

 <p>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</p>		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 04-NOV-2015 FEB 12 2016	Repository <input type="checkbox"/> Reference No. 10788289
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City DORCHESTER	State ME	Zip Code [REDACTED]	
<i>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).</i>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number located at bottom of windshield on driver's side JTLZE4FE3E [REDACTED]		Make SCION	Model XB Model Year 2014
Date Purchased AUG 2014	Dealer's Name and Telephone Number PRIME AUTOMOTIVE GRP		Engine: No: Cylinders 4 Fuel Type: GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City BOSTON MA State MA Zip Code 02132		
Transmission Type AUTOMATIC <input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain AUTOMATIC	Multiple Failure:	Incident Date(s) 07-SEP-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 162000 STRUCTURE: BODY 162900 STRUCTURE: BODY: ROOF AND PILLARS RUST SPOTS OF ROOF OF 2014 SCION XB		Failure Mileage 29,000	Failure Speed 29,000
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 checked="" 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	
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).			
<p style="text-align: center;">MANUFACTURING DEFECT</p> <p>SIR THE PROBLEM WAS WITH TOYOTA CORPORATION NOT THE DEALER - ADVISING ME OF A DONT CARE ATTITUDE IF I GOT ANY FURTHER RUST ON THE BODY OF MY CAR</p>			
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 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)

THE 2014 SCION XB ROOF WAS STRIPPED DOWN AND RE PAINTED BY ANOTHER TOYOTA DEALER. I EXPRESSWAY TOYOTA - BOSTON AND TOYOTA PAID FOR THE REPAIR AS STATED ON THE OTHER SIDE THE PROBLEM WAS WITH TOYOTA CORPORATION NOT THE CAR DEALERS FOR TOYOTA

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

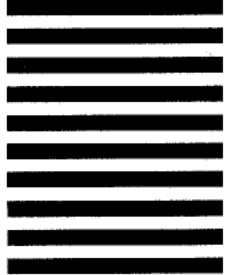


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

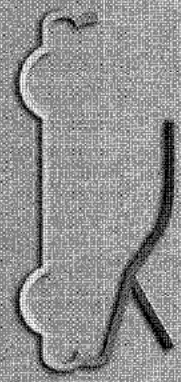
BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 NEF-100 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.

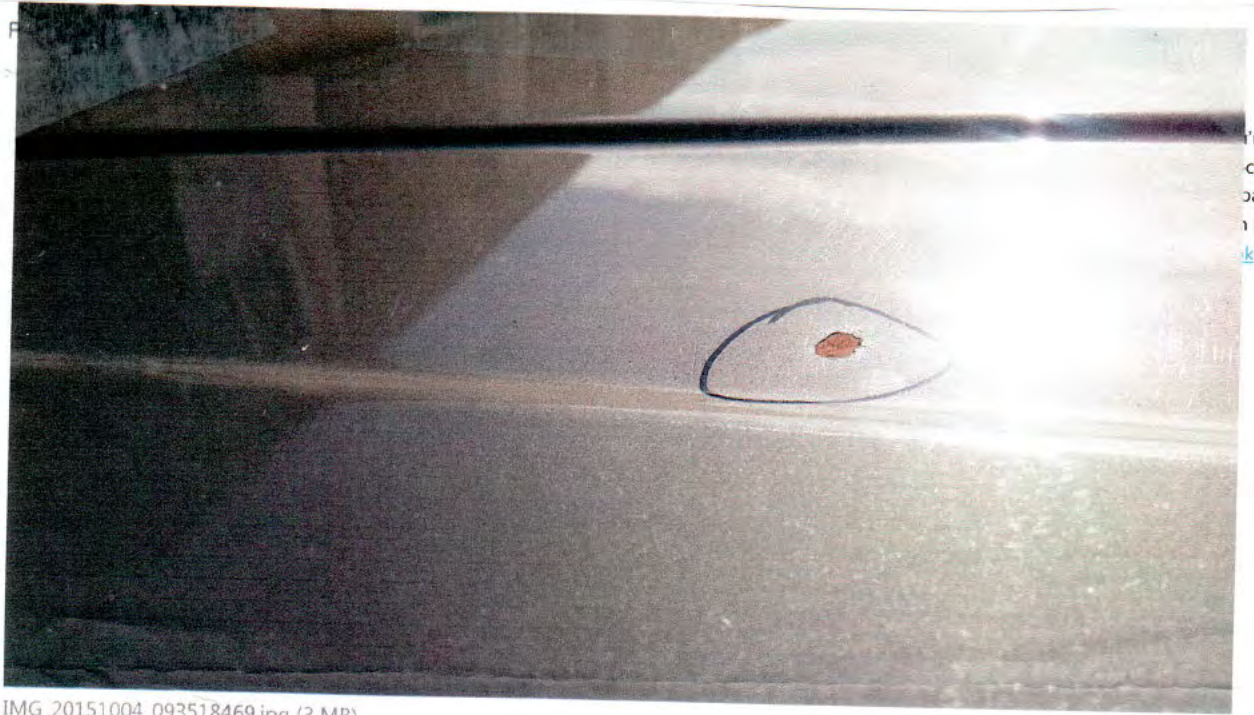
or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



