



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 335

Date Received

Repository

2004 APR 20 AM 9:55
23 MAR 2004

Reference No.
10084741

OWNER INFORMATION (Type or Print)

Name

Address

City

LOUISVILLE

State

MS

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 authorized signature, please provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 4/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JT2BGZK7W0

Make

TOYOTA

Model

CAMRY

Model Year

1998

Date Purchased
03-JUN-98

Dealer's Name and Telephone Number

BRKNT-VARD (602) 773-6281

Engine:

No. Cylinders

4

Fuel Type:

GASOLINE

Original Owner

Dealer's City

LOUISVILLE

State

MS

Zip Code

39939

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

3-21-04

Failure Mileage

90000

Failure Speed

40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/66R15)

DOT No. (Example: DOTM15ABC036)

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

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 TRAVELING AT 40 TO 55 MPH CONSUMER LOST CONTROL OF THE VEHICLE AND HIT A ~~CONCRETE WALL~~ TREE. UPON IMPACT, NONE OF THE AIRBAGS DEPLOYED. "AK

WITHOUT ANY WARNING, THE VEHICLE PULLED TO THE LEFT, LEAVING THE ROAD ON THE LEFT, TRAVELING APPROXIMATELY 200' ON THE LEFT SHOULDER OF THE ROAD. THEN, THE VEHICLE SKIDDED ACROSS THE 2-LANE ROAD STRIKING A TREE WITH LEFT FRONT BUMPER AND CONTINUING TO SKID AROUND UNTIL IT STRUCK ANOTHER TREE

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-578 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

AT THE MID POST OF THE LEFT SIDE OF THE VEHICLE.

A MALFUNCTION OF THE ANTI-LOCK BRAKING SYSTEM IS SUSPECT IN THIS ACCIDENT.

THE DRIVER SUFFERED A FRACTURED LEFT SHOULDER, MINOR INJURY ON LEFT SIDE OF HEAD AND BRUISES TO LEFT HIP. SEAT BELTS WERE ON BUT AIR BAGS DID NOT DEPLOY.

NOTE: PMA INSURANCE CO. DID A RESEARCH OF RECORDS BY THIS VEHICLE AND FOUND THAT A STEERING COMPONENT HAD GIVEN A PROBLEM ON SOME OCCASIONS.

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U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL, HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

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DASH2DOT

and dial toll free at

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(DASH) & DOT



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