


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

 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 16-JUN-2015	Repository <input type="checkbox"/> Reference No. 10725477	
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City PBG	State FL	Zip Code [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 STDYK3EH6BS [REDACTED]		Make TOYOTA	Model HIGHLANDER
		Model Year 2011	
Date Purchased 07/01/14	Dealer's Name and Telephone Number EARL STEWART		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City North Palm Beach	State FL	Zip Code 33408
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 01-JUN-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: VISIBILITY/WIPER (PWS)		Failure Mileage 55603	Failure Speed 35
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 0	Number of Deaths 0
		Reported to Police 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).			
THE DRIVER'S SIDE VISOR IS STUCK IN THE DOWN POSITION. THIS IS CREATING DIFFICULTY SEEING AND I HAVE HIT MY HEAD ON THE VISOR A FEW TIMES. I TOOK THE VEHICLE TO TOYOTA EXPECTING IT TO BE COVERED UNDER MY EXTENDED WARRANTY ONLY TO BE TOLD THAT THE COST WAS ROUGHLY \$230 FOR THE PART AND AN ADDITIONAL \$30 TO INSTALL. CLEARLY WITH THIS CREATING A VISIBILITY HAZARD AND THE SHEER NUMBER OF COMPLAINTS THIS SHOULD BE A FACTORY RECALL.			
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.			

From: [Abbew, Margaret CTR \(NHTSA\)](#)
To: [Fogle, Brenda CTR \(NHTSA\)](#)
Subject: FW: Report
Date: Monday, August 17, 2015 9:02:43 AM
Attachments: [Toyota Vanity Mirror Report.pdf](#)

Sent: Thursday, August 06, 2015 4:07 PM

Subject: FW: Report

From: [REDACTED]
Sent: Thursday, August 06, 2015 10:55 AM
To: DataQuality, DataQuality (NHTSA)
Subject: Report

[REDACTED]
Executive Vice-President
Mortgage Resources of South Florida, Inc. NMLS# 284786

[REDACTED]
North Palm Beach, FL [REDACTED]

[REDACTED] Cell
[REDACTED] Office
[REDACTED] FAX

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