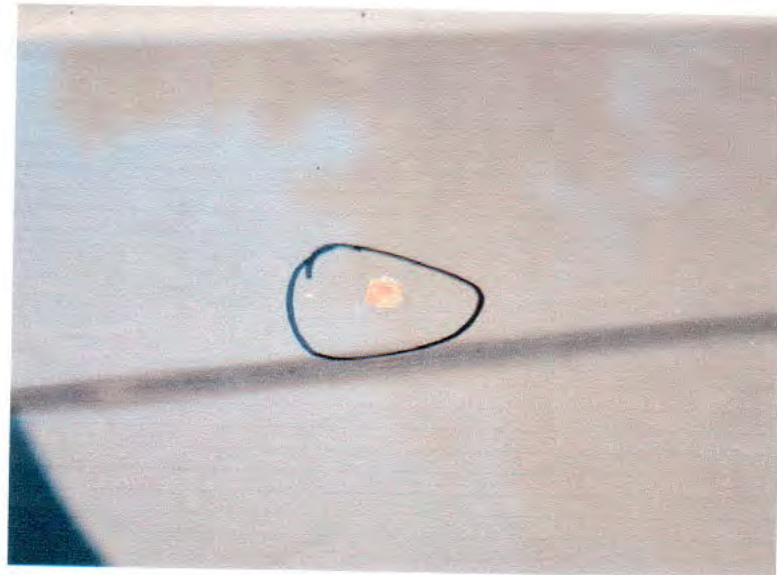
Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration





