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 ☐
17-JUL-2006	Reference No. 10162575

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City HUDSON	State WI	Zip Code [redacted]	

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE46K37U538586	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
07-JUN-06				No: Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	151000 SEAT BELTS:FRONT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-JUL-2006	350		

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: DOTMAL9ABC036)	☐ 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	1		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 THAT THE VEHICLE WAS NOT MADE FOR ANYONE OF SMALL STATURE. THE VEHICLE PRESENTED NO VISIBILITY BEYOND THE FRONT WINDOW WHEN THE SEAT WAS ADJUSTED TO ALLOW THE CONTACT TO REACH THE ACCELERATOR AND BRAKE PEDALS. THIS ALSO CAUSED THE SEAT BELT TO CUT ACROSS THE NECK OF THE CONTACT, RUBBING IT RAW. THE REAR WINDOW HAD A CONSTANT REFLECTIVE HAZE WHICH, WHEN COUPLED WITH THE OVERSIZED HEADRESTS IN THE REAR OF THE VEHICLE, OBSCURED THE REAR VIEW OF THE CONTACT. THE VEHICLE WAS TAKEN TO A SERVICE DEALER, WHERE THE DEALER OFFERED NO RESOLUTION. THE DEALER DETERMINED DUE TO THE CONTACT'S STATURE, THERE WAS NOTHING THAT COULD BE DONE.

SEE ATTACHED

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