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 1368

Date Received	Repository ☐
15-DEC-2004 NOV 22	Reference No. 10096960

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City WELLESLEY	**State** MA	**Zip Code** [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 [illegible] NHTSA/DOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/25/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASE PROVIDE JTEHF21A2J0[redacted]	TOYOTA	HIGHLANDER	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
NOVEMBER 2001	HERB CHAMBERS TOYOTA, BOSTON, MA (617) 254 9160		

Original Owner	Dealer's City	State	Zip Code
☒	BOSTON	MA	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
[redacted]04	32,000	10 mph(?)	

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: DOTMA19ABC036)	☐ 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, Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	N REPORTED TO 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 A ROCK PUNCTURE A HOLE IN THE PLASTIC FUEL TANK CAUSING FUEL TO LEAK. THE CONSUMER MANAGED TO PULLOVER AND HAD THE VEHICLE TOWED. THE DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. JAM~~

WHILE DRIVING ON ROUTE 9 IN NATICK, MASS. (4 LANE SECONDARY HIGHWAY), I STRUCK UNIDENTIFIED ROAD DEBRIS (SMALL ENOUGH SO THAT I NEITHER SAW THE DEBRIS AS I APPROACHED, NOR DID I SEE ANYTHING IN REAR VIEW MIRROR AFTER I PASSED IT) WHICH SOUNDED LIKE A ROCK OR PIECE OF GLASS. DEBRIS PIERCED THE PLASTIC SHIELD COVERING THE GAS TANK AS WELL AS THE GAS TANK ITSELF (REPAIRMAN SAID THE [redacted]HOLE IN THE TANK WAS AS LARGE/WIDE AS A MAN'S FINGER). GAS BEGAN POURING OUT OF TANK, FIRE DEPARTMENT AND LOCAL DEPARTMENT OF PUBLIC WORKS HAD TO BE CALLED TO CLEAN UP/MONITOR GAS SPILL. GAS TANK WAS SO BADLY DAMAGED THAT REPAIR WAS IMPOSSIBLE, ENTIRE TANK HAD TO BE REPLACED. HOWEVER, THERE WAS ABSOLUTELY NO OTHER DAMAGE TO CAR. DEBRIS WAS VERY SMALL AND YET RUPTURED GAS TANK.

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

Incident #: 04-3242-IN Exp. 0
Call #: 04-13284

Location: SATURN OF NATICK
1000 WORCESTER ST
Natick, MA 01760

Census Tract: 3826-
District: District 4 Beat: 9 Area:
Station: WEST NATICK STATION

Report By: Fosberg, Dennis on 10/06/2004

Incident Type: Gasoline or other flammable liquid spill
Property Use: Highway or divided highway
Mixed Use Property: Not mixed use
Actions Taken: Investigate
HazMat Release: None

Owner: SATURN OF NATICK
JAMES E CLAIR
1000 WORCESTER ST
Natick, MA 01760
Phone #: 617-325-6200

Alarm: 10/06/2004 @ 1028
Arrived: 10/06/2004 @ 1036
Cleared: 10/06/2004 @ 1155

Shift: 4
Alarms: 1
Aid: None

Apparatus		Personnel	
Suppression:	1	Suppression:	3
EMS:	0	EMS:	0
Other:	0	Other:	0

Deaths		Injuries	
Fire Service:	0	Fire Service:	0
Civilian:	0	Civilian:	0

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1 [redacted]
Occupant
WELLESLEY, MA [redacted]

assisted owner of vehicle with leaking gas tank or line,speedy dry put down.waited for tow truck,engine 4 returned to quarters.vehicle struck object in roadway.

Incident #: 04-3242-IN Exp. 0
Call #: 04-13284

1	Engine 4 E4	Tanker & pumper comb	Disp Arr Clr InSv	10/06/2004 @ 1029 10/06/2004 @ 1036 10/06/2004 @ 1155 10/06/2004 @ 1155	3	Suppr	- not on file - not on file - not on file - not on file

1	3137	Stioka, William T.	10/06/2004 @ 1029	10/06/2004 @ 1155	F	E4
2	41604	Austin, John J.	10/06/2004 @ 1029	10/06/2004 @ 1155	F	E4
3	726	Fosberg, Dennis	10/06/2004 @ 1029	10/06/2004 @ 1155	O	E4

THE COMMONWEALTH OF MASSACHUSETTS
REGISTRY OF MOTOR VEHICLES
PO Box 199100, Boston, MA 02119
www.mass.gov/rmv

20003789

REGISTRATION FEE INCLUDES $ 5.00
RENEWAL PROCESSING FEE

CERTIFICATE OF REGISTRATION
PASSENGER

PLATE TYPE	REGISTRATION NUMBER	EXPIRES	MONTH	YEAR
PAN	[redacted]	[illegible]	03	05

EFFECTIVE DATE 04/01/03

FEES:

REGISTRATION	41.00
TITLE	0.00
SPECIAL PLATES	0.00
SALES TAX	0.00
TOTAL	41.00

NAME(S) OF OWNER(S) AND MAILING ADDRESS

[redacted]
WELLESLEY HILLS, MA [redacted]

TRANSACTION NUMBER [redacted]

Kimberly Henderson
REGISTRAR

RESIDENTIAL ADDRESS (IF DIFFERENT)

IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.

IF VEHICLE USED FOR TRANSPORTING GOODS, WARES, OR MERCHANDISE: TOTAL REGISTERED WEIGHT.

23620

2001	TOYT	HIGHLA	UTIL	BLUE
MFRS MODEL YEAR	MAKE	MODEL NAME	BODY STYLE / TYPE	COLOR

JTEHF21A210[redacted]	PREMIER INSURANCE	[redacted]
VEHICLE IDENTIFICATION NUMBER	INSURANCE COMPANY	

NOT VALID UNTIL STAMPED WITH OFFICIAL SIGNATURE STAMP OR SIGNATURE OF THE REGISTRAR