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 100145

Date Received: 01-AUG-2003 (2003 AUG 26 P4 1:1?)
Repository: ☐
Reference No.: 10031808

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: STEWARTSTOWN | State: PA | Zip Code: [redacted]
Daytime Telephone Number: [redacted] | Evening Telephone Number:
E-mail Address:

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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on drivers side	Make	Model	Model Year
JTEHH20V710[redacted]	TOYOTA	RAV4	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2/2001	Diehl Toyota 1-800-864-4914			No: Cylinders 4	
Original Owner ☒	Dealer's City 1775 Whitefield Rd. York	State PA	Zip Code 17402		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control	All wheel Drive	141000 AIR BAGS: FRONTAL

Multiple Failure: Front Air bags did not deploy +

FAILED COMPONENT(S)/PART(S) INFORMATION Seat belt did not contract.

Incident Date(s)	Failure Mileage	Failure Speed	
29-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	Belt + Other Drive		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 STATES VEHICLE WAS INVOLVED IN A FRONTAL COLLISION, AND AIRBAGS DID NOT DEPLOY. DEALER NOTIFIED. *AK

seat belt did not contract to hold body in seat, causing to hit steering wheel, resulting in multiple injuries.

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