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

US 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

FOR AGENCY USE ONLY

DATE RECEIVED
RECEIVED
96 JUL 03 PM 12:18
96-MAR-96
OFFICE OF DEFECTS INVESTIGATION

od.or
rt.dt
od-pt
up.ltr

REFERENCE NO.
980346

OWNER INFORMATION (TYPE OR PRINT)

NAME and AD[redacted]

DAY TIME TELEPHONE NO. (AREA CODE)
[redacted]

Do you au[redacted]anufacturer of your vehicle?
in the abs[redacted]r name or address to the vehicle manufacturer.

SIGNATU[redacted] DATE 6-7-96

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
4T1SK12E9NU072490	TOYOTA	CAMRY	1992

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING: 67000

DATE PURCHASED: 12/93 ☐ NEW ☒ USED

DEALER'S NAME, CITY & STATE: BUDGET GREENVILLE CAR RENTAL S.C

ENGINE SIZE (CID/CC/L): —
NO. CYLINDERS: 4
☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☒ AUTOMATIC

ANTILOCK BRAKES: ☐ YES ☒ NO

RESTRAINT SYSTEM: ☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☒ 3-POINT BELT ☐ 2-POINT BELT

CRUISE CONTROL: ☒ YES ☐ NO

DRIVETRAIN: ☒ FRONT ☐ REAR ☐ 4-WHEEL

BODY STYLE: STAWAG 4 OR 2 DR ✓ HATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
06620000	EXHAUST PIPE	☒ LEFT FRONT ☐ RIGHT FRONT ☐ REAR	☒ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES: 1

DATE(S) OF FAILURE(S): ~~29-FEB-96~~

MILEAGE AT FAILURE(S): 60000

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED: ☒ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED: ☐ YES ☒ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST$	POLICE REPORTED
NO ☐ YES ☐ NO	NO ☐ YES ☐ NO	0	0	NO	☐ YES ☐ NO

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

SPLIT EXHAUST PIPE WHICH ALLOWS EXHAUST FUMES TO ENTER INTERIOR OF VEHICLE.
AK

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

HS-Form 350 (Rev. 5-92)

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

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Date Received: 13-JUN-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 890346

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	LEXUS	LS400	1995	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(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
02111000	SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
0	01-SEP-2000	0	☐ 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	0	0		☐ Yes ☒ No

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

WHEN STOPPING FRONT END OF VEHICLE MAKES A LOUD BANGING, CLUNKING SOUND. TOOK TO DEALER, AND THEY REPLACED FRONT SUSPENSION STRUT BAR. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE