



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 ☐

05-SEP-2007  
2007 SEP 25 PM 1:33

Reference No.  
10201890

**OWNER INFORMATION (Type or Print)**

|         |               |       |    |                          |                |
|---------|---------------|-------|----|--------------------------|----------------|
| Name    |               |       |    | Daytime Telephone Number | E-mail Address |
| Address |               |       |    |                          |                |
| City    | ROARING RIVER | State | NC | Zip Code                 |                |

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO  
In the absence of an authorized address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 9/18/07

**VEHICLE INFORMATION**

|                                                                                                        |                                                                                                           |                                 |                                                                      |                    |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------|--------------------|
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>4T1BK46K67L |                                                                                                           | Make<br>TOYOTA                  | Model<br>CAMRY                                                       | Model Year<br>2007 |
| Date Purchased<br>31-JUL-06                                                                            | Dealer's Name and Telephone Number<br>TOYOTA WEST 704-872-2771                                            |                                 | Engine:<br>No: Cylinders 6                                           | Fuel Type:<br>Gas  |
| Original Owner<br><input checked="" type="checkbox"/>                                                  | Dealer's City<br>STATESVILLE                                                                              | State<br>NC                     | Zip Code<br>28687                                                    |                    |
| Transmission Type<br>AUTOMATIC                                                                         | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain<br>FRONT WHEEL DRIVE | Vehicle Component Code<br>103000 POWER TRAIN: AUTOMATIC TRANSMISSION |                    |
| Multiple Failure: 30                                                                                   |                                                                                                           |                                 |                                                                      |                    |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                                 |                        |               |  |
|---------------------------------|------------------------|---------------|--|
| Incident Date(s)<br>29-AUG-2007 | Failure Mileage<br>300 | Failure Speed |  |
|---------------------------------|------------------------|---------------|--|

**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) |                             | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Deaths<br>0 | Reported to Police<br>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).

07 TOYOTA CAMRY--TRANSMISSION FAILURES AND WIND LIKE NOISE AT ALL TIMES ON THE DRIVER'S SIDE WINDOW.

Transmission Failure--when shifting from Reverse to Drive, there is a 3-5 second pause before Drive engages. When Drive does engage, there is a sudden "jerk or lurch" which spins the front wheels and could cause the car to go out of control.

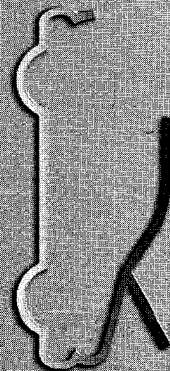
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

This transmission failure occurs intermittently.

1941

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**It's so**

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

**or visit:**

**www.safercar.gov**

or call

# Vehicle Safety Hotline

**888-327-4236**

www.nhtsa.dot.gov  
**nhtsa**  
people saving people

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