

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 125

Date Received

17-OCT-2000

 Ocl\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

873177

 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 <b>TOYOTA TRUCK</b>	Vehicle Model <b>TACOMA</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
--	-------------------------------------	--------------------------------	-----------------------------	--------------------------

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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 07421000	Part Name(s) <b>POWER TRAIN:DRIVESHAFT</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	---	---	---

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
-----------------	---	---	---

## 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)

**WHILE DRIVING THE BOLTS BROKE OFF THE DRIVE SHAFT SEPARATING THE REAR AXLE AND HITTING THE GAS TANK. PLEASE GIVE ANY FURTHER DETAILS.**

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 125	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		DEFECTS INVESTIGATION	
[REDACTED]		647485	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized agent, NHTSA will NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [REDACTED]		Date 10/30/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of dashboard or driver's door)</small>	Vehicle Make	Vehicle Model	Vehicle Year
4TAWM72N7VZ27716	TOYOTA TRUCK	TACOMA	1997
Current Odometer Reading			
58,332			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
3/24/99	WAPPINGERS FALLS TOYOTA	4	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City WAPPINGER FALLS State NY Zip Code 12590	No Cylinders	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
07421000	POWER TRAIN:DRIVESHAFT	<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) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage		Reported to Police	
0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING BOLTS BROKE OFF THE DRIVESHAFT SEPARATING REAR AXLE AND HITTING THE GAS TANK. PLEASE GIVE ANY FURTHER DETAILS. AK THE DRIVESHAFT IS HELD IN PLACE BY (2) BOLTS. ACCORDING TO THE SERVICE MGR. (1) BOLT FELL OUT. DUE TO THE STRAIN ON THE OTHER (AT THE TIME OF THE INCIDENT) RIPPED THRU THE MOUNTING FLANGE ALLOWING THE DRIVESHAFT TO FALL, DIS-ENGAGING THE DRIVESHAFT SPLINE FROM THE REAR AXEL. THE PROTRUDING PART OF THE AXEL CONTINUED			
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 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.			



164772

27558

# Wappingers Falls



\*INVOICE\*

1349 Route 9  
Wappingers Falls, NY 12580  
(914) 293-8881

PAGE 1

SERVICE ADVISOR: 117 STEVEN CONRAD

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OLT	TAG	
GREEN/	97	TOYOTA TACOMA	4TAWM72N7VZ277176	73190AS	56946/56948		
DEL DATE	PRCD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24MAR1999			17:00 12OCT00		VAR	CASH	12OCT2000
R.O. OPENED		READY	OPTIONS: STK:1361SW 2)MOD#-T				
07OCT00		12OCT00					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUSTOMER STATES MOUNTING BRACKET FOR DRIVE SHAFT BROKE CAUSING THE DRIVE SHAFT TO DROP OUT + DAMAGE THE GAS TANK  
DIAG DIAGNOSE

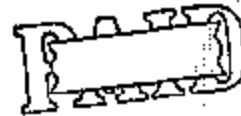
99	CP					272.00	272.00
1	37100-3D230	SHAFT ASSY, PROPELLE			1619.03	1619.03	1619.03
1	77001-04020	TANK SUB-ASSY, FUEL			354.90	354.90	354.90
2	90119-10788	BOLT, W/WASHER			2.22	2.22	4.44

\*\*\*\*\*

CUSTOMER PAY WASTE DISPOSAL FOR REPAIR ORDER 10.00

#115, REPLACED DRIVE SHAFT + GAS TANK. NOTE: BOLTS FOR DRIVE SHAFT ARE ON BACK ORDER, BOLTS THAT ARE IN NOW ARE GOOD. TECH WOULD LIKE TO INSTALL TOYOTA BOLTS WHEN THEY COME IN

\* THANK YOU FOR RELYING ON US HERE AT WAPPINGERS TOYOTA/SUBARU FOR ALL YOUR SERVICE NEEDS. IF YOU WERE NOT "COMPLETELY SATISFIED" WITH YOUR VISIT TODAY PLEASE CONTACT OUR CUSTOMER RELATIONS MANAGER, ANTHONY DEFINI AT 298-8880\*



THESE REPAIRS ARE COVERED BY A LIMITED WARRANTY, LABOR AND PARTS 90 DAYS OR 4,000 MILES, WHICHEVER COMES FIRST. SELLER HEREBY LIMITS IMPLIED WARRANTIES TO THE SAME PERIOD.

