


 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

Date Received

 RECEIVED  
NHTSA-215

2004 OCT 12 P 11:34

 OFFICE OF  
VEHICLE INVESTIGATION

 Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.

1009715

## OWNER INFORMATION (Type or Print)

Name		Apt. No.	
Street No.		City	
City		State	
MAYAGUEZ		P.R.	
Day Telephone Number		Night 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 authorized signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.

 Signature of Owner \_\_\_\_\_ Date 10.5.04  
9.22.04

## PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) JTEZU14R430		Make TOYOTA	Model 4RUNNER 4A20	Year 2003
Purchased Date 1-31-2003	Dealer's Name TOYOTA DE MAYAGUEZ Y EL OESTE		Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City MAYAGUEZ, P.R.	State P.R.	Zip Code 00681	No. Cylinders 6
Manufacturer Date (on driver's door or pillar) 11-02	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

## FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) FRONT DRIVER SEAT	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name				
Complete Tire Size	DOT No.				
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

LOANDI LOPEZ NOTICE THAT THE DRIVER SEAT <sup>7WHILE</sup> DRIVING ALONE FOR A WHILE  
 THE SEAT LOOSES ADJUSTMENT ON SEAT HEIGHT (ENCLOSURE IS PHOTO COPY FROM OWNER'S  
 MANUAL #3) THE SEAT DOES NOT LOOSE ADJUSTMENT RIGHT AWAY IT TAKES A WHILE. I SPEAK  
 FROM WHEN I FIRST BOUGHT THE S.U.V. UNTIL 1-29-04 TO MAKE SURE THAT I WAS 100%  
 CERTAIN OF THE DEFECT. SOB # 10529 FIRST REPORTED TO TOYOTA SERVICE DEPT. IN AGUASILLA  
 PUERTO RICO = 2-16-04 FRAME WAS REPAIR SOB # 11203 / 2-23-04 FORM WAS REPAIR SOB # 11356  
 3-03-04 APPOINTMENT WAS REQUESTED WITH TOYOTA OF PUERTO RICO TECHNICIAN WHICH NEVER  
 SHOWED UP MR. SOB # PEREZ SOB # 11223 = 6-04-04 SEAT FORM ORDER SOB # 14094 - OVER

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7862

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

6-10-04 FOAM REPAIRED GOB# 14341 = 9-24-04 MECHANIC AT TOYOTA AGUADILLA  
 PUERTO RICO TOOK SEAT APART TO VERIFY CONDITION VISUAL INSPECTION NO STRESS  
 TEST NO WEIGHT TEST, I WAS REFERED TO TOYOTA CUSTOMER ASSISTANCE GOB# 16339  
 9-3-04 APPOINTMENT WITH TECHNICIAN (REPRESENTATIVE) MR. JOSE PEREZ OF  
 TOYOTA OF PUERTO RICO AFTER MR. PEREZ FOUND NO DEFECT NO STRESS TEST  
 NO WEIGHT TEST JUST BY LOOKING AT THE SEAT I WAS NOT CONSUERED TO EXPLAIN THE  
 PROBLEM TO MR. PEREZ I ASK MRS. CINDIA ALMODOVAR WHY I WAS ASK OF MY  
 PROBLEM I WAS TOLD TOYOTA TECHNICIAN DONT TALK TO CUSTOMER, MRS ALMODOVAR  
 IS THE QUERT MANAGER OF SERVICE SEPT. TOYOTA OF AGUADILLA, PUERTO RICO  
 GOB# 16501, TOYOTA OF PUERTO RICO WAS NOTIFY BY PHONE ON 9-23-04  
 REPLY FROM TOYOTA PUERTO RICO IS ENCLOSE CLAIM # (CR 454) = SO FAR THE SEAT  
 STILL LOOSE ADJUSTMENT NO SOLUTION/P.S. SINCE THIS REPORT IS GOING TO

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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, NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590



Complete and return or place in your car manual for future use



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 National Highway Traffic Safety Administration

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and dial toll free at

DASH 2 DOT

OR

TO REPORT VEHICLE SAFETY DEFECTS  
 COMPLETE THIS FORM

DOT AUTO SAFETY HOTLINE

(V00Q)

