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| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Vehicle Owner's Questionnaire<br/>To Report Vehicle Safety Defects</b><br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |  | FOR AGENCY USE ONLY 100148                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date Received<br>28-JUL-2020<br>SEP 22 2020                                                                                                              |  | Repository <input type="checkbox"/><br>Reference No.<br>11341780 |  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                                                  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Daytime Telephone Number                                                                                                                                 |  | E-mail Address                                                   |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |  |                                                                  |  |
| City<br>CANAL WINCHESTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | State<br>OH                                                                                                                                              |  | 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).                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                          |  |                                                                  |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                  |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>JTLZE4FE9A1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Make<br>SCION                                                                                                                                            |  | Model<br>XB                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                          |  | Model Year<br>2010                                               |  |
| Date Purchased<br>7/23/2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Dealer's Name and Telephone Number<br>Hatfield Toyota 614 385-1503                                                                                       |  | Engine:<br>No: Cylinders<br>4 cylinders                          |  |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Dealer's City<br>Columbus                                                                                                                                |  | Fuel Type:<br>unleaded                                           |  |
| Transmission Type<br>Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Antilock Brakes<br><input checked="" type="checkbox"/>                                                                                                   |  | Cruise Control<br><input checked="" type="checkbox"/>            |  |
| Powertrain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Multiple Failure:                                                                                                                                        |  | Incident Date(s)<br>26-JUL-2020                                  |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                          |  |                                                                  |  |
| Vehicle Component Code: 060000 ENGINE (PWS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  | Failure Mileage<br>85393                                         |  |
| Failure Speed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                          |  |                                                                  |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                          |  |                                                                  |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Tire Model (Name or Number)                                                                                                                              |  | Tire Size (Example P215/65R15)                                   |  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                     |  | Failure Location:                                                |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                          |  | Tire Failure Type:                                               |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  |                                                                  |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Date Manufactured:                                                                                                                                       |  | Model No./Name:                                                  |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Installation System:                                                                                                                                     |  |                                                                  |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Failed Part:                                                                                                                                             |  |                                                                  |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                          |  |                                                                  |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                              |  | Number of Persons Injured                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                          |  | Number of Deaths                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                          |  | Reported to Police<br>N                                          |  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 2010 SCION XB. THE CONTACT STATED THAT THE OIL LEVEL WARNING LIGHT WAS ILLUMINATED. THE VEHICLE WAS TAKEN TO TOYOTA DIRECT (4248 MORSE RD, COLUMBUS, OH 43230, (614) 476-1979) WHO INFORMED THE CONTACT THAT THERE WAS EVIDENCE OF EXCESSIVE OIL CONSUMPTION. THE CONTACT WAS INFORMED THAT THE ENGINE NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE CONTACT WAS INFORMED THAT THE REPAIR WAS NOT COVERED UNDER RECALL HOWEVER, AN EXTENDED WARRANTY WAS AVAILABLE FOR PURCHASE TO ASSIST IN HAVING THE VEHICLE REPAIRED. THE FAILURE MILEAGE WAS 85,393. |  |                                                                                                                                                          |  |                                                                  |  |
| 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.                                                         |  |                                                                                                                                                          |  |                                                                  |  |