

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
 U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
 888-327-4236
 www.safercar.gov

FOR AGENCY USE ONLY

Date Received NOV 22, 2010	Repository <input type="checkbox"/>
Reference No. 10368833	

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	
Street No.		Evening Telephone Number	
City	State	E-mail	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your

Signature of Owner _____ Date **11/21/10**

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side					Make	Model	Year	Current Mileage
4T1B622K0WU					Toyota	Camry	98	139926
Date Purchased	Dealer's Name and Telephone Number			Engine:		Fuel Type:		
3 2002	Toyota of Hollywood FL 954 966 2150			4		<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Other		
<input type="checkbox"/> Original Owner	Dealer's City	State	Zip Code	No. Cylinders				
<input checked="" type="checkbox"/> Automatic	Hollywood	FL	33024	4				
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Powertrain		<input type="checkbox"/> Rear-Wheel Drive <input type="checkbox"/> Four-Wheel Drive			
<input checked="" type="checkbox"/> Automatic			<input checked="" type="checkbox"/> Front-Wheel Drive					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
				<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)
Failed Structure			DOT No. (Example: DOT MAL9ABC036 on sidewall)
<input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead			<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair
Failure Type:			
<input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input type="checkbox"/> Road Hazard <input type="checkbox"/> Out of Round			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name
Seat Type		Installed in Vehicle using the:
<input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other		<input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* <small>*Vehicle info required</small>
Failed Part. Describe Failure Below		
<input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other		

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	Police Report No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
See back

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Front head light covers have clouded up reducing head light brightness & distance of head lights effectiveness. at times I have to use bright lights to compensate for dull head lights.

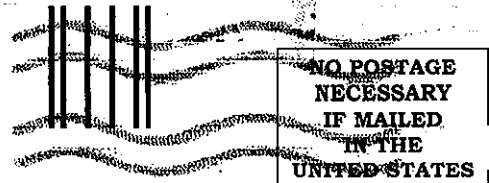
ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
1200 NEW JERSEY AVE., SE.
WASHINGTON DC 20590

OFFICIAL BUSINESS
Penalty for Private Use \$300

MIAMI FL 331

12 NOV 2008 PM 1 T



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

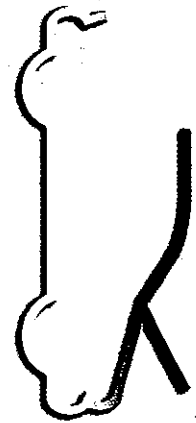
POSTAGE WILL BE PAID BY ADDRESSEE



3
US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-216
1200 New Jersey Avenue, SE.
Washington DC 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safecar.gov

or call:

Vehicle Safety Hotline
888-327-4236



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