

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

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

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

072000 FUEL SYSTEM, GASOLINE:DELIVERY

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.