



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

03-FEB-2007

Repository

Reference No.
10181486

OWNER INFORMATION (Type or Print)

Name

Address

City

WEST NEWTON

State

PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
5TELU42N17Z _____

Make
TOYOTA

Model
TACOMA

Model Year
2007

Date Purchased
14-NOV-06

Dealer's Name and Telephone Number
DAY TOYOTA 412-469-3000

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
PLEASANT HILLS

State
PA

Zip Code
15236

Transmission Type

Antilock Brakes

Powertrain

4 WHEEL DRIVE

Vehicle Component Code
072000 FUEL SYSTEM, GASOLINE:DELIVERY

AUTOMATIC

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
24-JAN-2007

Failure Mileage
2987

Failure Speed
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: DOTM19ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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.