



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 117

Date Received

23-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893128

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 at bottom of windshield and driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	TOYOTA	CELICA	2000	
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 05450030 06410000 07300000	Part Name(s) ENGINE: VALVES: VALVE TRAIN FUEL: THROTTLE LINKAGES AND CONTROL: PEDAL POWER TRAIN: TRANSMISSION: AUTOMATIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING VEHICLE WOULD JERK. ENGINE WOULD BECOME NOISY AND SHAKY. WOULD FAIL TO IDLE PROPERLY. CLUTCH PEDAL WOULD GO TO FLOOR AND FAILED TO RETURN TO ORIGINAL POSITION. NOT ABLE TO SHIFT GEARS. HAVE TAKEN VEHICLE TO DEALERSHIP. WAS INFORMED BY MECHANIC THAT PROBLEM WERE THE VALVES IN ENGINE. *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.



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

Form Approved O.M.B. No. 2127-0308

FOR USE ONLY 117

Date Recd. 23 JUL 2001

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Model

OWNER INFORMATION (Type or Print)

703523

Work Number

Home Number

Reference No.
893128

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 8/3/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located on front of windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

FILL IN

TOYOTA

CELICA

2000

16,400

Purchase Date

Dealer's Name Schwaning Toyota

Engine Size
(CID/CC/L)

☐ Turbo
☒ Diesel
☐ Gas

☒ New ☐ Used

City Schwaning State IL Zip Code 60194

No. Cylinders

☐ Fuel Injection

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☒ Manual

☐ Automatic

☒ Yes

☒ No

☒ Point Belt

☐ Motorbelt

☒ Driverside Airbag

☐ 2-Point Belt

☒ Passengerside Airbag

☒ Yes

☐ No

☒ Front

☐ Rear

☐ 4 Wheel

☒ Car

☐ Van

☐ Minivan

☐ Other

☐ Sport Utl

☐ Truck

☐ Motorcycle

☒ 2-Door

☐ 4-Door

☐ Stationwagon

☐ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

05150030
08410000
07300000

Part Name(s)

ENGINE: VALVES: VALVE TRAIN
FUEL: THROTTLE LINKAGES AND CONTROL: PEDAL
POWER TRAIN: TRANSMISSION: AUTOMATIC

Location

☒ Left
☒ Front

☐ Right
☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No. of Failures

Date(s) of Failure(s) 7-20-01

Mileage at Failure(s) 16400

Vehicle Speed at Failure(s) 32 mph

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 ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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

WHEN DRIVING VEHICLE WOULD JERK. ENGINE WOULD BECOME NOISY AND SHAKY. WOULD FAIL TO IDLE PROPERLY. CLUTCH PEDAL WOULD GO TO FLOOR AND FAILED TO RETURN TO ORIGINAL POSITION. NOT ABLE TO SHIFT GEARS. HAVE TAKEN VEHICLE TO DEALERSHIP. WAS INFORMED BY MECHANIC THAT PROBLEM WERE THE VALVES IN ENGINE.*AK

CONTINUE ON BACK IF NEEDED

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