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 1220

Date Received: 2004 SEP 29 AM 10:20
01-SEP-2004

Repository ☐

Reference No.: 10090182

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: WILMINGTON | State: MA | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number: SAME

E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[redacted]ne or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 9/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE32K03U[redacted]	TOYOTA	CAMRY	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type
5-28-04	WOBURN TOYOTA- 1-800-273-4602	4	UNL GAS

Original Owner	Dealer's City	State	Zip Code
☐	WOBURN	MA	01801

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control	2AZ-[redacted] ENGINE FE	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-JUL-2004			

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHILE DRIVING VEHICLE SURGED FORWARD WHEN DEPRESSING THE BRAKES. CONSUMER TOOK VEHICLE TO THE DEALER. HOWEVER, THE PROBLEM HAD NOT BEEN RESOLVED. *AK

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