DEC 10 2009

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: 13-NOV-2009	Repository ☐
	Reference No. 10292092

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City DAVIE	**State** FL	**Zip Code** [redacted]	

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
4T1BE46K69[redacted]	TOYOTA	CAMRY	2009

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3-27-08	TOYOTA OF Hollywood 954-966-2150			No: Cylinders 4	
Original Owner ☑	Dealer's City Hollywood	State FL	Zip Code 33021		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
automatic	☑ Antilock Brakes ☑ Cruise Control	4 Cylinders		11-NOV-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	10000	

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			N yes

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 DRIVING IN A PARKING LOT SHE SLIGHTLY APPLIED PRESSURE TO THE ACCELERATOR PEDAL, AND THE VEHICLE SUDDENLY ACCELERATED WITHOUT INTENTION. CONSEQUENTLY SHE CRASHED INTO AN EMBANKMENT. THE FRONT-END OF THE VEHICLE WAS DAMAGED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER. THE CAUSE OF FAILURE HAS NOT BEEN DETERMINED. THE VEHICLE ~~WAS~~ IS IN THE PROCESS OF BEING REPAIRED FOR STRUCTURAL BODY DAMAGES. THE FAILURE AND CURRENT MILEAGES WERE 10,000.

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)

I was coming of the Parking Lot. Bally TOTAL FITNESS 2701 South UNIVERSITY DR. There was a VIBRATING sound coming from the Gas Pedal & my Foot was VIBRATING on it the CAR accelerated across the side STREET and up an EMBANKMENT I SLAMMED on the Brake & put it into Park. Copy of damage TO CAR & Repair attached.

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

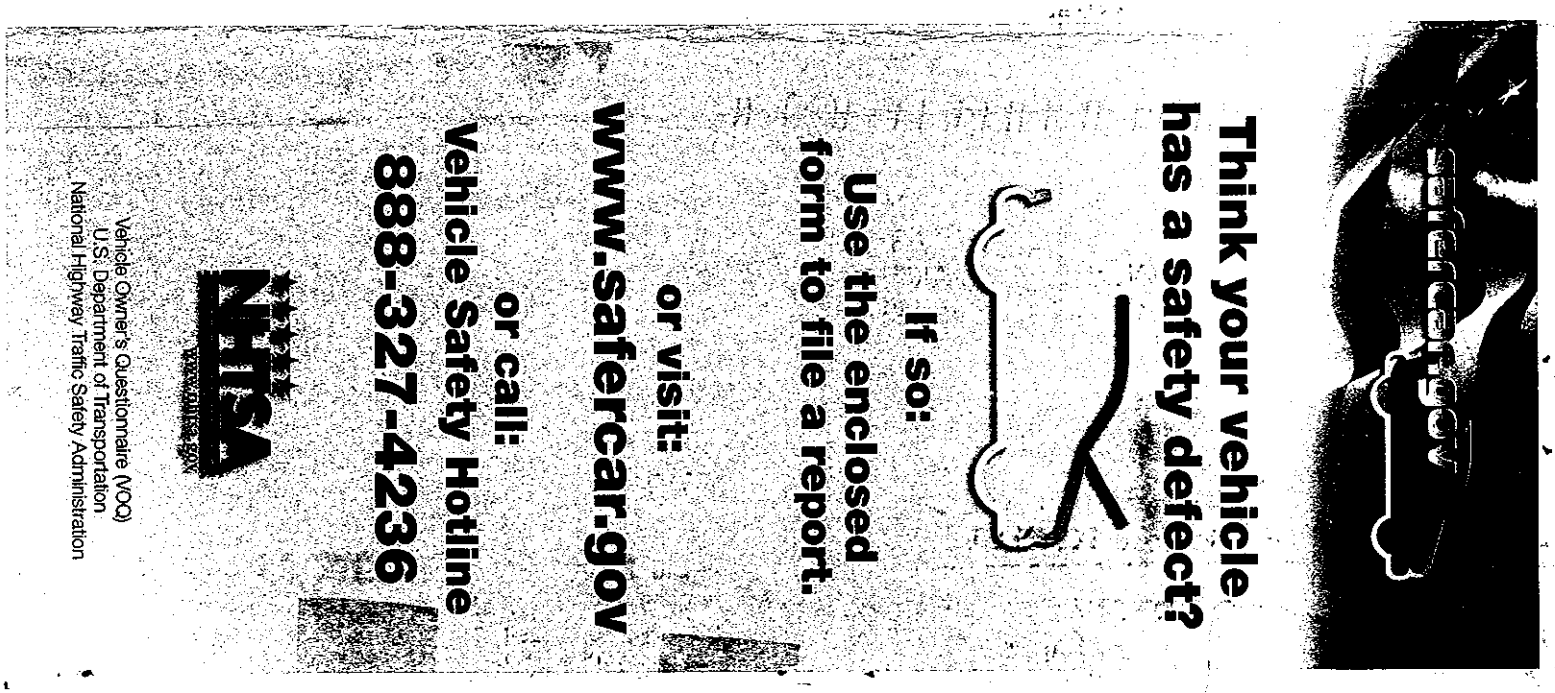
FT LAUDERDALE
FL 333
04 DEC 2009 PM 2 L

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



(2045) MAROONE HONDA-COLLISION CENTER

FINAL BILL

1450 NORTH STATE ROAD 7
HOLLYWOOD, FL 33023
(954) 893-1243 FAX:(954) 981-4471

[redacted]
Estimate:210
Repair Order: 698268
Hat # 5552

ge 1
nted 11/24/2009 2:51 PM
eated 11/18/2009

Customer: Insured	Vehicle:	Insurance Co:
[redacted])AVIE, FL Vork: [redacted]	TOYO CAMRY CE 4D SED YEAR: 2009 License: UNKNOWN Mileage In: 10217 Mileage Out: 10217 VIN: 4T1BE46K694[redacted] Sched. Arrival Date: 11/18/2009 Arrival Date: 11/19/2009 Proj. Delivery Date: 11/23/2009 Billed Date: 11/24/2009 Delivery Date: 11/23/2009 Drivable: No	ALLSTATE INSURANCE COMPANY Claim Number: [redacted] Date of Loss: 11/11/2009 Deductible: 500.00

