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 ☐
JAN 24 2011 15-NOV-2010	Reference No. 10365795

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City SUNRISE	State FLORIDA	Zip Code [redacted]	Evening Telephone Number SAME

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
JTDKB20U053 [redacted]	TOYOTA	PRIUS	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
June 2005	AL HENDRICSON 954-972-1100			No: Cylinders 4	HYBRID
Original Owner ☒	Dealer's City Coconut Creek	State FL	Zip Code 33073		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☒ Cruise Control		Brake	11-NOV-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage	Failure Speed
	30000	30

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	1	0	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. THE CONTACT STATED THAT WHILE DRIVING 30 MPH AND ATTEMPTING TO DECELERATE, THE VEHICLE WOULD NOT STOP AND THE CONTACT CRASHED INTO THE REAR OF ANOTHER VEHICLE. THE AIR BAGS DID NOT DEPLOY. THE CONTACT RECEIVED INJURIES TO THE NECK AND CHEST. THE DRIVER OF THE OTHER VEHICLE WAS NOT INJURED. THE CONTACT WAS TRANSPORTED TO THE HOSPITAL VIA AMBULANCE. A POLICE REPORT WAS AVAILABLE. THE VEHICLE WAS DESTROYED. THE VIN WAS UNAVAILABLE. THE FAILURE MILEAGE WAS 30,000.

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)

My brakes failed and I hit a pick up truck in front of me. My Prius was [redacted] wrecked. It was taken away by COPART and was handeled by Wendell Johnson 1-407-919-1658 Case # 101215 1867 for Toyota or claim# [redacted] I authorized release of the wrecked car on 12/4/2010. I was taken to University Hosp. by ambulance - whip lash + chest pains damage to chest muscle [redacted]

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

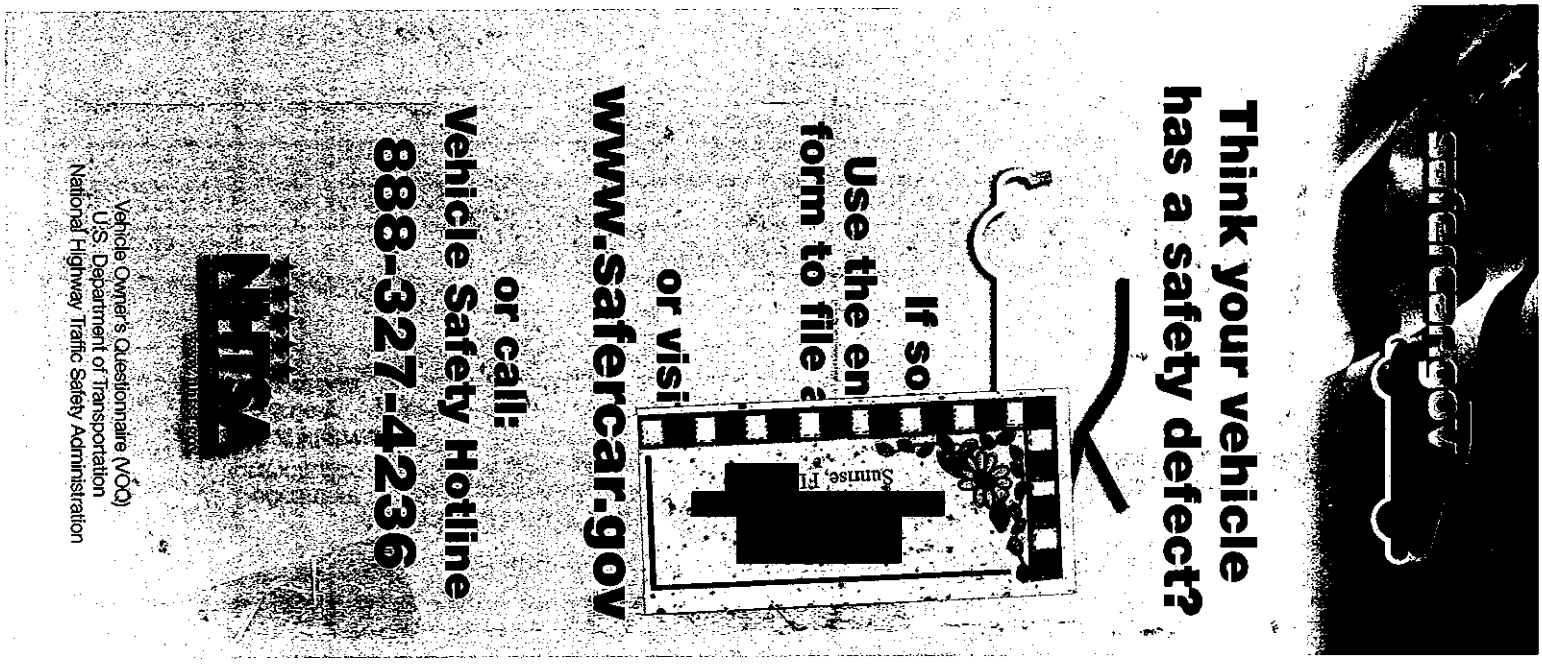
Official Business
Penalty for Private Use $300

