



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 JUN 23 AM 4:23
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Reference No.
10158837

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: NEW ORLEANS State: LA 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?
In the absence of an authorized signature, your name or address to the vehicle manufacturer. YES [REDACTED]
Signature of Owner [REDACTED] Date: 6/19/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4T1BE32K6J [REDACTED] Make: TOYOTA Model: CAMRY Model Year: 2006
Date Purchased: 29-APR-06 Dealer's Name and Telephone Number: LAKESIDE TOYOTA 504-837-5623 Engine: No: Cylinders: 4 Fuel Type: Gas
Original Owner: Dealer's City: METAIRIE State: LA Zip Code: 70001
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 132000 VISIBILITY:GLASS, SIDE/REAR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-MAY-2006 Failure Mileage: 76 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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 (e.g., parts repaired or replaced (and if old part is available)).

DT: THE CONTACT STATED WHILE THE VEHICLE WAS PARKED IN FRONT OF THE HOUSE, ANOTHER VEHICLE PASSED BY SETTING OFF THE CAR ALARM. AFTER ENTERING THE VEHICLE TO TURN OFF THE ALARM, THE CONTACT SHUT THE DRIVER'S SIDE DOOR. UPON SHUTTING THE DOOR, THE REAR WINDSHIELD IMPLoded ON THE INSIDE OF THE VEHICLE. THE VEHICLE WAS TOWED TO THE DEALERSHIP WHERE TOYOTA DETERMINED A STONE MUST HAVE HIT THE VEHICLE'S REAR WINDSHIELD CAUSING THE WINDSHIELD TO IMplode. THE DEALERSHIP ALSO INFORMED THE CONTACT THE REAR WINDSHIELD DID NOT HAVE A PROTECTIVE COATING. THE CONTACT CONTENDS THAT IF A STONE CAN COMPROMISE THE INTEGRITY OF THE REAR WINDSHIELD, THIS IS SAFETY DEFECT IN THE VEHICLE.

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

The Privacy Act of 1974 (Public Law 93-502) 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.

MEMO

**TO: Ryan Webre
Service Manager
Toyota - Lakeside**

FROM: [REDACTED]

**RE: 2006 Camry Broken Rear Windshield
Insurance
Toyota Customer Care
VIN 4T1BE32K36U [REDACTED]**

**Please Fax Repair Invoice to Debra Jaros AAA Agent. Fax # 314-523-6985.
AAA Claim # [REDACTED]. AAA will pay for costs after 250.00 deductible which will
be paid by me.**

**Called Toyota Customer Care (1-800-331-4331, option six (6)) and registered two (2)
concerns:**

- 1) Lack of protective film on rear window - hazard to passengers; suggested a redesign.**
- 2) Told them I would monitor 2006 rear window issues and informed my insurance company to do same.**

NOTE: Toyota's tracking # for both these concerns on this car is 200605080206

FAX # 314-523-6985

TO: Debra Jaros
AAA Insurance
Claim # [REDACTED]
Policy # [REDACTED]

FROM: [REDACTED]

RE: 1) Reimbursement for car rental
3 days @ 40.00
2) Issue documented at Lakeside Toyota &
Toyota Corporation

DATE: 5-9-2006

of Pages (3) Including cover

Message:

Please send check for rental reimbursement in amount of \$120 (3 days @ \$40 a day). Attached is invoice in the amount of \$146.65 (3 days @ 44.95 plus tax).

Also attached in a memo I sent to Ryan (Toyota Service Manager) documentating my discussion with the Toyota Corporation about various concerns about the breaking of the rear window. The reference # 20060508026 is the one assigned by the Toyota Corporation. Please include in my file.

Ryan was to FAX you the invoice for the replacement of the rear windshield. The total amount was \$702.31 of which I paid \$250.00. Your portion comes to \$452.31.

Advise if you have any questions.