



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/hutline

FOR AGENCY USE ONLY 100148

Date Received

02-MAR-2007

Repository

Reference No. 10184035

OWNER INFORMATION (Type or Print)

Name, Address, City (EASTCHESTER), State (NY), Zip Code

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
Signature of Owner Date 3/19/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1T3VN39W4P0
Make: TOYOTA, Model: 4RUNNER, Model Year: 1993

Date Purchased: 11/17/2003, Dealer's Name: CAM AUTO MOTORS INC, Engine: 6, Fuel Type: Gas
Original Owner: [checkbox], Dealer's City: PORTLANDT MANOR, State: NY, Zip Code: 10867

Transmission Type: MANUAL, Antilock Brakes: [checked], Cruise Control: [checked], Powertrain: PAID 4 WHEEL DRIVE, Vehicle Component Code: 017400 STEERING:LINKAGES:ROD:RELAY:CONNECTING, Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 26-AUG-2004, Failure Mileage, Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model (Name or Number), Tire Size (Example P215/65R15), DOT No. (Example: DOTM9ABC036), 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: [checked] Yes [] No, Fire: [] Yes [checked] No, Number of Persons Injured: 1, 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).

TL*- THE CONTACT'S DAUGHTER OWNS THE 2003 TOYOTA RUNNER, WHICH CRASH ON 08/26/04. HE SHE HIT A POT HOLE AND LOST CONTROL OF THE VEHICLE. ONE YEAR AFTER THE CRASH RECEIVED RECALL 05V389000 FOR STEERING: LINKAGES: ROD: RELAY: CONNECTING. HE STATED THAT THE DRIVER LOST CONTROL OF THE VEHICLE AND THE VEHICLE FLIPPED OVER AND SLID INTO ANOTHER VEHICLE. THE DRIVER WAS TAKEN BY AMBULANCE TO THE NEAREST HOSPITAL. THE CONTACT STATED A POLICE REPORT WAS TAKEN AND THE INSURANCE COMPANY DID A CLAIM. THE CONTACT STATED THAT THE VEHICLE WAS DESTROYED. HE CALLED THE MANUFACTURER, AND THEY TOLD THE CONTACT THAT HE COULDN'T PROVE THAT THE LOSS OF STEERING HAD ANYTHING TO DO WITH THE RECALL. *AK

Accident Report 10/22/04 ENCOMPASS INSURANCE. CLAIM# [redacted] (WENDY) (1-878-761-4484)

TIRE BLEW, LOST CONTROL OF VEHICLE, VEHICLE FLIPPED, CAR TOTALED

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

POLICE ARRIVED ON SCENE, CALLED FOR AN AMBULANCE. MY DAUGHTER TAKEN TO COLUMBIA PRESBY. MED. CENTER, 506 LENOX AVE WY 522, NEW YORK N.Y. 10037. TOW TRUCK TOWED VEHICLE ANOTHER ACCIDENT OCCURED 5 MINUTES LATER, CAR DIDNT FLIP + HIT SAME POT HOLE. BOTH TOWED TO SAME LOCATION. 08/26/04. MY CAR WAS TOTALLED + ALSO SLID UPSIDE DOWN INTO ANOTHER VEHICLE! DIDNOT FIND OUT ABOUT THIS TILL 2 MONTHS LATER

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

WESTCHESTER NY 105

21 MAR 2007 PM 1



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NECESSARY
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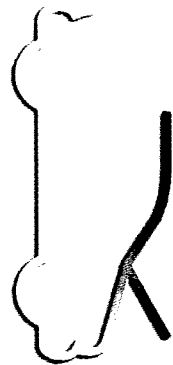
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US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

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