



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 1367

Date Received
703 AUG -1 PM 2:13
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Repository
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City PHILADELPHIA State PA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature or address to the vehicle manufacturer, Signature of Owner [Redacted] Date 7/17/03

VEHICLE INFORMATION

Make TOYOTA Model COROLLA Model Year 1998
Date Purchased August 3, 01 Dealer's Name and Telephone Number SPRINGFIELD Toyota Auto Outlet, Inc.
Original Owner [Redacted] Dealer's City Springfield, PA Zip Code 19004 Engine: No. Cylinders 4
Transmission Type Antilock Brakes Cruise Control Powertrain Vehicle Component Code 140000 AIR BAGS
Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 8/30/01 Failure Mileage 45000 Failure Speed 30-35 AIRBAG NEVER DEPLOYED AFTER 2 possible 3 head-on impacts.
6-28-03

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make N/A Tire Model (Name or Number) N/A Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036) Original Equipment Prior Repair Failure Location: F+Kawell Blvd, Hill Pa
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 1 Number of Deaths Reported to Police YES

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).

WHILE DRIVING AT 35/40 MPH VEHICLE WAS IN A FRONTAL COLLISION, BUT NONE OF THE AIR BAG DEPLOYED UPON IMPACT. *AK
ALSO, PREVIOUS CRASH ACCIDENT NEVER DEPLOYED
I'm Questioning possible Defective Airbag.
Has it been tested or I am the tester,
(Photos) Progressive or Auto-Body shops.
I brought it up to Progressive Attention.

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

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**