

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

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 JAN 13 2016 09-NOV-2015	Repository <input type="checkbox"/> Reference No. 10789403
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	Evening Telephone Number
BUTTE	MT		
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
JT4RN81A9M	TOYOTA	4X4 error 2 wheel drive	1991
Date Purchased	Dealer's Name and Telephone Number		Engine:
	TOYOTA Dealer		No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
	BOZEMAN, MONTANA	MT	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
5 Speed STANDARD	<input type="checkbox"/> Cruise Control	2 wheel drive	Incident Date(s)
			01-SEP-1999
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 162000 STRUCTURE: BODY, 220000 SEATS		Failure Mileage	Failure Speed
		60000	Stopped
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	Failure Location:	
	<input type="checkbox"/> Prior Repair NO		
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 <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	0
		Reported to Police	
		Yes	
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).			
TL* THE CONTACT OWNS A 1991 TOYOTA 4X4. THE CONTACT STATED THAT THE SEAT OF THE VEHICLE BENT IN HALF AFTER THE CONTACT'S VEHICLE WAS REAR ENDED IN A CRASH. THERE WERE INJURIES SUSTAINED, BUT MEDICAL ATTENTION WAS NOT REQUIRED. A POLICE REPORT WAS FILED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE FAILURE MILEAGE WAS 60,000.			
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)

We Live S. of Butte, Montana. We were on a trip to Tombstone, Arizona. Our trip led us through Santa Fe, New Mexico. We had just barely left the interstate. We were on a approach rd. into Santa Fe and stopped at a traffic light when we rear ended while parked. The seat uprights bent to the point where I needed pillows. When I returned home I put in spacers on the hold ^{down} bolts in order to drive. Both of us had ^{ATTACH ADDITIONAL SHEETS IF NECESSARY} neck sprains but did not go to a doctor due to cost.

U.S. Department of Transportation

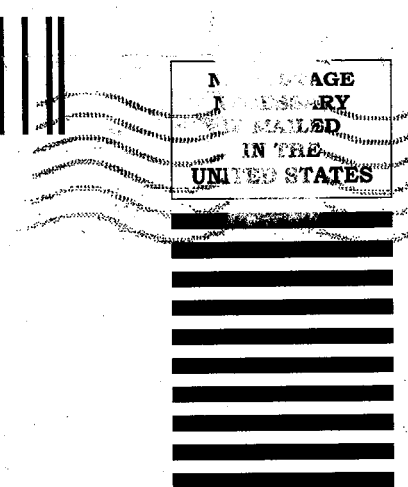
National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

BILLINGS MT 591

29 DEC 2015 PM 2 1



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

SAFERCARGOV

NHTSA
www.nhtsa.gov

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