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

2004 JAN 23 PM 2:28

FOR AGENCY USE ONLY 1367	
Date Received: 05-JAN-2004	Repository ☐
	Reference No.: 10053331

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address: [redacted]				
City: WATSONVILLE	State: CA	Zip Code: [redacted]	Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an au[redacted]e your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 1/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTDGH20V7[redacted]	TOYOTA	RAV4	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2001	TOYOTA OF SANTA CRUZ 462-4200			4	GASOLINE
Original Owner ☒	Dealer's City: CAPITOLA	State: CA	Zip Code: 95062		

Transmission Type		Powertrain	Vehicle Component Code
2 WD [redacted] AUTO	☒ Antilock Brakes ☒ Cruise Control	2 WD	061000 ENGINE AND ENGINE COOLING:ENGINE
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	48000	ANY & ALL	2ND COIL

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) event(s 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).

INTERMITTENTLY VEHICLE STALLED WITHOUT WARNING, BUT WOULD RESTART WITHIN SECONDS. THIS OCCURRED WHILE DRIVING AT ANY SPEED OR STOPPING. SOMETIMES THE ENGINE WARNING LIGHT FLASHED BEFORE VEHICLE STALLED. A DIAGNOSTIC TEST WAS PERFORMED BUT NO FAILURE CODE WAS FOUND. *AK

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