



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
JUN 30 2011
19-MAY-2011

Repository
Reference No.
10402069

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City STONE MOUNTAIN State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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
5TBRU34155S [REDACTED] Make TOYOTA Model TUNDRA Model Year 2005
Date Purchased **8/29/2008** Dealer's Name and Telephone Number **MARIETTA TOYOTA INC 7701442740** Engine: Fuel Type:
Original Owner Dealer's City **750 COBB PARKWAY MARIETTA PO BOX 4597** State **GA** Zip Code **30061** No. Cylinders **v6** **unRegular**
Transmission Type **Automatic** Antilock Brakes Powertrain Multiple Failure: Incident Date(s) **17-SEP-2010**
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 150000 SEAT BELTS
AIR BAGS, SEAT BELT Failure Mileage 87000 Failure Speed

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) Original Equipment Failure Location:
 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 Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths Reported to Police 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 TUNDRA. THE CONTACT STATED THAT THE VEHICLE WAS INVOLVED IN A CRASH. THE CONTACT STATED THAT THE SEAT BELTS FRACTURED DURING THE CRASH AND THE AIR BAGS DID NOT DEPLOY. THE DRIVER WAS REPORTED INJURED AND TRANSPORTED TO THE HOSPITAL WHERE HE REMAINED FOR FIVE DAYS TO TREAT INJURIES TO THE SHOULDER AND FACE. HE ALSO SUSTAINED A CONCUSSION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TAKEN TO A LOCAL REPAIR SHOP WHERE IT WAS DEEMED AS DESTROYED. THE MECHANIC WAS UNABLE TO DIAGNOSE THE CAUSE OF THE SEAT BELT AND AIR BAGS FAILURES. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE AND CURRENT MILEAGE WAS 87,000.

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 to 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.

Accident Number 10-110180		Agency NCIC No. GA0440200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County DEKALB		Date Rec. by DMVS		
Date 03/17/2010	Day of Week Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> S		Time 06:26	Off. Arrived 06:35	Vehicles 2	Total Number of: Injuries 1	Fatalities 0	Inside City Of:			
Road of Occurrence I-285 W		At Its Intersection With CHAMBLEE TUCKER RD		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Corrected Report? Yes <input type="checkbox"/>			
Not At Its Intersection But 1.5 Miles		North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Suppl. To Original? Yes <input type="checkbox"/>		HR and Run? Yes <input type="checkbox"/>			
Driver # 3		LAST NAME [REDACTED]		FIRST [REDACTED]		MIDDLE [REDACTED]		Driver #		LAST NAME [REDACTED]	
Ped # <input type="checkbox"/>		Address [REDACTED]		City STONE MOUNTAIN		State GA		Zip [REDACTED]		DOB [REDACTED]	
Driver's License No. [REDACTED]		Class C		State GA		Male <input type="checkbox"/> Female <input type="checkbox"/>		Driver's License No.		Class [REDACTED]	
Posted Speed 55		Insurance Co. LIBERTY MUTUAL		Policy No. VALID INSURANCE		Postad Speed		Insurance Co.		Policy No.	
Year 2006		Make TOYT		Model TUNDRA		Telephone No. [REDACTED]		Year		Make [REDACTED]	
VIN DTBRU341558		Vehicle Color BLACK		VIN		Vehicle Color		Tag #		State GA	
Tag # AFH952		State GA		County DEKALB		Year 2011		Trailer Tag #		State [REDACTED]	
Trailer Tag #		State [REDACTED]		County [REDACTED]		Year [REDACTED]		Same as Driver		Owner's Last Name [REDACTED]	
Address [REDACTED]		City STONE MOUNTAIN		State GA		Zip [REDACTED]		Removed By BROWN AND BROWN WRECKER		Request <input type="checkbox"/> List <input type="checkbox"/>	
Alcohol Test 2		Type [REDACTED]		Results [REDACTED]		Drug Test 2		Type [REDACTED]		Results [REDACTED]	
Driver Cond 1		Direction Of Travel 4		Vision Obscured 1		Contributing Factors 12		Driver Cond		Direction Of Travel [REDACTED]	
Veh Cond 1		Veh Maneuver 5		Ped. Maneuver [REDACTED]		Veh Cond		Veh Maneuver		Ped. Maneuver [REDACTED]	
Most Harmful Event 11		Veh Class 1		Veh Type 2		Most Harmful Event		Veh Class		Veh Type	
Traffic Ctrl 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Injured Taken To: GRADY HOSPITAL		By: RESCUE 19	
EMS Notified Time 06:30		EMS Arrival Time 06:35		Hospital Arrival Time 06:50		Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:		Date Checked 09/17/2010	
Report By: OHO, IJ		Department DeKalb County Polic...		Report Date 09/17/2010		Checked By: BYERS, D K		City [REDACTED]		State [REDACTED]	
Witness(es): Name		Address		City		State		Zip Code		Telephone No.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address				Carrier Name Vehicle # Address				State Zip			
No. of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		No. of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:		If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:		If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
_ Ran Off Road _ Down Hill Runaway _ Cargo Loss or Shift _ Separation of Units				_ Ran Off Road _ Down Hill Runaway _ Cargo Loss or Shift _ Separation of Units							

