U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 APR -1 PM 3:10

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** ☐
17-MAR-2009	Reference No. 10262113

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City GREENVILLE	**State** SC	**Zip Cod** [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an autho[redacted]me or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 03/22/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTEBU17R240[redacted]	TOYOTA	4RUNNER	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	Toyota of Greenville			No: Cylinders	
Original Owner ☐	Dealer's City	State	Zip Code		
	Greenville	SC			

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				12-MAR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL	Failure Mileage	Failure Speed
	66000	35

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: DOTMAL9ABC036)	☐ 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 Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	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 OWNS A 2004 TOYOTA 4RUNNER. WHILE DRIVING 35 MPH, THE CONTACT LOST CONSCIOUSNESS AND CRASHED INTO A FENCE. THE FRONTAL AIR BAGS FAILED TO DEPLOY. THE CONTACT WAS INJURED AND SUSTAINED A BROKEN NECK. A POLICE REPORT WAS FILED. THE VEHICLE WAS INSPECTED BY THE INSURANCE ADJUSTER, WHO DETERMINED THAT THE VEHICLE WAS DESTROYED, BUT COULD NOT DETERMINE WHY THE AIR BAGS FAILED. THE CONTACT IS IN THE PROCESS OF NOTIFYING THE MANUFACTURER. THE FAILURE MILEAGE WAS 66,000.

I contacted Toyota at 1-800-331-4331. They took a report and provided me a ~~claim~~ case number. case # 0903109452.
Toyota also requested crash photos that I sent them at
air bag photos@toyotatec.com.

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

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

Blacked out while driving. Hit a split rail fench. Rails came through the front windshield. Took out 40' of post and rails. Car totalled because of frontal damage. The driver and passenger air bags failed to deploy.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

GREENVILLE SC 296
24 MAR 2009 PM 1 T

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382