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: 27-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 759894

[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 Readin
JT3GN86R0W0081843	TOYOTA TRUCK	4 RUNNER	1998	

Purchase Dat		Engine Size	
01-JUN-1998	Dealer's Name_____	(CID/CC/L DOHC E	☐ Turbo
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ 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 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)
08000000 12110000 13000000	ELECTRICAL SYSTEM INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG STRUCTURE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	04-MAR-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 76000		
	Vehicle Speed at Failure(s) 5		

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)

ON 03'04/02 I WAS SITTING AT THE TRAFFIC LIGHT WITIN ON THE LIGHT TO CHANGE TO GREEN. THE LIGHT CHANGED TO GREEN , THEN I PROCEEDED INTO THE INTERSECTION WHERE I WAS T-BONED ON THE DRIVER SIDED. AT THIS TIME I HEAR A LOUD BANG THEN THE LOWER AREA BY THE BRAKES CAVED IN ON MY LEFT LEG, THE THE DOORS LOCKED ,THEN MY CAR ALARM SOUNDS OFF. DURING THIS TIME I CAN SEE SMOKE TO MY LEFTT IN THE DOOR AREA. SO IMMDIATELY I TRY TO GET OUT OF THE VEHICLE BUT I HAD TO UNLOCK DOORS FIRST. I RECALL TRYING TO GET OUT OF THE SEAT BUT IWAS RESTRAINT BY THE SEAT BELT DURING THIS TIME FROM THE IMPACT MY VEHICLE IS STILL MOVING. I REACHED OVER TO REMOVE MY SEAT BELT WHILE ALSO RAISING MYSELF OUT OF THE SEAT WHEN THE

CONTINUE ON REVERSE