

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

U.S. Department of Transportation National Highway Traffic Safety Administration		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	
Name: [REDACTED]		Date Received: 09-MAR-2021 MAR 31 2021		Repository <input type="checkbox"/> Reference No. 11399966	
Address: [REDACTED]		Daytime Telephone Number: [REDACTED]		Email Address: [REDACTED]	
City: RAYMORE		State: MO		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 STDJZRFH1HS [REDACTED]		Make: TOYOTA	Model: HIGHLANDER	Model Year: 2017	
Date Purchased:	Dealer's Name and Telephone Number:		Engine: No: Cylinders:	Fuel Type:	
Original Owner: <input type="checkbox"/>	Dealer's City:	State:	Zip Code:		
Transmission Type:	<input type="checkbox"/> Antilock Brakes	Powertrain:	Multiple Failure:	Incident Date(s): 23-FEB-2021	
	<input type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 100000 POWER TRAIN			Failure Mileage: 37000	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):		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2017 TOYOTA HIGHLANDER. THE CONTACT STATED THAT UPON MAKING A COMPLETE STOP, THE VEHICLE SHUT-OFF AS HE DEPRESSED THE ACCELERATOR PEDAL, WITHOUT WARNING. THE VEHICLE FAILED TO RESTART. THE CONTACT HAD THE VEHICLE TOWED TO MOLLE TOYOTA (601 W 103RD ST, KANSAS CITY, MO 64114) WHERE THE TRANSMISSION WAS REPLACED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND THE CONTACT WAS PROVIDED A CASE NUMBER. THE VEHICLE WAS REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 37,000. The vehicle did restart however it would not go into any gear forward or reverse. The dash board was showed no warning of failure. It could + was a potential of an accident or loss of life or injury!!!					
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.					

COMMUNITY BANK OF RAYMORE
801 W. FOXWOOD DRIVE
P. O. BOX 200
PHONE 816-322-2100 FAX 816-322-5915

FACSIMILE TRANSMITTAL SHEET

TO: NHTSA	FROM: [REDACTED]
COMPANY:	DATE: 3-30-2021
FAX NUMBER: 202-366-1767	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 11399966
	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE