



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

28-MAR-2001

Ord. or

rt. dt

pd. rt

rp. hr

Reference No.

743199

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)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| JT3HN36R1W0142914                                                                                         | TOYOTA TRUCK | 4 RUNNER      | 1998         |                          |

|                                                                       |                     |                           |                                                                                                                                             |
|-----------------------------------------------------------------------|---------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-JAN-1998</b>                                   | Dealer's Name       | Engine Size<br>(CID/CC/L) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City State Zip Code | No Cylinders              |                                                                                                                                             |

|                                                                       |                                                                        |                                                                                                                                                                                                                               |                                                                        |                                                                                                                |                                                                                                                                    |                                                                                                                                                           |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type                                                     | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                              | Cruise Control                                                         | Drive Train                                                                                                    | Vehicle Type                                                                                                                       | Body Style                                                                                                                                                |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input checked="" type="checkbox"/> Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                   |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>09005000 | Part Name(s)<br>LIGHTING:GENERAL OR UNKNOWN COMPONENT:TAIL LIGHTS | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>Mileage at Failure(s)                    | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

THE FREQUENT TAIL LIGHT FAILURES ON MY 4RUNNER IS NOT ONLY A MAJOR NUISANCE BUT ALSO A LATENT SAFETY PROBLEM. MY 1998 4RUNNER'S (LEFT OR RIGHT) TAIL LIGHT HAS FAILED TWICE SO FAR AND MY BROTHER'S 1996 4RUNNER HAS HAD AT LEAST 3 FAILURES. I HAVE SEEN MANY OTHER 4RUNNER'S ON THE ROAD WITH SINGLE TAIL LIGHTS OUT. I HAVE MENTIONED IT TO MY DEALER BUT THEY SAY ITS JUST THE BULB. BASED ON MY BROTHER AND MY EXPERIENCE, IT IS USUALLY THE SAME SIDE BULB THAT FAILS SUBSEQUENT TIMES. IT ALSO DOES NOT AFFECT THE BRAKE LIGHTS, ONLY THE REAR RUNNING LIGHTS (LEFT OR RIGHT, NEVER BOTH). I FEEL TOYOTA SHOULD HAVE TO INVESTIGATE THE TAIL LIGHT CIRCUIT AND TAKE CORRECTIVE ACTION. I ALSO BELIEVE THIS PROBLEM HAS BEEN UNDERREPORTED BY OWNERS AS THEY JUST GET THE BULB REPLACED AND DO NOT BOTHER TO LOOK I

CONTINUE ON REVERSE

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.