

 <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 JUN 01 2011 10-MAY-2011		Repository <input type="checkbox"/> Reference No. 10399905
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
LYNWOOD	WA			
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
JTKDE177X6		TOYOTA	SCION TC	2006
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
MAY 2008	Acme of Bellevue 425-644-3000		No: Cylinders 4	Regular gas
Original Owner	Dealer's City	State	Zip Code	
<input type="checkbox"/> NO	Bellevue WA	WA	98005	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
AUTO	<input checked="" type="checkbox"/> Cruise Control	FWD	air bags	06-MAY-2011
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage	Failure Speed
			80000	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: DOTM9ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:	
		<input type="checkbox"/> Prior Repair		
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
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1		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 2006 TOYOTA SCION TC. THE CONTACT WAS TRAVELING 30 MPH WHEN HE CRASHED INTO THE REAR OF ANOTHER VEHICLE AND THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED A BROKEN STERNUM, BRUISING TO THE LEFT WRIST, LEFT ELBOW AND SHOULDER. THE CONTACT DID NOT INFORM THE DEALER OR MANUFACTURER OF THE FAILURE AND THE VEHICLE WAS NOT REPAIRED. A POLICE REPORT WAS NOT FILED. THE APPROXIMATE FAILURE AND CURRENT MILEAGE WAS 80,000. THE WSP DID ISSUE A CRITICISM TO THE DOT NO POLICE REPORT. I CAN GIVE YOU A LIST OF PHOTOS IN THE ACCIDENT. I ALSO HAVE A BROKEN LEFT WRIST				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
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.				