



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 §20

Date Received

24-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898156

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)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4T1GB11E0SU061560		TOYOTA	AVALON	1995	
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	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☐ Motorbelt ☐ 2-Point Belt		☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03251000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID CONTROL MODE SOLENOID SE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 01-OCT-2001 Mileage at Failure(s) 59000 Vehicle Speed 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ABS WARNING LIGHT ON THE INSTRUMENT PANEL WAS ILLUMINATED. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT ABS SENSOR FOR LEFT-REAR WHEEL FAILED AND HAD TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 920	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 		Date Received 24-OCT-2001 Od or rt_dt od_rt up_ltr Reference No. 898158 Work Number Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, please provide address to the vehicle manufacturer. Signature of Owner		YES ☒ NO ☐ Date <u>11/10/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4T1GB11EDSU061560	Vehicle Make TOYOTA	Vehicle Model AVALON XLS	Vehicle Year 1995
		Current Odometer Reading 62,000 Mi.	
Purchase Date <u>10/31/98</u>	Dealer's Name <u>BRISTOL TOYOTA</u>		Engine Size (CID/CC/L) <u>3.0 Ltr</u>
☐ New ☒ Used	City <u>BRISTOL</u> State <u>RI</u> Zip Code <u>02809</u>	No Cylinders <u>6</u>	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Bel ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other
		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03251000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID CONTROL MODE SOLENOID SE	Location ☒ Left ☐ Right ☐ Front ☒ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) <u>01-OCT-2001</u> Mileage at Failure(s) <u>59000</u> Vehicle Speed at Failure(s) <u>PAKED AT ANY SPEED ON AT ALL TIMES</u>	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 0	Number of Fatalities 0
		Estimated Property Damage 0	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ABS WARNING LIGHT ON THE INSTRUMENT PANEL WAS ILLUMINATED. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT ABS SENSOR FOR LEFT-REAR WHEEL FAILED AND HAD TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK A VERY HIGH PITCH SQUEAL NOISE COMING FROM BACK SEAT AREA WHILE TRAVELING AT HIGHWAY SPEEDS. POSSIBLY FROM ABS SYSTEM.			

CONTINUE ON BACK IF NEEDED

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