



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100149

Date Received

2003 APR -9 AM 8:51
04-MAR-2003

Repository

Reference No.
10009752

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BREA State: CA Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 3/31/03

VEHICLE INFORMATION

VIN (Vehicle Identification Number) [REDACTED]		Make TOYOTA	Model 4 RUNNER	Model Year 2001
Date Purchased 11-24-00	Dealer's Name and Telephone Number (714) 895-5595 TOYOTA OF GARDEN GROVE		Engine: No. Cylinders 6	Fuel Type GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City GARDEN GROVE	State CA	Zip Code 92844	
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4WD	Vehicle Component Code 980000 OTHER	
Multiple Failure: YES				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-NOV-2002 SINCE 12-00	Failure Mileage <1000 Mi	Failure Speed 0-6 MPH	SEE ATTACHED NOTE
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury (ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury (ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE VEHICLE STALLED WITHOUT WARNING *NLM



MILEAGE = 22,503 ON 3-31-03

SEE ATTACHED NOTE

Include, if available: Police/FPD/Airport Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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. 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 name, or a statistical summary thereof, may be used in support of the agency's action.

 TOYOTA

ENCLOSURE #1



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 149 TOLEDO OH

POSTAGE WILL BE PAID BY ADDRESSEE

TOYOTA MOTOR SALES USA INC
PO BOX 10024
TOLEDO OH 43682-4164



copy

VEHICLE OWNERSHIP EXPERIENCE

BEFORE YOU GET STARTED

Our records show you own/lease a 2001 Toyota 4Runner

VIN #: JT3HN67R019048002

do you still own/lease this vehicle?

Yes (Continue) No (Skip to Question 17F) Never owned

(If you never owned, please return survey in the envelope provided.)

Area, CA

Daytime Phone:

Evening Phone:

E-mail:

Please indicate any corrections/additions to your address in this section.

last _____ MI _____ Last _____
 address _____ Apt. _____
 city _____ State _____ ZIP _____
 day phone _____ Ext. _____
 evening phone _____ Ext. _____
 e-mail address _____

Is Maria Savala the principal driver

of this 4Runner?

Yes

No

If no, please fill in the principal driver's information below:

last _____
 address _____ Apt. _____
 city _____ State _____ ZIP _____
 day phone _____ Ext. _____
 evening phone _____ Ext. _____
 e-mail address _____

Relationship—the principal driver is my:

Spouse Parent Son/daughter Other

ABOUT YOUR TOYOTA

Have you had any problems with your vehicle since your purchase/lease?

No → (Skip to Question 17A)

Yes → (Please read each section on the next three pages carefully and...)

- Put an "X" in the box in the first column to indicate if any vehicle problem(s) ever occurred.
- Put an "X" in the box in the second column if the problem(s) occurred in the last 12 months.
- Write a brief explanation of the problem(s) that occurred within the last 12 months.

INTERIOR FEATURE OPERATION

Mark if Problem ...	... ever occurred	... occurred in the last 12 months
a. Interior rear view mirror	<input type="checkbox"/>	<input type="checkbox"/>
b. Manual outside mirror	<input type="checkbox"/>	<input type="checkbox"/>
c. Power outside mirror	<input type="checkbox"/>	<input type="checkbox"/>
d. Manual window	<input type="checkbox"/>	<input type="checkbox"/>
e. Power window	<input type="checkbox"/>	<input type="checkbox"/>
f. Power door locks	<input type="checkbox"/>	<input type="checkbox"/>
g. Manual door locks	<input type="checkbox"/>	<input type="checkbox"/>
h. Cigarette lighter/power outlet	<input type="checkbox"/>	<input type="checkbox"/>
i. Dome/map lights not working	<input type="checkbox"/>	<input type="checkbox"/>
j. Windshield wipers and washers	<input type="checkbox"/>	<input type="checkbox"/>
k. Rear window wiper	<input type="checkbox"/>	<input type="checkbox"/>
l. Interior door handle	<input type="checkbox"/>	<input type="checkbox"/>
m. Sun visor	<input type="checkbox"/>	<input type="checkbox"/>
n. Cellular mobile telephone	<input type="checkbox"/>	<input type="checkbox"/>
o. Turn signal	<input type="checkbox"/>	<input type="checkbox"/>
p. Ignition switch	<input type="checkbox"/>	<input type="checkbox"/>
q. Airbag warning light on	<input type="checkbox"/>	<input type="checkbox"/>
r. Security system	<input type="checkbox"/>	<input type="checkbox"/>
s. Remote keyless entry	<input type="checkbox"/>	<input type="checkbox"/>
t. Navigation system	<input type="checkbox"/>	<input type="checkbox"/>
u. Cruise control	<input type="checkbox"/>	<input type="checkbox"/>
v. Pedal operation difficult	<input type="checkbox"/>	<input type="checkbox"/>
w. Sun/moonroof/convertible top	<input type="checkbox"/>	<input type="checkbox"/>
x. Cup holder	<input type="checkbox"/>	<input type="checkbox"/>
y. Horn	<input type="checkbox"/>	<input type="checkbox"/>
z. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem:

