

- Step 1: Complete this form.
- Step 2: Click here to save the form to your computer.
- Step 3: Click here to access the upload web page.

Temporary Complaint Number (TCN): LCN31-21848

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INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Form Approved: O.M.B. No. 2127-0008

Vehicle Information

Vehicle Identification Number (VIN) (See instructions on the next page to locate the VIN.)

EQ-10493942-1683

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| J | T | E | H | H | 2 | 0 | V | 7 | 3  | 6  |    |    |    |    |    |    |

Select/Enter Make

Enter Model

Select/Enter Year

TOYOTA

RAV 4

2003

Incident Information

Approximate Incident Date

11/2/12

For multiple incident dates enter the first date of occurrence.

(mm/dd/yyyy)

Was there a Crash? Yes No

Was there a Fire? Yes No

Failure Mileage

117,241 miles

For multiple incidents enter the first failure mileage.

Number of Persons Injured, if any

0

Speed (at time of incident)

25 mph

Number of Deaths, if any

0

Description (up to 1900 characters)

WARNING: This description, exactly as you enter it, may appear in a public NHTSA database. Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

IRATIC TRANSMISSION SHIFTING - This was already Complaind About 7/2010. Toyota needs to honor what you told them to do. TRANSMISSION - ECR I WANT Refunded For out of my POCKET Spent on this issue \$995.98 - Extended Warranty 10YRS or 150,000 miles

If your component is not listed below, please describe the component in the above description field.

Failed Component 1

Failed Component 2

Failed Component 3

Select the Component

Select the Component

Select the Component

Personal Information

First Name

Last Name

Email (provided earlier and locked for your security)

Daytime Phone Evening Phone Same

Address 1

Address 2

City AKRON

State OHIO Zip Code



AKRON OH 443

04 JAN 2013 PM 1 L



Office of Defects  
Investigation / CRD  
NVS-216  
1200 New Jersey Ave SE.  
Washington, DC 20590

20590

