



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

22-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

890971

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
5TDBT44A01S023835	TOYOTA TRUCK	SEQUOIA	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: 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) 09-JUN-2001 1000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER'S WIFE WAS DRIVING AT APPROXIMATELY 40MPH WHEN ANOTHER VEHICLE RAN A RED LIGHT AND TURNED INTO CONSUMER'S VEHICLE, HITTING IT HEAD-ON. FRONT END WAS SEVERELY DAMAGED, PUSHING RADIATOR THROUGH THE ENGINE. AIRBAGS DIDN'T DEPLOY. CONSUMER WAS INJURED. MANUFACTURER HAS APOLOGIZED, AND WILL SEND SOMEONE OUT TO INSPECT VEHICLE. AMOUNT OF DAMAGE WAS \$16,045. VEHICLE WILL TAKE APPROXIMATELY 9 MONTHS TO BE TOTALLY REPAIRED. *AK

COPIES OF THIS FORM ARE:

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 436

Date Received: 22 JUN 2001
Office: DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
op_ltr

Reference No. 890971

OWNER INFORMATION (Type or Print)

698502

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 6/27/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 5TDBT44A01S023836
Vehicle Make: TOYOTA TRUCK
Vehicle Model: SEQUOIA
Vehicle Year: 2001
Current Odometer Reading: NA

Purchase Date: 3/01
Dealer's Name: Fitzgerald Lakeside
City: Annapolis State: MD Zip Code: 21402
Engine Size: V8
No. Cylinders: 8
 Turbo
 Diesel
 Gas
 Fuel Injection

Transmission Type: Automatic
Antilock Brakes: Yes
Restraint System: 3-Point Belt, Motorbelt, Driverside Airbag, 2-Point Belt, Passengerside Airbag
Cruise Control: Yes
Drive Train: 4-Wheel
Vehicle Type: Sport Ut, Truck, Motorcycle
Body Style: Other SUV

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12111000
Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A
Location: Left, Right, Front, Rear
Failed Part(s): Original, Replacement

No of Failures: 1
Date(s) of Failure(s): 09 JUN 2001
Mileage at Failure(s): 1000
Vehicle Sold at Failure(s):
Failed Part(s) Available?: Yes No
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)

Crash: Yes
Fire: Yes No
Number of Persons Injured: 1
Number of Fatalities: 0
Estimated Property Damage:
Reported to Police: Yes No

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

CONSUMER'S WIFE WAS DRIVING AT APPROXIMATELY 40MPH WHEN ANOTHER VEHICLE RAN A RED LIGHT AND TURNED INTO CONSUMER'S VEHICLE, HITTING IT HEAD-ON. FRONT END WAS SEVERELY DAMAGED, PUSHING RADIATOR THROUGH THE ENGINE. AIRBAGS DIDN'T DEPLOY. CONSUMER WAS INJURED. MANUFACTURER HAS APOLOGIZED, AND WILL SEND SOMEONE OUT TO INSPECT VEHICLE. AMOUNT OF DAMAGE WAS \$16,045. VEHICLE WILL TAKE APPROXIMATELY 9 MONTHS TO BE TOTALLY REPAIRED. *AK

GOING SIXTY MPH

23,629

CONSIDERED HEAD ON COLLISION AT 100 MPH

CONTINUE ON BACK IF NEEDED

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**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 13)























