



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0125
INTERNET: <http://www.nhtsa.dot.gov>

RECEIVED
MAR 20 2000
OFFICE OF THE ATTORNEY GENERAL
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received <i>30-Mar-2000</i>	Order _____
Reference No.	rt ul _____
	ad-t _____
	up-t _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

manufacturer of your vehicle: _____ SIGNATURE OF OWNER: _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 4T1B712B2VU145645	VEHICLE MAKE AVALON	VEHICLE MODEL SEDAN	MANUFACTURE DATE 1997	MODEL YEAR 1997		
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input checked="" type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	DEALER'S NAME Toyota EL Cajon	CITY EL Cajon Ca	STATE Ca	ZIP CODE 92111		
ENGINE SIZE ICID/CC/LD _____ NO CYLINDERS 6	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injector	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	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 checked="" type="checkbox"/> Drivers Airbag <input type="checkbox"/> 2-Point Seat <input type="checkbox"/> Passengers Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon			

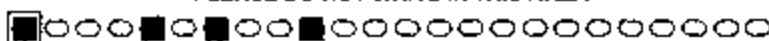
FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME Michelin	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input checked="" type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No ??		

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), Failure(s), and injury(ies) on the back of this form.	CRASH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED None ● 1 2 3 4 5 6 7 8 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Frust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibrator <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken None	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES None ● 1 2 3 4 5 6 7 8 9		

PLEASE DO NOT WRITE IN THIS AREA



00593

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

My T-Bone car crash

I would not be able to ride
I could not ride my foot brake
I could not move the steering
I would not be able to ride

Problems:
They replaced a Brake Brake
I could not ride out on level
most have lower to do the foot
Pedal, Repair System

Pacific Beach, T-101

Will they would do to the job
in about 1 hr. I do not
they could it seem. But I never
would get by that again.
I'll be sure to bring my
car for repair

My car is not in repair
I'll be sure to bring my
car for repair
I'll be sure to bring my
car for repair

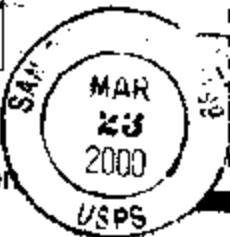
Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502 This information is requested
pursuant to authority vested in the National Highway Traffic Safety Administration
pursuant to the National Highway Traffic Safety Administration. Your
response may be used to assist the NHTSA in determining whether your use of
public data supports action to correct a safety defect. The NHTSA proceeds with
administrative enforcement or litigation against a manufacturer only upon receipt of a
statistical summary thereof, may be used in support of the agency's action.

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NHTSA Form 350 (Rev. 8/99)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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

400 Seventh St., S.W.,
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236
DUI Auto Safety Hotline
(DASH) 2 DOT

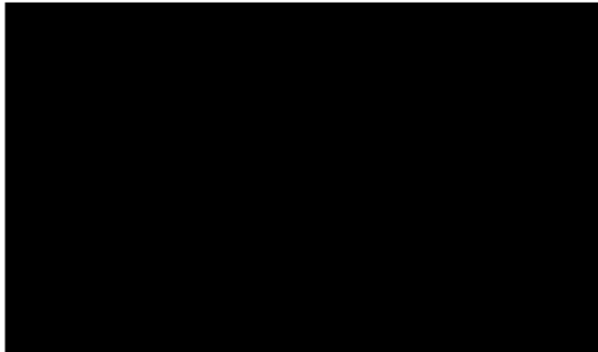


U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline

(4) My Brake pedal was soft &
mushy & broke about the height of
My Gas Pedals.

People have been stepping on Gas
Pedal instead of brake because
it hard to tell the difference.
Check it out & see what kind
of a deal you can get - if any.



BY CASH
FEB 09 2000
PACIFIC BEACH TOYOTA

PACIFIC BEACH TOYOTA
4555 MISSION BAY DR
SAN DIEGO CA 92109
858-581-4000
BAR# AA208765
EPA-CAL 000171383

LABOR AMOUNT	32.50
PARTS AMOUNT	0.00
GAS OIL, FLF	0.00
SUBLET AMOUNT	0.00
MISC CHARGES	0.00
TOTAL CHARGES	32.50
LESS	0.00
SALTS TAX	0.00
PLEASE PAY THIS AMOUNT	32.50

THIS OWNER'S AN ITEMIZED LIST OF REPAIRS AND IS PART OF A REPAIR ORDER. IT IS NOT A BILLS INVOICE OR A RECEIPT OF SALE. THIS REPAIR ORDER CONTAINS INFORMATION IS SUBJECT TO ALL THE CONDITIONS OF THE

32.50

A CUSTOMER STATES, ADJUST BRAKE PEDAL HEIGHT. MISC CUSTOMER STATES, ADJUST BRAKE PEDAL HEIGHT. PEDAL IS TO LOW. 4 TEAM 4 LIC#: T-4 CP CHECKED AND RESET PEDAL TO SPECS, PER CUST REP AIR MANUAL. 6 INCHES FROM THE FLOOR
EST: 32.50 08FEB00 13:42 SA: 314

DATE READY	09FEB00	VEHICLE IDENTIFICATION	411B12R2VU145645	CUST NO.	U145645	TAG NO.	10841	STOCK NO.	
DATE READY	09FEB00	YEAR	1997	MAKE & MODEL	1997 TOYOTA AVALON	TELEPHONE NO.	270-4380	DELIVER BY DATE	
TIME IN	12:46	TIME READY	15:19					INVOICE PRINTED	171577
MILEAGE IN	27436	MILEAGE OUT	27436	LICENSE NO.		MISCELLANEOUS COMMENT / LOCATION		SA	303

ORIGINAL ESTIMATE \$	32.50
REVISED ESTIMATE \$	
PERSON CONTACTED	
CONTACTED BY	
DATE / TIME	
L IN PERSON	