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 ☐
26-APR-2011 JUN 0 2011	Reference No. 10397525

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City RIVERSIDE	State CA	Zip Cod	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
JTEBT17R740	TOYOTA	4RUNNER	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11/20/2004	Claremont TOYOTA			No: Cylinders 8	GAS Fuel
Original Owner ☒	Dealer's City Moved to claremont	State CA	Zip Code		

Transmission Type	☒ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
AVT				26-MAR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL	Failure Mileage	Failure Speed
	67000	

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 2004 TOYOTA 4RUNNER. THE CONTACT STATED THE AIR BAG LIGHT REMAINED ILLUMINATED. THE CONTACT TOOK THE VEHICLE TO THE DEALER FOR DIAGNOSTIC TESTING AND WAS TOLD THAT THE FAILURE WAS CAUSED BY THE FRONTAL DRIVER SIDE AIR BAG SENSOR. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 67,000 AND THE CURRENT MILEAGE WAS 68,000.

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