U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 MAR 16 PM 5:36

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: 12-FEB-2009	Repository ☐
	Reference No.: 10258493

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City FOUNTAIN VALLEY	**State** CA	**Zip Code** [redacted]	

Do you authorize NH[redacted]ufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an[redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/8/2009

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE32K35U[redacted]	TOYOTA	CAMRY	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 09-FEB-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS		Failure Mileage 22345	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: 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	1	0	Y

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 2005 TOYOTA CAMRY. DURING A REAR END CRASH, THE SEAT BELT IN THE CONTACT'S VEHICLE FAILED. AS A RESULT, HE STRUCK THE STEERING WHEEL AND SUFFERED HEAD AND CHEST INJURIES. THE CONTACT STATED THAT THE SEAT BELT FAILED TO WORK PROPERLY ON OCCASION PRIOR TO THE CRASH. THE VEHICLE WAS DESTROYED AND A POLICE REPORT WAS FILED. THE SPEED WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 22,345.

His wife (the Driver)

our vehicle rear-ended a Chevy Silverado, His rear Bumper To our Grill/Hood.

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