CAR OWNER IS. [redacted]

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

2003 SEP -2 AM 11:17
30-SEP-2003

FOR AGENCY USE ONLY 1368	
Date Received	Repository ☐
	Reference No. 10031613

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number SAME	
City ASHEVILLE	State NC	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [redacted] *ss to the vehicle manufacturer.*
Signature of Owner [redacted] Date 8/16/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2T1KR32E53C054835	TOYOTA	MATRIX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
07-30-03	JIM BARLEY TOYOTA 828-667-8888			4 Cylinders	87
Original Owner ☒	Dealer's City ASHEVILLE NC	State NC	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☐ Cruise Control		330000 INTERIOR LIGHTING
			Multiple Failure: 1 ON BRIGHT SUNNY DAY

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-JUL-2003			

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: DOTMALSABC036)	☐ Original Equipment ☐ 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:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

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).

CONSUMER STATED THAT THEY WERE HAVING PROBLEMS SEEING THE FUNCTIONS IN THE INSTRUMENT PANEL DUE TO THE LIGHTS. DEALER NOTIFIED. *AK
When Driving in Bright Sun Light The Three Instrument And Radio Lights Fade out. In Shade or at Night This does Not happen. Safety factor is Speed when the Sun is out.

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