REMARKS: Title: INITIAL REPORT

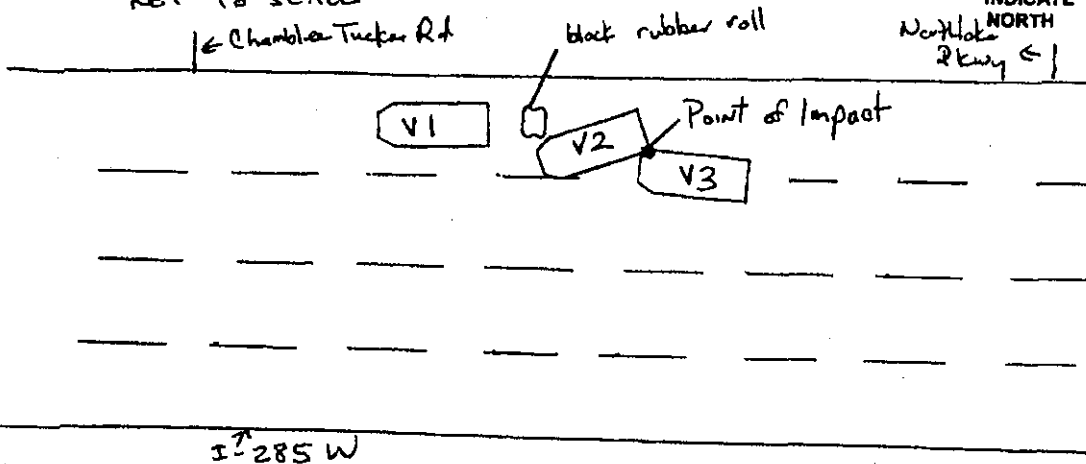
Date Entered: 9/17/2010 3:00:04 PM

Based on the physical evidence and statements from parties involved and witnesses 1-5, my investigation led to the following conclusions:

Vehicle 1 was traveling west on I-285 approaching Chamblee Tucker Rd in lane 4 and dropped a rolled up piece of black rubber matting from the bed of the vehicle. Vehicle 3 was in the same lane behind vehicle 1 and attempted to get out of the way of the object in the lane but struck it as it was maneuvering out of the way. Vehicle 2 observed the object and vehicle 3 moving out of the lane suddenly and also attempted to moved out of the way by moving from lane 3 to lane 4. Vehicle 2's front end struck vehicle 3's rear driver's side area. Vehicle 3 overturned. Driver 3 was ejected. Driver 3 stated he believed he was wearing his seatbelt.

