Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY	258
Date Received: 15-FEB-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ ip_ltr ____ ____
	Reference No.: 740924

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JT3HN86R4T0029812	TOYOTA TRUCK	4 RUNNER	1996	

Purchase Date			
01-JUN-2099 ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____ ☒

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
15424000	EQUIPMENT:CHILD SEAT:INFANT:HARNESS/STRAPS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THIS FORM IS TO REPORT A PROBLEM WITH A CARSEAT.... MANUFACTURER: EVENFLO, PRODUCT: ON MY WAY INFANT CARSEAT, #4471027X1, MANUFACTURER DATE 2/28/2000. THEY PROBLEM I HAD WITH THE CARSEAT IS WITH THE STRAPS. WHEN I WET TO TIGHTEN MY SON AFTER HE WAS BUCKLED IN, PLASTIC PIECE WHICH HOLD THE STRAP CAME UNSCREWED. I WENT TO TIGHTEN THE SCREW AND SINCE THE SCREW SCREWS INTO THE PLASTIC, THE PLASTIC WHOLE WAS STRIPPED AND I COULDN'T GET IT TIGHT. I HAVE REPORTED THIS TO EVENFLO AND I AM GETTING A REFUND FROM THEM. I WOULD LIKE THIS SEAT TO BE TESTED FURTHER. WHEN I WENT TO BABIES R US, THEY KNEW EXACTLY WHAT I WAS TALKING ABOUT BEFORE I EXPLAINED THE PROBLEM, SO I KNOW I'M NOT THE FIRST ONE THAT THIS HAPPENED TO. THANK YOU, LISA BUCCI. *AK

CONTINUE ON BACK IF NEEDED