



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received <i>8/30/01</i>	Order _____
Reference No. _____	First _____
	Last _____
	Initial _____
	Up-to _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Record in location of placard on driver's side) <i>4TAVLS2N3WZ0855</i>	VEHICLE MAKE <i>Toyota</i>	VEHICLE MODEL <i>TACOMA</i>	MANUFACTURE DATE <i>9/9/1997</i>	MODEL YEAR <i>1998</i>
VEHICLE MANUFACTURER <i>99</i>	<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	DEALER'S NAME	CITY	STATE	ZIP CODE
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used				
ENGINE SIZE (CID/CC/LI) NO. CYLINDERS <i>4</i>	FUEL SYSTEM <input checked="" type="checkbox"/> Turbo Fuel Injection	FUEL TYPE <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Microbelt <input checked="" type="checkbox"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input checked="" 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 Lamps & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System - Exhaust <input type="checkbox"/> Heater, Defrost, Ventilator <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brakes <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 checked="" type="checkbox"/> Other <i>Bumpers</i>	NO. OF FAILURES <i>1</i>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <i>8/1/01</i>	TIRE NAME	COMPLETE TIRE SIZE <i>P23575R15</i>
	MILEAGE AT INCIDENT <i>42,000</i>	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 type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input checked="" type="checkbox"/> Other <i>Road Master</i>	
	VEHICLE SPEED AT INCIDENT <i>Speed limit</i>	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.	CRASH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <i>0</i>	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corrosion/Rust <input checked="" type="checkbox"/> Weak/Faulty/Loose <input type="checkbox"/> Cut/1 cm <input type="checkbox"/> Disconnect/Fall Off <input checked="" type="checkbox"/> Engine/Poor Performance <input type="checkbox"/> Excessive Effort	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 checked="" type="checkbox"/> No	NUMBER OF FATALITIES <i>0</i>	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Shock <input type="checkbox"/> Locks/Blocks/Graze <input checked="" type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	

PLEASE DO NOT WRITE IN THIS AREA



04396

