

 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 02-FEB-2007		Repository <input type="checkbox"/> Reference No. 10181411	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
FORESTHILL	CA				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 5TEUX42N87Z		Make TOYOTA	Model TACOMA	Model Year 2007	
Date Purchased 22-OCT-06	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRI VE	Vehicle Component Code 180000 VEHICLE SPEED CONTROL		
			Multiple Failure: 1		
FAILED COMPONENT(S)/ PART(S) INFORMATION					
Incident Date(s) 24-OCT-2006	Failure Mileage 1	Failure Speed 50			
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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	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).					
AT HIGHWAY SPEEDS, THE THROTTLE STICKS OPEN CAUSING THE ENGINE TO CONTINUE AT HIGH RPM AND THE VEHICLE WON'T SLOW DOWN. IN HEAVY TRAFFIC, THERE IS GREAT SAFETY PROBLEM. * NM					
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.					

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
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 (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-06Dealer'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

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRI VE

Vehicle Component Code

072000 FUEL SYSTEM, GASOLINE: DELI VERY

Multiple Failure: 1

FAILED COMPONENT(S)/ PART(S) INFORMATIONIncident Date(s)
24-JAN-2007Failure Mileage
2987Failure 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

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U.S. Department
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Traffic Safety
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 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

08-FEB-2007

Repository Reference No.
10182045

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address					
City	COQUITLAM	State	00	Zip Code	
				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 5TELU42N47Z		Make TOYOTA	Model TACOMA	Model Year 2007
Date Purchased 03-NOV-06	Dealer's Name and Telephone Number REGENCY TOYOTA		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City BURNABY, CANADA	State 00	Zip Code	
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRI VE	Vehicle Component Code 980000 OTHER	
Multiple Failure: 1				

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s) 03-JAN-2007	Failure Mileage 2900	Failure Speed 50	
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 DRIVING DOWN HILL ALONG ABOUT 50 KM/H. I NOTICED STOP LIGHTS AND CARS SPINNING AND SLIDING EVERYWHERE. I GENTLY TOOK MY FOOT OFF THE THROTTLE TO START ENGINE BRAKING AND AS USUAL NOTHING HAPPENS IMMEDIATELY. WORSE, TRUCK STARTED TO ACCELERATE BECAUSE OF RPM HANG PROBLEM ON EVERY MANUAL TRANSMISSION EQUIPPED MODEL (MY COMPLAINT TO DEALER WAS IGNORED TWICE). THIS IS NOT EXACTLY A PLACE WHERE YOU CAN PUSH THE BRAKES EVEN WITH ABS BECAUSE IT ALSO IS AN OFF SLOPE TURN.

INSTEAD OF SLOWING DOWN GRACEFULLY, THE RPM HANG ACTUALLY ACTS LIKE A CRUISE CONTROL. COMBINED WITH THE DOWNHILL AND THE RPM HANG I AM NOT DECELERATING AT ALL! SUDDENLY THE ECU FINALLY DECIDES TO CLOSE THE THROTTLE (FUEL CUT OFF). AT THIS POINT TRUCK TAIL OF MY TRUCK SLIDE TO THE RIGHT AND TO THE LEFT. ONLY MY 20 YEAR EXPERIENCE AND GOOD LUCK LET ME AVOID A FATAL ACCIDENT.

THE NON-LINEAR THROTTLE RESPONSE IS NOT SAFE. THIS IS JUST DANGEROUS HOW THE ECU IS PROGRAMMED!
 MAYBE BECAUSE ONLY < 10% OF ALL TRUCKS HAVE MANUAL TRANSMISSIONS TOYOTA DOESN'T WANT TO HEAR ABOUT IT.
 TOYOTA MUST ISSUE ECU PATCH FOR MANUAL TRANSMISSION MODELS V6 TACOMA, FJ CRUISER TO ELIMINATE:

