Form Approved: O.M.B. No. 2127-0006

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 ☐
17-SEP-2010	Reference No. 10356190

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City ANTIOCH	State CA	Zip Code [redacted]	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	Make	Model	Model Year
JTEHH20VX10[redacted]	TOYOTA	RAV4	2001

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

Transmission Type			Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☐ Cruise Control	Powertrain		15-APR-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage	Failure Speed
	180000	10

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			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 2001 TOYOTA RAV-4. THE CONTACT WAS DRIVING 10 MPH WHEN HE DISCOVERED THAT THE VEHICLE WOULD NOT SHIFT INTO GEAR. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC WHERE THEY SUGGESTED THAT THE TRANSMISSION COMPUTER WOULD NEED REPLACING. THE VEHICLE WAS REPAIRED YET THE FAILURE PERSISTED. THE CONTACT WAS ADVISED BY AN AUTHORIZED DEALER THAT THE ENTIRE TRANSMISSION WOULD NEED REPLACING. THE DEALER REPROGRAMMED THE ECM IN 2007 BUT THAT DID NOT REMEDY THE ISSUE. THE CONTACT STATED THAT THE MANUFACTURER SHOULD BE LIABLE FOR THE VEHICLE FAILURE. THE FAILURE MILEAGE WAS 180,000.

[redacted]

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