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 MAR 11 P 12:38

FOR AGENCY USE ONLY 100161	
Date Received 04-FEB-2004	Repository ☐
	Reference No. 10067545

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City BRAITHWAITE	State LA	Zip Code	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 a[redacted]our name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/23/04 PLEASE DO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTEGH20V710037414	TOYOTA	RAV4	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
July 30/01	LAKESIDE Toyota (504)833-3311			4	REG GAS
Original Owner ☒	Dealer's City NEW ORLEANS METAIRIE	State LA.	Zip Code 70002		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FW DRIVE	114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-JAN-2004	36136	EXPECTING IN TRAFFIC	

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: DOTMALBABC036)	☐ 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	PANICKED, NO INJURY 2	0	Y FIRE DEPT.

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).

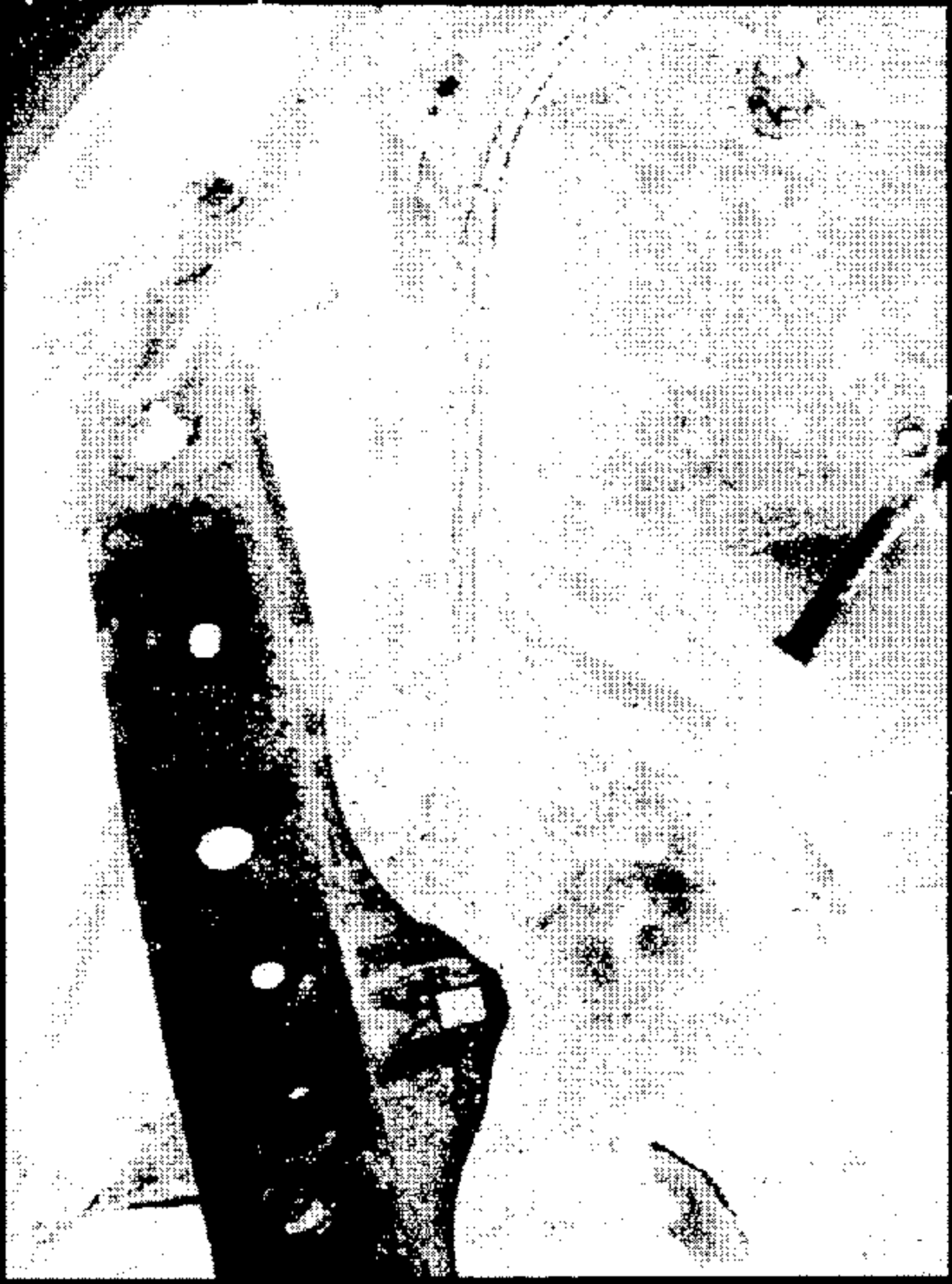
WHILE DRIVING PASSENGERS SMELLED A BURNING ODOR. ~~CONSUMER PULLED OVER TO THE SIDE OF THE ROAD,~~ OPENED THE HOOD, AND SAW FIRE. CONSUMER IMMEDIATELY CALLED THE FIRE DEPARTMENT. *AX (911)

WE SAW SMOKE COME FROM UNDER THE HOOD AND JUMPED OUT OF THE CAR IN TRAFFIC, WE WERE ABLE TO GET OFF THE ROAD ON FOOT & WATCH OUR CAR BURN. HAD WE GONE ANOTHER ¼ MILE ON TO THE INTERSTATE HIGHWAY IT WOULD HAVE BEEN A MORE UNSAFE & DANGEROUS SITUATION. IMAGINE TRYING TO GET OUT OF YOUR CAR ON AN INTERSTATE @ 7:30AM & RUN 2 THE SHOULDER.

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

WE BOUGHT THIS CAR NEW AND MAINTAINED IT TO RECOMMENDATIONS WITH NO CHANGES OR ADDITIONS, SOMETHING WAS TERRIBLY WRONG WITH THIS CAR. TOYOTA DID NOT APPEAR TO BE INTERESTED IN THE CAUSE OF THE FIRE.

VIN JTEGH20V710037414



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VIN JTEG H20V7100 37414

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