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 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 12-FEB-2007		Repository <input type="checkbox"/> Reference No. 10182412	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
DELAND	FL				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 5TEUU42N57Z		Make TOYOTA	Model TACOMA	Model Year 2007	
Date Purchased 06-JAN-07	Dealer's Name and Telephone Number DELAND TOYOTA 386-734-2184		Engine: No: Cylinders 6	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City DELAND	State FL	Zip Code 32720		
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRI VE	Vehicle Component Code 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL		
			Multiple Failure: 3		
FAILED COMPONENT(S)/ PART(S) INFORMATION					
Incident Date(s) 03-FEB-2007	Failure Mileage 2300	Failure Speed 5			
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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).					
TL* - THE CONTACT WAS HAVING PROBLEMS WITH THE 2007 TOYOTA TACOMA, THE THROTTLE STICKS WHILE DRIVING AND TRYING TO STOP. THE TRUCK WILL NOT STOP, IT ACCELERATED AT ALL TIMES UNEXPECTEDLY. HE TOOK THE VEHICLE TO THE DEALER AND THEY TOLD HIM THAT THE COMPUTER WAS LEARNING HOW TO DRIVE, THAT THE FAILURE WAS NORMAL, AND THAT ALL TOYOTA VEHICLES WENT THROUGH THAT PROCESS. IT WAS TAKEN TO THE DEALER FOR REPAIRS AT LEAST THREE TIMES, AND THEY COULD NOT FIND THE CAUSE OF THE PROBLEM. JUST LAST WEEK HE WAS IN THE PARKING LOT DRIVING AT 5 MPH AND THE VEHICLE ACCELERATED UNEXPECTEDLY. THE CURRENT AND FAILURE MILEAGE WERE 2300 MILES. * AK TOYOTA CLAIMED IT WAS NORMAL AND A PART OF THE EMISSIONS. UPDATED 03/19/07. * JB					
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 to 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.					



U.S. Department
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

19-FEB-2007

Repository Reference No.
10182950

OWNER INFORMATION (Type or Print)

Name

Address

City POLAND

State OH

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

5TETU62N57Z

Make TOYOTA

Model TACOMA

Model Year 2007

Date Purchased
15-DEC-06

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6Fuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

 Cruise Control

REAR WHEEL DRIVE

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 20

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s)
15-DEC-2006Failure Mileage
3

Failure Speed

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

Number of Deaths

Reported to Police

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).

VEHICLE HAS A EXTREME HIGH IDLE AND OR HIGH TRANSMISSION HEAD PRESSURE. VEHICLE ONLY INDICATES APPROX 600-700 IDLE RPM'S WARM, HOWEVER; WHEN LETTING OFF THE GAS VEHICLE WANTS TO LURCH AND TAKE OFF. VERY UNEASY IN STOP AND GO TRAFFIC, FEELS LIKE DRIVER IS ABOUT TO LOSS CONTROL AND STRIKE THE VEHICLE AHEAD. TOOK TO DEALER AND ADVISED THIS IS A NORMAL CONDITION. THIS WAS ALSO VERIFIED BY TESTING 2 OTHER LIKE VEHICLES(07/V6/AUTOMATIC) * JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 (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

 Antilock Brakes

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 5

AUTOMATIC

 Cruise Control**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

Number of Deaths

Reported to Police

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).

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 DRIVE 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 RPM'S 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.

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

15-APR-2007

Repository

Reference No.
10187884

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number			
City		State	Zip Code			

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 3TMJU62NX7M		Make TOYOTA	Model TACOMA	Model Year 2007
Date Purchased 21-FEB-07	Dealer's Name and Telephone Number		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	
Multiple Failure: 1				

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s) 14-APR-2007	Failure Mileage	Failure Speed 0	
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 BOUGHT A 07 TOYOTA TACOMA DOUBLE CAB WITH AUTOMATIC TRANSMISSION IN FEBRUARY. I HAVE NOTICED ON MULTIPLE OCCASIONS THAT WHILE SITTING STOPPED, A/C OFF, RIGHT FOOT ON BRAKE, THE TRUCK SUDDENLY SURGED AGAINST THE BRAKES. I THINK IF I HAD NOT HAD FIRM PRESSURE ON THE BRAKE PEDAL THE TRUCK WOULD HAVE ACTUALLY MOVED FORWARD. I BECAME AWARE OF OTHER TACOMA OWNERS EXPERIENCING THIS ON THE INTERNET TOYOTA FORUMS. THE INCIDENT DATE BELOW IS JUST THE LAST TIME IT HAPPENED. * AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

24-APR-2007

Repository Reference No.
10188746

OWNER INFORMATION (Type or Print)

Name

Address

City

BURNSVILLE

State

MN

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
2007Date Purchased
09-OCT-06

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6Fuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

Vehicle Component Code
100000 POWER TRAIN

AUTOMATIC

 Cruise Control

4 WHEEL DRI VE

Multiple Failure: 1

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s)
01-NOV-2006

Failure Mileage

Failure Speed

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

Number of Deaths

Reported to Police

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).