AIR CONDITIONER/HEATER

Mark if Problem ...	... ever occurred	... occurred in the last 12 months
a. Fan/blower not working	<input type="checkbox"/>	<input type="checkbox"/>
b. Air conditioner not cooling	<input type="checkbox"/>	<input type="checkbox"/>
c. Heater not working	<input type="checkbox"/>	<input type="checkbox"/>
d. AC/heater controls not working properly	<input type="checkbox"/>	<input type="checkbox"/>
e. Fan/blower noisy	<input type="checkbox"/>	<input type="checkbox"/>
f. Windshield defroster	<input type="checkbox"/>	<input type="checkbox"/>
g. Rear defroster	<input type="checkbox"/>	<input type="checkbox"/>
h. Fogging	<input type="checkbox"/>	<input type="checkbox"/>
i. Air conditioner odor	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem:

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Floor covering/carpeting	<input type="checkbox"/>	<input type="checkbox"/>
b. Interior overhead material/headliner	<input type="checkbox"/>	<input type="checkbox"/>
c. Rear compartment floor cover	<input type="checkbox"/>	<input type="checkbox"/>
1. Dashboard	<input type="checkbox"/>	<input type="checkbox"/>
9. Glove box	<input type="checkbox"/>	<input type="checkbox"/>
7. Center console	<input type="checkbox"/>	<input type="checkbox"/>
3. Armrest	<input type="checkbox"/>	<input type="checkbox"/>
1. Door panel material	<input type="checkbox"/>	<input type="checkbox"/>
Shift knob	<input type="checkbox"/>	<input type="checkbox"/>
Steering wheel	<input type="checkbox"/>	<input type="checkbox"/>
c. Airbag cover	<input type="checkbox"/>	<input type="checkbox"/>
Wood dash trim	<input type="checkbox"/>	<input type="checkbox"/>
n. Rear package shelf	<input type="checkbox"/>	<input type="checkbox"/>
l. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

INSTRUMENT PANEL

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
Instrument panel lights	<input type="checkbox"/>	<input type="checkbox"/>
Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
Clock	<input type="checkbox"/>	<input type="checkbox"/>
Tachometer	<input type="checkbox"/>	<input type="checkbox"/>
Temperature gauge	<input type="checkbox"/>	<input type="checkbox"/>
Oil pressure gauge	<input type="checkbox"/>	<input type="checkbox"/>
Battery charge gauge	<input type="checkbox"/>	<input type="checkbox"/>
Fuel gauge	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

