



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 436

Date Received

21-MAY-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

888691

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT3HP10VZT2011047	TOYOTA TRUCK	RAV4	2001	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☒ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☒ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 15130000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT, EQUIPMENT: ELECTRIC POWER ACCESSORIES: LOCKS: DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 12-MAY-2001 64000 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 Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STARTED VEHICLE UP AND AIRBAGS DEPLOYED. VEHICLE HAD BEEN SITTING ALL NIGHT. DOOR AUTOMATICALLY OPENED ONCE VEHICLE HAD STARTED UP. CONSUMER WAS PINNED TO SEAT AND COULDN'T GET OUT FOR A FEW SECONDS. DEALER INSPECTED AIRBAGS AND COULDN'T FIND A PROBLEM. AN AIRBAG SPECIALIST LOOKED AT VEHICLE TO DETERMINE FAULT. *AK

COPIES OF REPORTS - FREE -

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 436
JUL - 2 AM 8:27
21-MAY-2001
OFFICE
888691
Reference No.

OWNER INFORMATION (Print or Type)
[Redacted]
93052
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 authorized signature, your name and address to the vehicle manufacturer.
Signature of Owner
Date 6/25/01

VEHICLE INFORMATION
Vehicle (Ident. No. (VIN) (located at driver's side)
27
JTHP10V1T2011047
Vehicle Make TOYOTA TRUCK
Vehicle Model RAV4
Vehicle Year 2001
Current Odometer Reading 67,250

Purchase Date
New ☒ Used ☐
Dealer's Name MODERN TOYOTA
City/State/Zip Code Winston-Salem, NC 27101
Engine Size (CID/CYL) 2,000 CC
Fuel Injection Turbo ☒ Gas ☐ Diesel ☐

Transmission Type Automatic ☐ Manual ☒
Antilock Brakes Yes ☐ No ☒
Restraint System 3-Point Belt ☒ Motorized 2-Point Belt ☐
Cruise Control Yes ☐ No ☒
Drive Train Front ☐ Rear ☐ 4-Wheel ☒
Vehicle Type Car ☐ Van ☐ Minivan ☐ Other ☐
Sport Utility ☒ Truck ☐ Motorcycle ☐
Body Style 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☒ Other ☐

FAILED COMPONENT(S)/PART(S) INFORMATION
Component 121110000
Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT
Location Left ☒ Right ☐ Rear ☐
Failed Part(s) Original ☒ Replacement ☐
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)
No of Failures 1
Date(s) of Failure(s) 12-MAY-2001
Mileage at Failure(s) 64000
Vehicle Speed at Failure(s) 0
Failed Part(s) Available? Yes ☒ No ☐
NHTSA Previously Contacted? Yes ☐ No ☒

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
Crash ☐ Yes ☒ No ☐
Fire ☐ Yes ☒ No ☐
Number of Persons Injured 0
Number of Fatalities 0
Estimated Property Damage 2500.00
Reported to Police ☐ Yes ☒ No ☐

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6605
locked

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CONTINUE ON BACK IF NEEDED