

CAR OWNER'S.

 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 1368	
OWNER INFORMATION (Type or Print)		Date Received: 2003 SEP -2 AM 11:17 3098120037		Repository ☐	
Name: [REDACTED]		Daytime Telephone Number: [REDACTED]		Reference No. 10031613	
Address: [REDACTED]		Evening Telephone Number: SAME		E-mail Address: [REDACTED]	
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 owner's signature, the signature of the dealer or other authorized person must be provided 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: 2T1KR32E53C048357		Make: TOYOTA		Model: MATRIX	
Date Purchased: 07-30-03		Dealer's Name and Telephone Number: JIM BARKLEY Toyota 828-667-8888		Model Year: 2003	
Original Owner: ☒		Dealer's City: Asheville, NC State: NC Zip Code: [REDACTED]		Engine: 4 cylinders Fuel Type: 87	
Transmission Type: ☒ Antilock Brakes ☐ Cruise Control		Powertrain: [REDACTED]		Vehicle Component Code: 330000 INTERIOR LIGHTING	
Multiple Failure: 1 ON BRK of SUNNY DAY					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s): 27-JUL-2003		Failure Mileage: [REDACTED]		Failure Speed: [REDACTED]	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make: [REDACTED]		Tire Model (Name or Number): [REDACTED]		Tire Size (Example P215/65R15): [REDACTED]	
DOT No. (Example: DOTM159ABC036)		☐ Original Equipment ☐ Prior Repair		Failure Location: [REDACTED]	
Tire Component Code: [REDACTED]				Tire Failure Type: [REDACTED]	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make: [REDACTED]		Date Manufactured: [REDACTED]		Model No./Name: [REDACTED]	
Seat Type: [REDACTED]		Installation System: [REDACTED]			
Child Seat Component Code: [REDACTED]		Failed Part: [REDACTED]			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)					
Crash: ☐ Yes ☒ No		Fire: ☐ Yes ☒ No		Number of Persons Injured: [REDACTED]	
Number of Deaths: [REDACTED]		Reported to Police: N			
Merits Description of Incident(s), Crash(es), and Injury(es). 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 of action is speed when the sun is out.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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 response, or a certified summary thereof, may be used in support of the agency's action.					