



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: 2/15/02
Reference No. _____
Order No. _____
Title No. _____
Address No. _____
Appl. No. _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) STABT44111S148031				VEHICLE MAKE Toyota		VEHICLE MODEL Tundra		MANUFACTURE DATE		MODEL YEAR 2001			
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 12-23-2000		<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		DEALER'S NAME Toyota of Muskegon			CITY Muskegon		STATE OKLA		ZIP CODE 74401		
ENGINE SIZE (CID/CC/L) NO. CYLINDERS <u>8</u>		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 type="checkbox"/> Drivers Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengers Side Airbag <input type="checkbox"/> Motorbet <input checked="" type="checkbox"/> 8-Point Belt		CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear			VEHICLE TYPE <input checked="" type="checkbox"/> 4 Wheel <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 type="checkbox"/> 2-Door <input checked="" 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"/> Oil Seal <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/Ventilator <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 checked="" type="checkbox"/> Other <u>Air Bags</u>		NO. OF FAILURES F <u>1</u>		To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).							
INCIDENT DATE 12-14-01		TIRE NAME		COMPLETE TIRE SIZE							
MILEAGE AT INCIDENT 22,500 miles		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 type="checkbox"/> Other									
VEHICLE SPEED AT INCIDENT 0 MPH @ stoplight		FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement									
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NUMBER OF PERSONS INJURED 1 <u>1</u>				CAUSE OF INCIDENT <input type="checkbox"/> Wheel/Controlled/Fuel <input type="checkbox"/> Weak/Poor Hit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Doors open/Fel Off <input type="checkbox"/> Front/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Lacke <input type="checkbox"/> Short <input type="checkbox"/> Locked/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken				RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Involuntary Start <input type="checkbox"/> Roll over <input type="checkbox"/> Stalls <input type="checkbox"/> Glider Acceleration	
FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NUMBER OF FATALITIES 0 <u>0</u>											

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

on Dec. 14 @ 6:45 a pickup
lammed into the Rear of my
Toyota Tundra @ 60t mph.
He was asleep @ the wheel,
my Toyota was in a line
of cars parked at stop light
and Hwy 51 and 81st East
of Broken Arrow, OKLA. It
was last in line. The
Impact knocked my Traxx
(Cruiser) into another vehicle
That caused damage to front
of my Toyota Tundra. The
Front Bumper + Bumper was
knocked down on the wheel
hood buckled quite
push back against the
fan on motor - my in-
jury included knee back
neck and shoulder pain.
currently off work seeing
Doctors for care -
Traffic Report #
10-78 37-02 w-16

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 Act and subsequent amendments. For information on reporting and response procedures, please refer to the NHTSA's website at www.nhtsa.gov. Responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. In the NHTSA process, we communicate with you or your agent, a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/99)

VEHICLE OWNER'S QUESTIONNAIRE (V000)



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

DOT Auto Safety Hotline
(DASH) 2 DOT



* car manual for future use

20830+0001

Complete and re



NO POSTAGE
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National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
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