2007 TOYOTA TACOMA DOUBLE CAB OFFROAD 4X4. VEHICLE SURGES (RPM INCREASES 200-300 RPM) WHEN IN GEAR AT A STOP. DOESN'T MATTER IF AC IS ON OR OFF. THIS HAS CAUSED NUMEROUS NEAR ACCIDENTS WITH VEHICLES IN FRONT OF ME, MY GARAGE DOOR AND THE WORK BENCH IN MY GARAGE. VEHICLE IDLES EXTREMELY FAST (1500 RPM) WHEN COLD WHICH IS DANGEROUS ON SLIPPERY ROADS AND HAS CAUSED ME TO SLIDE THROUGH STOP SIGNS. VEHICLE IDLES ROUGH, DOESN'T MATTER IF AC IS ON OR OFF. VEHICLE HAS A HARSH STUTTER SHIFT BETWEEN 1ST AND 2ND. VEHICLE HAS A VERY NOTICEABLE VIBRATION AT SPEEDS BETWEEN 15 AND 25 MPH. THIS VIBRATION OCCURS WHEN ACCELERATING, DRIVING AT A CONSTANT SPEED OR DECELERATING. THE VIBRATION OCCURS WHETHER BRAKING OR NOT. THE VEHICLE FEELS LIKE IT IS ENGINE BRAKING WHEN LETTING UP ON THE ACCELERATOR. THIS IS MOST NOTICEABLE AT SPEEDS 40 MPH OR SLOWER. IT IS A SAFETY HAZARD ON ICY ROADS. ALL THESE PROBLEMS BEGAN AFTER THE VEHICLE HAD 500 MILES ON IT. THE DEALER WAS MADE AWARE OF THESE ISSUES AND TEST DROVE THE VEHICLE. THE DEALER SAID THEY COULD NOT DETECT ANY OF THE PROBLEMS. ALSO, THE ORIGINAL EQUIPMENT TIRES ARE TERRIBLE IN SNOW. * JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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National Highway
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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

18-MAY-2007

Repository Reference No.
10191171

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	
City	EXCELLO	State	MO	Zip Code	[REDACTED]
				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 5TETX22N07Z [REDACTED]		Make TOYOTA	Model TACOMA	Model Year 2007
Date Purchased 27-FEB-07	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL	
Multiple Failure: 1				

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s) 30-APR-2007	Failure Mileage 1900	Failure Speed 60
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

TL* THE CONTACT OWNS A 2007 TOYOTA TACOMA. WHILE DRIVING DOWNHILL AT 60 MPH WITH THE CRUISE CONTROL ACTIVATED, THE VEHICLE WENT INTO OVERDRIVE AND ACCELERATED FORWARD WITHOUT WARNING. THE VEHICLE'S RPM ACCELERATED FROM TWO TO MORE THAN FIVE WITHIN SECONDS. THE DEALER STATED THAT THIS IS THE VEHICLE'S NORMAL OPERATION. THE CURRENT AND FAILURE MILEAGES WERE 1,900.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

10-JUN-2007

Repository Reference No.
10192866

OWNER INFORMATION (Type or Print)

Name

Address

City

OMAHA

State

NE

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

5TEUU42N25Z

Make

TOYOTA

Model

TACOMA

Model Year

2007

Date Purchased
13-APR-05Dealer's Name and Telephone Number
OLD MILL TOYOTA 402-496-4444Engine:
No: Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
OMAHAState
NEZip Code
68154

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s)
30-MAY-2007Failure Mileage
25000Failure Speed
20

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).

MAY 30, I WAS PULLING INTO A PARKING SPACE AT KIEWIT MIDDLE SCHOOL WITH MY TACOMA. WHILE I WAS APPROXIMATELY 5-10 FEET FROM THE CAR IN FRONT THE ENGINE BEGAN RACING. MY FOOT WAS NOT ON THE ACCELERATOR, IT WAS FIRMLY ON THE BRAKE. THE ENGINE CONTINUED REVVING AND THE BRAKES FINALLY GAVE AND I HIT THE CAR AHEAD.

