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 1001 48

Date Received	Repository
NOV 05 2010 17-AUG-2010	☐
Reference No. 10350151	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]	E-mail Address	[redacted]
Address	[redacted]	Evening Telephone Number			
City	OYSTER CREEK	State	TX	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
4T1BE46K97U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
11/06	Gulf Coast Toyota 888-828-7200			4 Cylinder	GAS
Original Owner ☒	Dealer's City: Angleton	State: TX	Zip Code: 7754		

Transmission Type	Powertrain	Multiple Failure:	Incident Date(s)
☐ Antilock Brakes ☒ Cruise Control			15-JUN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 160000 STRUCTURE, 130000 VISIBILITY.	Failure Mileage	Failure Speed
	0	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			N

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 2007 TOYOTA CAMRY. THE CONTACT STATED THAT THE DRIVER SIDE VISOR WOULD NOT REMAIN IN THE UPWARD POSITION AND WOULD FLAP DOWN, DISTRACTING THE CONTACT WHILE DRIVING. THE CONTACT REMOVED THE VISOR COMPLETELY. THE DEALER ADVISED THE VISOR COULD BE REPAIRED AT HER EXPENSE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS UNKNOWN AND THE CURRENT MILEAGE WAS 110,000.

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