



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 255

Date Received

02-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

881975

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) (Location at bottom of windshield and driver's side door)		Vehicle Make TOYOTA TRUCK	Vehicle Model 4 RUNNER	Vehicle Year 1998	Current Odometer Reading
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ 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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT SUSPENSION FAILED, CAUSING A-ARM TO COLAPSE. FRONT END IS SITTING DOWN ON TIRES. DEALR HAS NOT BEEN CONTACTED. *AK

COPIES OF THIS FORM ARE:

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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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

APR - 1 10 9:11
02-MAR-2001
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.

881975

OWNER INFORMATION (Type or Print)

677908

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

☒ YES

☐ NO

Signature of Owner

Date 3-25-01

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of vehicle on driver's side) **677908** Vehicle Make **TOYOTA TRUCK** Vehicle Model **4 RUNNER** Vehicle Year **1998** Current Odometer Reading **35,996**

Purchase Date

Dealer's Name **HOLT TOYOTA**

Engine Size
(CID/GCC/L

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

☒ New ☐ Used

City **BEAD** State **OR** Zip Code **97701**

No Cylinders **6**

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 Utility Truck ☐ Van ☐ Minivan ☐ Motorcycle ☐ Other Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **02100000** Part Name(s) **SUSPENSION:INDEPENDENT FRONT** Location ☐ Left ☒ Right ☒ Front ☐ Rear Failed Part(s) ☒ Original ☐ Replacement No of Failures **3/01** Date(s) of Failure(s) **35,996** Mileage at Failure(s) **2 MPH** 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)

FRONT SUSPENSION FAILED, CAUSING A-ARM TO COLAPSE. FRONT END IS SITTING DOWN ON TIRES. DEALR HAS NOT BEEN CONTACTED. *AK

BALL JOINT CONNECTING A-ARM TO BOTTOM OF BACKING PLATE FAILED, FRONT A-ARM DROPPED TO GROUND, TIRE TURNED SIDE AND CRUNCHED UP INTO FENDER WELL. THE VEHICLE WAS BACKING AWAY FROM SHOP WHEN

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

FAILURE OCCURRED. IF IT HAD FAILED GOING DOWN THE HIGHWAY
THE VEHICLE WOULD BE UNCONTROLLABLE AND THE RESULTS WOULD
BE CATASTROPHIC

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☆ U.S. GPO: 1992-002-867/80000

U.S. Department
of Transportation
National Highway
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Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

