



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 231

Date Received

12-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

882739

OWNER INFORMATION (Type or Print)

DEBBIE GUGGENHEIM 679506
385 LAUREL AVE
HIGHLAND PARK IL 60035

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) <small>(Lowercase letters and numbers only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	TOYOTA TRUCK	SEQUOIA	2001	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input 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"/> Driverside Airbag <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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

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Date Received: 12-MAR-2001
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 Work Number: [Redacted]
 Home Number: [Redacted]

Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)
 679506 [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized NHTSA agent, please provide your address to the vehicle manufacturer.

Signature of Owner: [Redacted]

VEHICLE INFORMATION

Vehicle Ident No (VIN): [Redacted]

Vehicle Make: TOYOTA TRUCK
 Vehicle Model: SEQUOIA
 Vehicle Year: 2001

Purchase Date: 11/29/00
 Dealer's Name: Grossinger Toyota
 City: Hollywood state LA zip code

Engine Size (CID/CCL): 8
 No Cylinders: 8
 Fuel Injection: Gas Diesel Turbo

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt Motor Belt

Driver's Side Airbag: Yes No

Passenger's Side Airbag: Yes No

Cruise Control: Yes No

Drive Train: Front Rear 4-Wheel

Vehicle Type: Car Van Minivan Other

Body Style: Sport Utility Truck Motorcycle Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 10110000
 Part Name(s): VISUAL SYSTEMS:GLASS:WINDSHIELD

Location: Front Left Right Rear

Failed Part(s): Original Replacement

Date(s) of Failure(s): [Redacted]

Mileage at Failure(s): [Redacted]

Vehicle Speed at Failure(s): [Redacted]

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: [Redacted]

Number of Fatalities: [Redacted]

Estimated Property Damage: \$500 x 2

Reported to Police: Yes No

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

WHILE TRAVELING A LITTLE TWIG HIT WINDSHIELD. AS A RESULT OF THAT WINDSHIELD HAD A SMALL MARK. ALSO, WHEN TRAVELING SMALL PEBBLES HIT WINDSHIELD. WINDSHIELD WAS CRACKED. PLEASE PROVIDE FURTHER INFORMATION. *AK

Pebble hit original windshield - causing a hole in drivers line of sight. Dealer replaced windshield at owners expense. Replacement windshield has 4 cracks within first month of driving. Glass company tested glass & glass failed. Weather

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.

Toyota NOR the dealer with help with this unsafe, weak glass!