



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 241**

Date Received

30-MAR-2001

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

Reference No.

884735

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 and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4T1BF28K2WU052882	TOYOTA	CAMRY	1998			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	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	Date(s) of Failure(s) 27-MAR-2001 32000 Mileage at Failure(s)	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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHENEVER VEHICLE RAN OVER A BUMP/POTHOLE, ETC., IT CAUSED HARD BANGING NOISE UNDER FRONT OF VEHICLE. DEALER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE OUT OF ITS WARRANTY, AND NOT COVERED UNDER A RECALL. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK

CONFIDENTIAL - NHTSA

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 Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 241	
	Date Received 30-MAR-2001		Od_or _____ rt_dt _____ od_rl _____ up_tr _____
<b>OWNER INFORMATION (Type or Print)</b>		Reference No. <b>884735</b>	
[Redacted]		Work Number _____ Home Nur _____	
683913			

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an address to the vehicle manufacturer, address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 4/11/01

Vehicle Ident. No (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4T1BF28K2WU052882	TOYOTA	CAMRY	1998	

Purchase Date <u>12-08-97</u>	Dealer's Name <u>ALTON Toyota - Dodge</u>	Engine Size (CID/CCIL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Alton</u> State <u>IL</u> Zip Code <u>62002</u>	No Cylinders <u>6</u>	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>27 MAR 2001</u> Mileage at Failure(s) <u>32000</u> Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHENEVER VEHICLE RAN OVER A BUMP/POTHOLE, ETC., IT CAUSED HARD BANGING NOISE UNDER FRONT OF VEHICLE. DEALER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE OUT OF ITS WARRANTY, AND NOT COVERED UNDER A RECALL. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK

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