



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  
**JUN 01 2010**  
16-MAR-2010

Repository   
Reference No.  
10320248

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City WINSTON SALEM State NC Zip Code [Redacted]

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

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: JTEBU14R130 [Redacted]  
Make TOYOTA Model 4RUNNER Model Year 2003  
Date Purchased 4-29-2003 Dealer's Name and Telephone Number Toyota  
Engine: No: Cylinders Fuel Type:  
Original Owner  Dealer's City Winston-Salem State NC Zip Code 27127  
Transmission Type  Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 18-JAN-2008  
 Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL Failure Mileage 90000 Failure Speed 2

**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 Failure Location:  
 Prior Repair  
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  Yes  No Fire  Yes  No  
Number of Persons Injured 1 Number of Deaths 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 OWNS A 2003 TOYOTA 4RUNNER. WHILE DRIVING IN REVERSE OUT OF A PARKING SPACE APPROXIMATELY 2 MPH, A SUDDEN ACCELERATION OCCURRED WITHOUT WARNING. THE CONTACT ATTEMPTED TO EXIT THE VEHICLE AND WAS STRUCK DOWNWARD TO THE GROUND BY THE FORCE OF THE DRIVER SIDE DOOR. IMMEDIATELY, THE FRONT DRIVER SIDE TIRE TRAVELED OVER HIS STRICKENED BODY. A REPEATED ACCELERATION WEDGED THE CONTACT UNDERNEATH THE VEHICLE. THE CONTACT SUSTAINED SEVERAL INJURIES TO THE FACE, NECK, SPINE, AND PELVIC BONES. A POLICE REPORT WAS FILED FOR THE INCIDENT. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER. THE FAILURES WERE UNABLE TO BE REPRODUCED. THE CURRENT AND FAILURE MILEAGES WERE 90,000.

( See attached )

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.



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

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ

On January 18, 2008, my daughter and I returned from a trip. My daughter drove and I was in the passenger seat. She parked in her driveway and left the motor running. We talked for a few minutes, then she got out to unload her things. She took items from the back seat, then crawled into the trunk and retrieved her suitcase. I made a phone call to my husband. As my daughter was going to her front door, I decided I would use her restroom; I was standing outside the vehicle with a knee on the passenger seat as I reached across to turn the motor off. The car jumped and then started accelerating backward. I tried to run with the car but it was moving too fast. The passenger door was opened behind me and pushed me down. I fell and hit my head. Then the front wheel on the passenger side ran over me. I could hear my daughter screaming for me to move, but I couldn't. The car had gone into the street by then and was now accelerating forward back into the driveway. The car ran over me and I was wedged under the motor. My daughter got into the car and put it in reverse to try to back it off me, but it was too painful and I screamed.

As a result of this incident I had the following injuries:

- 1) Five pelvic fractures
- 2) One fractured disc in my back
- 3) Fractured skull
- 4) Concussion

- 5) Fractures around my left eye and nose
- 6) Abrasions

A police report was filed:

Winston-Salem - Report # 803251

I spent approximately two weeks in the trauma unit at NC Baptist Hospital in Winston-Salem, and then approximately two weeks at the Stikh Center (rehabilitation facility at NC Baptist Hospital). I was in a wheelchair and hospital bed for more than six months.

I filed a claim with my automobile insurer, Horace Mann, as was advised by the social worker at the trauma center.

I also filed a report with Toyota. A copy of their response is enclosed. I am concerned that Toyota knew at the time of this response that there were issues with backward acceleration.

I was made to believe that my vehicle could not accelerate in this manner as it did with me.

Thank you in advance for your help.

Sincerely,



# TOYOTA

Writer's Direct Dial: (310) 468-5027  
Writer's Direct Fax: (310) 381-6317  
Carole\_hargrave@toyota.com

Toyota Motor Sales, U.S.A., Inc.  
19001 South Western Avenue  
Torrance, CA 90501

July 10, 2008

**VIA US MAIL**

[REDACTED]  
Winston-Salem, NC [REDACTED]

**RE:            Date of Loss:            January 18, 2008**  
**Vehicle:                    2003 Toyota 4Runner**  
**VIN #:                        JTEBU14R130 [REDACTED]**

Dear [REDACTED]

This letter is in response to your recent communication with our Customer Relations Department in regards to the above referenced incident.

It is our understanding that you reported that you were getting out of the vehicle when you noticed that the keys were left in the ignition. You reached over from the passenger side of the vehicle to get the keys when the vehicle started to move running over you.

Your vehicle was inspected by one of our field technicians in regards to your concerns. The shifter was inspected and found to be in proper working order at the time of our inspection. It would remain in park and hold the vehicle stationary.

We are very sorry about this most unfortunate incident and you subsequent injuries, however based on our inspection of the vehicle it has been determined that it was not the result of any type of manufacturing defect. Thank you for allowing us to address your concerns and we hope that you are recovering well from your injuries.

Very truly yours,



Carole A. Hargrave  
Claims Manager  
Toyota Motor Sales, U.S.A., Inc.