Form Approved: OMB No. 2127-0042

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	920
Date Received: 13-APR-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ op_ltr ____ ____
	Reference No.: 885849

[redacted]

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 of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT2BG12K1T0351120	TOYOTA	CAMRY	1996	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07360000 07453000	POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE) POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT LOCKING	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	30-MAR-2001 95000		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING AT APPROXIMATELY 40 MPH FELT A SLIGHT LOSS OF POWER WHICH WAS CORRECTED BY ITSELF. A MINUTE LATER, WHEELS LOCKED UP, AND VEHICLE CAME TO A STOP. DEALERSHIP INFORMED CONSUMER THAT TRANSAXLE CRACKED AND IT BROKE OFF WHERE IT WAS ATTACHED TO THE BODY. DIFFERENTIAL UNIT LOCKING WAS TORN UP, AND CENTER SUPPORT WAS WIPED OUT. TRANSFER CASE ALSO BROKE WHERE IT WENT ONTO THE BODY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUED ON NEXT PAGE

Form Approved O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety 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 920

Date Received: 13-APR-2001

Od_or
rt_dt
od_rt
Op_Rr

Reference No. 885849

OWNER INFORMATION (Type or Print)

BRENDA ADELMAN 686308
PO BOX 501
GUERNEVILLE CA 95446

Work Number Same
Home Number 707-869-0410

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner Brenda V. Adelman Date 4/12/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT2BG12K1T0351120	TOYOTA	CAMRY	1996	95978

Purchase Date 12-21-95 [X] New [ ] Used
Dealer's Name Freeman Toyota
City Santa Rosa State CA Zip Code 95407
Engine Size (CID/CC/L ____ No Cylinders 4
[ ] Turbo [ ] Diese [ ] Gas [X] Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
[ ] Manual [X] Automatic	[ ] Yes [X] No	[X] 3-Point Belt [ ] Motorbelt [ ] Driverside Airbag [ ] 2-Point Belt [ ] Passengerside Airbag	[ ] Yes [X] No	[X] Front [ ] Rear [ ] 4-Wheel	[X] Car [ ] Sport Utl [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other	[ ] 2-Door [X] 4-Door [ ] Stationwagon [ ] Pick Up Truck [ ] Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07350000 07453000	POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE) POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT LOCKING See invoice copy	[ ] Left [ ] Right [X] Front [ ] Rear	[X] Original [ ] Replacement

No of Failures
Date(s) of Failure(s) 30-MAR-2001
Mileage at Failure(s) 95000
Vehicle Speed at Failure(s) 35-40
Failed Part(s) Available? [X] Yes [ ] No
NHTSA Previously Contacted? [ ] Yes [X] 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	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No	0	0	0	[ ] Yes [X] No

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

Transmission repair shop

WHILE DRIVING AT APPROXIMATELY 40 MPH FELT A SLIGHT LOSS OF POWER WHICH WAS CORRECTED BY ITSELF. A MINUTE LATER, WHEELS LOCKED UP, AND VEHICLE CAME TO A STOP. ~~DEALERSHIP~~ INFORMED CONSUMER THAT TRANSAXLE CRACKED AND IT BROKE OFF WHERE IT WAS ATTACHED TO THE BODY. DIFFERENTIAL UNIT LOCKING WAS TORN UP, AND CENTER SUPPORT WAS WIPED OUT. TRANSFER CASE ALSO BROKE WHERE IT WENT ONTO THE BODY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

see attached letter for more details.

CONTINUE ON BACK IF NEEDED

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)

[redacted]

From:

☆ U.S. G.P.O.: 1992 – 623-627 / 60086

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Official Business
Penalty for Private Use $300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

[redacted]

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

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 5)

[redacted]