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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------------------------|----------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                             |                                                                                                |                                            |                                                  | FOR AGENCY USE ONLY 100148          |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                            |                                                  | Date Received<br><b>30 APR 2012</b> | Repository <input type="checkbox"/><br><br>Reference No.<br>10456838 |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                            |                                                  |                                     |                                                                      |
| Name <b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | Daytime Telephone Number <b>[REDACTED]</b> |                                                  | E-mail Address <b>[REDACTED]</b>    |                                                                      |
| Address <b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | Evening Telephone Number <b>[REDACTED]</b> |                                                  |                                     |                                                                      |
| City<br>SHELTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State<br>CT                                                                                    | Zip Code <b>[REDACTED]</b>                 |                                                  |                                     |                                                                      |
| 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).                                                                                                                                                                                                                                                                   |                                                                                                |                                            |                                                  |                                     |                                                                      |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                            |                                                  |                                     |                                                                      |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>JTEHH20VX10 <b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | Make<br>TOYOTA                             | Model<br>RAV4                                    | Model Year<br>2001                  |                                                                      |
| Date Purchased<br>8-19-2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dealer's Name and Telephone Number                                                             |                                            | Engine:<br>No: Cylinders<br>4                    | Fuel Type:<br>Gas                   |                                                                      |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dealer's City                                                                                  | State                                      | Zip Code                                         |                                     |                                                                      |
| Transmission Type<br>Auto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain<br>4 wheel drive                | Multiple Failure:<br>Engine Cradle Corroded Away | Incident Date(s)<br>23-APR-2012     |                                                                      |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                            |                                                  |                                     |                                                                      |
| Vehicle Component Code: 020000 SUSPENSION<br>away + tires are no longer parallel - Power Steering has failed because of this                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                            | Failure Mileage<br>150000                        | Failure Speed<br>5                  |                                                                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                            |                                                  |                                     |                                                                      |
| 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:                               |                                     |                                                                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                            |                                                  |                                     |                                                                      |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date Manufactured:                                                                             |                                            | Model No./Name:                                  |                                     |                                                                      |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Installation System:                                                                           |                                            |                                                  |                                     |                                                                      |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Failed Part:                                                                                   |                                            |                                                  |                                     |                                                                      |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury (ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                            |                                                  |                                     |                                                                      |
| 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).<br>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 RAV4. THE CONTACT STATED THAT HE HEARD NOISES COMING FROM THE TIRES WHEN DRIVING THROUGH CURVES. THE CONTACT INSPECTED THE VEHICLE AND NOTICED THAT THE FRONT END OF THE VEHICLE, NEAR THE ENGINE AND WHEELS, STARTED TO RUST. THE VEHICLE HAD NOT BEEN TAKEN TO THE DEALER. THE FAILURE AND CURRENT MILEAGES WERE 150,000.<br><br>Had garage look at - Engine cradle rusted to point of instability to support front end of car.                                                                                                                |                                                                                                |                                            |                                                  |                                     |                                                                      |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                            |                                                  |                                     |                                                                      |
| 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. |                                                                                                |                                            |                                                  |                                     |                                                                      |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

Car's engine cradle has rusted to the point that engine  
is pushing down on cradle + causing power steering  
to fail. Also tires no longer parallel. I have  
found a used 2004 cradle + will have local garage install  
in 3-4 weeks (Total cost: \$800.-) If you want to  
come + inspect and take pictures - Please call.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

SOUTHERN CROSS

14 MAY 2012 PM 4 L

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UNITED STATES

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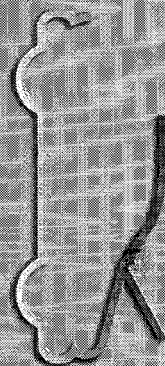
WASHINGTON, DC

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**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

**[www.safercar.gov](http://www.safercar.gov)**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

**safercar.gov**