

 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 100148	
		Date Received 2005 SEP -01 AM 3:56 09-JUN-2005		Repository <input type="checkbox"/> Reference No. 10124808	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
CANISTRANO BEACH	Pasadena	CA			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, the name or address to the vehicle manufacturer.					
Signature of Owner		Date		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		8/27/05			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
JTDKB20		TOYOTA	PRIUS	2005	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
27-MAR-05	FAMILY TOYOTA		No: Cylinders 4	Other	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	SAN JUAN CAPISTRANO	CA	92675		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE		110000 ELECTRICAL SYSTEM	
				Multiple Failure: 5	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
07-MAY-2005	1368	65			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/B5R15)	
DOT No. (Example: DOTM19ABC038)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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 <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	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).					
DT: CONSUMER WAS DRIVING ABOUT 45 MINUTES / 65 MPH WHEN VEHICLE LOST POWER/STALLED. ALL WARNING LIGHTS WERE ON. CONSUMER WAS ABLE TO RESTART VEHICLE AFTER IT STALLED BY LETTING IT SIT FOR A WHILE. VEHICLE HAD A HISTORY OF ACCELERATING AND STALLING. *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.					