

U.S. Department  
of TransportationNational 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

13-APR-2007

Repository Reference No.  
10187789**OWNER INFORMATION (Type or Print)**

Name

Address

City  
ELK GROVEState  
CA

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

Make  
TOYOTAModel  
TACOMAModel Year  
2007

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 5

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
12-APR-2007Failure Mileage  
100Failure 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).**

THIS IS NOT A FAILURE, BUT SOMETHING I SEE AS A SAFETY ISSUE.. WHEN I AM STOPPING AT A STOP LIGHT/ STOP SIGN AND AM IN DRIV WITH THE AIR CONDITIONER (A/C) ON THE TRUCK WILL SURGE FORWARD AND I HAVE TO PUSH THE BRAKES DOWN HARDER. THIS ONLY HAPPENS WHEN THE A/C IS ON, AND SEEMS TO COME FROM THE INCREASE IN ENGINE RPMS WHEN THE COMPRESSOR KICKS ON. THIS IS VERY UNSAFE AND COULD CAUSE ME TO REAR END SOMEONE. \*AK

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.