Form Approved: OMB No. 2127-0042

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 26-AUG-2001	Od_or rt_dt od_rt np_ltr
	Reference No. 751135

[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) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JTEHF21A510032959	SPARTAN	HIGHLANDER	2001	

Purchase Dat				
01-AUG-2001 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Ult ☐ 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
03230000 12230000	BRAKES:HYDRAULIC:MASTER CYLINDER INTERIOR SYSTEMS:SHOULDER BELTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	25-AUG-200 67	5	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

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

I WAS ATTEMPTING TO PARK WHEN I HEARD THIS AWFUL NOISE COMING FROM THE VEHICLE AND THE VEHICLE APPEAR TO TAKE ON A MIND OF ITS OWN, NOT RESPONDING EVEN THOUGH I FLOORED THE BRAKE PEDAL. FORTUNATELY I WAS PARKING AND WAS STOPPED BY THE PROTECTIVE POSTS OF A FIRE-HYDRANT. I HAD TO BE TAKEN TO THE EMERGENY ROOM FOR ATTENTION. WHILE I DID NOT SUSTATIN ANY BROKEN LIMBS, I SUFFERED EXTREME LOWER BACK AND KNEE PAIN; MY LEFT SIDE ESPECIALLY SHOULDER SIDE AND BASE OF NECK IN ADDITION TO PAIN IN THE BRAKING FOOT AND LEG AND BURNS FROM THE SEATBELT.*AK

CONTINUE ON BACK IF NEEDED