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

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

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

Date Received	Repository ☐
03-FEB-2007	Reference No. 10181486

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City WEST NEWTON	**State** PA	**Zip Code** [redacted]	

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

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5TELU42N17Z[redacted]	TOYOTA	TACOMA	2007

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
14-NOV-06	DAY TOYOTA 412-469-3000	No: Cylinders 6	Gas

Original Owner	Dealer's City	State	Zip Code
☒	PLEASANT HILLS	PA	15236

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	072000 FUEL SYSTEM, GASOLINE:DELIVERY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-JAN-2007	2987	0

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: DOTMAL9ABC036)	☐ Original Equipment ☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

I WAS STOPPED WAITING FOR ONCOMING TRAFFIC AT RT. 136 WEST NEWTON PA. WITH MY FOOT ON THE BRAKE THE TRUCK ACCELERATED SO HARD THE BRAKE WOULD NOT HOLD IT EVEN WITH FULL PRESSURE APPLIED. THE ONCOMING CAR MISSED ME BY INCHES. AFTER TRYING TO GET TOYOTA TO TAKE CARE OF IT WITH NO LUCK, I TRADED THE TRUCK IN WITH ONLY 3000 MILES ON IT. I AM VERY CONCERNED THAT THE TRUCK WILL BE SOLD TO SOMEONE THAT MAY HAVE THE SAME PROBLEM AND NOT BE AS FORTUNATE AS I WAS. *JB SEE ALSO 10180652 *DSY

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 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.