



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 262

Date Received

2005 FEB 16 AM 3:37
07-JAN-2005

Repository

Reference No.
10107037

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SANTA ANA State CA Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4T1FA38P46L

Make TOYOTA Model SPYRY SOLARA Model Year 2005

Date Purchased 11/13/04 Dealer's Name and Telephone Number THETA TOYOTA Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City THETA State CA Zip Code 92705

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 221300 SEATS:FRONT ASSEMBLY:HEAD RESTRAINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-JAN-2005 Failure Mileage 1,200 Failure Speed HEAD RESTS ON REAR SEATS OBSTRUCT VIEW THAT ARE NOT MOVABLE

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: DOTM18ABC038) 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 N

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).

THIS VEHICLE HAS CONVERTIBLE SEATS, BOTH FRONT SEATS AND HEAD RESTS ARE TOO LARGE. THIS CAUSES POOR VISIBILITY, CONSUMER UNABLE TO SEE PROPERLY. CONSUMER TOOK VEHICLE TO THE DEALER, AND MECHANIC CLAIMED THAT THE VEHICLE WAS OPERATING AS DESIGNED. *AK
Toyota refuses to do anything to lower rear seat headrests in our new convertible. They restrict visibility by 1/2 thru rear window

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

The Privacy Act of 1974 (Public Law 93-579) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.