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 100145

Date Received	Repository ☐
31-JAN-2005	Reference No. 10109283

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City BRONX | State NY | Zip Code [redacted]
Daytime Telephone Number [redacted] | 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 [redacted] Date 1/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE30K0[redacted]	TOYOTA	CAMRY	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
1/29/03	2 BL WEST FORDHAM RD BRONX NEW YORK FORDHAM TOYOTA 1-718-367-0776	4	Gas

Original Owner	Dealer's City	State	Zip Code
☒	BRONX NYC	NYS	10468

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure. 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
29-JAN-2005	13000	Unknown

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	1	0	Y

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 ACCELERATED WITHOUT WARNING. WHEN APPLYING THE BRAKES VEHICLE ACCELERATED EVEN MORE. AS A RESULT, THE VEHICLE COLLIDED INTO TWO PARKED CARS AND A BRICK WALL. DRIVER SUSTAINED HEAD INJURIES, *AK & LEFT KNEE.

DRIVER WAS TAKEN TO LAWRENCE HOSPITAL BY EMPIRE AMBULANCE SERVICE - TREATED AND RELEASED TO THE CARE OF FAMILY DOCTOR. THE AUTO WAS TOTALED BY ALLSTATE INS. CO. I ACQUIRED A N/A IN THE SUM OF $18,656.18 IN FULL PAYMENT FOR AUTO LOSS.

ATTACHED IS A COPY OF THE NY 104 FORM FILED WITH ALBANY PURSUANT TO NYS LAW. PHOTOS OF THE VEHICLE ARE AVAILABLE UPON REQUEST.
I AM ALSO ATTACHING A COPY OF A COMPLAINT I FILED WITH NHTSA ON 3/5/03 CONCERNING A 2002 TOYOTA CAMRY WITH THE SAME DEFECT.

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

MV-104 (6/00) PAGE 1

New York State Department of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DMV USE

DO NOT FORGET ACCIDENT DATE

Page ____ of ____

☐ *RUSH* - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT

Accident Date Month	Day	Year	Day of Week	Time	AM/PM	No. of Vehicles	No. Injured	No. Killed	Left Scene	Did police investigate accident at scene?	If "Yes", Name of Police Agency
1	29	05	SAT.	11:30	☑ AM ☐ PM	4	1	NONE	☐	☑ Yes ☐ No	YONKERS NY POLICE DEPT

(YOUR VEHICLE) VEHICLE 1

Vehicle 1 License ID No. [redacted]

Driver's Name [redacted]

Address (Include Number & Street) [redacted] Apt. No. [redacted]

City or Town BRONX NY. State NY Zip Code [redacted]

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of Lic.
11/26/30	M	☐		☐	NY

Name—exactly as printed on registration [redacted] Date of Birth [redacted]

Address (Include Number & Street) [redacted] Apt. No. [redacted]

City or Town BRONX NYC State NY Zip Code [redacted]

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	03 TOYOTA CAMRY	4DR SEDAN	011

Estimated Cost of Repairs - Vehicle 1
☐ $1000 or less ☐ $1001-$1200 ☐ $1201-$1400 ☐ $1401-$1600 ☐ $1601-$1800 ☐ Over $1800

Describe damage to vehicle 1: FRONT END COMPLETELY DEMOLISHED. ALLSTATE INS CO TOTALED THE VEHICLE

DRIVER

☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN

Vehicle 2 License ID No.

Name—exactly as printed on license

Address (Include Number & Street) Apt. No.

City or Town State Zip Code

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of Lic.
/ /		☐		☐	

DMV USE

VEHICLE

Name—exactly as printed on registration Date of Birth / /

Address (Include Number & Street) Apt. No.

City or Town State Zip Code

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

Estimated Cost of Repairs - Vehicle 2
☐ $1000 or less ☐ $1001-$1200 ☐ $1201-$1400 ☐ $1401-$1600 ☐ $1601-$1800 ☐ Over $1800

Describe damage to vehicle 2: 3 OTHER VEHICLES WERE DAMAGED

ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident. Or draw your own diagram below in space #9.

