



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	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
29-SEP-2000	Reference No. 871826

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4T1BZ22K4WU198464	TOYOTA	CAMRY	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
<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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside 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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
Body Style						
<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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 21-SEP-2000 Mileage at Failure(s) 37250 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	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)

BOTH FRONT BRAKE ROTORS ARE CORRODED/PITTED. REPAIRS BEING MADE AT INDEPENDENT REPAIR SHOP. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (REVERSE)

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.

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

29-SEP-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

871826

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
4T1BZ22K4WU198464	TOYOTA	CAMRY	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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	---	---

No. of Failures	Date(s) of Failure(s) 21-SEP-2000 Mileage at Failure(s) 37250 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 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
--	---	---------------------------	----------------------	---------------------------	---

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

BOTH FRONT BRAKE ROTORS ARE CORRODED/PITTED. REPAIRS BEING MADE AT INDEPENDENT REPAIR SHOP. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *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.

<p style="text-align: center;">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>	FOR AGENCY USE ONLY 241	
	Date Received 29-SEP-2000 OFFICE DEFECTS INVESTIGATION	Od_or rt_dt od_rt up_ltr

OWNER INFORMATION (Type or Print)	
<div style="background-color: black; width: 100%; height: 100%;"></div>	643149
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Signature of Owner <div style="background-color: black; width: 100%; height: 15px;"></div>	Date <u>10/18/00</u>

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers side) 4T1B622K4W0198464 4T1B622K4W0198464	Vehicle Make TOYOTA	Vehicle Model CAMRY	Vehicle Year 1998	Current Odometer Reading 38,135	
Purchase Date 09/26/97	Dealer's Name <u>WESTBURY TOYOTA</u>		Engine Size (CID/CC/L) 2.2	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gasoline <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>WESTBURY</u> State <u>NY</u> Zip Code <u>11590</u>		No Cylinders <u>4</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PC	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>21-SEP-2000</u> Mileage at Failure(s) <u>37250</u> Vehicle Speed at Failure(s) <u>N/A</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(ies), 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 N/A	Number of Fatalities N/A	Estimated Property Damage N/A
Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

BOTH FRONT BRAKE ROTORS ARE CORRODED/PITTED. REPAIRS BEING MADE AT INDEPENDENT REPAIR SHOP. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

CAR FAILED NEW YORK STATE SAFETY INSPECTION BECAUSE OF THIS CONDITION. OWNER OF INDEPENDENT SHOP CONTACTED TOYOTA DEALER, AND DEALER WOULD NOT COVER THE COST OF THE ROTORS. THE CAR WAS 1,250 MILES BEYOND THE BASIC WARRANTY AT THE TIME OF THE INSPECTION. COPY OF REPAIR INVOICE AND INSPECTION REJECTION NOTICE ENCL.

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.

BARGOIL SERVICE CENTER
 784 Carman Avenue
 WESTBURY, NEW YORK 11590
 (516) 334-6029
 Repair Shop #3022-002

15893

DATE: 12/1/00
 TIME: 10:00 AM
 CUSTOMER STOP BY NO. [REDACTED]
 ORDER WRITTEN BY: [REDACTED]
 TEL. WITHERT: YES NO
 IN ODDS: YES NO
 MIL. MILES: 37050
 MILEAGE: 37050

SERVICES REQUESTED/DESCRIPTION OF WORK

AMOUNT

774 H# 17632299 35-

Charged Motor Oil 18-

Replaced front brake pads & pins 45-

45.000 miles checked up

Inspected & checked
 exhaust system, brakes,
 back, oil, fluids,
 tire, adjust brake -

TOTAL LABOR

QTY. PART NO. AND DESCRIPTION (All parts new unless otherwise specified)

1 074465-33210 3881

1 43512-33020 16110

1/2 CAR CLEANING 2-

25 qt Motor Oil 565

TOTAL PARTS	27.56
TOTAL LABOR	98
TOTAL SUBLET	
GAS, OIL AND GREASE	
SHOP SUPPLIES	
EPA/WASTE DISPOSAL	
TAX	24.70
TOTAL	325.56

Handwritten signature: Paul J. [unclear]

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate vehicle for purpose of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that you will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire.

OLD PARTS YES NO

N.Y.S. Department of Motor Vehicles

Inspection Rejection Notice - Transient Test

Vehicle Year 1998 Vehicle Make TOYOT Plate Number D837GY Mileage 037243

Vehicle Identification Number 4T1BG22K4WU198464

Inspection Station No. 7035306 Inspector No. 687B Inspection Date 09/21/2000

Your Vehicle Failed its Annual Inspection for the Reasons Listed Below.

Gas Cap Test Result: **PASS** On-board Diagnostic Test Result: **PASS**
Codes:

Emissions Control Devices Result: **PASS**
For:

Emission Test Result: **PASS**
Vehicle Reading HC 0.12 gpm CO 3.19 gpm NOx 0.56 gpm
Test Limits HC 0.80 gpm CO 15.00 gpm NOx 2.00 gpm

Safety Inspection: **FAIL**
Component: **Service Brake System**

Inspection Fee: 35.00

ATTENTION MOTORIST:

This rejection notice must be shown to an inspector at the time you bring the vehicle in for reinspection. Failure to present this notice or inform the inspector that the vehicle is returning for an inspection could result in your vehicle receiving a complete safety and emission inspection. This would require you to pay the FULL inspection fee.

Your vehicle has failed the emissions test, the model year is within eight (8) of the current year and the mileage is less than 80,000. It may be eligible for emissions related warranty repairs. For more information see your owner's manual or contact your dealer.