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

2007 DEC 12 PM 12:24

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
11-OCT-2007	Reference No. 10205396

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City RESTON **State** VA **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 a[redacted]de your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/23/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE46K97[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-NOV-06	Leesburg Toyota			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City Leesburg, VA	State VA	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain UNKNOWN	014000 STEERING:RACK AND PINION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-SEP-2007	11000	2	Steering: Rack and Pinion

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	0	0	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).

TL*THE CONTACT OWNS A 2007 TOYOTA CAMRY. WHILE DRIVING 2 MPH IN REVERSE, THE CONTACT HEARD A LOUD GRINDING NOISE COMING FROM THE ENGINE COMPARTMENT. THE MECHANIC STATED THAT THE RACK AND PINION STEERING WAS DEFECTIVE. THE CONTACT TOOK THE VEHICLE TO THE DEALER AND THEY AGREED WITH THE MECHANIC'S DIAGNOSIS. THEY REPLACED THE RACK AND PINION STEERING COLUMN. AS OF OCTOBER 11, 2007, THERE HAD BEEN NO FURTHER OCCURRENCES. THE POWERTRAIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 11,000 AND CURRENT MILEAGE WAS 12,500.

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