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Photos



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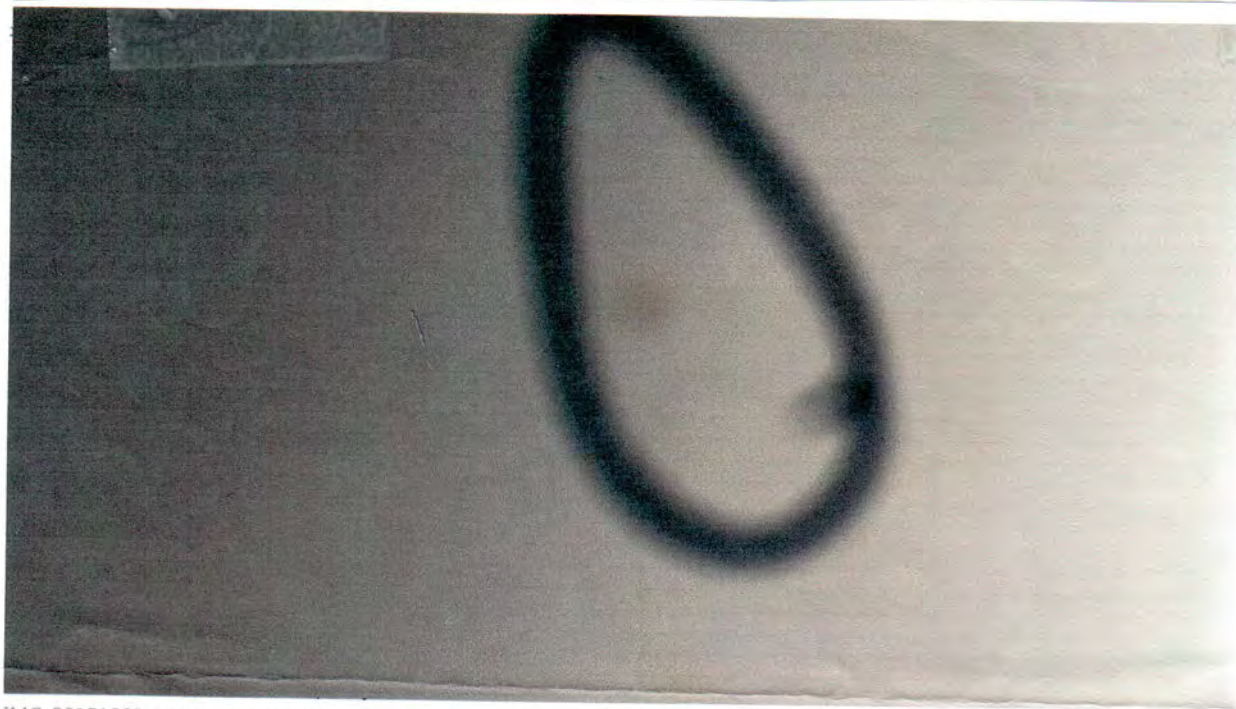


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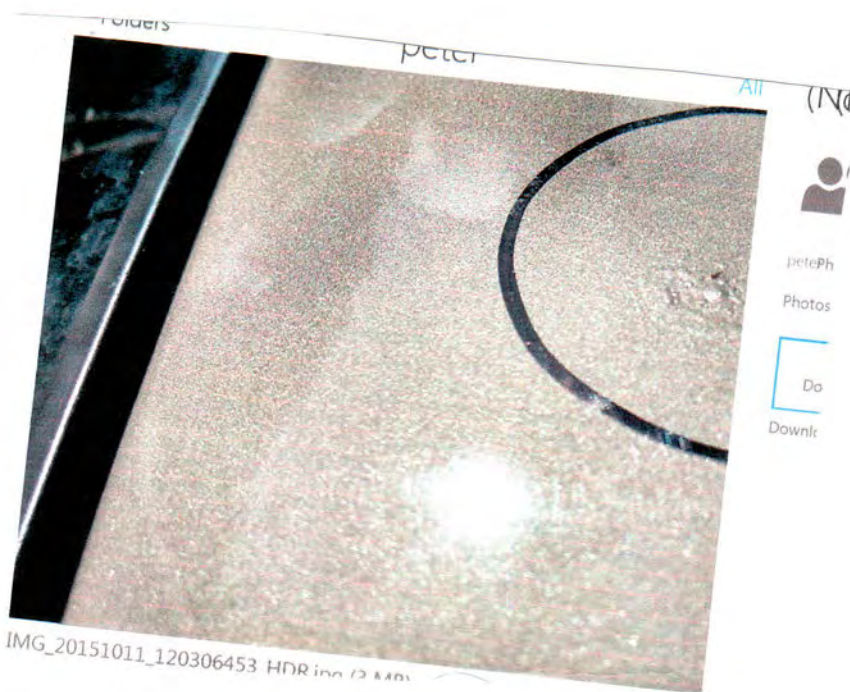
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