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



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ I have since been told by Toyota - because they did not examine the car - they will do nothing for me.

[redacted]

NHTSA
www.nhtsa.gov

[redacted]
Sunrise, Fl. [redacted]
Dec. 19, 2010

Dear Sir or Madam,

On Nov. 11, 2010 at approx 4 P.M. I was driving West on Commercial Blvd. in Tamarac, Florida.

There was a pick up truck in front of me, my brakes failed as I was stopping in back of him my 2005 Prius left side hit his truck causing me severe whip lash and chest pain from the seat belt. The air bags did not deploy. I am enclosing as much documentation as I can, including the hospital bills proving I was taken by ambulance to University Hospital in Tamarac, Fl.

I was given a citation in the hospital by the officer that was called to the scene.

I had complained to Al Hendrickson dealer at 5201 W. Sample Rd. 954 972-1100 Coconut Creek, Fl. 33073 about unintended acceleration and not happy with the brakes. I told the service dept. that they did not inspect the brakes to my knowledge.

To date my bill for the ticket was $115.00 and my cost of replacing my $34,000 car was $5,437.32. I am enclosing pictures of my Prius and anything I can show you folks.

Unfortunately the Prius was taken by Allstate to Copart. I signed that I was giving th the car because I could not afford to have to pay storage fees for the wreck. The man whom I spoke to was Wendell Johnson (407-919-1658 at the company. I released it to them on 12/1/2010.

The case # is 10121 51867

All I want is to be compensated for my expenses. I do not wish to file a law suit against Toyota. I have been a loyal customer for many years

Sincerely,

[redacted]

702

☒ LAW ENFORCEMENT SHORT FORM REPORT
☐ DRIVER REPORT OF TRAFFIC CRASH
☐ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE
RECORDS 954 831-8700 / 10 BUSINESS DAYS

HSMV CRASH REPORT NUMBER: 1157695

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	COUNTY
11/14/10	4:02 ☐ AM ☒ PM	4:12 ☐ AM ☒ PM	4:20 ☐ AM ☒ PM	TM10-11-1140 (Check If In City or Town) ☒	BROWARD

COUNTY / CITY CODE	CITY OR TOWN	(ON STREET, ROAD OR HIGHWAY)
10/72	TAMARAC	SAMPLE

AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	FROM INTERSECTION OF
			6	1	NW 94 AVE

AT THE INTERSECTION OF ☐ or FEET 250 MILE(S) ☐ N ☐ S ☐ E ☐ W

Section 1 — Vehicle 1 / Pedestrian

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
05	TOYOTA	CAR	[redacted]	FL	JTDKB20405 3[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
	X								$10,000.00	WESTWAY	2

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

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☒ — CURRENT ADDRESS (Number and Street): SAME AS DRIVER — CITY AND STATE — ZIP CODE

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

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	E			W	F	[redacted]

NUMBER OF PASSENGERS: 0 — NAME OF PASSENGER — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