QUESTIONNAIRE

OWNER'S

VEHICLE



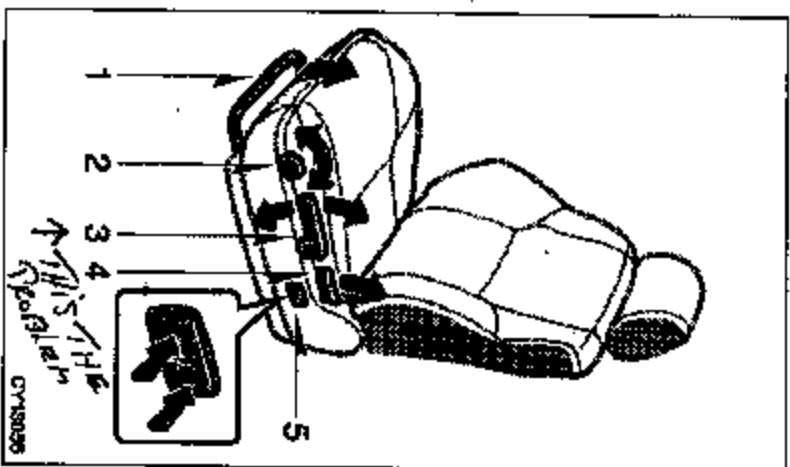
10-5-04

CONTINUE FROM ORIGINAL REPORT. O.M.A. No. 2127-000P

TOYOTA MOTOR CORP. EITHER U.S.A. OR TOKYO, JAPAN  
I LIKE TO EMPHASIZE THIS THE FIRST PRODUCT OF  
TOYOTA MAKE THAT HAVE BOUGHT. YOUR REPRESENTATIVE  
AT TOYOTA OF PUERTO RICO HAVE VERY POOR JUSTMENT OR  
THEY EITHER DONT CARE FOR YOUR CUSTOMER I LIKE  
YOUR PRODUCT AND WOULD LIKE TO REMAIN OF THE OWNER  
SHIP OF YOUR LINE OF PRODUCT BUT WITH THE PERSONNEL  
REPRESENTING TOYOTA MOTOR CORP. THAT WILL BE SOMETHING  
TO THINK ABOUT I WOULD LIKE A SATISFACTORLY SOLUTION  
TO MY PROBLEM SO I COULD REMAIN YOU CUSTOMER  
FOR LONG TIME

THANK YOU  
Candido Lopez  
JOB @ ALLE TU RABA O  
MAYAGUEZ; P.R. 00640-5194

—Adjusting front seats  
(manual seat)



**1. SEAT POSITION ADJUSTING LEVER**

Hold the center of the lever and pull it up. Then slide the seat to the desired position with slight body pressure and release the lever.

**2. SEAT CUSHION ANGLE ADJUSTING KNOB**

To change the angle of the seat cushion on the front side, turn the knob either way.

**3. SEAT HEIGHT ADJUSTING LEVER**

To change the height of the seat, pull up or push down the lever.

**4. SEATBACK ANGLE ADJUSTING LEVER**

Lean forward and pull the lever up. Then lean back to the desired angle and release the lever.

**CAUTION**

To reduce the risk of adding the lap belt during a collision, reclining the seatback any more needed. The seat belts provide lumbar protection in a frontal collision when the driver and the senger are sitting up straight wall back in the seats. If you reclined, the lap belt may slide your hips and apply restraint directly to the abdomen. In the of a frontal collision, the more seat is reclined, the greater the of personal injury.

**5. SEAT LUMBAR SUPPORT ADJUSTING SWITCH**

Push the control switch on either side. The amount of lumbar support will increase while the switch is pushed.



TOYOTA DE PUERTO RICO CORP.

23 de agosto de 2004.

[REDACTED]  
[REDACTED]  
Mayagüez, PR. [REDACTED]

Estimado señor [REDACTED]

Recibimos su comunicado donde expresa la situación que ha confrontado con su vehículo Toyota. Le aseguramos que en Toyota de Puerto Rico estamos comprometidos con la calidad y el servicio de excelencia que han caracterizado nuestra marca a través de los años.

Mantener comunicación con nuestros clientes permite medir el resultado de nuestros esfuerzos y nos ayuda a mejorar cada día aún más los servicios y productos. Tenga por seguro que tomaremos en cuenta su situación para continuar en nuestro empeño de brindarle un mejor servicio a todos nuestros clientes.

Muchas gracias por aportar a este esfuerzo y recuerde que siempre estamos a su entera disposición.

Reciba nuestro saludo cordial,

Odélisse del Valle, Supervisora

Departamento de Satisfacción al Cliente

Toyota de Puerto Rico. Corp.

*Centro de Asistencia al Cliente*

*Reclamación:* CR4542  
*Representante:* Annalie Mercado  
*Teléfono:* 787-641-3800  
*Extensión:* 1604  
*E-mail:* annalie\_mercado@toyotapr.com

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).