INDICATE ON THIS DIAGRAM WHAT HAPPENED
NOT TO SCALE

INDICATE NORTH
Northlake Pkwy ←



CITATIONS - VEHICLE # 1

CITATIONS - VEHICLE # 2

First Harmful Event 11	Traffic-Way Flow 4	Weather 1	Surface Cond. 1	Light Cond. 5	Banner of Collision 1	Location at Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 1	Construction / Maintenance Zone 0
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VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT	AFTER		Width of Road 84
Number of Occupants	1	1	VEH. 1		VEH. 1		
Point of Initial Contact	15	12	VEH. 2		VEH. 2		
Damage To Vehicles	1	3					

Damage Other Than Vehicle:

Owner:

		AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY CLIP	EXTRIC	AIR BAG
Driver # 1 Or Pedestrian #						0	N	1	3	N	2
Driver # 2 Or Pedestrian #						0	N	1	3	N	2
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	X	X

Southern → CLAIM #
GENERAL

Attention CHRISTIAN
MAURIE

DEKALB POLICE DEPARTMENT 1960 W Exchange Place Tucker, GA 30084 Phone#: (404)294-2000

Bank of X CLAIM #

ACE AMERICAN
PAGE 1 of 6

Accident Number 10-110180		Agency NCIC No. GA0440200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County DEKALB		Data Rec. by DMVS		
Date 09/17/2010	Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> S			Time 06:26	Off. Arrived 06:35	Vehicles 3	Total Number of: Injuries 1	Fatalities 0	Inside City Of:		
Road of Occurrence I-285W				At Its Intersection With NORTHLAKE PKWY				Corrected Report? Yes <input type="checkbox"/>			
1 <input checked="" type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				1 <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.						Suppl. To Original? Yes <input type="checkbox"/>	
Not At Its Intersection But 1.5 Miles 1 <input checked="" type="checkbox"/> North 3 <input type="checkbox"/> East 2 <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West		Of NORTHLAKE PKWY		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line				NK and Run? Yes <input type="checkbox"/>			
And continuing in the direction checked above, the Next Reference Point is CHAMBLEE TUCKER RD 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line											
Driver # 1 LAST NAME FIRST MIDDLE			Driver # 2 LAST NAME FIRST MIDDLE			Ped # <input type="checkbox"/>		Address			
City HAMPTON			City LITHONIA			State GA		Zip		DOB	
Driver's License No. Class A			Driver's License No. Class C			State GA		Male <input type="checkbox"/> Female <input type="checkbox"/>			
Posted Speed 55			Insurance Co. ACE AMERICAN			Policy No.					
Year 2006			Make MACK			Model 700			Telephone No. 404-643-7084		
VIN 1M2AG11C86M			Vehicle Color RED			Year 2010					
Tag #			State GA			County DEKALB			Year 2010		
Trailer Tag #			State			County			Year		
Same as Driver Owner's Last Name First Middle			Same as Driver Owner's Last Name First Middle			Address					
City HAMPTON			City LITHONIA			State GA		Zip			
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List			Removed By <input type="checkbox"/> Request <input type="checkbox"/> List								
Alcohol Test 2		Type	Results	Drug Test 2		Type	Results	Alcohol Test 2		Type	
Driver Cond 1		Direction Of Travel 4		Vision Obscured 1		Contributing Factors 26		Driver Cond 1		Direction Of Travel 4	
Veh Cond 1		Veh Maneuver 5		Ped. Maneuver				Veh Cond 1		Veh Maneuver 5	
Most Harmful Event 11			Veh Class: 7			Veh Type: 22			Most Harmful Event 11		
Traffic Ctrl 7			Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Traffic Ctrl 7			Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Injured Taken To: GRADY HOSPITAL						By: RESCUE 19					
EMS Notified Time 08:30		EMS Arrival Time 06:36		Hospital Arrival Time 06:50		Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:			
Report By: OHO, IJ		Department DeKalb County Polic.		Report Date 09/17/2010		Checked By: BYERS, D K		Date Checked 09/17/2010			
Witness(es) Name			Address			City		State		Zip Code	
						MIDALIA GA					
						SNELLVILLE GA					
						LITHONIA GA					
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # 1 ABC SUPPLY CO INC					Carrier Name Vehicle #						
Address 1724 KOPPERS RD CONLEY, GA 30288					Address						
No. of Axles 3		G.V.W.R. 54000		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Cargo Body Type 6		No. of Axles		G.V.W.R.	
Vehicle Config. 3		I.C.C.M.C. #		U.S. D.O.T. # 26100		Interstate <input type="checkbox"/> Intrastate <input checked="" type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: _____		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: _____		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: _____	
1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____	
Run Off Road		Down Hill Runway		Cargo Loss or Shift		Separation of Units		Run Off Road		Down Hill Runway	
Cargo Loss or Shift		Separation of Units		Cargo Loss or Shift		Separation of Units		Cargo Loss or Shift		Separation of Units	













