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 FEB 14 AM 7:27

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
14-JAN-2008	Reference No. 10214718

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City LAURELTON	State NY	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 1/19/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE32K44U[redacted]	TOYOTA	CAMRY	2004

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
OCT. 10 2005	FIVE TOWN TOYOTA 516 371 2632		No: Cylinders 4	Gas
Original Owner ☐	Dealer's City INWOOD	State NY / Zip Code 11096		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	012000 STEERING:COLUMN Multiple Failure: 500

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
12-OCT-2006	25000	0 MPH

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. THE CONTACT HEARD A KNOCKING SOUND IN THE STEERING COLUMN WHEN HE TURNED THE STEERING WHEEL. WHEN HE TURNED THE STEERING WHEEL ALL THE WAY AROUND, IT SEEMED TO MALFUNCTION AS WELL. THE DEALER STATED THAT THE INTERMEDIATE SHAFT MALFUNCTIONED AND THAT THERE WAS A SERVICE BULLETIN AVAILABLE, BUT NO RECALL. THE PURCHASE DATE AND SPEED WERE UNKNOWN. THE CURRENT MILEAGE WAS 26,828 AND FAILURE MILEAGE WAS APPROXIMATELY 25,000.

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