AUDIO SYSTEM

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
Radio reception/static	<input type="checkbox"/>	<input type="checkbox"/>
Radio not working	<input type="checkbox"/>	<input type="checkbox"/>
Tape stuck/won't eject	<input type="checkbox"/>	<input type="checkbox"/>
Cassette player not working	<input type="checkbox"/>	<input type="checkbox"/>
CD skipping	<input type="checkbox"/>	<input type="checkbox"/>
CD stuck/won't eject	<input type="checkbox"/>	<input type="checkbox"/>
CD player not working	<input type="checkbox"/>	<input type="checkbox"/>
CD changer not working	<input type="checkbox"/>	<input type="checkbox"/>
Display not readable	<input type="checkbox"/>	<input type="checkbox"/>
Controls	<input type="checkbox"/>	<input type="checkbox"/>
Poor sound quality	<input type="checkbox"/>	<input type="checkbox"/>
Speakers cut in/cut out	<input type="checkbox"/>	<input type="checkbox"/>
Antenna not working	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Upholstery worn/faded/cracked	<input type="checkbox"/>	<input type="checkbox"/>
b. Leather worn/faded/cracked	<input type="checkbox"/>	<input type="checkbox"/>
c. Seams not intact	<input type="checkbox"/>	<input type="checkbox"/>
d. Seat material sagging/wrinkled parting seams	<input type="checkbox"/>	<input type="checkbox"/>
e. Armrest	<input type="checkbox"/>	<input type="checkbox"/>
f. Folding rear seat	<input type="checkbox"/>	<input type="checkbox"/>
g. Headrest	<input type="checkbox"/>	<input type="checkbox"/>
h. Height adjustment controls	<input type="checkbox"/>	<input type="checkbox"/>
i. Forward/backward controls	<input type="checkbox"/>	<input type="checkbox"/>
j. Recliner controls	<input type="checkbox"/>	<input type="checkbox"/>
k. Seat hard to adjust/loose in track	<input type="checkbox"/>	<input type="checkbox"/>
l. Lumbar support	<input type="checkbox"/>	<input type="checkbox"/>
m. Seat heater	<input type="checkbox"/>	<input type="checkbox"/>
n. Seat belt doesn't retract	<input type="checkbox"/>	<input type="checkbox"/>
o. Seat belt doesn't latch	<input type="checkbox"/>	<input type="checkbox"/>
p. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

EXTERIOR FIT AND FINISH

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Window	<input type="checkbox"/>	<input type="checkbox"/>
b. Weather strip problems	<input type="checkbox"/>	<input type="checkbox"/>
c. Hood hard to open/close	<input type="checkbox"/>	<input type="checkbox"/>
d. Exterior lights not working	<input type="checkbox"/>	<input type="checkbox"/>
e. Fogged exterior light lenses	<input type="checkbox"/>	<input type="checkbox"/>
f. Fenders	<input type="checkbox"/>	<input type="checkbox"/>
g. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
h. Exterior moldings/misaligned/ornaments loose/missing	<input type="checkbox"/>	<input type="checkbox"/>
i. Door hard to open/close	<input type="checkbox"/>	<input type="checkbox"/>
j. Exterior mirrors loose	<input type="checkbox"/>	<input type="checkbox"/>
k. Body stripe peeling	<input type="checkbox"/>	<input type="checkbox"/>
l. Trunk/hatchback/liftgate	<input type="checkbox"/>	<input type="checkbox"/>
m. Sunroof/moonroof/convertible top	<input type="checkbox"/>	<input type="checkbox"/>
n. Paint chips/cracks	<input type="checkbox"/>	<input type="checkbox"/>
o. Paint sag/run/thin/mismatch	<input type="checkbox"/>	<input type="checkbox"/>
p. Paint peeling	<input type="checkbox"/>	<input type="checkbox"/>
q. Paint fading	<input type="checkbox"/>	<input type="checkbox"/>
r. Dents/dings	<input type="checkbox"/>	<input type="checkbox"/>
s. Wheel/wheel cover appearance	<input type="checkbox"/>	<input type="checkbox"/>
t. Body rust/corrosion	<input type="checkbox"/>	<input type="checkbox"/>
u. Gold emblem	<input type="checkbox"/>	<input type="checkbox"/>
v. Fuel door/inlet	<input type="checkbox"/>	<input type="checkbox"/>
w. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

