



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

14-DEC-2006

Repository ☐Reference No.
10176162**OWNER INFORMATION (Type or Print)**

Name

Address

City

TINTON FALLS

State

NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Same

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 2-11-107

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4T1BF30K04J

Make

TOYOTA

Model

CAMRY

Model Year

2004

Date Purchased
09-APR-04Dealer's Name and Telephone Number
GATEWAY TOYOTA 732 240 2001

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒Dealer's City
TOMS RIVERState
NJZip Code
08753

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

010000 STEERING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
11-NOV-2006Failure Mileage
42000Failure Speed
65*Intermediate Steering Shaft.***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: DOTM9ABC036)

☐ 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

Number of Deaths

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; i.e., parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED WHILE DRIVING 65 MPH ON NORMAL ROAD CONDITIONS, A CLICKING NOISE WAS HEARD. THERE WERE NO WARNING LIGHTS ILLUMINATED. WHEN THE VEHICLE WAS TAKEN TO THE DEALERSHIP FOR ITS REGULAR SERVICE, THE MECHANIC DETERMINED THE INTERMEDIATE SHAFT OF THE STEERING GEAR NEEDED TO BE REPLACED; HOWEVER IT WAS NOT A SAFETY PROBLEM. THE CONTACT WAS AWARE OF VEHICLES AFFECTED BY CORROSION WHEN OPERATED IN SALT BELT STATES CREATING SPECIFIC STEERING FAILURES. THE MANUFACTURER WAS CONTACTED, WHO ALSO INDICATED THERE WAS NO RECALL BUT THE DEALERSHIP WOULD HONOR THE COST OF THE PARTS BUT NOT THE LABOR INVOLVED FOR THE REPAIR.

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 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)

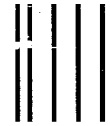
I believe the intermediate shaft of the Skering is defective as this part should not need to be replaced at 42,000 miles. Toyota needs to replace the part + not charge me for the labor.

The car is used on the NJ Garden State Parkway which is heavily sanded + salted in winter months. I believe this may be the reason for the defect as indicated with other models that needed this part replaced.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



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



If so:

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

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