Number the vehicles. Your vehicle is No. 1

0. Left Turn	1. Rear End	2. Overtaking
3. Left Turn	4. Right Angle	5. Right Turn
6. Right Turn	7. Head On	8. Sideswipe

9. ADDITIONAL SHEET IS ATTACHED HERE TO CLEARLY DESCRIBE THE ACCIDENT IN QUESTION.

Reference Marker

New York County of Occurrence YONKERS NEW YORK ☐ City ☐ Town ☐ Village

Route No. or Street Name SEE ATTACHED SHEET

Nearest Intersecting Route/Street

☐ Miles ☐ N ☐ E ☐ Feet ☐ S ☐ W of ☐ At Intersection With

ALL PERSONS INVOLVED (see instruction 6 on page 2):

Name and Address	8. In Veh. No.	10. Safety Equip. Used	11. Position in Vehicle	12. Age	13. Sex	Describe Injuries	14. Check all column(s) that apply. See instruction 6 on page 2. K	A	B	C	Date of Death
[redacted] BRONX [redacted]	1	4	1	74	M				X		

How did the accident happen? SEE ATTACHED SHEET.

Identify Damaged Property Other Than Vehicle(s): NONE

Name of Insurance Company That Issued Policy: ALLSTATE INS CO

Name and Address of Policy Holder [redacted] BRONX NY [redacted]

Policy Number [redacted]

Policy Period From 1/2/05 To 7/2/05

If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No. —

Name and Address of Permit Holder —

Is Form SR-22 (Real Coverage) on File with DMV? ☐ Yes ☐ No

If Self-Insured, give Certificate No. and State

Date 3/5/05

A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. ☐ Injury ☐ Death

Signature of Driver (or Representative) of Vehicle 1 [redacted]

Print Name of Driver (or Representative) of Vehicle 1

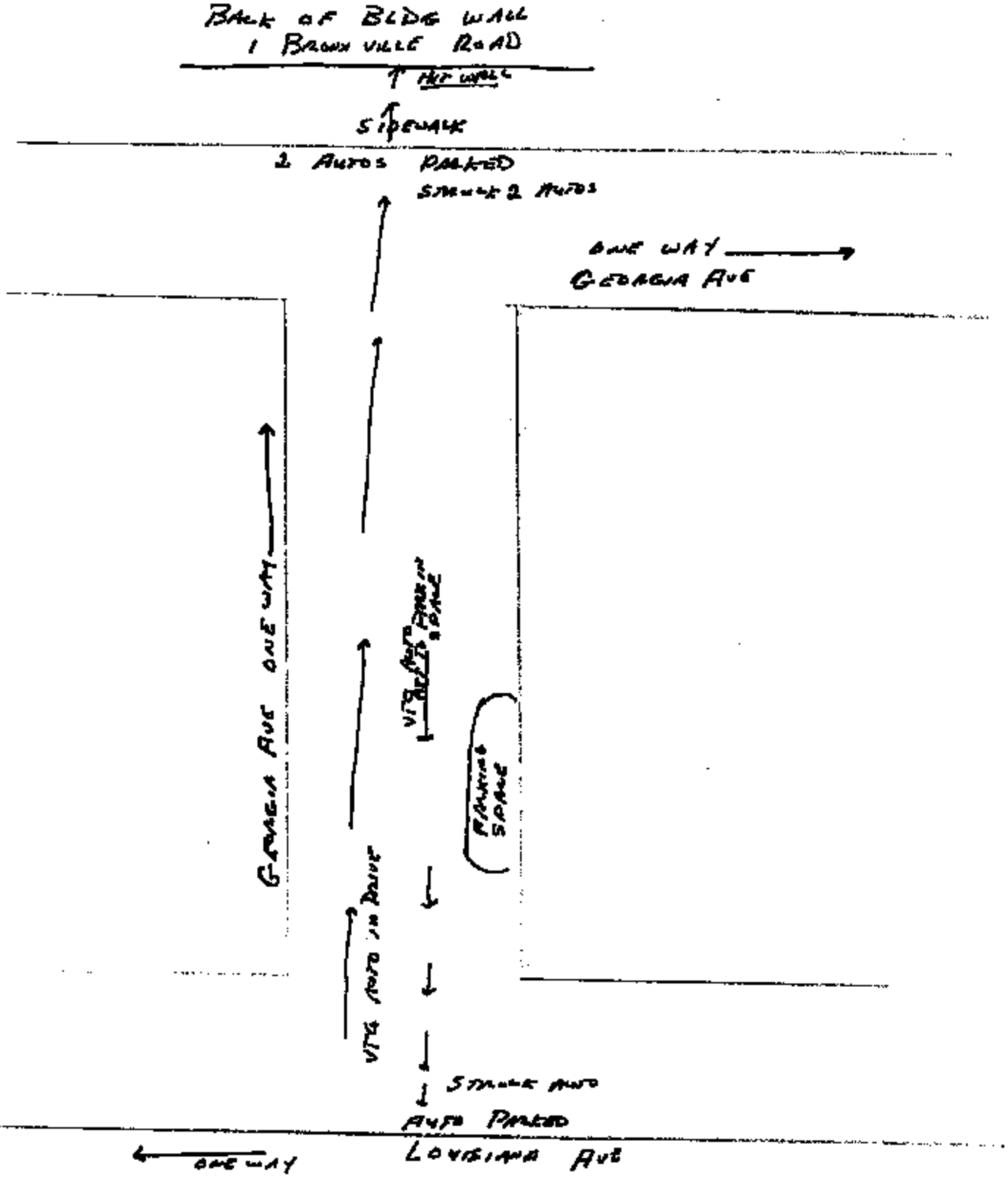
ON OR ABOUT 1/5/05 AT APPROX 11-11:30AM I ATTEMPTED TO BACK INTO A PARKING SPACE ON TEXAS AVE. YONKERS N.Y. I STEPPED ON THE GAS AND THE CAR SURGED BACK, WHEN THE ENGINE REVED UP SOUNDING LIKE A JUMBO JET ABOUT TO TAKE OFF. I STRUCK THE AUTO BEHIND ME LEGALLY PARKED.
UPON PUTTING THE CAR IN DRIVE THE CAR AGAIN SURGED FORWARD UNCONTROLLABLY. I APPLIED THE BRAKE AS HARD AS I COULD BUT THE ENGINE CONTINUED TO REVE UP AND SPEED FORWARD. I WAS NOT ABLE TO STOP THE AUTO AND STRUCK TWO AUTOS LEGALLY PARKED ON GEORGIA AVE AND THEN INTO THE REAR OF A BLDG WHICH I BELIEVE TO BE 1 BALCH VILLE ROAD. I DO NOT HAVE ANY INFO REGARDING THE AUTOS STRUCK.