**STATEMENT OF DISCLAIMER**

ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURERS. THE SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. THOSE PARTS AND ACCESSORIES THAT ARE NOT SUPPLIED OR MARKETED BY GM ARE NOT WARRANTED BY GM, NOR ARE THEY WARRANTED BY THE SELLING DEALER. ASK YOUR SERVICE REPRESENTATIVE FOR SPECIFIC WARRANTY INFORMATION ON THESE PRODUCTS.

ALL PARTS ARE NEW,  
ORIGINAL EQUIPMENT  
FOR THE VEHICLE UNLESS  
OTHERWISE STATED  
IN WRITING

## Thank You!


DESCRIPTION	TOTALS
LABOR AMOUNT	272.00
PARTS AMOUNT	1978.37
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	10.00
TOTAL CHARGES	2260.37
LESS INSURANCE	0.00
SALES TAX	163.15
PLEASE PAY THIS AMOUNT	2423.52

NYS M/V - R/S REG. NO.

CUSTOMER COPY

**MANN'S PAINT & BODY SHOP  
NORTH, INC.**  
Route 52, P.O. Box 647  
GLENHAM, NY 12527  
(845) 838-1414

# ROAD SERVICE

TIME OF CALL AM PM	DATE IN 10/7	DATE OUT	TIME START AM PM	TIME FINISH AM PM	REQUESTED BY	PO/CASE #	OFFICER NAME		
NAME		[REDACTED]		[REDACTED]		[REDACTED]			
YEAR	MAKE	MODEL	COLOR	ODOMETER	DRIVER				
97	TOYOTA	TOYOTA	GREEN	56146	REGISTERED OWNER				
MARKER PLATE #	STATE	VIN #	REGISTERED OWNER						
34611R	NY	4TAWM72A7U23716	REGISTERED OWNER						
LOCATION OF VEHICLE									
On edge of road									
TOWED TO									
Woodsburg									
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE		DRIVER			
RELEASED BY		DATE		PHONE #					
<b>REASON FOR TOW</b>		<b>TYPE OF TOW</b>		PERSONALS TAKEN BY		DATE			
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> NO START <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> TOW ZONE <input type="checkbox"/> STOLEN <input type="checkbox"/> SNOW REMOVAL		<input checked="" type="checkbox"/> BREAK DOWN <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FIRE LANE <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> ARREST <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> Drunk		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT, BED/RAMP <input type="checkbox"/> WHEEL LIFT		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF A CAR <input type="checkbox"/> DEALER		<input type="checkbox"/> DATE <input type="checkbox"/> PHONE #	
<b>SPECIAL EQUIPMENT USED</b>		<b>OTHER SERVICES</b>		<b>VEHICLE STORAGE TIME</b>					
<input type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS		<input type="checkbox"/> FLARES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FROM _____ TO _____ DAYS @ \$ _____					
<b>METHOD OF PAYMENT</b>		<b>VEHICLE STORAGE TIME</b>		<b>INDICATE DAMAGED AREA(S) ON VEHICLE:</b>					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD		<input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> EXP. DATE							
CREDIT CARD #		AUTHORIZED SIGNATURE		MILEAGE		TOWING CHARGE			
[REDACTED]		[REDACTED]		FINISH 165		45.00			
[REDACTED]		[REDACTED]		START 162		MILEAGE 10.50			
[REDACTED]		[REDACTED]		TOTAL 3		LABOR			
[REDACTED]		[REDACTED]		LABOR TIME		EXTRA PERSON			
[REDACTED]		[REDACTED]		FINISH		SPECIAL EQUIPMENT			
[REDACTED]		[REDACTED]		START		STORAGE			
[REDACTED]		[REDACTED]		TOTAL		SUBTOTAL 55.00			
[REDACTED]		[REDACTED]		EXTRA PERSON		TAX 4.02			
[REDACTED]		[REDACTED]		FINISH		TOTAL 59.50			
[REDACTED]		[REDACTED]		START					
[REDACTED]		[REDACTED]		TOTAL					
DRIVER SIGNATURE		DATE		DRIVER #		TRUCK #			
[REDACTED]		10/7/00		600-7					

We cannot be responsible for damages caused by faulty tires, bumper brackets, etc. This company assumes no responsibility for loss or damage by theft, fire or any other cause beyond our control, to any vehicle placed with them for storage or repair.

©1998 JW Direct, Inc.

**THANK YOU!**

PRODUCT 8790

8333