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	Repository
2006 MAR 28 PM 2:19 02-MAR-2006	
	Reference No. 10151643

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City BLOOMFIELD	State CT	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 3/14/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE30K7	TOYOTA	CAMRY	2003

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
Nov. 19, 03	HARTFORD TOYOTA 860 278-9157	No: Cylinders 4	Gas

Original Owner	Dealer's City	State	Zip Code
☒	HARTFORD	CT	06120

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN 5-YRS/ 60,000	011000 STEERING:WHEEL AND HANDLE BAR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-MAR-2006	17000		

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: DOTMALGABC0361)	☐ 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).

DT: THE CONTACT STATED WHILE THE VEHICLE WAS AT A STOP, THE STEERING WHEEL CONTINUED TO MOVE TO THE LEFT. THE DEALERSHIP WAS UNABLE TO DETERMINE A PROBLEM. NOTICE PROBLEM COUPLE MONTHS AFTER PURCHASE THE STEERING WHEEL SPINS UNCONTROLLABLY WHEN I COME TO A STOP. THIS HAPPENS ON UNEVEN STREETS, SLOPED OR BUMPY STREETS. THE WHEEL WILL SPIN A HALF TURN WHEN THE CAR STOPS. IT'S LIKE THE CAR IS GOING TO THE LEFT OR RIGHT LANE AND EXTREMELY OUT OF LINE I THINK THIS SPINNING IS TO EXTREME.

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