


CL-1033359-6113

Form Approved: O.M.B. No. 2127-0008

 <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>		FOR AGENCY USE ONLY 100148	
		Date Received 31-MAY-2010	Repository <input type="checkbox"/> Reference No. 10333959
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address [REDACTED]	
City CHINO	State CA	Zip Code [REDACTED]	
<p>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).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JT2BF22K2W0 [REDACTED]		Make TOYOTA	Model CAMRY
Date Purchased		Dealer's Name and Telephone Number	Model Year 1998
Original Owner <input type="checkbox"/>	Dealer's City	Engine: No: Cylinders	Fuel Type:
State	Zip Code		
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 13-MAY-2010
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING: ENGINE		Failure Mileage 161000	Failure Speed 65
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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 3	Number of Deaths 0
		Reported to Police Y	
<p>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).</p>			
<p>ON MAY 13, 2010 APPROX 9:15 PM WHILE DRIVING A 1998 TOYOTA CAMRY LE V6, CAR STALLED/MALFUNCTIONED WHILE BEING PULLED OVER BY CHP WHICH CAUSED REAR END COLLISION SPIN OUT AND 2 OTHER CAR ACCIDENTS, I HAVE PROOF (VIDEO, PHOTOS, RECEIPTS, AND SERVICE HISTORY) THE CAR'S THROTTLE POSITION SENSOR, IDLE SPEED CONTROL VALVE AND OR OTHER SYSTEMS CAUSED THE ACCIDENT</p> <p style="text-align: right;">AUG 13 2010</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>			
<p>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.</p>			

PC
08/16/10
TGW