MY SAFETY BELT WAS ON - AND AT LEAST ONE AIR BAG DEPLOYED. TWO POLICE CARS FROM PCT 2 YONKERS, N.Y. AS WELL AS A FIRE ENGINE & EMPIRES AMBULANCE RESPONDED. I WAS DAZED FROM THE IMPACT, TAKEN TO LAWRENCE HOSPITAL IN BRONXVILLE BY AMBULANCE. AT THE HOSPITAL I WAS TREATED AND GIVEN A TETANUS SHOT. RELEASED AFTER APPROX 2 HRS - TO THE CARE OF MY DOCTOR. I SUFFERED A BUMP ON MY FOREHEAD, LACERATIONS TO MY FACE & FOREHEAD, AND LEFT KNEE WITCH WAS SWOLLEN & BLEEDING. MY AUTO WAS DEMOLISHED & TOWED BY ALLSTATE.

1/5/05 [redacted]

(3)

ACCIDENT DIAGRAM



2/5/05 [redacted]

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 1375

Date Received	Repository ☐
19-FEB-2003	Reference No. 10008754

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City BRONX	State NY	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [redacted] *manufacturer.*
Signature of Owner ____________ Date 3/5/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE32K[redacted]	TOYOTA	CAMRY	2002

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
4/1/02	Fordham Toyota. 236 W Fordham Road 718-367-0776		4	Unleaded high test
Original Owner ☒	Dealer's City: Bronx NY	State: N.Y. Zip Code: 10468		

Transmission Type		Powertrain	Vehicle Component Code
4-Speed Automatic ECT-i Trans	☒ Antilock Brakes ☐ Cruise Control		061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-JAN-2003	4600		

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).

THE VEHICLE EXPERIENCED SUDDEN ACCELERATION. *JB while traveling south on the Major Deegan Highway on or about 1/14/03 at Fordham Road [illegible] I was at a full stop in [illegible] traffic, [illegible] stop and go, I was [illegible] I stepped on the [illegible] to keep behind the auto in front. Traffic started to move [illegible] and the car surged forward while the engine [illegible] I finally turned off I applied the brakes but the auto continued to move forward [illegible] to a halt. the ignition and put the car in park. The car finally [illegible] the car mat. I reported the incident to the dealer and was told it was probably the car mat. I traded the auto for a 2003 Camry in the same [illegible] it definitely was not the car mat. This is definitely dangerous. This was the second time I experienced this malfunction. A serious safety problem which [illegible] action by Toyota.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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.