 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> 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  11-JUL-2011  AUG 3 2011		Repository <input type="checkbox"/>  Reference No. 10411784		
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
CODY	WY		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).					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2T1BR32E27C		Make TOYOTA	Model COROLLA	Model Year 2007	
Date Purchased 11-16-06	Dealer's Name and Telephone Number JAMES W. HALTERMAN INC. 570-992-1183		Engine: No: Cylinders 4	Fuel Type: GAS	
Original Owner <input checked="" type="checkbox"/>	Dealer's City STROUDSBURG, PA.	State PA.	Zip Code		
Transmission Type AUTO	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 1.8 LITER	Multiple Failure:	Incident Date(s) 25-JUN-2011	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage 43000	Failure Speed 35	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	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 2007 TOYOTA COROLLA. THE CONTACT WAS INVOLVED IN A FRONT END COLLISION WHILE DRIVING 35 MPH. THE AIR BAGS DID NOT DEPLOY. BOTH THE CONTACT AND PASSENGER SUSTAINED WHIPLASH AND BRUISING TO SEVERAL PARTS OF THE BODY. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE DEALER OFFERED NO ASSISTANCE. THE MANUFACTURER WAS INFORMED OF THE FAILURE. THE CURRENT AND FAILURE MILEAGES WERE 43,000.					
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 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.					

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

DESCRIPTION IS ON POLICE REPORT INCLUDED WITH PICTURES

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

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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



Think your vehicle has a safety defect?



If so:  
Use the enclosed form to file a report.

or visit:  
[www.safercar.gov](http://www.safercar.gov)

or call:  
Vehicle Safety Hotline  
888-327-4236



Vehicle Owners: Check for recalls at [www.safercar.gov](http://www.safercar.gov).  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

I WAS DRIVING THE TOYOTA AND THE P/U CAMPER BLOCKED MY VIEW OF DODGE P/U COMING OUT OF WALMART ENTRANCE. THE P/U CAMPER ALSO BLOCKED THE DODGE P/U VIEW OF ME. DODGE P/U RECEIVED 2 CITATIONS.

← 2 EAST LANES

SPEED LIMIT 35 MPH

2 WEST LANES →

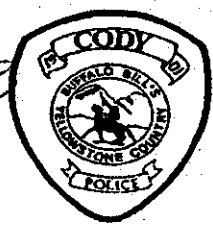
TOYOTA → DODGE P/U

CAMPER P/U ↗  
MAKING TURN

WALMART  
ENTRANCE  
↓  
OR EXIT  
↑

Vincent Turjanis  
08 02 63  
same  
899 6773

Mary Ann  
7-14-36



**Cody Police Department**  
1402 River View Dr • Cody, Wyoming 82414 • (307) 527-8700

**Accident Information Exchange**

Case/Incident #: 11-1242	Date of Accident: 6-25-11	Time: 1027	(A.M.) (P.M.)
Location: Wal Mart 321 Yellowstone Ave - West Entrance			

**DRIVER'S INFORMATION**

Name	Sex	Race	Age	Name	Sex	Race	Age
[Redacted]	F	W		[Redacted]	M	W	
Home Address (Physical): [Redacted]	D.O.B. [Redacted]		Home Address (Physical): [Redacted]		D.O.B. [Redacted]		
State: Cody WY	Zip: WY	S.S.N. [Redacted]		State: Cody WY	Zip: [Redacted]	S.S.N. [Redacted]	
Telephone (Home): [Redacted]	Telephone (Work): [Redacted]			Telephone (Home): [Redacted]	Telephone (Work): [Redacted]		
Drivers License #: [Redacted]	State: WY	Class: C		Drivers License #: [Redacted]	State: WY	Class: CM	
Height: 65" Weight: 4	Hair Color: BKO	Eye Color: GRN		Height: 70 Weight: 4	Hair Color: GRN	Eye Color: BLU	
Occupation: [Redacted]	Place of Employment: [Redacted]			Occupation: [Redacted]	Place of Employment: [Redacted]		
Work Address: [Redacted]	Work Phone: [Redacted]		Work Address: [Redacted]	Work Phone: [Redacted]			

**VEHICLE INFORMATION**

Owner of Vehicle (if business, print full Business Name): Santop	Owner of Vehicle (if business, print full Business Name):
Owner's Address: (Complete)	Owner's Address: (Complete)
Make: Dodge Model: 2500 Body Style: PU	Make: Toyota Model: Corolla Body Style: 4dr 4dr
Seat Belt: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Year: 06 Color: Blue	Seat Belt: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Year: 07 Color: Gold
Plate Number: [Redacted] State: WY Expiration: 1-12	Plate Number: [Redacted] State: WY Expiration: 10-11
VIN: 3DTK629C96G [Redacted] Odometer: [Redacted]	VIN: 5T1BR32E27C [Redacted] Odometer: [Redacted]

**INSURANCE INFORMATION**

Insurance Carrier: State Farm	Agent Name: Jen Talich	Insurance Carrier: Hartford	Agent Name:
Agent Address:	Agent Telephone: 307 527 7176	Agent Address:	Agent Telephone: 900 923 6789
Policy #: [Redacted]	Expiration Date: 10-18-11	Policy #: [Redacted]	Expiration Date: 3-4-12

Description: [Redacted] was in westbound / Inside Lane Yellowstone Ave. There was a truck + camp trailer in Outside Lane turning into WalMart west entrance. [Redacted] / 06 Dodge PU pulled out of west entrance to turn left (east) onto Yellowstone Ave. [Redacted] / 07 Toyota truck side of [Redacted] Dodge P.U. [Redacted] cited.

Officer's Name: Heydenbeck I.D. #: CA3

This accident

does not meet the criteria established by the Wyoming Department of Transportation and an accident form will not be completed.

does meet the criteria established by the Wyoming Department of Transportation and a State Accident form will be completed.

