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 100083

Date Received: 2003 OCT 12 PM 2 25 — 11-SEP-2003

Repository ☐

Reference No. 10039816

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City NEW ORLEANS State LA Zip Code [redacted]

Daytime Telephone Number [redacted]
E-mail Address
Evening Telephone Number

Do you authorize NH[redacted]*e manufacturer of your vehicle?* ☒ YES ☐ NO
In the absence of a[redacted]*e your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9/22/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
2T1KR32EX3C114381	TOYOTA	MATRIX	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Dec ..02	Dow Bow Toyota	4	Gas

Original Owner ☒ Dealer's City Harvey State LA Zip Code

Transmission Type AUTOMATIC
☒ Antilock Brakes NA
☒ Cruise Control NA
Powertrain
Vehicle Component Code 180000 VEHICLE SPEED CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
VARIOUS	0 to 11,000	ALL	Speedometer / Can't See in Day Light

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: DOTMAL9ABC036) ☐ 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 CALLED COMPLAINING ABOUT HAVING PROBLEMS WITH THE SPEEDOMETER. BECAUSE THERE IS A RED BACK LIGHT DRIVER CANNOT SEE THE SPEED THAT HE IS DRIVING DURING THE DAY LIGHT. HE HAS NO PROBLEMS DURING NIGHT TIME . MANUFACTURER WAS CONTACTED, AND STATED THAT WAS NOT A SAFETY ISSUE FOR THEM.*AK

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