



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 100222

Date Received

AM 6:26

15-APR-2005

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## OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City KINGSPORT State TN 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  
In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 4/16/05

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4T1FA38P33L Make TOYOTA Model CAMRY SOLARA Model Year 2005

Date Purchased 12/9/04 Dealer's Name and Telephone Number JAY JOHNSON TOYOTA (423) 764-3155 Engine: \_\_\_\_\_ Fuel Type: Gas  
Original Owner  Dealer's City Bristol, TENNESSEE State TN Zip Code 37620 No. Cylinders 6

Transmission Type AUTOMATIC  Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 162800 STRUCTURE:BODY:HOOD  
 Cruise Control Multiple Failure: 22

## FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-FEB-2005 Failure Mileage 1000 Failure Speed \_\_\_\_\_

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R16) \_\_\_\_\_  
DOT No. (Example: DOTM18ABC036)  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 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).

CONSUMER HAS A CONVERTIBLE VEHICLE, AND THE TOP HAS AN ODOR COMING FROM IT THAT MAKES HIM ILL. DEALER REPLACED THE  
FILTER IN THE VEHICLE AND DONE NUMEROUS THINGS TO RID THE ODOR, BUT THE UNDESIRABLE SMELL WAS STILL THERE. MANUFACTURER  
OFFERED NO HELP. \*AK

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