



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

17-JUL-2006

Repository ☐

Reference No.
10162601

OWNER INFORMATION (Type or Print)

Name

Address

City

BARBOURSVILLE

State VA

Zip Code

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? ☒ 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

JTKDE1672

Make

TOYOTA

Model

SCION TC

Model Year

2005

Date Purchased
14-JUN-05

Dealer's Name and Telephone Number
MILLER TOYOTA 703 335 6200

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City
MANASSAS

State
VA

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-JUN-2006

Failure Mileage
28000

Failure Speed
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: DOTM19ABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

Reported to Police

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 ~~THE~~ 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 STRUCK IN TRAFFIC & HE WAS HIT WITH FORCE NOT 25 MPH HE WAS DOING 50+ MPH. OTHER VEHICLE WAS ALSO THE SAME MAKE & MODEL AND THE AIRBAGS DID NOT DEPLOY.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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.

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 AIR BAGS.

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

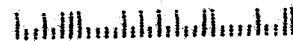


BUSINESS REPLY MAIL

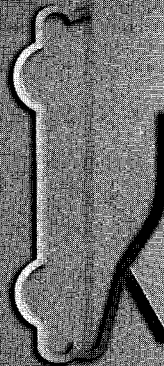
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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

888-327-4236

safercar.gov