AS IT IS I DAMAGED THE FRONT OF MY TACOMA, AS WELL AS THE REAR OF CAR AHEAD OF ME.

I AM SURE IF THERE WERE NOT A VEHICLE AHEAD AT SUCH A CLOSE DISTANCE GREAT DAMAGE AND INJURY WOULD HAVE BEEN INCURRED. I DO NOT FEEL THAT CURRENTLY THE VEHICLE IS SAFE TO DRIVE,

I CONTACTED TOYOTA, NATIONAL -- THEY TOLD ME THAT IT WAS OK AND TO TAKE IT HOME. I FELT SO STRONGLY THAT THE VEHICLE WAS NOT SAFE THAT I IMMEDIATELY TRADED IT IN FOR A NISSAN --

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 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 13-JUL-2007		Repository <input type="checkbox"/> Reference No. 10196327	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
FLOWER MOUND	TX				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 5TETU62N67Z		Make TOYOTA	Model TACOMA	Model Year 2007	
Date Purchased 31-MAY-07	Dealer's Name and Telephone Number TOYOTA OF LEWISVILLE		Engine: No: Cylinders 6	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City LEWISVILLE	State TX	Zip Code 75028		
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 100000 POWER TRAIN		
			Multiple Failure: 30		
FAILED COMPONENT(S)/ PART(S) INFORMATION					
Incident Date(s) 05-JUL-2007	Failure Mileage 210	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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).					
TRUCK LURCHES FORWARD WHEN A/C COMPRESSOR ENGAGES WHILE STOPPED. IT IS SO SEVERE THAT THE TRUCK MOVES FORWARD AND CREATES A POTENTIAL RISK FOR AN ACCIDENT					
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.					

U.S. Department
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DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

26-JUL-2007

Repository Reference No.
10197535

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number			
City		State	Zip Code			
WASHINGTON		PA				

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 5TEUU42N07Z		Make TOYOTA	Model TACOMA	Model Year 2007
Date Purchased 23-MAY-07	Dealer's Name and Telephone Number		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 180000 VEHICLE SPEED CONTROL	
Multiple Failure: 1				

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s) 14-JUL-2007	Failure Mileage 2000	Failure Speed 4
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

TL* THE CONTACT OWNS A 2007 TOYOTA TACOMA. WHILE DRIVING 4 MPH, THE CONTACT DEPRESSED THE BRAKE PEDAL, BUT THE VEHICLE SURGED FORWARD. THE VEHICLE CRASHED INTO A GATE. THE DEALER WAS UNABLE TO DUPLICATE THE FAILURE. THE CURRENT MILEAGE WAS 2,407 AND FAILURE MILEAGE WAS 2,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

01-SEP-2007

Repository

Reference No.
10201655

OWNER INFORMATION (Type or Print)

Name

Address

City DOVER

State TN

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
5TELU42N67Z

Make
TOYOTA

Model
TACOMA

Model Year
2007

Date Purchased
31-OCT-06

Dealer's Name and Telephone Number
PEPPERS TOYOTA 731/642-3900

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
PARIS

State
TN

Zip Code
38242

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRI VE

Vehicle Component Code
180000 VEHICLE SPEED CONTROL

Multiple Failure: 5

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s)
08-JUN-2007

Failure Mileage
16200

Failure Speed
55

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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).

