



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

**DOT Auto Safety Hotline**  
Vehicle Owners 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 **MAY - 9 2012** Repository   
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**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	ABINGDON	State	MD	Zip Code	[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		Make	Model	Model Year
4TAVN1303RZ [REDACTED]		TOYOTA	T100	1994
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
June 2000	Jones Toyota		No: Cylinders	GAS
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	Blain	MD	C	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
Auto	<input type="checkbox"/> Cruise Control	4x4		13-JUL-2011

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

Vehicle Component Code: 162000 STRUCTURE: BODY	Failure Mileage	Failure Speed
	120000	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 <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**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

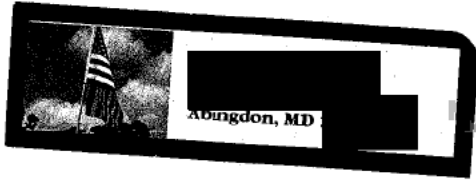
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(S), 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 1994 TOYOTA T100. THE CONTACT STATED THAT WHILE IN REVERSE, THE FRONT DRIVER SIDE TIRE SUDDENLY DISCONNECTED FROM THE FRAME. THE CONTACT WAS UNABLE TO STEER THE VEHICLE. THE CONTACT HAD THE VEHICLE TOWED TO A LOCAL MECHANIC WHERE THE MECHANIC NOTICED EXTENSIVE RUST ON THE FRAME. THE MECHANIC ADVISED THE CONTACT THAT THE VEHICLE WAS NOT REPAIRABLE. THE CONTACT CALLED THE MANUFACTURER REGARDING THE FRAME RUST AND THE MANUFACTURER ADVISED THAT THERE WAS NOTHING THEY COULD DO TO ASSIST. THE FAILURE MILEAGE WAS 120,000. THE VIN WAS NOT AVAILABLE.

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 to 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.



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U.S. Dept of Transportation  
National Hwy Traffic Safety Admin  
Office of D-Sects Investigation Enforcement  
1200 New Jersey Ave SE  
Washington, DC 20590

**IN GOD WE TRUST**

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