



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 JAN 19
23-DEC-2005

Repository
Reference No.
10145884

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City ERIE State CO Zip Code _____

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, I NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date _____ YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
STBBT4 _____ Make TOYOTA Model TUNDRA Model Year 2000
Date Purchased 01-NOV-02 Dealer's Name and Telephone Number _____ Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 034510 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-APR-2003 Failure Mileage _____ 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

Crash Yes No Fire Yes No
Number of Persons Injured _____ Number of Deaths _____ 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).

DT: THE CONTACT STATED THERE WAS VIBRATION IN THE FRONT BRAKES. THE DEALERSHIP FOUND TSB 10003854 CONCERNING THE FRONT BRAKES. THE DEALERSHIP REPLACED THE CALIPERS, FRONT PADS, BACK PLATES, LINES, WHEEL BEARINGS, AND REAR BRAKE DRUMS. THEY HAVE BEEN REPLACED MULTIPLE TIMES AT AN INDEPENDENT MECHANIC. THE ROOT CAUSE OF THE BRAKE VIBRATION WAS NOT KNOWN AT THIS TIME. *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.