



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1373

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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City HUDSON State FL Zip Code _____

Daytime Telephone Number _____
E-mail Address _____
Evening Telephone Number
SAME

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 provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 4/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield or driver's side
JT3GN87R020 Make TOYOTA Model 4 RUNNER Model Year 2002
Date Purchased 1-24-02 Dealer's Name and Telephone Number SUN TOYOTA - Spanglone 727-842-9735 Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City NEW PORT RICHEY State FL Zip Code 34662
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN Vehicle Component Code 091200 FUEL SYSTEM, OTHER:STORAGE:FUEL GAUGE SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-MAR-2005 Failure Mileage 28,000 Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/85R15)
DOT No. (Example: DOTM18ABC036) 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).

FUEL GAUGE HAND GONE TO FULL AND DROPPED TO EMPTY WHILE DRIVING. TOOK VEHICLE TO DEALER, AND CONSUMER WAS INFORMED THAT THEY COULDN'T FIND ANYTHING WRONG. *AK

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.