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

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 ☐
17-JUN-2015	Reference No. 10725677

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address				
City CALIFORNIA	State MD	Zip Code	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
JTDKB20U977	TOYOTA	PRIUS	2007

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-MAR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: LIGHTING (PWS)	Failure Mileage	Failure Speed
	75000	30

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	0	0	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).

DATE AND MILEAGE ARE APPROXIMATE.
WHILE DRIVING AT NIGHT MY HEADLIGHTS WENT OUT COMPLETELY.
SINCE THEN, THEY CONTINUALLY GO OUT RANDOMLY. SOMETIMES IT WILL BEGIN WITH ONE OR THE OTHER GOING OUT AND THEN BOTH. AT THIS POINT, I AM ABLE TO TURN THEM OFF AND ON AGAIN AND THEY COME BACK ON FOR AWHILE....I AM QUITE CONCERNED ABOUT THIS AS SUDDEN DARKNESS WHILE DRIVING AT NIGHT IS A SERIOUS SAFETY HAZARD. DOES AN ACCIDENT AND/OR DEATH NEED TO HAPPEN BEFORE ACTION IS TAKEN?...
I AM ALSO QUITE CONFUSED THAT THERE HAS NOT BEEN A RECALL AS THIS PROBLEM SEEMS TO BE QUITE COMMON.....UPDATED 08/20/15
*BF

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