



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-2004 FEB 19
(1-888-327-4238)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received

Repository

PH 2:36
05-JAN-2004

Reference No.
10053342

OWNER INFORMATION (Type or Print)

Name
Address
City ANNAPOLIS State MD Zip Code

Daytime 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 01/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4TASM92NIW Make TOYOTA Model PICKUP Model Year 1998

Date Purchased Jan 98 Dealer's Name and Telephone Number R & H 740 TR Engine: No: Cylinders 4 Fuel Type: GASOLINE
Original Owner Dealer's City OWINGS MILLS State MD Zip Code

Transmission Type Automatic Antilock Brakes Cruise Control Powertrain Vehicle Component Code 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 06-DEC-2003 Failure Mileage Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Good Year Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTWALBABC036) 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 Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Y

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).

WHILE DRIVING AT AN UNDETERMINED SPEED CONSUMER LOST CONTROL OF VEHICLE, CAUSING THE DRIVER TO CRASH INTO AN EMBANKMENT HEAD ON. BOTH FRONTAL AIR BAGS (DID NOT DEPLOY) WERE DEPLOYED IMPROPERLY. AT IMPACT I RECALL BOTH BAGS INFLATING AND POPPING UP LIKE A BALLOON OVER INFLATED BALLOON. When it blow-up or popped like a balloon inflated with a NEEDLE it generated a bad odor (suffocating) due to the chemical reaction from the airbag expoding after the airbags inflated in a split second. I am lucky that I did not present or did not lose consciousness otherwise, as I was able to

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

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a 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)

open both doors to airport. The door incident is really suffocating. I think that the airbags should inflate quickly by inflating quick in a "split of a second" but should deflate gradually and not blow up or explode like an over inflated balloon. I have a small chemical burn and a minor head ache and under ache from around my neck due to the accident. I really believe that the airbags did not deploy properly and it is very dangerous to consumers. Thank you.

— end of statement —

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



**VEHICLE
OWNER'S
QUESTIONNAIRE**
DOT AUTO SAFETY HOTLINE



TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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