



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

117

Date Received

24-JAN-2001

Od_or _____
rt_dt _____
pd_rt _____
ip_ltr _____

Reference No.

878979

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) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT5RN55D5E0072395	TOYOTA TRUCK	PICKUP	1984	
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size _____ (CID/CCL) _____ No. Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ 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 Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07462000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY:SHAFT AXLE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) 75 Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE AXLE SHAFT KEPT WEARING OUT. BEARING WOULD START TO ROTATE AROUND AXLE SHAFT WHEN IT CAME LOOSE. THIS WOULD CAUSE REAR WHEELS TO COME OFF WHEN IT BROKE AXLE SHAFT WAS REPLACED.*AK

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.



U.S. Department
of Transportation
National Highway
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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 117

Date Received

24-JAN-2001
OFFICE
DEFECTS INVESTIGATION

Od or
rt dt
br
up tr

Reference No.

878979

OWNER INFORMATION (Type or Print)

669578

Work Number

Home Number

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.) (Located at bottom of windshield on driver's side) **JT5RN55D5E0072395** Vehicle Make **TOYOTA TRUCK** Vehicle Model **PICKUP** Vehicle Year **1984** Current Odometer Reading **79,000**

Purchase Date

Dealer's Name **PRIVATE SALE**

Engine Size

(CID/CC/L) **2.4L**

☐ Turbo
☐ Diesel
☒ Gas
☒ Fuel Injection

☐ New ☒ Used

City State Zip Code

No Cylinders **4**

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **07462000** Part Name(s) **POWER TRAIN:AXLE ASSEMBLY:SHAFT AXLE** Location ☒ Left ☒ Right ☐ Front ☒ Rear Failed Part(s) **NOT** ☐ Original ☒ Replacement
No of Failures Date(s) of Failure(s) **OCT. 2000** Mileage at Failure(s) **79,000** Vehicle Speed at Failure(s) Failed Part(s) Available? ☐ Yes ☒ No NHTSA Previously Contacted? ☒ Yes ☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured **0** Number of Fatalities **0** Estimated Property Damage **0** Reported to Police ☐ Yes ☒ No

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

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

(Page 1 through Page 3)

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