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. 10162601

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City BARBOURSVILLE	**State** VA	**Zip Cod** [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 7/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTKDE167[redacted]	TOYOTA	SCION TC	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
14-JUN-05	MILLER TOYOTA 703 335 6200			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City MANASSAS	State VA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-JUN-2006	28000	0	

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		Y

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 FRONT DRIVER AIR BAG DID NOT DEPLOY IN A COLLISION THAT OCCURRED WHEN THE VEHICLE WAS IMMOBILE. ANOTHER VEHICLE HIT ~~HAN~~ INTO THE BACK OF THE CONTACT'S VEHICLE DRIVING ~~25~~ MPH. THE SEAT BELT WAS WORN AND THE AIRBAG WARNING LIGHT WAS ILLUMINATED PRIOR TO THE CRASH. THERE WERE INJURIES TO THE CONTACT'S BACK. THE VEHICLE WAS DEEMED TOTALED.

MY HUSBAND WAS STOPPED IN TRAFFIC & HE WAS HIT FROM BEHIND AT NOT 25 MPH HE WAS DOING 50+MPH. OTHER VEHICLE WAS ALSO THE SAME MAKE & MODEL AND THE AIRBAG DID

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

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

THIS ACCIDENT. I DID NOT WANT TO BUY THIS SAME VEHICLE AGAIN. I KNOW SEVERAL SCION OWNERS WHO ALSO ARE VERY CONCERNED ABOUT THIS ISSUE. THANK YOU FOR THIS CHANCE TO LET SOMEONE KNOW ABOUT THIS FAILURE OF AIRBAGS.

[redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

CHARLOTTESVILLE VA 229

25 JUL 2006 PM 2 T

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590