



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 100148

Date Received

2005 AUG  
05-JUL-2005

Repository

Reference # 7  
10127455

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: SIMI VALLEY State: CA Zip Code: [REDACTED]

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JT2BG22K7W0 [REDACTED]		Make TOYOTA	Model CAMRY	Model Year 1993
Date Purchased 27-AUG-88	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 012000 STEERING COLUMN	
Multiple Failure: 1				

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

Incident Date(s): 22-JUN-2005  
Failure Mileage: 74788  
Failure Speed:

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

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/55R15)
DOT No. (Example: DDTMALBABC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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**

(Check boxes in date for incident. Failure, Crash, and Injury)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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).

DT: A PIECE OF THE PLASTIC DUCT FELL OFF, IT CAME LOOSE. DID NOT LOOK BROKE BUT COULDN'T FIND WHERE IT CAME LOOSE FROM BELIEVE IT WAS SOMEWHERE UNDER THE STEERING COLUMN, AND THE PIECE FELL UNDER GAS AND BRAKE PEDALS. COULD NOT GET THE VEHICLE TO FUNCTION PROPERLY SUDDENLY DUE TO THIS PLASTIC PIECE FALLING OFF. \*AK

SEE OTHER SIDE FOR OWNERS STATEMENT.

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.

# VEHICLE OWNER'S QUESTIONNAIRE



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)



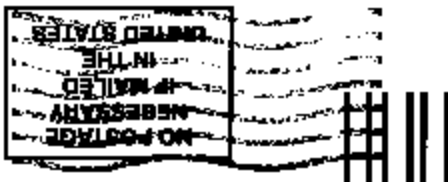
U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NHTSA-218  
400 7th Street, SW  
Washington, DC 20590

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590



ATTACH ADDITIONAL SHEETS IF NECESSARY

ON 22 JUNE 2005 I BACKED OUT OF MY DRIVE  
AND WHEN I SHIFTED INTO DRIVE AND STEPPED ON THE ACCELERATOR  
I COULD NOT CONTROL THE GAS PEDAL. WHEN I WENT BACK TO THE  
BRAKE PEDAL, SOMETHING WAS BLOCKING IT TOO. AFTER A FEW  
SECONDS I MANAGED TO CLEAR THE PEDALS WITH MY FOOT AND WENT  
TO A SHOPPING CENTER WHERE I CHECKED TO SEE THE CARPET HAD  
LOOSE. THERE WAS A SHORT PIECE OF AIR DUCT ON THE FLOOR. I TOOK  
IT TO THE DEALER. THE WRITE-UP CALLED FOR IT TO BE INSTALLED - THAT IT  
WASN'T BROKEN. MECHANIC DID NOT REINSTALL - PUT IT ON MY SEAT. ON A  
RETURN TO DEALER, THE PART WAS FOUND TO HAVE TWO SMALL PIECES  
BROKEN OFF. IT WASN'T VITAL TO OPERATION OF THE CAR I DID NOT BUY NEW PART.  
I CALLED IN TORRENCE, CA (800-331-4337) WAS GIVEN REFERENCE NUMBER 0P  
200507071146. I HAVE THE PART

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