



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
04-OCT-2017
NOV 20 2017

Repository
Reference No.
11031725

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEW BERLIN State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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
5TB BT441X35 [REDACTED]

Make TOYOTA Model TUNDRA Model Year 2003

Date Purchased **7/28/12** Dealer's Name and Telephone Number **BOUCHER HYUNDAI OF WAUKESHA 262-522-1000** Engine: No: Cylinders **8** Fuel Type: **GAS**

Original Owner Dealer's City **WAUKESHA** State **WI** Zip Code **53186**

Transmission Type **AUTOMATIC** Antilock Brakes Powertrain **4 WHEEL DRIVE** Multiple Failure: **FRAME FAILURE MULTIPLE SPOTS** Incident Date(s) **01-APR-2017**
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 162000 STRUCTURE: BODY Failure Mileage 135000 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: DOTM19ABC036) 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 Yes No Fire Yes 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).

TL* THE CONTACT OWNS A 2003 TOYOTA TUNDRA. WHILE DRIVING UNKNOWN SPEEDS. THE VEHICLE BEGAN TO SWAY. ADDITIONALLY, THE FRAME WAS RUSTED AND CHUNKS OF THE FRAME WAS DETACHED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC. THE LOCAL DEALER WAS NOT CONTACTED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED AND OPENED CASE NUMBER: [REDACTED] NO FURTHER ASSISTANCE WAS OFFERED. THE VIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 135,000.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

called TOYOTA DIRECTLY TO INFORM THEM OF ISSUE OF FRAME BEING CRACKED IN SEVERAL PLACES. THIS WAS DETECTED BY MY MECHANIC WHO IS CERTIFIED & HAS HIS OWN REPAIR FACILITY. HE INDICATED TO ME THAT FRAME WILL NOT LAST ANOTHER YEAR. TOYOTA DENIED ME ANY CLAIM DUE TO A RE-CALL WHICH I WAS NEVER NOTIFIED ABOUT FOUND OUT ON MY OWN. DENIED BECAUSE THEY SPRAYED A RUST PREVENTATIVE & CLAIMED MY FRAME SOLID + OK TO DRIVE, THAT WAS LESS THAN 2 YRS AGO.

ATTACH ADDITIONAL SHEETS IF NECESSARY

MILWAUKEE

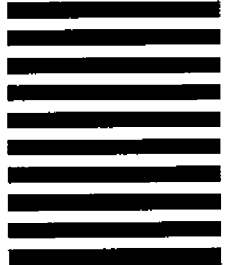
WI 532

10 NOV 17

PM 11



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, 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



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