



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
12-AUG-2019

Repository ☐

Reference No.
11243231

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City OAK LAWN State IL 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

7 digit Vehicle Identification Number Located at bottom of windshield on driver's side
J TLKT 324864 [REDACTED]
Make SCION Model XB Model Year 2006
Date Purchased 3-2-16 Dealer's Name and Title [REDACTED] Engine: No: Cylinders Fuel Type:
Original Owner [REDACTED] Dealer's City State Zip Code
Transmission Type 4VTQ ☒ Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 07-AUG-2019
☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 162300 STRUCTURE: BODY: DOOR
REAR DOOR HANDLE
Failure Mileage 54000 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Vehicle Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair
Vehicle Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Vehicle 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; parts repaired or replaced (and if old part is available).

L* THE CONTACT OWNS A 2006 SCION XB. WHILE ATTEMPTING TO OPEN THE REAR DOOR HATCH, THE HANDLE FRACTURED FROM THE DOOR. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. AN UNKNOWN DEALER WAS NOTIFIED OF THE FAILURE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 54,000. THE VIN WAS UNKNOWN.

This mfg. defect is common on this vehicle. Handle just snaps off from the door which results in the lock won't being usable to open. Paid \$150 to replace the handle.

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

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, statistical summary thereof, may be used in support of the agency's action.