



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
2006 NOV 30 AM 8:40
27-OCT-2006

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BIDDEFORD State ME Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of [REDACTED] to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/3/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
5TBBT441X [REDACTED] Make TOYOTA Model TUNDRA Model Year 2005

Date Purchased 15-JAN-05 Dealer's Name and Telephone Number BERLIN CITY MOTORS 1-800-998-6968 Engine: No: Cylinders 8 Fuel Type: Gas

Original Owner Dealer's City GORHAM State NH Zip Code 03581

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-OCT-2006 Failure Mileage 23000 Failure Speed 25

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: DOTM9ABC036) 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 vehicle 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 Y

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 25 MPH, THE BRAKES FAILED TO WORK UNDER NORMAL ROAD CONDITIONS CAUSING THE VEHICLE TO COLLIDE INTO ANOTHER. THERE WERE NOT WARNINGS PRIOR TO THE FAILURE. THE MANUFACTURER WAS NOT CONTACTED. THE VEHICLE WAS TOTALED AND TAKEN TO A COLLISION REPAIR SHOP. A POLICE REPORT WAS TAKEN, AND THE DRIVER DID NOT SUSTAIN INJURIES.

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 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.