BRAKES

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
1. Brake pads excessive wear	<input type="checkbox"/>	<input type="checkbox"/>
1. Rotors worn	<input type="checkbox"/>	<input type="checkbox"/>
1. Brake vibration/shudder	<input type="checkbox"/>	<input type="checkbox"/>
1. Brake noise	<input type="checkbox"/>	<input type="checkbox"/>
1. Pulling to one side	<input type="checkbox"/>	<input type="checkbox"/>
1. Braking effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
1. ABS warning light on	<input type="checkbox"/>	<input type="checkbox"/>
1. ABS problem	<input type="checkbox"/>	<input type="checkbox"/>
1. Parking brake	<input type="checkbox"/>	<input type="checkbox"/>
1. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

HANDLING AND STEERING

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
1. Steering wheel vibrates at idle	<input type="checkbox"/>	<input type="checkbox"/>
1. Steering wheel vibrates when driving	<input type="checkbox"/>	<input type="checkbox"/>
1. Steering fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>
1. Handling stability	<input type="checkbox"/>	<input type="checkbox"/>
1. Vehicle vibration	<input type="checkbox"/>	<input type="checkbox"/>
1. Vehicle pulls to one side	<input type="checkbox"/>	<input type="checkbox"/>
1. Excessive play	<input type="checkbox"/>	<input type="checkbox"/>
1. Tire wear problems	<input type="checkbox"/>	<input type="checkbox"/>
1. Traction control system	<input type="checkbox"/>	<input type="checkbox"/>
1. Shock absorber problems	<input type="checkbox"/>	<input type="checkbox"/>
1. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

SQUEAK/RATTLE

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Hood	<input type="checkbox"/>	<input type="checkbox"/>
b. Door	<input type="checkbox"/>	<input type="checkbox"/>
c. Window	<input type="checkbox"/>	<input type="checkbox"/>
d. Driver seat	<input type="checkbox"/>	<input type="checkbox"/>
e. Front passenger seat	<input type="checkbox"/>	<input type="checkbox"/>
f. Rear seat	<input type="checkbox"/>	<input type="checkbox"/>
g. Glove compartment/door	<input type="checkbox"/>	<input type="checkbox"/>
h. Dash/instrument panel	<input type="checkbox"/>	<input type="checkbox"/>
i. Center console	<input type="checkbox"/>	<input type="checkbox"/>
j. Speedometer noise	<input type="checkbox"/>	<input type="checkbox"/>
k. Steering wheel/column	<input type="checkbox"/>	<input type="checkbox"/>
l. Trunk lid/hatch lid/tailgate	<input type="checkbox"/>	<input type="checkbox"/>
m. Suspension	<input type="checkbox"/>	<input type="checkbox"/>
n. Sun/moonroof/convertible top	<input type="checkbox"/>	<input type="checkbox"/>
o. Cargo cover	<input type="checkbox"/>	<input type="checkbox"/>
p. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

WATER LEAKS

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Windshield	<input type="checkbox"/>	<input type="checkbox"/>
b. Under dashboard	<input type="checkbox"/>	<input type="checkbox"/>
c. Front door/window area	<input type="checkbox"/>	<input type="checkbox"/>
d. Rear door/window area	<input type="checkbox"/>	<input type="checkbox"/>
e. Back window	<input type="checkbox"/>	<input type="checkbox"/>
f. Water leaks around trunk lid/hatchback/tailgate	<input type="checkbox"/>	<input type="checkbox"/>
g. Sunroof/moonroof/convertible top	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

WIND NOISE

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Side mirrors	<input type="checkbox"/>	<input type="checkbox"/>
b. Windshield area	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver door/window area	<input type="checkbox"/>	<input type="checkbox"/>
d. Front passenger door/window area	<input type="checkbox"/>	<input type="checkbox"/>
e. Left rear door/window area	<input type="checkbox"/>	<input type="checkbox"/>
f. Right rear door/window area	<input type="checkbox"/>	<input type="checkbox"/>
g. Sunroof/moonroof/convertible top	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

