



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 100079

Date Received: 2004 MAR 17 11:18
12-FEB-2004

Repository

Reference No.
10058014

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HARRISBURG State: NC Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized subject, NHTSA will use the name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 2-17-04 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JT3GP10V6[Redacted]
Make: TOYOTA Model: RAV4 Model Year: 1998
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner: Dealer's City: Jacksonville State: FL Zip Code: [Redacted]
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 141000 AIR BAGS:FRONTAL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-FEB-2004 Failure Mileage: 99000 Failure Speed: 45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTMALSABC036) Original Equipment Prior Repair Failure Location: DRIVER AIR BAG
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 Yes No Fire Yes No Number of Persons Injured: 1 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 45 MPH CONSUMER HIT ON ICE POT HOLE, LOST CONTROL OF VEHICLE, AND HIT A GUARD RAIL, PASSENGER'S AIR BAG DEPLOYED, BUT DRIVER AIR BAG DEPLOYED ONLY HALF WAY. *AK

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.