Section 2 — Vehicle 2 / Pedestrian

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
07	FORD	TRUCK	[redacted]	FL	1FTRW12W2 7F[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
						X			$7,000.00	DRIVER	3

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): GENERAL INSURANCE CO OF AMERICA — POLICY NUMBER: [redacted]

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☒ — CURRENT ADDRESS (Number and Street): SAME AS DRIVER — CITY AND STATE — ZIP CODE

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

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	E			W	M	[redacted]

NUMBER OF PASSENGERS: 0 — 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

#

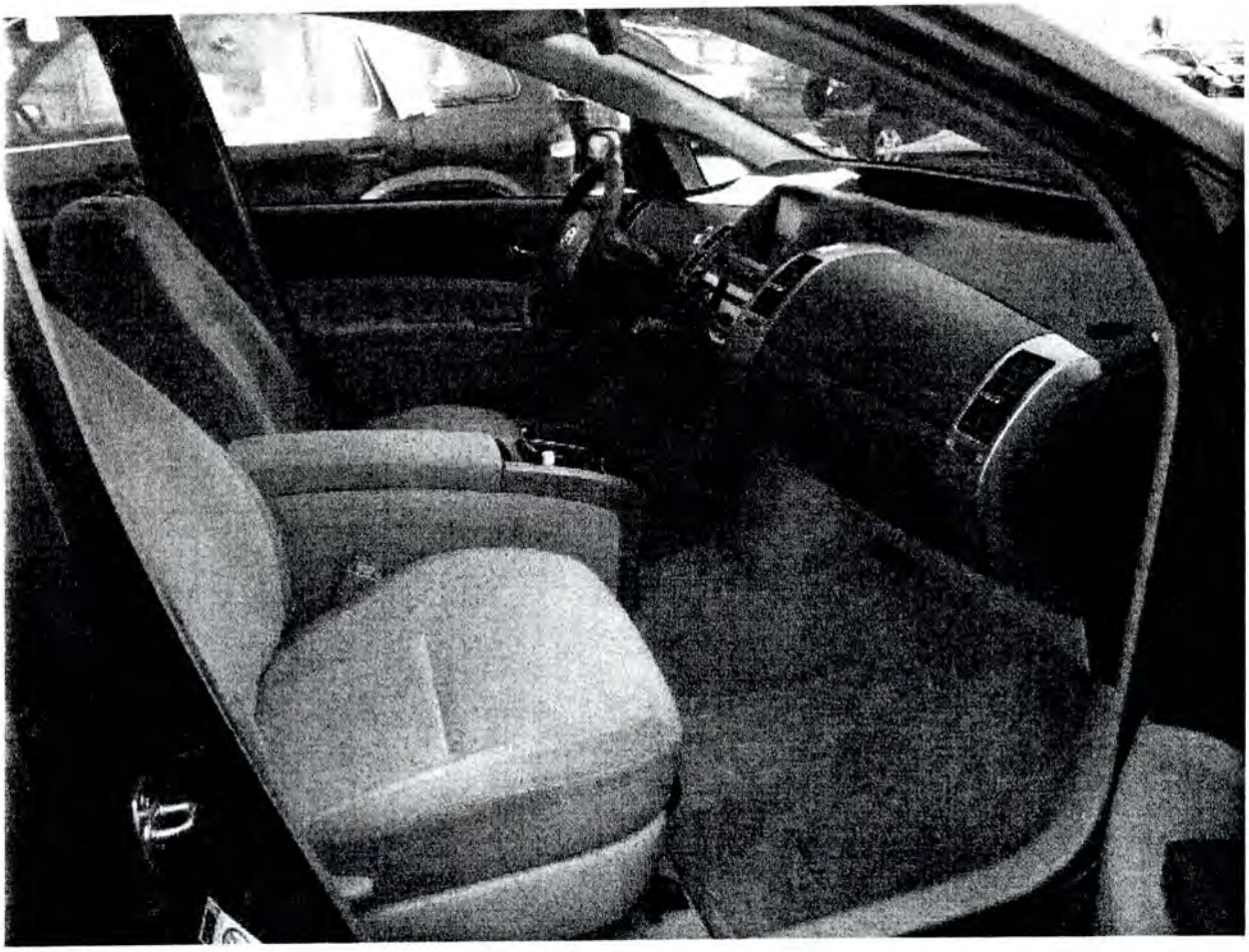
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	$					

