OF THE VEHICLE.*AK</p> | | | | | | | | | | | | | |
| <p align="right">CONTINUE ON BACK IF NEEDED</p> | | | | | | | | | | | | | |
| <p>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 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.</p> | | | | | | | | | | | | | |