



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

04-SEP-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

895679

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)<br><small>(Location at bottom of<br/>windshield and driver's side<br/>door)</small>                             | Vehicle Make                                                                                                                                         | Vehicle Model                                                                                                                                                                                                                 | Vehicle Year                                                                                                                                                                                  | Current Odometer Reading                                                                                                                                |
| NOT AVAILABLE                                                                                                                            | TOYOTA                                                                                                                                               | CAMRY                                                                                                                                                                                                                         | 1993                                                                                                                                                                                          |                                                                                                                                                         |
| Purchase Date                                                                                                                            | Dealer's Name _____                                                                                                                                  |                                                                                                                                                                                                                               | Engine Size<br>(CID/CC/L _____)                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                    | City _____ State _____ Zip Code _____                                                                                                                |                                                                                                                                                                                                                               | No Cylinders _____                                                                                                                                                                            |                                                                                                                                                         |
| Transmission Type                                                                                                                        | Antilock Brakes                                                                                                                                      | Restraint System                                                                                                                                                                                                              | Cruise Control                                                                                                                                                                                | Drive Train                                                                                                                                             |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                               | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input checked="" type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                        | <input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          |
| Vehicle Type                                                                                                                             | Body Style                                                                                                                                           |                                                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                         |
| <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |                                                                                                                                                                                                                               | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |                                                                                                                                                         |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                               |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12130000 | Part Name(s)<br>INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS                    | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>3    | Date(s) of Failure(s)<br>01-JUN-2001<br>150000<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

SEAT RETRACTORS ARE FAILING. THIS IS THIRD SEAT BELT THAT CONSUMER IS REPLACING. SPRING OR COVER OVER THE SPRING FAILS TO PULL BACK OVER THE MECHANISM. DEALER WILL NOT TAKE PART IN REPAIRS. CONSUMER IS TOTALLY RESPONSIBLE.\*AK

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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) DOT Auto Safety Hotline

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

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

Reference No. 895679

Work Number 712834

Home Number

Signature of Owner

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Vehicle Information

Vehicle Make TOYOTA Vehicle Model CAMRY Vehicle Year 1993 Current Odometer Reading 150,134

Vehicle Identification Number (VIN) NOT AVAILABLE

Dealers Name JAMES TOYOTA City FLEMINGTON State NJ Zip Code

Engine Size 3.0L No. Cylinders 6 Fuel Injection Gas

Transmission Type Automatic

Antilock Brakes 3-Point Belt 2-Point Belt

Restraint System

Drive Train Front 4-Wheel

Vehicle Type Car

Body Style 4-Door

Failed Component(s)/Part(s) Information

Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT BELTS

Location Left Right

Failed Parts Original Replacement

No of Failures 3

Dates of Failure(s) 01-JUN-2001, 01-JUL-2001, 01-AUG-2001, 01-SEP-2001, 01-OCT-2001, 01-NOV-2001, 01-DEC-2001

Mileage at Failure(s) 148,000, 136,000, 124,000

Vehicle Speed at Failure(s)

Part(s) Failed

Previously

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)

SEAT RETRACTORS ARE FAILING. THIS IS THIRD SEAT BELT THAT CONSUMER IS REPLACING. SPRING COVER OVER THE SPRING FAILS TO PULL BACK OVER THE MECHANISM. DEALER WILL NOT TAKE PART IN REPAIRS. CONSUMER IS TOTALLY RESPONSIBLE. AK

PLASTIC COVER OVER RETRACTOR SPRING BULGES CAUSING SPRING TO SLIP. AS A RESULT, BELT DOES NOT RETRACT, WHICH LEAVES BELT USELESS. THOUGH CAR IS HIGH MILEAGE, THIS PART IS NOT MILEAGE. FURTHER MAKE, MAKELY-USED REAR BELTS HAVE FAILED.

THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-573) 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.