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

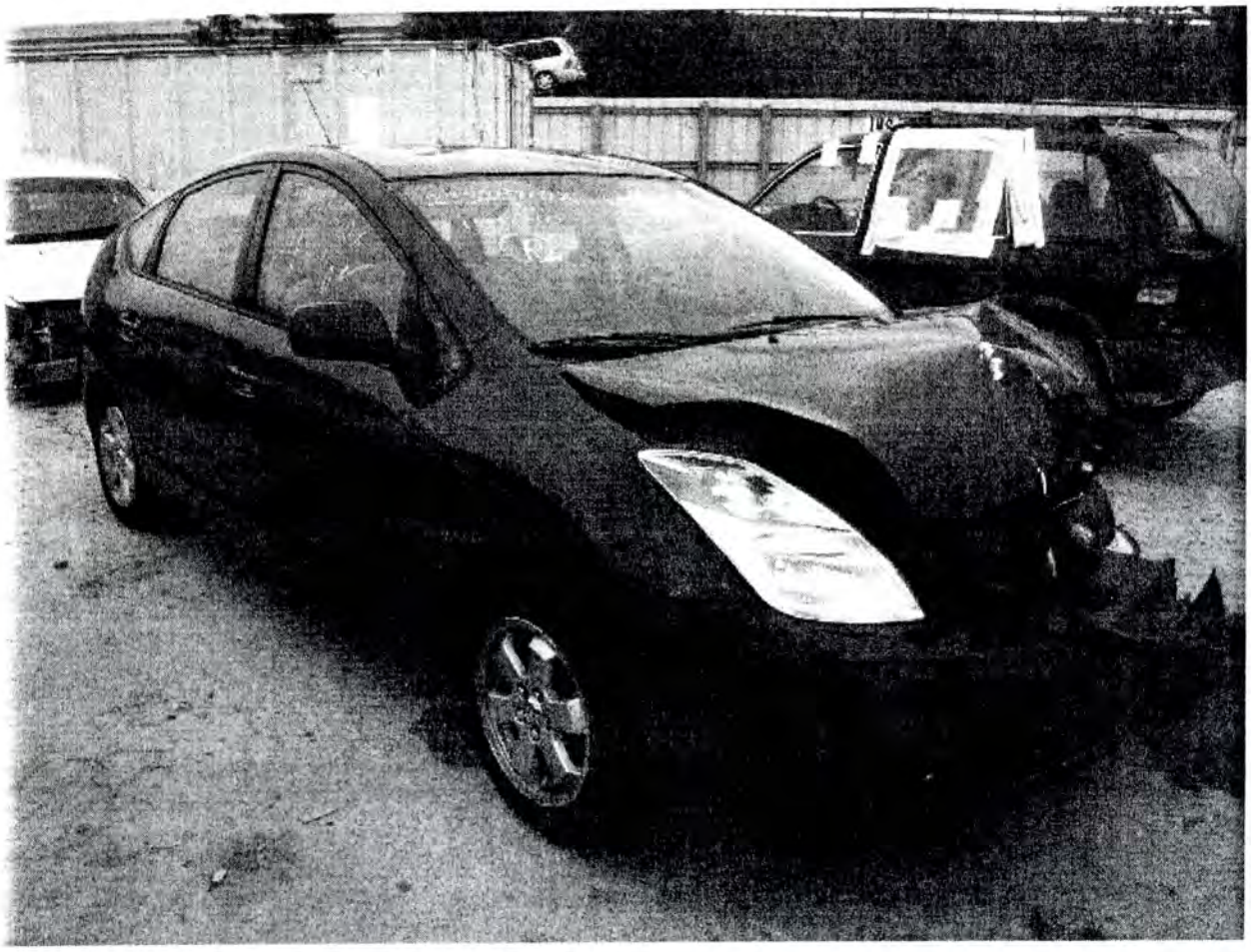
INVESTIGATOR - RANK & SIGNATURE: GIORDANO — ID/BADGE NUMBER: 1436 — AGENCY: BROWARD COUNTY

☐ 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.

