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 100192

Date Received	Repository ☐
11-MAR-2005	Reference No. 10115015

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number: SAME	
City: CASTLE HAYNE	State: NC	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 [redacted] *your name or address to the vehicle manufacturer.*
Signature of Owner: [redacted] Date: 3/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTEGA20VX30 [redacted]	TOYOTA	RAV4	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
10-03	STEVENSON		Gas
Original Owner ☒	**Dealer's City** Jacksonville N.C.	**State** NC	**Zip Code**

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	~~4 WHEEL DRIVE~~ 2WD	151000 SEAT BELTS:FRONT Multiple Failure: 1 AIR BAGS & SEAT BELT

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-JAN-2005	18200	30	

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: DOTMAL9ABC036)	☐ 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: 2003	Model No./Name: TOYOTA
Seat Type: Booster	Installation System:	
Child Seat Component Code:	Failed Part: AIR BAG - SEAT BELT	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	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).

WHILE DRIVING AT APPROXIMATELY 30 MPH CONSUMER'S VEHICLE REAR ENDED ANOTHETR VEHICLE. UPON IMPACT, DRIVER'S SIDE SEAT BELT FAILED TO RESTRAINT THE DRIVER, AND THE AIR BAGS FAILED TO DEPLOY. DRIVER SUSTAINED INJURIES, AND THE VEHICLE WAS TOTALED. *AK

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

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

~~I then went for~~ My face hit the steering wheel Causing a severe nose bleed. My dr. did X-Rays, SHe felt SURE my NOSE WAS BROKEN AND SENT ME TO THE HOSPITAL FOR A CT SCAN WHICH WAS VERY EXPENSIVE. I FEEL CHEATED BECAUSE I PAID FOR THING THAT WERE DEFECTIVE.

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

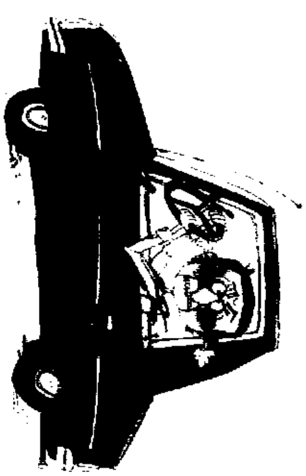
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety Administration

www.nhtsa.dot.gov/hotline