

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

12-JUL-2000

| | |
|--------|-------|
| Od_or | _____ |
| rt_dt | _____ |
| od_rt | _____ |
| up_ltr | _____ |

Reference No.

865330

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 |
| 1NXBR18E1WZ067403 | TOYOTA | COROLLA | 1998 | |

| | | | |
|---|---------------------------------------|--------------------------------|--|
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" 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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|-----------------------------------|--|---|
| Component 06100000 | Part Name(s) FUEL:FUEL SYSTEMS | 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) 07-JUL-2000 | Failed Part(s) Available? | NHTSA Previously Contacted? |
| | Mileage at Failure(s) 39500 | <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

WHILE DRIVING VEHICLE EXPERIENCE AN ENGINE COMPARTMENT FIRE. LOCAL FIRE DEPARTMENT ARRIVED AND EXTINGUISHED THE FIRE, AND INFORMED CONSUMER THAT A FUEL LEAKAGE MIGHT HAVE BEEN THE CAUSE. DEALER NOTIFIED. FEEL FREE TO PROVIDE FURTHER DETAILS. *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.