


| 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 569 | |
|---|--|--|--|--|--|
| OWNER INFORMATION (Type or Print) | | 662898 | | Date Received 26-DEC-2000 | Od or rt_m od_r up_m |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an auto provide your name and address to the vehicle manufacturer. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | Reference No. 876948 | |
| Signature of Owner | | Date | | Work Num Home Num | |
| VEHICLE INFORMATION | | | | | |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| NOT AVAILABLE | | TOYOTA | AVALON | 1987 | ~29,000 |
| Purchase Date April 1997 | 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 |
| <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> Passengerside Airbag | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type | | Body Style | | | |
| <input checked="" 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 | | <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 01400000 | Part Name(s) STEERING GEAR RACK AND PINION | | Location | | Failed Part(s) |
| | | | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) 01-DEC-2000 Mileage at Failure(s) 28,500 Vehicle Speed at Failure(s) | | Failed Part(s) Available? | | NHTSA Previously Contacted? |
| | | | <input type="checkbox"/> Yes <input 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 | 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) | | | | | |
| VEHICLE IS LEAKING STEERING FLUID DUE TO A BROKEN RACK AND PINION. PLEASE PROVIDE VIN AND ADDITIONAL INFORMATION. *AK VIN: 4T1BF12B5YU182396 Manufacturer made part available as 'goodwill' gesture. But we had to pay \$375 for labor to install. Since this problem seems to be quite common to Avalons I believe recall would be the right thing to do. | | | | | |
| 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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|  <p>DOT Auto Safety Hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 559</p> | |
| <p>Date Received</p> <p>26-DEC-2000</p> | | <p>Od_or _____ rl_dt _____ od_rt _____ up_ltr _____</p> | | <p>Reference No.</p> <p>876948</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | | | <p>Work Number _____ Home Number _____</p> | |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> | | <p>Signature of Owner _____ Date ____/____/____</p> | | | |
| <p align="center">VEHICLE INFORMATION</p> | | | | | |
| <p>Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side)</p> <p>NOT AVAILABLE</p> | | <p>Vehicle Mak</p> <p>TOYOTA</p> | <p>Vehicle Mode</p> <p>AVALON</p> | <p>Vehicle Year</p> <p>1997</p> | <p>Current Odometer Reading</p> |
| <p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p> | | <p>Dealer's Name _____ City _____ State _____ Zip Code _____</p> | | <p>Engine Siz (CID/CC/L) _____ No Cylinders _____</p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p> | |
| <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> | <p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p> | | <p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> |
| <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p> | <p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p> | | | | |
| <p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| <p>Component</p> <p>01400000</p> | <p>Part Name(s)</p> <p>STEERING:GEAR:RACK AND PINION</p> | | <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p> | | <p>Failed Part's</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p> |
| <p>No of Failures</p> | <p>Date(s) of Failure(s) 01-DEC-2000 Mileage at Failure(s) 28 Vehicle Speed at Failure(s) _____</p> | | <p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p> | | | | | |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured</p> | <p>Number of Fatalitie</p> | <p>Estimated Property Damag</p> | <p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>VEHICLE IS LEAKING STEERING FLUID DUE TO A BROKEN RACK AND PINION. PLEASE PROVIDE VIN AND ADDITIONAL INFORMATION. *AK</p> | | | | | |
| <p align="right">CONTINUE ON BACK IF NEEDED</p> | | | | | |
| <p>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> | | | | | |