



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
 2007 JAN 19 AM 9:40
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City SUWANEE State GA Zip Code [REDACTED]

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

Do you authorize NHTSA to use the information you provide for the purpose of your vehicle?
 In the absence of an authorized signature, you may address to the vehicle manufacturer. YES NO
 Signature of Owner [REDACTED] Date 1/17/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5TDBT44A11S [REDACTED]
 Make TOYOTA Model SEQUOIA Model Year 2001

Date Purchased 09-NOV-01 Dealer's Name and Telephone Number CAPITAL TOYOTA Engine: No: Cylinders 8 Fuel Type: Gas
 Original Owner Dealer's City SAN JOSE State CA Zip Code [REDACTED]

Transmission Type AUTOMATIC Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-SEP-2006 Failure Mileage 110000 Failure Speed 60

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; i.e. parts repaired or replaced (and if old part is available).

TL* - THE CONTACT STATED WAS DRIVING AT 60 MPH ON THE HIGHWAY WITH 110000 MILE ON VEHICL AND HEARD A NOISE COMING FROM TRANSMISSION. AT WHICH POINT THE VEHICLE WOULD NOT CHANGE GEARS WHILE DRIVING ON THE HIGHWAY. THE CONTACT THEN HAD THE VEHICLE TAKEN TO THE DEALER, WHERE THEY TOLD HIM THIS ALL OF THE GEARS WERE DAMAGED*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 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.

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).