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 NOV 26 PM 1:35

FOR AGENCY USE ONLY 100148

Date Received	Repository
13-NOV-2007	☐
	Reference No. 10208819

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City LAFAYETTE	State LA	Zip Code [redacted]	Evening Telephone Number [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 [redacted] Date 11/19/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE46K67U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
25-AUG-07	Hampton Toyota / Scion			No: Cylinders 4	Gas
Trade-in Original Owner ☒ NO	Dealer's City Lafayette	State LA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-SEP-2007	10550		

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 AT ANY SPEED, THE ACCELERATOR INTERMITTENTLY HESITATES. THE FAILURE USUALLY OCCURS WHEN ATTEMPTING TO ACCELERATE FROM A STOP, WHEN MAKING A TURN, AND ON MAJOR STREETS. THE VEHICLE WOULD NOT ACCELERATE WHEN THE ACCELERATOR PEDAL WAS DEPRESSED. SHE HAS TAKEN THE VEHICLE TO THE DEALER A COUPLE OF TIMES AND WAS INFORMED THAT THE FAILURE COULD NOT BE DUPLICATED. THE VEHICLE WAS ALSO TAKEN TO THE DEALER A COUPLE OF TIMES BECAUSE THE GEARS WOULD SHIFT AS IF THE TRANSMISSION WERE MANUAL, BUT IT IS AN AUTOMATIC. THE CONTACT INFORMED THE DEALER THAT THERE WAS A SERVICE BULLETIN THAT DESCRIBED HER FAILURES EXACTLY. THE DEALER RECALIBRATED HER COMPUTER AND THERE WAS A SLIGHT IMPROVEMENT WITH BOTH THE VEHICLE HESITATING AND THE GEARS SHIFTING AS THOUGH THEY WERE MANUAL. BOTH FAILURES CONTINUE TO OCCUR. SHE WAS INFORMED THAT NOTHING COULD BE DONE. THE VIN WAS UNKNOWN. THE CURRENT MILEAGE WAS 12,100 AND FAILURE MILEAGE WAS 10,550.

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)

Transmission feels as if you are on a rollercoaster. Can get motion sickness. Feels like it is a manuel transmission, and not an automatic. Gear shifting feels very prominent. Serious acceleration problems. When at a stop, and ready to go, car may not go. Pressing on accelerator and nothing happens. Scared to death that I may get hit when this intermittent hesitation happens.

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

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

20590+9934

Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

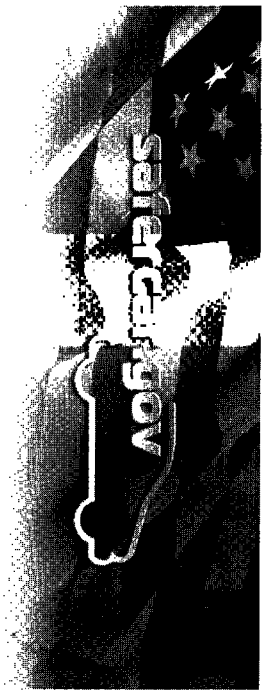
or call:

Vehicle Safety Hotline

888-327-4236

nhtsa
people saving people
www.nhtsa.dot.gov

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



THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).