ENGINE

Mark if Problem ...	...ever occurred	...occurred in the last 12 months
a. Difficult to start	<input type="checkbox"/>	<input type="checkbox"/>
b. Does not start	<input type="checkbox"/>	<input type="checkbox"/>
c. Engine idles rough/too fast	<input type="checkbox"/>	<input type="checkbox"/>
d. Engine hesitates	<input type="checkbox"/>	<input type="checkbox"/>
e. Stalling	<input type="checkbox"/>	<input type="checkbox"/>
f. Overheating	<input type="checkbox"/>	<input type="checkbox"/>
g. Lacks power	<input type="checkbox"/>	<input type="checkbox"/>
h. Muffler problem	<input type="checkbox"/>	<input type="checkbox"/>
i. Alternator not charging	<input type="checkbox"/>	<input type="checkbox"/>
j. Fuel consumption	<input type="checkbox"/>	<input type="checkbox"/>
k. Noise	<input type="checkbox"/>	<input type="checkbox"/>
l. "Check Engine" light on	<input type="checkbox"/>	<input type="checkbox"/>
m. Exhaust system problem	<input type="checkbox"/>	<input type="checkbox"/>
n. Oil leak	<input type="checkbox"/>	<input type="checkbox"/>
o. Oil consumption	<input type="checkbox"/>	<input type="checkbox"/>
p. Coolant leak	<input type="checkbox"/>	<input type="checkbox"/>
q. Battery failure	<input type="checkbox"/>	<input type="checkbox"/>
r. Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain each problem: _____

SEE PART A OF ENCLOSED
NOTE

Mark if Problem ... → ... ever occurred ... occurred in the last 12 months

a. Gearshift hard to operate	<input type="checkbox"/>	<input type="checkbox"/>
b. Rough shifting	<input type="checkbox"/>	<input type="checkbox"/>
c. Shifts/clips erratically	<input type="checkbox"/>	<input type="checkbox"/>
d. Shifting difficult in 4WD	<input type="checkbox"/>	<input type="checkbox"/>
e. Shifts up/down too often	<input type="checkbox"/>	<input type="checkbox"/>
f. Transmission noises	<input type="checkbox"/>	<input type="checkbox"/>
g. Fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

MANUAL TRANSMISSION

Mark if Problem ... → ... ever occurred ... occurred in the last 12 months

a. Difficult to shift gears	<input type="checkbox"/>	<input type="checkbox"/>
b. Gears grind when shifting	<input type="checkbox"/>	<input type="checkbox"/>
c. Shifting difficult in 4WD	<input type="checkbox"/>	<input type="checkbox"/>
d. Clutch pedal	<input type="checkbox"/>	<input type="checkbox"/>
e. Clutch chatter	<input type="checkbox"/>	<input type="checkbox"/>
f. Transmission noises	<input type="checkbox"/>	<input type="checkbox"/>
g. Fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain each problem: _____

OVERALL EVALUATION

A. Overall, how satisfied are you with your Toyota vehicle?

- Completely satisfied Dissatisfied
 Very satisfied Very dissatisfied
 Satisfied

B. Has your Toyota met your expectations?

- Much better than expected Worse than expected
 Better than expected Much worse than expected
 Just as expected

C. What features do you like most about your Toyota?

EVERYTHING EXCEPT
1. THE ENGINE PROBLEM
2. THE WARRANTY

D. What features do you like least about your Toyota?

1. THE ENGINE PROBLEM
2. THE WARRANTY

E. To how many people have you recommended your vehicle?

- None 4-7
 1-3 8 or more

Are you the primary driver of this vehicle?

- Yes No → (Skip to Question 17H)

Q. If yes, was this new vehicle a Toyota?

- Yes No

Please tell us why _____

H. When will you be in the market for your next vehicle?

- Within 3 months More than 12 months
 4 to 6 months Never
 7 to 12 months Don't know

I. How likely is it that you would purchase/lease another Toyota?

- Definitely Probably not
 Probably Definitely not
 Might or might not

J. Would you like to receive a Toyota vehicle brochure for consideration on your next purchase?

- Yes No

K. Would you like to be contacted by a Toyota dealership for assistance with your next purchase?

- Yes No

L. Would you like a Toyota representative to contact you for any other issue you may have?

- Yes No

M. If "Yes," what specific issue would you like to address?

ADDITIONAL COMMENTS

SEE PART B OF
ENCLOSED NOTE



THANK YOU!

