



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 <input type="checkbox"/> |
| 21-SEP-2009 | Reference No. 10284766 |

OWNER INFORMATION (Type or Print)

| | | |
|--------------|-------|----------|
| Name | | |
| Address | | |
| City | State | Zip Code |
| LAMBERTVILLE | NJ | |

| | |
|--------------------------|----------------|
| Daytime Telephone Number | E-mail Address |
| | |
| Evening Telephone Number | |

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

| | | | | |
|---|---|----------------|-------------------------------|---------------------------------|
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 5TBBT4412Y | | Make TOYOTA | Model TUNDRA | Model Year 2000 |
| Date Purchased 8-1999 | Dealer's Name and Telephone Number JAMES TOYOTA 908-788-5700 | | Engine: No: Cylinders 8 | Fuel Type: GAS |
| Original Owner <input type="checkbox"/> | Dealer's City FLEMINGTON | State NJ | Zip Code 08822 | |
| Transmission Type AUTOMATIC | <input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control | Powertrain | Multiple Failure: | Incident Date(s) 02-SEP-2009 |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | |
|---|--------------------------|--------------------|
| Vehicle Component Code: 161000 STRUCTURE: FRAME AND MEMBERS | Failure Mileage 78000 | Failure Speed 0 |
|---|--------------------------|--------------------|

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) | <input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Deaths | 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 OWNS A 2000 TOYOTA TUNDRA. THE CONTACT STATED THAT UPON ROUTINE INSPECTION THERE WAS CORROSION ON THE FRAME. IF THE FRAME SHOULD FRACTURE WHILE DRIVING THERE IS AN INCREASED RISK FOR SAFETY HAZARD. THE MANUFACTURER WAS CONTACTED. UPON CONTACT A REPRESENTATIVE STATED THE TACOMA WAS RECALLED, BUT THAT THEY WOULD NOT PROVIDE ASSISTANCE FOR THE TUNDRA. HE FILED A FORMAL COMPLAINT. AN ADJUSTER FROM THE INSURANCE COMPANY RENDERED THE VEHICLE AS COMPLETELY DESTROYED. THE FAILURE AND CURRENT MILEAGES WERE 78,000.

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.

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

INSURANCE COMPANY - USAA

INSURED - [REDACTED]

ATTACH ADDITIONAL SHEETS IF NECESSARY

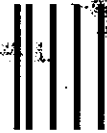
U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

08 JAN 2008 PM 4:11



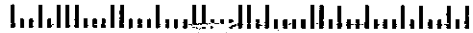
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**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



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**



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