itten by GERMI, GUS

	Item	Price	Ext. Price	Labor Units	Paint Units	PT	BT
1	GUARANTEEED COMPLETION DATE 11/25/09						
2	FRONT BUMPER & GRILLE						
3	O/H front bumper			2.3 B			
4	REMOVE/REPLACE Bumper cover US built w/o SE	267.06	267.06	Incl.	2.6	O	
5	Add for Clear Coat				1.0		
6	REMOVE/REPLACE Upper seal US built	42.81	42.81	Incl.		O	
7	REMOVE/REPLACE Emblem	32.78	32.78	Incl.		O	
8	REMOVE/REPLACE Lower grille	40.27	40.27	Incl.		O	
9	REMOVE/RE-INSTALL RT Hole cover CE, LE			Incl.			
10	REMOVE/RE-INSTALL LT Hole cover CE, LE			Incl.			
11	REMOVE/RE-INSTALL R&I grille assy			Incl.			
12	RADIATOR SUPPORT						
13	REMOVE/REPLACE RT Under cover US built	74.54	74.54	0.2 B		O	
14	REMOVE/RE-INSTALL LT Under cover US built			0.2 B			
15	FRONT SUSPENSION						
16	ALIGN Engine cradle US built auto trans			1.0 M			
17	REMOVE/REPLACE RT Front brace	69.91	69.91	0.5 M		O	
18	SU 2 Wheel Alignment	59.95	59.95			U	

FINAL BILL SUMMARY

	Regular	Supp	Total
ew (OEM) Parts:	$527.37	$0.00	$527.37
ew (OEM) Adj:	($26.37)	$0.00	($26.37)

	Reg Units	Supp Units	Rate	Amount
ody :	2.7	0.0	$40.00	$108.00
echanical :	1.5	0.0	$75.00	$112.50
aint :	3.6	0.0	$40.00	$144.00

	Regular	Supp	Total
Towing:	$218.50	$0.00	$218.50
Sublet:	$59.95	$0.00	$59.95
Parts Total:	$501.00	$0.00	$501.00
Labor Total:	$364.50	$0.00	$364.50
Paint/Material:	$82.80	$0.00	$82.80
Tax:	$60.50	$0.00	$60.50

Total:	$1,287.25
LLSTATE INSURANCE COMPANY PAYABLE REPAIR TOTAL	$787.25
'ILLIAMS, VERDI PAYABLE REPAIR TOTAL	$500.00

PAID
NOV 27 2009
$900.00

or Dept Codes: B-Body D-Detail I-PDR E-Electrical F-Frame G-Glass M-Mechanical P-Paint S-Structural
Price Types: O - New (OEM); A - New (Non-OEM); V - Used Parts; R - Reconditioned; Space - No Type
L - Labor; M - Material; H - Hazardous; S - Storage; T - Towing; U - Sublet
Billing Types: No Code - Insurance Charge; CC - Customer Charge; BT - Betterment; AP - Appearance Allowance
PD - Prior Damage; NC - No Charge

4/19

☐ 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
11 11 09	1230-1245 AM ☐ PM ☒	☐ AM ☐ PM	☐ AM ☐ PM		09852196

COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
		☐ ☐ ☒ ☐	of Davie	☐	BROWARD

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
				1		

AT THE INTERSECTION OF Car accelerated and Hit Embankment FEET MILE(S) N ☐ S ☐ E ☐ W ☐ FROM INTERSECTION OF 2701 South University DR Coming out of Parking Lot Bally Total Fitness

Section 1 — Vehicle / Pedestrian

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
09	TOYOTA Camry	CAR	[redacted]		4T1BE46K694[redacted]

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
	✓								$8871200	Driver/owner	☐

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): ALLSTATE INSURANCE Company — POLICY NUMBER: [redacted]

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☑ — CURRENT ADDRESS (Number and Street): [redacted] — CITY AND STATE: Davie FL. — ZIP CODE: [redacted]

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN: [redacted] — CURRENT ADDRESS (Number and Street): [redacted] — CITY AND STATE — ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code	RACE	SEX	DATE OF BIRTH
[redacted]	FL.				[redacted]		[redacted]

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

Section 2 — Vehicle / Pedestrian

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE 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 NUMBER

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code	RACE	SEX	DATE OF BIRTH

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

Section 3 — Vehicle / Pedestrian

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE 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 NUMBER

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code	RACE	SEX	DATE OF BIRTH

NUMBER OF PASSENGERS | NAME OF PASSENGER | CURRENT 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	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
		$					

WITNESS NAME (1) | CURRENT ADDRESS | CITY & STATE | ZIP CODE — WITNESS NAME (2) | CURRENT ADDRESS | CITY & STATE | ZIP CODE

INVESTIGATOR - RANK & SIGNATURE | ID/BADGE NUMBER | DEPARTMENT | FHP SO PD OTHER