



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 ☐

12-DEC-2017

Reference No.

11054155

APR 10 2018

OWNER INFORMATION (Type or Print)

Name

Address

City WEYMOUTH

State MA

Zip Code

Daytime Telephone Number

E-mail Address

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

2T3RFREVXGW

TOYOTA

RAV4

2016

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

9/7/16

McGee Toyota 781-829-0343

No. Cylinders

GAS

Original Owner

Dealer's City

State

Zip Code

☒

HANDOVER MA

MA

02339

Transmission Type

☒ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

Auto

☒ Cruise Control

09-DEC-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 130000 VISIBILITY/WIPER (PWS), 134000 VISIBILITY: SUN ROOF ASSEMBLY

Failure Mileage

Failure Speed

11771

65

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes CT, STATE 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).

TL* THE CONTACT OWNS A 2016 TOYOTA RAV4. WHILE DRIVING APPROXIMATELY 65 MPH, THE SUN ROOF EXPLODED. THE CONTACT WAS NOT SURE IF THE FAILURE OCCURRED FROM INSIDE OR OUTSIDE THE VEHICLE. THE VEHICLE WAS TAKEN TO AN UNKNOWN DEALER AND THE CONTACT WAS INFORMED THAT SHE WOULD BE RESPONSIBLE FOR THE REPAIRS. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND DID NOT ASSIST. THE FAILURE MILEAGE WAS 11,771. THE VIN WAS NOT AVAILABLE.

CT State Police were called & responded. They found no debris, no sign of any impact. They wrote as having been "spontaneous."

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.