



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 100222

Date Received

Repository ☐

07-MAR-2005 11:17:34

Reference No.
10113595

OWNER INFORMATION (Type or Print)

Name
Address
City DE QUEEN State AR 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 disclose your name or address to the vehicle manufacturer.
Signature of Owner Date 3-22-05 ☒ YES ☐ NO

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side
JTKDE177550 Make TOYOTA Model SCION Model Year 2005
Date Purchased Dealer's Name and Telephone Number
Original Owner ☒ Dealer's City State Zip Code
Engine: No. Cylinders Fuel Type: Gas
Transmission Type ☒ Antilock Brakes ☒ Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code
134000 VISIBILITY:SUN ROOF ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-MAR-2005 Failure Mileage 3960 Failure Speed 55

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: DOTM19ABC036) ☐ 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 Number of Deaths Reported to Police

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 WITH THE SUN ROOF OPEN, THE CONSUMER WAS SUDDENLY COVERED WITH GLASS. THE ROOF DEFLECTOR WAS MADE OF GLASS. THE CONSUMER WAS TRAVELING AT 55 MPH. *JB

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 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.

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

Glass did not appear to be safety glass.
Long sharp pieces of glass where all over the car
and the driver's eye was scratched by glass.
The eye is now healed.

We wish for the Scion Company
to investigate this problem and to change
the way this reflector is constructed for
the safety of all owners.

The Scion Company has replaced the reflector
and we are not asking anything else from
the company except to investigate the
construction of the reflector.

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

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, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

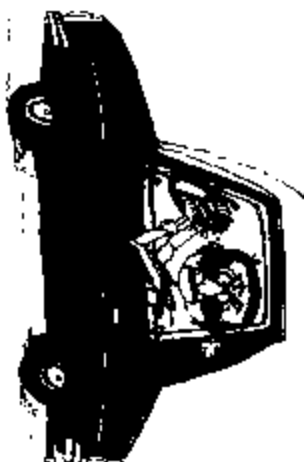
DASH2DOT

and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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