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	Repository ☐
17-NOV-2015 FEB 12 2016	Reference No. 10794313

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City CAMILLA	State GA	Zip Code	

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
5TEKU72N25Z	TOYOTA	TACOMA	~~1995~~ 2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9/01/2009	Ultimate Image Auto			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City Tallahassee	State FL	Zip Code 32305		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	Powertrain REAR WHEEL DRIVE	1	09-FEB-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 020000 SUSPENSION, 140000 AIR BAGS	Failure Mileage	Failure Speed

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			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).

TL* THE CONTACT OWNS A 1995 TOYOTA TACOMA. THE CONTACT STATED THAT THE AIR BAG LIGHT CONTINUOUSLY FLASHED WHILE THE VEHICLE WAS UNOCCUPIED. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT WAS DIAGNOSED THAT THE CABLE SUB-ASSEMBLY NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE CONTACT RECEIVED ANOTHER RECALL NOTIFICATION REGARDING THE LEAF SPRING POSSIBLY RUSTING AND PUNCTURING THE FUEL TANK; HOWEVER, THE PARTS WERE NOT AVAILABLE FOR THE REPAIR. THE NHTSA CAMPAIGN NUMBER WAS UNAVAILABLE. THE FAILURE MILEAGE WAS UNKNOWN.

I have not yet had an accident in this 2005 Tacoma however there has been 10 deaths due to this defect and I want Restitution for risking my mother and my life

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

Georgia Certificate of Title

DISCLAIMER: DO NOT ACCEPT THIS TITLE WITHOUT THE SECURITY THREAD LOCATED APPROXIMATELY TWO INCHES FROM LEFT EDGE.

VEHICLE IDENTIFICATION NUMBER	MAKE	YEAR	TYPE OF BODY	MODEL	CYL	DATE ISSUED
5TEKU72N25Z[redacted]	TOYOTA	2005	TRUCK	TACOMA DOUBLE	6	10/01/2009

DATE VEHICLE PUR	FUEL	NEW OR USED	ODOMETER*	PREVIOUS TITLE NBR/STATE OF ISSUE	NBR OF LIENS	COLOR	CURRENT TITLE NUMBER
09/01/2009	GASOLINE	USED	072655	[redacted] /FL	0	BLK	[redacted]

OWNER

[redacted]

CAMILLA GA[redacted]

1ST LIEN OR SECURITY INTEREST

2ND LIEN OR SECURITY INTEREST

3RD LIEN OR SECURITY INTEREST

RELEASE OF LIEN OR SECURITY INTEREST

	DATE OF RELEASE	SECURITY INTEREST HOLDER	AUTHORIZED AGENT
1ST LIEN	_____	_____	BY _____
2ND LIEN	_____	_____	BY _____
3RD LIEN	_____	_____	BY _____

* ODOMETER READING IS ACTUAL MILEAGE OF THE VEHICLE UNLESS OTHERWISE INDICATED BELOW.

MAIL TO:

[redacted]

CAMILLA GA[redacted]

[redacted]

The Georgia Department of Revenue issued this title pursuant to the Motor Vehicle Certificate of Title Act and this title is subject to its provisions. The Department certifies that on application duly made, the person named herein is registered as the lawful owner of the vehicle described subject to any liens or security interests set forth and such liens or security interests as may subsequently be filed with the Commissioner.

[redacted]

279036?0

STATE REVENUE COMMISSIONER