

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire To Report Vehicle Safety Defects</p> <p style="text-align: center;">1-888-DASH-2-DOT (1-888-327-4236)</p> <p style="text-align: center;">INTERNET:www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 100148	
	Date Received 10-NOV-2010	Repository <input type="checkbox"/>

OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address			
City	MARIETTA	State	GA
		Zip Code	
		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: JTEGH20V830		Make TOYOTA	Model RAV4	Model Year 2003
Date Purchased 3-17-07	Dealer's Name and Telephone Number MAZDA OF ROSWELL 770-993-6999		Engine: No: Cylinders 4	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City ROSWELL	State GA	Zip Code 30076	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: transmission	Incident Date(s) 19-JUN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION, 110000 ELECTRICAL SYSTEM		Failure Mileage 73000	Failure Speed .30

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: DOTM49ABC036)	<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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
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 2003 TOYOTA RAV4. WHILE DRIVING APPROXIMATELY 30 MPH HE ENGAGED THE ACCELERATOR PEDAL AND IT TOOK A FEW SECONDS BEFORE THE VEHICLE WOULD ACCELERATE. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHO ADVISED HIM THAT THE TRANSMISSION NEEDED TO BE REPLACED AND THAT THE ECM CARD NEEDED REPROGRAMMING. THE FAILURE STARTED IN JUNE 2009. THE VEHICLE WAS NOT REPAIRED AND THE VEHICLE WAS NOT DRIVABLE. THE VIN WAS UNAVAILABLE. THE FAILURE AND CURRENT MILEAGES WERE 73,000.

FEB 28 2011

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.

