



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 936

Date Received

16-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

883241

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>(Location at bottom of windshield and driver's side)</small>	Vehicle Make TOYOTA	Vehicle Model CAMRY	Vehicle Year 2000	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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 _____	Body Style <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 12200000	Part Name(s) INTERIOR SYSTEMS: ACTIVE SEAT AND SHOULDER BELTS AND I	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Date(s) of Failure(s) 01-JUN-2000 Mileage at Failure(s) 3000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	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)

SEATBELTS WERE MOUNTED TOO HIGH, AND BELTS CUT ACROSS DRIVER'S NECK. CONSUMER FELT THEY WERE IMPROPERLY DESIGNED.*AK

CONTINUE ON REVERSE

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.

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures 0	Date(s) of Failure(s) 01-JUN-2000	Mileage at Failure(s) 3000	Vehicle Speed at Failure(s) 0
Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Failed Part(s) Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	NTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Component 1220000	Part Name(s) INTERIOR SYSTEMS-ACTIVE SEAT AND SHOULDER BELTS AND B	Location Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s) Replacement <input type="checkbox"/> Original <input type="checkbox"/>

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driver's Airbag <input checked="" type="checkbox"/> Passenger's Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Sport UT <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>	Body Style 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
Purchase Date <input checked="" type="checkbox"/> New	Dealer's Name Del Toyota	City THORNHILL	State PA	ZIP Code 19372	Engine Size (CID/CCL) No Cylinders	Fuel Injection <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/>

Vehicle Year 2000	Vehicle Make TOYOTA	Vehicle Model Corolla	Vehicle Ident. No. (VIN) [REDACTED]	Current Odometer Reading [REDACTED]
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VEHICLE INFORMATION

Signature of Owner: _____
 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 and address to the vehicle manufacturer.

Home Number [REDACTED]	Work Number [REDACTED]	560726
Reference No. 883241	Date Received 16-MAR-2001	883241
U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received 16-MAR-2001 Reference No. 883241