



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

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Reference No.  
10158862

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: NEW WINDSOR State: NY Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date: 6/1/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5T8BT4414YS [REDACTED]  
Make: TOYOTA Model: TUNDRA Model Year: 2000  
Date Purchased: 01-AUG-00 Dealer's Name and Telephone Number: TOYOTA OF NEWBURGH 845-562-7171 Engine: No. Cylinders: 8 Fuel Type: Gas  
Original Owner:  Dealer's City: NEWBURGH State: NY Zip Code: 12553  
Transmission Type: AUTOMATIC  Andlock Brakes  Cruise Control Powertrain: 4 WHEEL DRIVE  
Vehicle Component Code: D63200 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM: MANIFOLD  
Multiple Failure: 2

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

Incident Date(s): 02-JUN-2006 Failure Mileage: 20000 Failure Speed: 0  
2 EXHAUST MANIFOLDS 1 OZ SENSOR Right Side

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

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

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

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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 (e.g., parts repaired or replaced (and if old part is available)).

DT: THE CONTACT STATED AT 20,000 MILES WHILE APPLYING THE ACCELERATOR AT VARIOUS SPEEDS THERE WAS A SPEWING NOISE AND THE ODOR OF FUEL COMING FROM THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, WHICH DETERMINED THE EXHAUST MANIFOLD NEEDED TO BE REPLACED. ALTHOUGH, THE EXHAUST MANIFOLD SENSORS ON THE PASSENGER SIDE WERE REPLACED THREE TIMES THE EXHAUST MANIFOLD HAD NEVER BEEN REPLACED. THE ODOR BECAME WORSE AND NOW IS CAUSING DIZZINESS AND HEADACHES TO THE OCCUPANTS.

\* THE SENSORS WILL BE REPLACED FOR THE 3<sup>RD</sup> TIME WHEN I CHANGE IT. THEY HAVE BEEN REPLACED TWICE, THE 2<sup>ND</sup> ONE ON THE RIGHT SIDE I BELIEVE WAS BAD BECAUSE OF THE LEAKY HOT GASSES, GOING PAST IT. IT ONLY HAD 20,000 MILES ON IT. THEY

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.

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