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|--|---|--|--|--|
| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |  | FOR AGENCY USE ONLY 100148                                       |  |
|  | Date Received<br>MAR 2 9 2011<br>10-FEB-2011  |  | Repository <input type="checkbox"/><br>Reference No.<br>10381495 |  |

| OWNER INFORMATION (Type or Print) |               |                |    |          |
|-----------------------------------|---------------|----------------|----|----------|
| Name                              | [REDACTED]    |                |    |          |
| Address                           | [REDACTED]    |                |    |          |
| City                              | SAINT CHARLES | State          | MO | Zip Code |
| Daytime Telephone Number          |               | E-mail Address |    |          |
| [REDACTED]                        |               | [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<br>5TDDK3EH9BS [REDACTED] |   | Make<br>TOYOTA | Model<br>HIGHLANDER   | Model Year<br>2011                                |
| Date Purchased<br>1/3/2011  | Dealer's Name and Telephone Number<br>Pappas Toyota |                | Engine:<br>No: Cylinders 6                                      | Fuel Type:<br>Reg                                 |
| Original Owner<br><input type="checkbox"/>  | Dealer's City<br>St. Peters,                        | State<br>MO    | Zip Code  |   |
| Transmission Type<br>Auto   | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain ?   | Multiple Failure: <i>Inherent in the No-Key-Ignition design</i> | Incident Date(s)<br>03-JAN-2011 <i>Continuous</i> |
|   | <input checked="" type="checkbox"/> Cruise Control  |                |   |   |

| FAILED COMPONENT(S)/PART(S) INFORMATION   |  |                             |
|---|--|-----------------------------|
| Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION<br><i>Keyless Ignition</i> |  | Failure Mileage<br>0 -3000- |
|   |  | Failure Speed<br>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: DOTM19ABC036)                                | <input type="checkbox"/> Original Equipment<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Deaths<br>0 | Reported to Police<br>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 2011 TOYOTA HIGHLANDER. WHILE THE VEHICLE WAS PARKED THE CONTACT STATED THAT IT STARTED MOVING ON ITS OWN. THE GEAR SHIFT DOES NOT HAVE TO BE IN PARK IN ORDER TO TURN THE VEHICLE OFF SINCE IT WAS TURNED ON BY PRESSING A BUTTON. THE VEHICLE WAS TAKEN TO THE DEALER WHERE THE TECHNICIANS STATED THAT THERE WERE NO REPAIRS NEEDED AND THAT WAS THE WAY THE VEHICLE WAS DESIGNED. THE APPROXIMATE FAILURE MILEAGE WAS 3000.

*While Toyota believes the keyless ignition is safe, I disagree since the driver can easily forget to put the transmission in 'Park' before pressing the button to turn off the engine, and exit the car. Without the transmission being in 'Park', the vehicle is free to roll. I believe this is an inherent design problem. It could lead to crashes or injury to children or others in the path of the vehicle.*

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.