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	Repository
MAR 2 1 2011 09-NOV-2010	☐
Reference No. 10365082	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City RACELAND	State LA	Zip Code [redacted]	Evening Telephone Number [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
4T1BE46K17U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
2006	Houma Toyota (985) 876-7210	4	GAS

Original Owner	Dealer's City	State	Zip Code
☑	Houma, la 70360	La	70360

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
Auto	☐ Antilock Brakes ☑ Cruise Control			08-AUG-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 350000 EQUIPMENT	Failure Mileage	Failure Speed
		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 THERE WAS A MOLDY MUSTY SMELL FROM THE AIR CONDITIONING VENTS. THE CONTACT STATED THAT HIS EYES ITCHED AND HE SNEEZED WHILE DRIVING. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHO GAVE HIM AN AIR FRESHENER AND SPRAYED FOAM INTO THE VENTS. THE CONTACT HAD TO FREQUENTLY VISIT THE DOCTOR AND HE HAD SINUS INFECTIONS. THE FAILURE OCCURRED WHEN THE WEATHER BEGAN TO BECOME WARM. THE VIN WAS UNAVAILABLE. THE FAILURE MILEAGE WAS UNKNOWN.

We no longer have this car! Had to get out of this mold TRAP. Sold it ourselves!

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