Please return your survey in the enclosed business-reply envelope.

If you need assistance, please contact your dealership's Customer Relations Manager or Toyota's Customer Assistance Center at 1-800-831-4381.

You can also reach Toyota Motor Sales on the Internet at www.toyota.com.
 Toyota Motor Sales, U.S.A., Inc., P.O. Box 10024, Toledo, OH 43600-0024

March 31, 2003

The engine problem only occurs after making a complete stop at a signal light or stop sign. When the accelerator is depressed the vehicle will only accelerate to approximately 6 MPH. The engine is not hesitating or stumbling it is accelerating just like the accelerator was depressed enough to run at a slow speed. This problem will last from four to ten seconds then clears. The engine does not stall and engine temperature does not seem to be a factor. This problem can happen at any time. (Once a week or once in a six months time). This problem first occurred approximately four weeks after the vehicle was purchased.

On January 26, 2001 we returned the vehicle to *Toyota of Garden Grove* (where it was purchased) There was only 1865 miles on it. They kept the vehicle for two days and said they could not find anything wrong with it. *Toyota of Garden Grove* did not charge us for this vehicle check but they said that we would be charged if we continue to return a non-failing vehicle to their shop. We never returned the vehicle to *Toyota of Garden Grove* again.

On March 1, 2001 we took the vehicle to *Fullerton Toyota*, hoping they would find and fix the problem. There was only 2684 miles on the vehicle. The dealer kept the vehicle for two days and said they could not find anything wrong with the vehicle. The dealer charged us \$ 35.00 to add one quart of fluid to the transmission. (transmission fluid costs approximately \$ 1.98 a quart) We never returned the vehicle to *Fullerton Toyota* again.

Enclosed is the following:

#1 Our last complaint to *Toyota Motor Sales USA Inc.* about their non existing new vehicle warranty and about being charged \$35.00 for \$ 1.98 for un-needed transmission fluid.

#2 Invoice for the first time the vehicle was returned to *Toyota of Garden Grove*.

#3 Invoice for the time the vehicle was returned to *Fullerton Toyota*. (The last time the vehicle was returned to any *Toyota Dealership*).

John E. Stevens
422 N Woodward Ave.
Brea CA 92621-4213

January 20, 2003

Part A

The engine problem occurs after making a complete stop at a signal/stop sign/etc.

When the accelerator is depressed the vehicle will only accelerate to approximately 6 MPH and stays running at that speed. This condition will usually last from 4 to 10 seconds. This condition is intermittent and can happen once a week or only once in approximately six months.

It can happen at any time and engine temperature does not appear to be a factor.

Part B

When the vehicle had only 2,684 miles we took it to the Fullerton Toyota dealership hoping that they would find and fix the engine problem.

They kept the vehicle for two days. They said they were unable to duplicate the problem and added one quart of transmission fluid.

When we got home from picking up the vehicle from Fullerton Toyota, we noticed transmission fluid dripping from beneath the vehicle. Apparently some of the transmission fluid was poured over the back of the engine or the fluid was coming out of the fluid dip stick tube, because of over filling.

The transmission was over filled and approximately one quart had to be drained out to correct the fluid level.

Fullerton Toyota did not honor the warranty for this vehicle. If they did, they would not have charged us \$35.00 to add \$1.98 worth of, un-needed, fluid to the transmission. Furthermore, the vehicle had only 2,684 miles on it and was not even near the first scheduled recommended service at 5,000 miles. The vehicle was brand new.

We have not returned the vehicle to Toyota (since the above charge of \$ 35.00) and have no plans to do so because the Toyota dealership will not honor the warranty. We cannot afford to pay them each time they cannot find the problem. We do not have a barrel of money.

Remember the engine problem will only last for a few seconds and can happen tomorrow or six months from now.

Enclosed is a copy off the Fullerton Toyota bill.

[REDACTED]
Brea, CA [REDACTED]

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**