



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 100184

Date Received
2003 NOV 18
01-OCT-2003

Repository

Reference No.
1804753

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City FRESNO State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 10/29/03

VEHICLE INFORMATION

17 digit Vehicle ID: 5TEVL52NXIZ [Redacted] Make TOYOTA Model TACOMA Model Year 2001
Date Purchased 3-30-01 Dealer's Name and Telephone Number Bingham TOYOTA 559-291-5544 Engine: 2.4 Fuel Type: Unleaded
Original Owner Dealer's City FRESNO State CA Zip Code 93722 No. of Cylinders 4
Transmission Type AT Antilock Brakes Powertrain Cruise Control
Vehicle Component Code 141000 AIR BAGS:FRONTAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-SEP-2003 Failure Mileage 40000 Failure Speed 35-40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE N/A

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM18ABC038) Original Equipment Prior Repair Failure Location: Fresno CA
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(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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).

CONSUMER WAS DRIVING AT 25 MPH AND ANOTHER VEHICLE RAN A RED LIGHT AND WAS STRUCK ON THE PASSENGER'S SIDE NEAR THE FRONT WHEELS. CONSUMER WAS WEARING SEAT BELTS, AND SUSTAINED SLIGHT INJURIES. AIR BAGS DID NOT DEPLOY DURING THIS COLLISION. MANUFACTURER AND THE DEALER WILL BE NOTIFIED.*AK

Please Revised
see next page →

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

The Privacy Act of 1974-Public Law 93-578 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 response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I had an accident on 09-08-03 w/ another Vehicle (Van) that failed to stop at a red light (ran the red light). I T-boned the van while traveling a speed between 35-40 MPH. I suffered neck and Back injuries. The accident caused Major Damage to Front of my truck. My Insurance Totaled the truck, but the Air Bag failed to deploy on both the Driver and Passenger Sides.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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OR

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and dial toll free at

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(DASH) & DOT



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