OVER A PERIOD OF SEVERAL MONTHS AFTER PURCHASING A NEW 2007 TOYOTA TACOMA, I EXPERIENCED FIVE INCIDENTS OF BRAKE/ACCELERATION PROBLEMS FINALLY RESULTING IN A CRASH. FIRST INCIDENT: STOPPED AT A TRAFFIC LIGHT WITH MY FOOT ON THE BRAKE, THE TRUCK LUNGED FORWARD A FEW FEET. THE DEALERSHIP TOLD ME THEY COULD NOT FIND ANY PROBLEM. A MONTH LATER, STOPPED IN A GAS STATION DRIVE WITH MY FOOT ON THE BRAKE WAITING TO EXIT, THE REAR WHEELS BEGAN SPINNING OUT OF CONTROL. I PRESSED ON THE BRAKE AS HARD AS I POSSIBLY COULD TO KEEP FROM ENTERING TRAFFIC. THREE WEEKS LATER, APPROACHING THE BOTTOM OF A HILLY SHARP TURN, I TAPPED THE BRAKES TO SLOW DOWN. AGAIN THE REAR WHEELS ACCELERATED TO A HIGH RATE OF SPEED. I COULD NOT STOP THE TRUCK TO KEEP FROM STRIKING A VAN IN FRONT OF ME SO I CROSSED OVER A DOUBLE YELLOW LINE TO AVOID A COLLISION. IT TOOK ABOUT A THOUSAND YARDS TO GAIN CONTROL. THE DEALERSHIP SAID, "WE CAN'T FIX THE PROBLEM" UNTIL WE CAN DUPLICATE IT". I CALLED TOYOTA OF AMERICA, AGAIN ONLY TO BE TOLD THAT TOYOTA COULD DO NOTHING. THE FOURTH INCIDENT OCCURRED ON AN ENTRANCE RAMP TO A HIGHWAY. I TAPPED THE BRAKES TO SLOW DOWN. THE VEHICLE ACCELERATED TO A HIGH RATE OF SPEED. I GOT IT UNDER CONTROL QUICKLY. FINALLY THE FIFTH AND FINAL INCIDENT. COMING OUT OF NASHVILLE WHERE IT WAS RAINING HARD, I GOT FURTHER NORTHBOUND ON THE I-24 WHERE IT WAS RAINING LESS AND THE PAVEMENT WAS WET. WHILE IN THE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

08-SEP-2007

Repository

Reference No.
10202283

OWNER INFORMATION (Type or Print)

Name

Address

City SPANAWAY

State WA

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
5TELU42N67Z

Make
TOYOTA

Model
TACOMA

Model Year
2007

Date Purchased
26-JUL-07

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: 1

FAILED COMPONENT(S)/ PART(S) INFORMATION

Incident Date(s)
07-SEP-2007

Failure Mileage
100

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

NUMEROUS OCCASIONS WHERE MY 2007 TOYOTA TACOMA WILL LURCH FORWARD WHEN AT A STOP LIGHT. AUTOMATIC TRANSMISSION, AND ON THE BRAKE FEELS AS IF I HAVE BEEN TAPPED BY SOMEONE BEHIND ME. IT HAS NEVER RESULTED IN AN ACCIDENT, BUT I WILL NOT LET MY WIFE DRIVE THIS VEHICLE BECAUSE OF THIS SITUATION. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

12-SEP-2007

Repository Reference No.
10202837

OWNER INFORMATION (Type or Print)

Name

Address

City

NORTH CHARLESTON

State

SC

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

3TMJU62N07M _____

Make

TOYOTA

Model

TACOMA

Model Year

2007

Date Purchased

08-DEC-06

Dealer's Name and Telephone Number

GENE REED TOYOTA

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

NORTH CHARLESTON

State

SC

Zip Code

29406

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

103700 POWER TRAIN: AUTOMATIC TRANSMISSION: TORQUE CONV

Multiple Failure: 100

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

12-SEP-2007

Failure Mileage

500

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: DOTM9ABC036)

 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).

WHEN STOPPED AT IDLE ENGINE SPEED, MY 2007 TOYOTA TACOMA DBL CAB PRERUNNER V6 WILL SURGE / LUNGE SUDDENLY. ALTHOUGH I HAVE THE BRAKES FIRMLY APPLIED, THE TRUCK WILL STILL MOVE A LITTLE BIT. I'VE DAMAGED PERSONAL PROPERTY BECAUSE OF IT. NO INJURIES (YET), BUT I'LL SURE GET YOUR ATTENTION WHEN IT HAPPENS.

ALSO, THE TRUCK WILL SOMETIMES ACCELERATE A BIT WHEN YOU HAVE TAKEN YOUR FOOT OFF OF THE GAS. NOTHING DRASTIC, BUT IT SHOULDN'T DO THIS.

THIS IS A MAJOR CONCERN WITH ME; ENOUGH THAT I WON'T LET ANYONE ELSE DRIVE MY VEHICLE FOR FEAR IT MAY STARTLE THEM AND THEY MAY LOSE CONTRRROL OF IT.

THIS HAPPENS VERY FREQUENTLY.

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.