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	Repository
2004 DEC 21 06-DEC-2004	☐
Reference No.	
10103128	

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: LEWISTON	State: NY	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	Make	Model	Model Year
4T1BE32K14U	TOYOTA	CAMRY	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
9/2/04	NORTHTOWN TOYOTA			4	GAS
Original Owner ☐ USED	Dealer's City: BUFFALO, N.Y. (AMHERST, NY)	State: NY.	Zip Code: 14226		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☐ Cruise Control		038000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
03-DEC-2004	~~9570~~ 9450	30-35 MPH

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: DOTMA1GABC036)	☐ 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		0	* 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, AND TRYING TO STOP THE VEHICLE ABS FAILED. CONSUMER DEPRESSED THE BRAKE PEDAL COMPLETELY TO THE FLOOR, BUT VEHICLE WOULD NOT STOP. THE ABS DID NOT KICK IN WHEN IT SHOULD HAVE. 30 - 35 MPH W/ 8 - 10 CAR LENGTHS 150' - 200' SLOWED, BUT WOULD NOT STOP. KEPT ROLLING THE IMPACT 5-6 MPH.

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