



U.S. Department of Transportation

National Highway Traffic Safety Administration

# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

**FOR AGENCY USE ONLY**

Date Received: **8-2-05** Repository:

Reference No.: **10131319**

**OWNER INFORMATION (Type or Print)**

|                       |                  |                                      |                                      |                    |
|-----------------------|------------------|--------------------------------------|--------------------------------------|--------------------|
| Name: [REDACTED]      |                  |                                      | Daytime Telephone Number: [REDACTED] |                    |
| Street No: [REDACTED] |                  | Evening Telephone Number: [REDACTED] |                                      |                    |
| City: <b>Sarasota</b> | State: <b>FL</b> | Zip Code: [REDACTED]                 |                                      | E-mail: [REDACTED] |

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner: [REDACTED] Date: **7, 18, 05**

**VEHICLE INFORMATION**

|   |   |   |                      |   |                                |
|---|---|---|----------------------|---|--------------------------------|
| 17 digit Vehicle Identification number located at bottom of windshield on driver's side: <b>5TBRT381339</b> |   | Make: <b>Toyota</b>   | Model: <b>Tundra</b> | Year: <b>2003</b>   | Current Mileage: <b>17,200</b> |
| Date Purchased: <b>6/03</b>   | Dealer's Name and Telephone Number: <b>GERMAIN TOYOTA</b>                                   |   | Engine:              | Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other |                                |
| <input checked="" type="checkbox"/> Original Owner  | Dealer's City: <b>Sarasota</b>  | State: <b>FL</b>  | Zip Code:            | No. Cylinders: <b>8</b>   |                                |
| Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic            | <input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control | Powertrain: <input type="checkbox"/> All-Wheel Drive <input checked="" type="checkbox"/> Front-Wheel Drive <input checked="" type="checkbox"/> Rear-Wheel Drive <input type="checkbox"/> Four-Wheel Drive |                      |   |                                |

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

|                              |                   |                              |                |  |
|------------------------------|-------------------|------------------------------|----------------|--|
| Component Name: <b>Tires</b> | Incident Date(s): | Failure Mileage: <b>5100</b> | Failure Speed: | Failure Location: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear |
|------------------------------|-------------------|------------------------------|----------------|--|

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

|   |                  |  |  |
|---|------------------|--|--|
| Tire Make/Brand: <b>DUNLAP AT20</b>   | Tire Model/Line: | Tire Name:   | Tire Size (Example: P215/65R1105): <b>P265/65R17</b> |
| Failed Structure: <input type="checkbox"/> Tread <input checked="" type="checkbox"/> Sidewall <input type="checkbox"/> Bead   |                  | DOT No. (Example: DOT MAL9ABC036 on sidewall): <b>DBAH DSAR 1603</b>                         |  |
| Failure Type: <input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input checked="" type="checkbox"/> Road Hazard <input checked="" type="checkbox"/> Out of Round |                  | <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair |  |

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

|   |                    |   |
|---|--------------------|---|
| Make:   | Date Manufactured: | Model Number and Name:  |
| Seat Type: <input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other   |                    | Installed in Vehicle using the: <input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* <i>*Vehicle info required</i> |
| Failed Part. Describe Failure Below: <input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other |                    |   |

**APPLICABLE INCIDENT INFORMATION**

*(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)*

|  |   |                            |                   |                    |
|--|---|----------------------------|-------------------|--------------------|
| Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured: | Number of Deaths: | Police Report No.: |
|--|---|----------------------------|-------------------|--------------------|

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

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Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

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

Both Front tires had excessive outer tire wear at 5700miles. Dealer aligned + rotated tires. Rotated tires also have excessive outer edge wear. Now I have 4 tires with very noticable + dangerous wear at 17000miles. Dealer said they could do nothing.

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

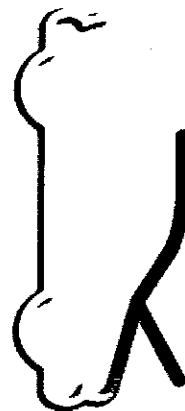
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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-210 400 7th Street, SW Washington, DC 20590



Think your vehicle has a safety defect?



If so!

Use the enclosed form to file a report.

or visit

www.safercar.gov

or call

Vehicle Safety Hotline

888-327-4238



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration

