



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 1386

Date Received

15 FEB 2005

Repository

Reference No.  
10111538

**OWNER INFORMATION (Type or Print)**

Name

Address

City CASTLE HAYNE

State NC

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?  
In the absence of an authorization, NHTSA WILL NOT contact your name or address to the vehicle manufacturer.

YES  NO

Signature of Owner

Date 2/25/05

**VEHICLE INFORMATION**

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

Make

TOYOTA

Model

RAV4

Model Year

2003

JTCGH20VX30

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

R

Original Owner

Dealer's City

JACKSONVILLE

State

NC

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failures: 1

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

Incident Date(s)

20 DEC 2004

1-29-05

Failure Mileage

18000

Failure Speed

25

AIR BAGS

SEAT BELT

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

BRIDGESTONE

Tire Model (Name or Number)

Tire Size (Example P216/65R15)

DOT No. (Example: DOTM4S8C036)

Original Equipment

Prior Repair

Failure Location:

FRONT END

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

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).

WHEN THE CONSUMER REAR ENDED ANOTHER VEHICLE AT 25 MPH THE FRONT AIR BAG DID NOT DEPLOY, NOR DID THE SEAT BELT RESTRAIN THE CONSUMER. VEHICLE WAS TOWED. THE DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. \*AK

VEHICLE TOTAL LOSS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.