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	Repository ☐
2006 APR -6 AM 9: 01 07-MAR-2006	Reference No. 10152079

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City BELCHER	State KY	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [illegible], NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Own[illegible] Date 03/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JT4UN24D7W0[illegible]	TOYOTA	T100	1998

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
03-04	[illegible] Childers & Venters	No. Cylinders 6	Gas
Original Owner ☐	Dealer's City Pikeville	State Ky	Zip Code 41513

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	017100 STFERING:LINKAGES:LINK:DRAG:CONNECTION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
03-MAR-2005	88802	10	

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: DOTMALSABC038)	☐ 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	Fire	Number of Persons Involved	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 WHILE DRIVING 10MPH, THE DRAG LINK BROKE ON THE STEERING. THE VEHICLE WAS PULLED TO THE SIDE OF THE ROAD. IT WAS TOWED TO AN INDEPENDENT REPAIR SHOP FOR STEERING REPAIRS.

I noticed a difference in the vehicle after we had slowed down through a work area. Once we gained our regular speed back it seem to swerve just a little. We were on I 75 when this began to occur. After parking the truck, when we came back from the store I backed out of the parking space and heard a loud noise, after that the drag link broke and I lost steering. This could have killed us if it had happened on the Interstate.

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).