

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 255

Date Received

06-OCT-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

872416

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
2T1DR18E3WC [REDACTED]	TOYOTA	COROLLA	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 type="checkbox"/> New <input checked="" 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"/> 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 12111000 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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
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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 <input checked="" type="checkbox"/> Yes <input 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)

THIS VEHICLE HIT ANOTHER VEHICLE AT 30 MPH, NONE OF THE FOUR AIR BAGS DEPLOYED. TOYOTA WAS CONTACTED. VEHICLE WAS TOTALED.*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.

 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 255	Date Received RECEIVED 10 OCT 2000 00 09 20 AM '00	Od_or _____ rt_dt _____ od_rt _____ up_itr _____
	OWNER INFORMATION (Type or Print) [Redacted] 644550	OFFICE DEFECTS INVESTIGATION	Reference No. 872416	Work Num [Redacted] Home Num [Redacted]

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 [Redacted] Date 10/16/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2T1DR18E3WC [Redacted]	Vehicle Make TOYOTA	Vehicle Model COROLLA	Vehicle Year 1998	Current Odometer Reading 44,000.	
Purchase Date NOV 97	Dealer's Name <u>Penn Auto Toyota</u> City <u>Fairmont</u> State <u>WV</u> Zip Code _____		Engine Size (CID/CC) _____ No Cylinders <u>4</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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"/> Sport Util <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 2 12111000 2 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures - 4	*Date(s) of Failure(s) <u>8-21-00</u> Mileage at Failure(s) <u>44,000</u> Vehicle Speed at Failure(s) <u>30-35 mph</u>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>2 Child</u>	Number of Families <u>0</u>	Estimated Property Damage <u>12,600.</u>	Reported to NHTSA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

THIS VEHICLE HIT ANOTHER VEHICLE AT 30 MPH, NONE OF THE FOUR AIR BAGS DEPLOYED. TOYOTA WAS CONTACTED. VEHICLE WAS TOTALED. AK The other vehicle was traveling 45 to 60 mph when it hit him in the side knocking a Lincoln Town Car across the road into a ditch. why? My Corolla was totaled and not 1 air bag went off!! why??

CONTINUE ON BACK IF NEEDED

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