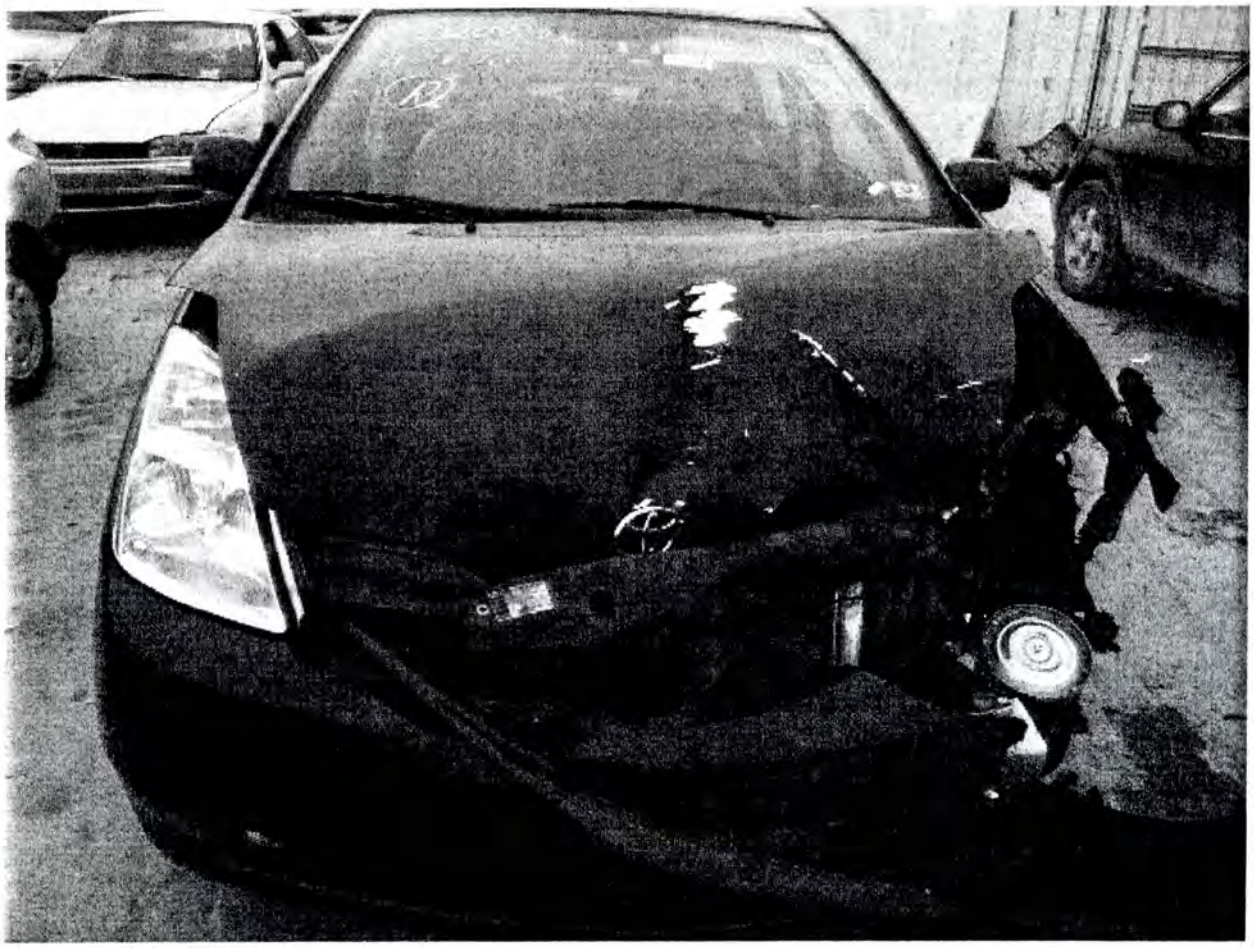
HSMV-90008 Rev. 04/04

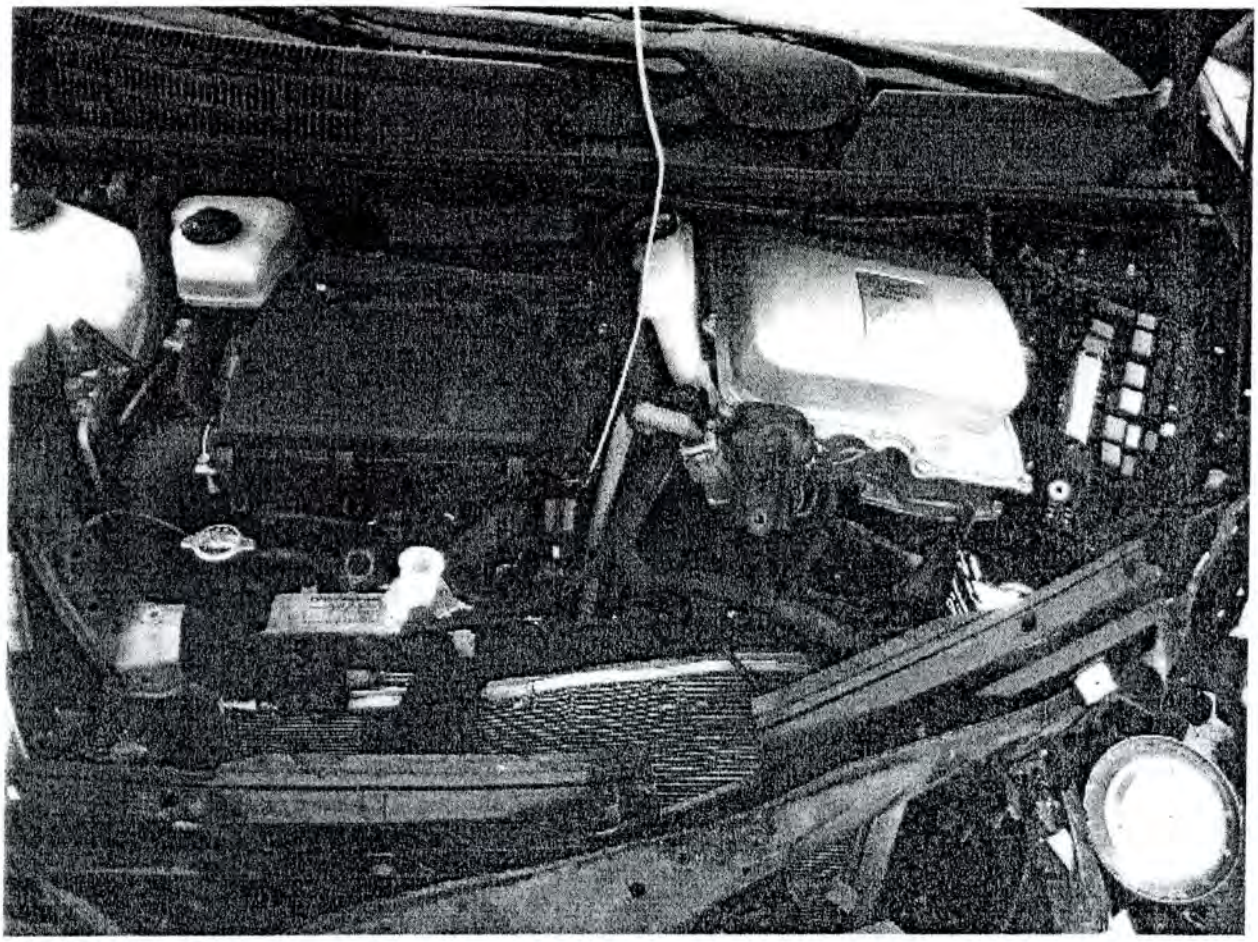


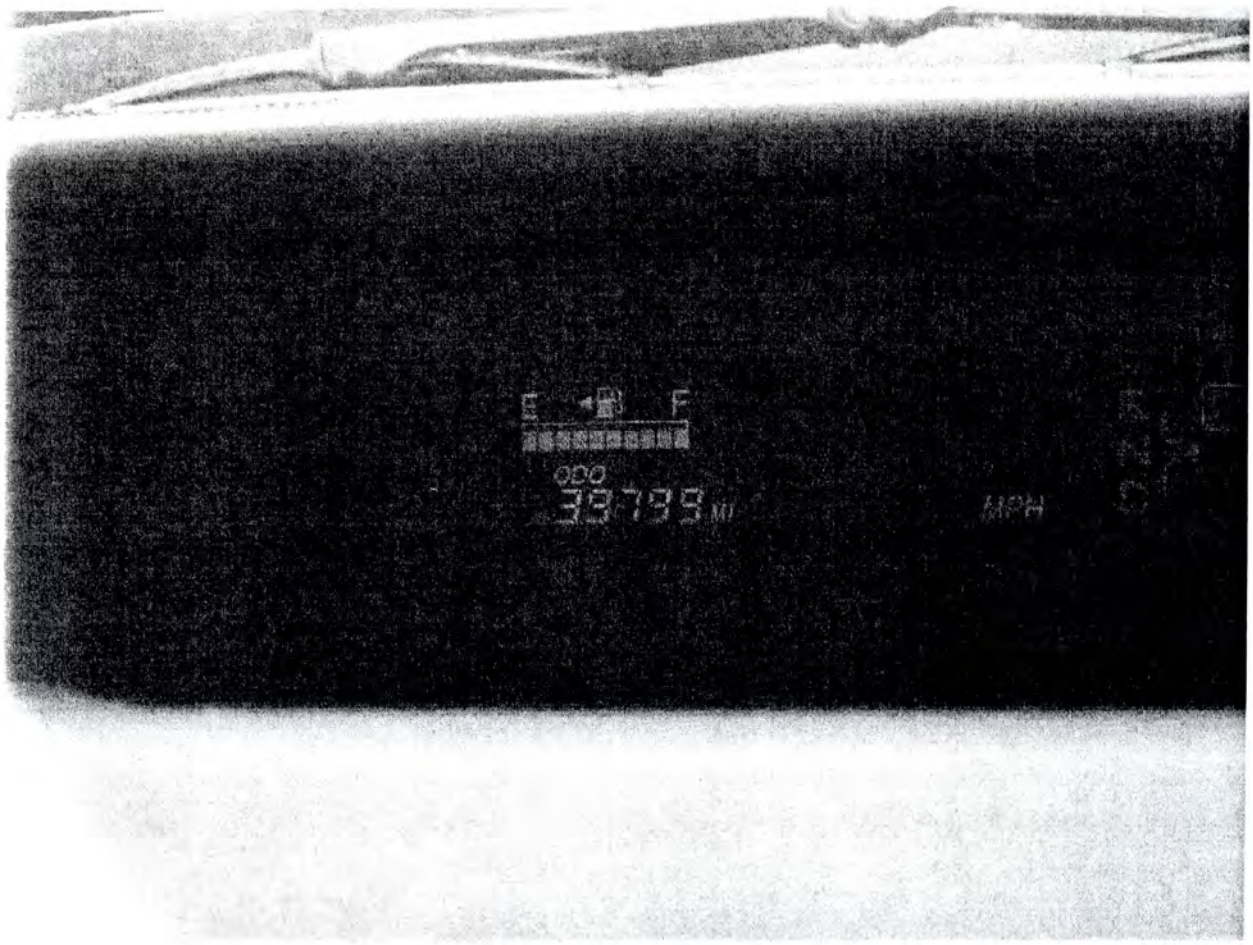
note: air bags did not deploy



Copart Lot # 23320910 - 05 Toyt Prius, Red



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Sunrise, FL

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Natl. Hway. Traffic Safety Admin.
Office of Defects Investigation NVS 210
1200 New Jersey Ave. S.E.
Washington, D.C. 20077-9382

Attn: Randy Leid