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

2008 MAR -4 PM 2:53

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
04-DEC-2007	Reference No. 10210768

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City: POTOMAC FALLS	State: VA	Zip Code:	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 [redacted] ide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 12/19/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE32K6[redacted]	TOYOTA	CAMRY	2004

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
01-MAY-04	KOON'S TYSON TOYOTA 703-847-2020	No: Cylinders 4	Gas

Original Owner	Dealer's City	State	Zip Code
☒	VIENNA	VA	22182

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-OCT-2007	107000	40	

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 2004 TOYOTA CAMRY. WHILE DRIVING 40 MPH, THE HORN WAS INOPERABLE AND THE AIR BAG LIGHT ILLUMINATED. THE DEALER STATED THAT THE AIR BAGS COLLAPSED AND CAUSED THE FAILURE. THE DEALER WAS UNABLE TO DETERMINE THE CAUSE OF THE COLLAPSE. AS OF DECEMBER 4, 2007, THE DEALER HAD NOT REPAIRED THE VEHICLE. THE CONTACT STATED THAT THE STEERING SHAFT WAS REPLACED IN APRIL OF 2007 AND SHE FELT THAT MAY HAVE CAUSED THE FAILURE. THE FAILURE MILEAGE WAS 107,000 AND CURRENT MILEAGE WAS 108,000.

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