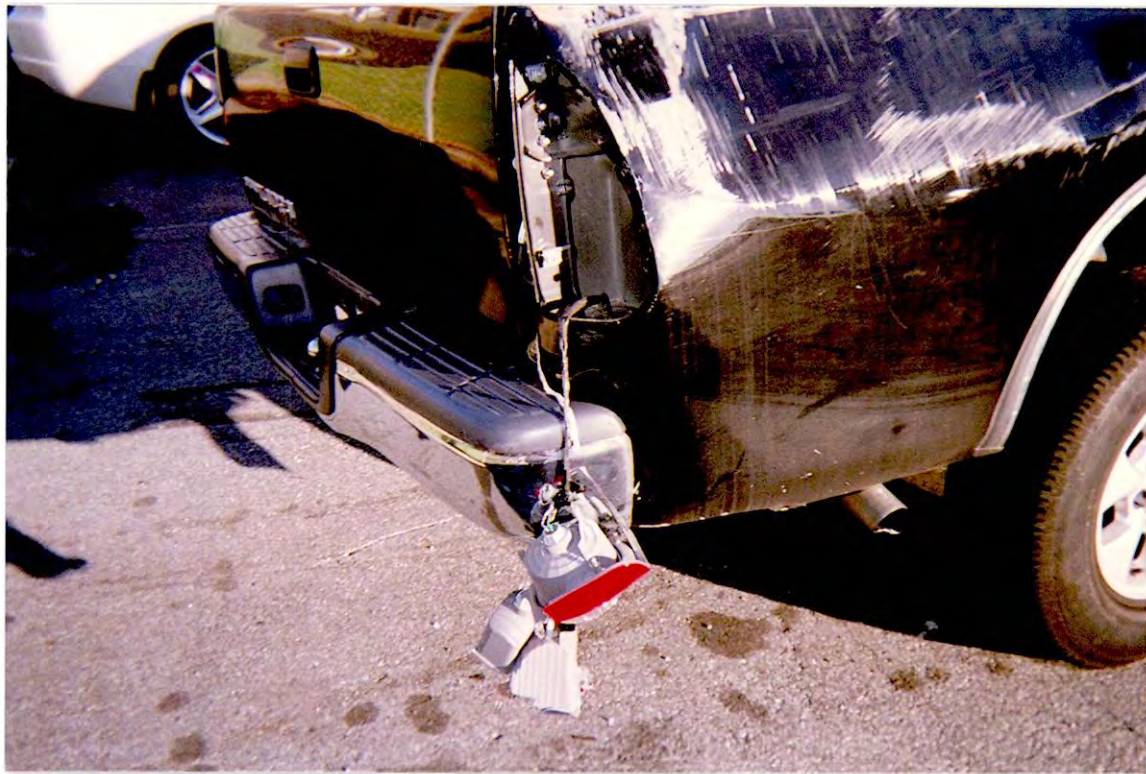


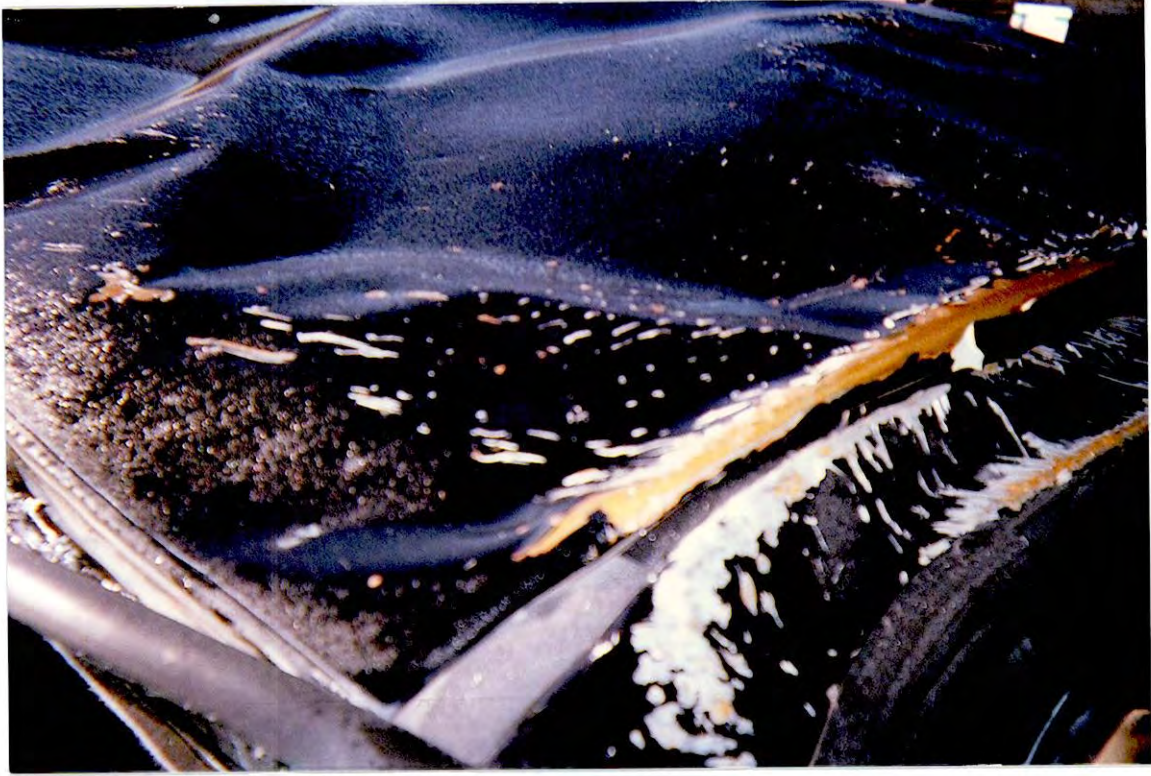














GEORGIA MVD - RECEIPT (COPY)

STATE OF GEORGIA
MOTOR VEHICLE REGISTRATION

5TBRU34155 **5456136** - 2005 TOYT TUNDRA ACCESS TK

2005 TOYT TK
5TBRU34155S

TRANSFER TAG FEE
TOTAL FEES PAID

5.00
5.00

0020 09/29/2008 \$002CAJ
CASH

PURCH DT: 08/29/2008
APP DT: 09/29/2008

Tag Number: [REDACTED] Expires: 05/17/2009
Valuation 108865 \$5040 Tag Fee: 20.00
Title Number: [REDACTED] Equip. No:
County: 002 District: 04 Mill Rate: Fuel: G
Farm Vehicle? N GVW: Color: UNK
Classification: PASSENGER CAR/LIGHT TRUCKS
Insurance Status: VALID INSURANCE COVERAGE
Customer 1 No: 000047513673 Customer 2 No:

[REDACTED]
STONE MTN GA

83784759

Signature: _____

PRIORITY MAIL
POSTAGE REQUIRED.

line - Go to usps.com/postageonline

FIRMLY

PLEASE PRESS FIRMLY



Flat Rate Mailing Envelope

For Domestic and International Use

Visit us at usps.com

From:/Expéditeur:

[Redacted]
STONE MOUNTAIN GA

691-221

To:/Destinataire:

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
1200 NEW JERSEY AVENUE SE
WASHINGTON D.C. 20077-9382
Country of Destination:/Pays de destination:

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