

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

19-OCT-2000

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

Reference No.

873423

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
<b>PLEASE FILL IN</b>	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"/> Motorbelt <input checked="" 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"/> 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 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	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) 01-JAN-1993 Mileage at Failure(s) 65000 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 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)

REPORTING EXCESSIVE WEAR OF BRAKE PADS AND ROTORS, REPLACEMENT/ ROTORS TUNE ARE NEEDED EVERY 8,000 MILES; DEALER NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS:

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.



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Date Received: **19-OCT-2000**  
Office: **DEFECTS INVESTIGATION**  
Reference No.: **873423**

OWNER INFORMATION (Type or Print)

648310

Work Number: [Redacted]  
Home Number: [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: **10/30/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): **JT2BG22K440143341** (Located at bottom of windshield on driver's side)  
PLEASE FILL IN  
Vehicle Make: **TOYOTA** Vehicle Model: **CAMRY** Vehicle Year: **1998** Current Odometer Reading: **64,890**

Purchase Date: [Blank] Dealer's Name: **Toyota of Riverside** Engine Size (CID/CC/L): **2.3** Turbo:   
 New  Used City: **Riverside** State: **CA** Zip Code: **92504** No Cylinders: **4** Diesel:   
Fuel Injection:

Transmission Type:  Manual  Automatic  
Antilock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Utl  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **03270000** Part Name(s): **BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM** Location:  Left  Right  Original  Replacement  
 Front  Rear  
No. of Failures: **6** Date(s) of Failure(s): **01-JAN-1998** Failed Part(s) Available?:  Yes  No NHTSA Previously Contacted?:  Yes  No  
Mileage at Failure(s): **65000**  
Vehicle Speed at Failure(s): [Blank]

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: [Blank] Number of Fatalities: [Blank] Estimated Property Damage: [Blank] Reported to Police:  Yes  No

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

**EXCESSIVE WEAR OF BRAKE PADS AND ROTORS, REPLACEMENT/ ROTORS TUNE ARE NEEDED EVERY 6,000 MILES; DEALER NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. \*AK**

Numerous complaints to dealer over this situation 1st time - 1/98. Subsequent purchase. Also 11/98 - replaced pads machined rotors & replaced rear wheel cylinders. They state they replaced front pads & rotors (as a 10000 mile general service) but state that the brake wear is continuous responsibility. We have subsequently had to purchase a BRAKE KIT from Winston Tire Company to [Redacted]

CONTINUE ON BACK IF NEEDED

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