

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

333

Date Received

17-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865533

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 on vehicle's belt)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2T1BR12E1WC101205	TOYOTA	COROLLA	1998	

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

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"/> 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 Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> 2-Point Belt <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 13400000	Part Name(s) STRUCTURE:DOOR ASSEMBLY	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) _____ Mileage at Failure(s) 20000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" 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)

EVERYTIME IT RAINS ALL 4 DOORS LEAK. CONTACT DEALER, AND NOTHING THEY COULD DO.  
VEHICLE IS SMELLING MOLDY.\*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.



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AUG -1 PM 2:34  
17-JUL-2000

OFFICE DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rl \_\_\_\_\_  
up\_itr \_\_\_\_\_

OWNER INFORMATION (Type or Print)

621049

Reference No.

865533

Work Number

Home Number

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 7/28/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>2T1BR12E1WC101205</b>		Vehicle Make <b>TOYOTA</b>	Vehicle Model <b>COROLLA</b>	Vehicle Year <b>1998</b>	Current Odometer Reading <b>23,500</b>
Purchase Date	Dealer's Name <b>Toyota</b>		Engine Size (CID/CC/L)	<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>CHICAGO</b>	State <b>IL</b>	Zip Code <b>45255</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 type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" 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
Body Style <input type="checkbox"/> 2-Door <input checked="" 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 <b>13400000</b>	Part Name(s) <b>STRUCTURE: DOOR ASSEMBLY ALL FOUR DOORS LEAKING DOORS WHEN IT RAINS</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>NOV 99 DEC 99 JULY 00</b> Mileage at Failure(s) <b>23000</b> Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 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)

EVERYTIME IT RAINS ALL 4 DOORS LEAK. CONTACT DEALER, AND NOTHING THEY COULD DO. VEHICLE IS SMELLING MOLDY.\*AK  
SUPERVISOR CHECKED NEW CARS IN LOT AND ALL THE CARS LEAKS

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON THIS FORM USE ONLY IF APPLICABLE

