Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner s Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received: 9-29-05	Repository ☐
Reference No: 10138823	

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No. [redacted] Apt. No.

City Holland State PA Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your ve[redacted]

Signature of Owner [redacted] Date 09 / 11 / 05

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side	Make	Model	Year	Current Mileage
JTKDE177650[redacted]	Scion	SCIONTC	2005	200 mil

Date Purchased	Dealer's Name and Telephone Number	Engine	Fuel Type
01/27/05	Faulkner (215)244 9300	2.4	☐ Diesel ☐ Hybrid
☒ Original Owner	Dealer's City TREVOSE State PA Zip Code 19053	No. Cylinders 4	☒ Gas ☐ Other

Transmission Type		Powertrain	
☒ Manual	☒ Antilock Brakes	☐ All-Wheel Drive	☐ Rear-Wheel Drive
☐ Automatic	☒ Cruise Control	☒ Front-Wheel Drive	☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
Air Bags	2/5/05	280	55	☐ Driver ☐ Passenger ☒ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)

Failed Structure ☐ Tread ☐ Sidewall ☐ Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall)

☐ Original Equipment ☐ Prior Repair

Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name

Seat Type ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other

Failed Part. Describe Failure Below ☐ Base ☐ Harness/Buckle ☐ LATCH Connecter ☐ Shell ☐ Handle ☐ Other

Installed in Vehicle using the: ☐ Vehicle safety belt ☐ LATCH system* *Vehicle info required

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	Police Report No.
☒ Yes ☐ No	☐ Yes ☒ No	3	0	M 030977117

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). I was driving on I95 north when another car Hit My cars rear quarter panel, My car started to lose control, Then the car hit The left guard rail head on. The airbags never deployd. Myself and the front passeng hit our head on the Dashboard and steaving weale. I had eye Problems for about 2 month and the ~~driver~~ passinger brothe his sholder.

Continue on back.

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