

 <p>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</p>	<p>FOR AGENCY USE ONLY 100148</p> <p>Date Received JUN 01 2010 <small>16-MAR-2010</small></p> <p>Repository <input type="checkbox"/></p> <p>Reference No. 10320121</p>
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OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	<i>n/a</i>
City	State	Zip Code	
MIAMI	FL		

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 JTDKB20UX53		Make TOYOTA	Model PRIUS	Model Year 2005
Date Purchased <i>5/2005</i>	Dealer's Name and Telephone Number <i>Kendall Toyota</i>		Engine: No: Cylinders <i>4</i>	Fuel Type: <i>unleaded regular gasoline</i>
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <i>automatic</i>	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure: <i>(1) sudden acceleration (2) MAIN BRAKE</i>	Incident Date(s) 14-MAR-2010
<input checked="" type="checkbox"/> Cruise Control				

FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL		Failure Mileage 40000	Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
Tire Make <i>Goodyear</i>	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: <i>0</i>
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 <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</small>			
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0
		Reported to Police 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 PRIUS. WHILE ATTEMPTING TO PULL INTO HIS DRIVEWAY TO PARK THE VEHICLE AND DEPRESSING THE BRAKE PEDAL SIMULTANEOUSLY THE VEHICLE ABNORMALLY ACCELERATED. THE BRAKES WOULD NOT ENGAGE AND THE VEHICLE CRASHED INTO THE GARAGE CEMENT WALL. THE CONTACT IMMEDIATELY ENGAGED THE EMERGENCY BRAKE IN AN ATTEMPT TO STOP THE VEHICLE FROM PROCEEDING ANY FURTHER. THE PASSENGER IN THE VEHICLE SUSTAINED MINOR INJURIES TO HER HEAD AND FACE AREA. THE POLICE ARRIVED AND A REPORT WAS FILED ACCORDINGLY. THE MANUFACTURER WAS CONTACTED AND HE WAS AWAITING A REPLY, TO DATE. TWO MONTHS PRIOR TO THE INCIDENT, HE NOTICED HIS VEHICLE WAS UNDER RECALL (NHTSA CAMPAIGN ID NUMBER: 09V388000: VEHICLE SPEED CONTROL:ACCELERATOR PEDAL) AND TOOK THE VEHICLE IN FOR REPAIRS. THE DEALER ADVISED HIM THERE WAS NOTHING WRONG WITH THE VEHICLE UPON A VISUAL INSPECTION. A DIAGNOSTIC WAS NOT PERFORMED ON THE VEHICLE AND THE VEHICLE WAS RELEASED TO THE OWNER. THE FAILURE AND CURRENT MILEAGES WERE APPROXIMATELY 40,000.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



National Center for Dispute Settlement

43280 Garfield • Suite 130
Clinton Township, MI 48038
(800) 936-4303
(586) 226-2470
Fax: (586) 226-2559

April 23, 2010

[Redacted]

Miami, FL [Redacted]

RE: CASE # 5010235

Dear [Redacted]

Your request for arbitration within the Toyota Dispute Settlement Program has been received.

Your application for arbitration states that the nonconformity is an item(s)/system(s) that is no longer within the warranty period. The arbitration process has jurisdiction on service issues related to Toyota's new vehicle limited warranties. Therefore, your claim is not eligible for the arbitration process.

Although we are unable to assist you with this matter, we appreciate the time you took to explore this situation with NCDS.

Sincerely,

NCDS

A handwritten signature in cursive script that reads "Linda Simons".

Linda Simons x.124
Case Administrator

cc: Southeast Toyota Distributors, LLC

- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

PD100314109796

Time & Location	DATE OF CRASH 3/14/10	TIME OF CRASH 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 9:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 9:53 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER PD100314109796	HSMV CRASH REPORT NUMBER 11345109
	COUNTY / CITY CODE 01/00	FEET <input type="checkbox"/> MILE(S) <input type="checkbox"/>	CITY OR TOWN Sweetwater		STATE MI	
Time & Location	AT NODE NO.	or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 2	1. DIVIDED <input type="checkbox"/> ON STREET, ROAD OR HIGHWAY
	AT THE INTERSECTION OF					2. UNDIVIDED <input checked="" type="checkbox"/>
Vehicle	YEAR 05	MAKE (chev, ford, etc.) Ford	TYPE (car, truck, bicycle, etc.) car	VEH. LICENSE NUMBER 997004571	STATE MI	VEHICLE IDENTIFICATION NUMBER 1TDXB20UX53
	Check Areas Of Vehicle Damage <input checked="" type="checkbox"/> Front <input type="checkbox"/> R / Front <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear	EST. VEHICLE DAMAGE \$ 800 ea		VEHICLE REMOVED BY: J. TERAN		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> 2. Tow Owner's Request 4. Other <input type="checkbox"/>
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Hartford Ins					
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
Pedestrian	STATE MI	DL TYPE D	DRIVER / PEDESTRIAN HOME PHONE Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE Area Code	RACE M	SEX M
	NUMBER OF PASSENGERS 0	NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
Vehicle	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
	Check Areas Of Vehicle Damage <input type="checkbox"/> Front <input type="checkbox"/> R / Front <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear	EST. VEHICLE DAMAGE		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input type="checkbox"/> 2. Tow Owner's Request 4. Other <input type="checkbox"/>
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER					
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
	DRIVER LICENSE NUMBER	STATE MI	DL TYPE D	DRIVER / PEDESTRIAN HOME PHONE Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE Area Code	RACE M SEX M DATE OF BIRTH
Pedestrian	NUMBER OF PASSENGERS	NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
Vehicle	Check Areas Of Vehicle Damage <input type="checkbox"/> Front <input type="checkbox"/> R / Front <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear	EST. VEHICLE DAMAGE		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input type="checkbox"/> 2. Tow Owner's Request 4. Other <input type="checkbox"/>
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER					
Pedestrian	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		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
Pedestrian	DRIVER LICENSE NUMBER	STATE MI	DL TYPE D	DRIVER / PEDESTRIAN HOME PHONE Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE Area Code	RACE M SEX M 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	
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER	
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER	
#	PROPERTY DAMAGED - OTHER THAN VEHICLES Concrete Wall	EST. AMOUNT \$1500	OWNER'S NAME [REDACTED]	ADDRESS [REDACTED]	CITY 0600000000	STATE MI ZIP [REDACTED]
	WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS CITY & STATE ZIP CODE
INVESTIGATOR - RANK & SIGNATURE M. DIAZ			ID/BADGE NUMBER 8111	DEPARTMENT MTDPD	FHP <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	

YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM.
 NO FURTHER ACTION REQUIRED BY YOU, REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.