INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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

FOR AGENCY USE ONLY 100148

Date Received: JUN - 7 2012

Repository ☐

02-OCT-2009

Reference No. 10286101

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: PALM HABOR | State: FL | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE46K69U[redacted]	TOYOTA	CAMRY	2009

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
11/29/08	CLEARWATER TOYOTA 727 799-1234			4	REG
Original Owner ☒	Dealer's City: CLEARWATER	State: FL	Zip Code: 33765		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control			19-SEP-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	4400	0

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	2	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 2009 TOYOTA CAMRY. WHILE PARKING THE VEHICLE AND SHIFTING THE GEAR IN PARK, THE VEHICLE ACCELERATED AND CRASHED INTO A WALL. THE AIR BAGS DID NOT DEPLOY. THERE WERE NO INJURIES. THE MANUFACTURER HAS NOT OFFERED ANY ASSISTANCE. THE CONTACT STATED THAT THE CARPET IN THE VEHICLE WAS NOT RELATED TO THE FAILURE. THE CURRENT AND FAILURE MILEAGES WERE 4,400.

MARCH 7, 2012 DROVE INTO PARKING SPACE AT BANK of AMERICA ON TAMPA Rd. CAR SUDDENLY ACCELERATED AND JUMPED UP A CONCRETE LAMP POLE. DAMAGE ESTIMATE $636.61 NO INJURIES
DRIVER ONLY PASSENGER AIR BAG did NOT DEPLOY MILEAGE 7862

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)

ON 3/7/12 WAS THE SECOND TIME I EXPERIENCE WHILE PARKING MY CAR SODDEN EXCELLERATION WHICH CAUSED THE CRASH. I REPORTED TO TOYOTA HEADQUARTERS THAT THIS WAS THE SECOND SUCH INCIDENT. TOYOTA INSPECTED THE CAR AND CLAIMED EVERYTHING WAS WORKING IN PROPER ORDER. TRAVELERS MY INSURANCE CO HAS TRIED TO HAVE TOYOTA RESPONSIBLE FOR FAULTY EXCELLERATION. THEY REFUSED RESPONSIBILITY FOR THIS INCIDENTS

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

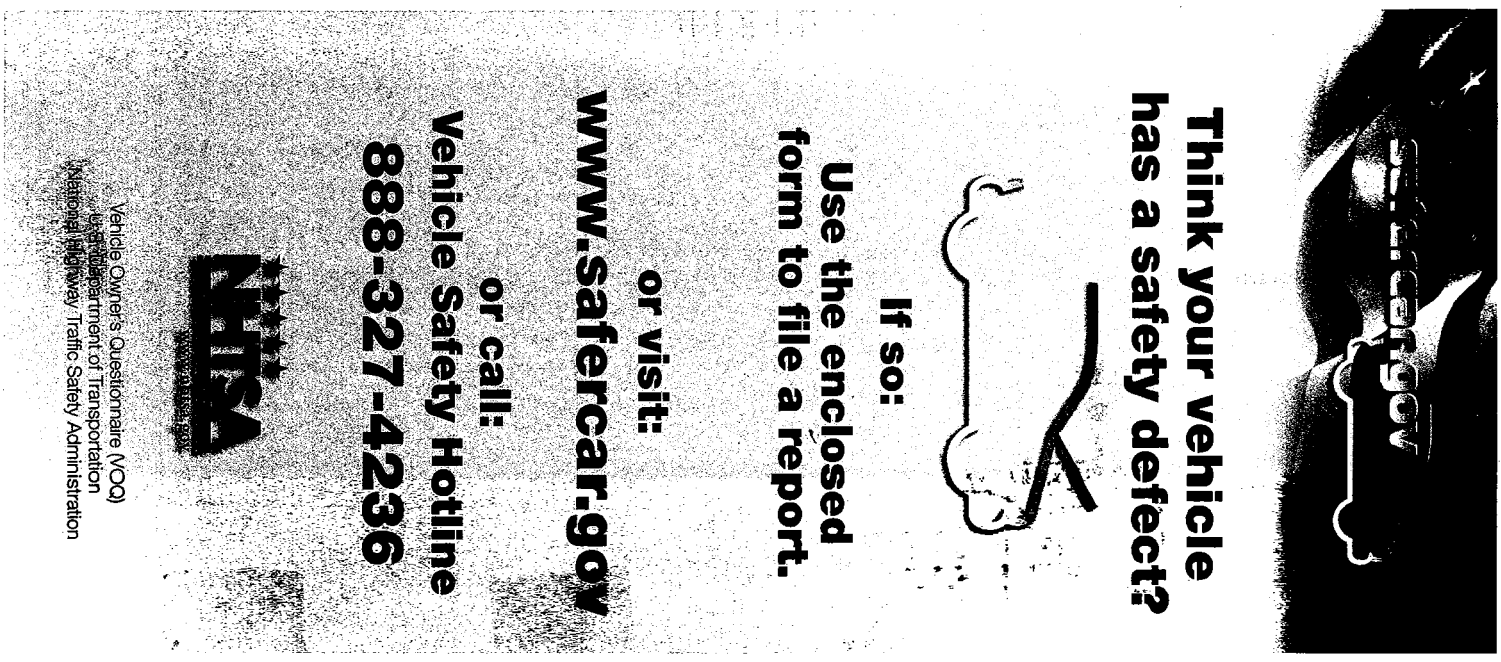
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



☐ LAW ENFORCEMENT SHORT FORM REPORT
☐ DRIVER REPORT OF TRAFFIC CRASH
☒ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
9/19/2009	11:30 ☒ AM ☐ PM	11:38 ☒ AM ☐ PM	11:55 ☒ AM ☐ PM	FHPC09OFF087850	80453240

COUNTY / CITY CODE	FEET or	MILE(S)	N S E W	of	COUNTY
04 / 00		2	☐ ☐ ☐ ☒	OLDSMAR	Pinellas

AT NODE NO. or	FEET or	MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
					2	2	3398 TAMPA RD (CR 752)

AT INTERSECTION OF or	FEET	MILE(S)	N S E W	FROM INTERSECTION OF
	75		☐ ☐ ☐ ☒	LAKE ST GEORGE DR

Section 1

Vehicle

YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
09	TOYT		[redacted]	FL		4T1BE46K69U[redacted]

☒ Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
	X	X	X						$4,000	CALADESI AAA	04

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): TRAVELERS HOME AND MARINE INS — POLICY NO.: [redacted]

Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☒)	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
[redacted]	PALM HARBOR	FL	[redacted]

DRIVER (Exactly as on Driver's License) / PEDESTRIAN	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
[redacted]	PALM HARBOR	FL	[redacted]

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH
[redacted]	FL	5	[redacted]		W	F	[redacted]

NUMBER OF PASSENGERS	PASSENGER'S NAME	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
1	[redacted]		PALM HARBOR FL	[redacted]

Section

Vehicle

YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER

☐ Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) — POLICY NO.

Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☐)	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER (Exactly as on Driver's License) / PEDESTRIAN	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH

NUMBER OF PASSENGERS	PASSENGER'S NAME	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

Section

Vehicle

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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) — POLICY NO.

Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☐)	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER (Exactly as on Driver's License) / PEDESTRIAN	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH

NUMBER OF PASSENGERS	PASSENGER'S NAME	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

Violator(s)

SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT OF DAMAGE	OWNER'S NAME
BUILDING WALL AND SUPPORT	$800	7 ELEVEN STORE

WITNESS NAME (1) CURRENT ADDRESS

BANK AND SIGNATURE