INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Form Approved: O.M.B. No. 2127-0008

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
APR 19 2012 22-MAR-2012	☐
	Reference No. 10452711

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: RIVER RIDGE	State: LA	Zip Code: [redacted]	Evening Telephone Number

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
4T1BE46K37U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
11/2006	Kay Bartt Toyota			4	
Original Owner ☑	Dealer's City: Kenner	State: LA	Zip Code: 70062		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☑ Antilock Brakes ☑ Cruise Control			01-MAY-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 130000 VISIBILITY, 020000 SUSPENSION	Failure Mileage	Failure Speed
	20000	

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			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 2007 TOYOTA CAMRY. THE CONTACT TOOK THE VEHICLE TO THE DEALER FOR ROUTINE MAINTENANCE WHEN SHE WAS INFORMED THAT THE FRONT AND REAR STRUTS WERE LEAKING. IN ADDITION, THE SUN VISORS WOULD NOT REMAIN UPRIGHT AND WAS IMPAIRING THE CONTACT'S VIEW OF THE ROADWAY. THE DEALER ADVISED THE CONTACT TO REPLACE THE STRUTS. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE BUT FAILED TO OFFER ANY ASSISTANCE. NO REPAIRS WERE PERFORMED. THE CURRENT MILEAGE WAS 40,000 AND THE FAILURE MILEAGE WAS 20,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Date: 5/15/10

Midas Touch® Visual Courtesy Check

MIDAS

Customer:

VIN:

License Plate: [redacted] ST or SR #:

Miles: 25909

Year/Make/Model: 07 Toyota Camry

Trust the Midas touch.®

No Work Required | **May Require Future Attention** | **Immediate Attention**

Inspection/License due date: _____ *If applicable*

☑ ☐ ■ **Dash Indicator Lights**	Specify:			
☑ ☐ ■ **Horn**	Inoperable	Poor Tone		
☑ ☐ ■ **Exterior Lights**	Inoperable	Damaged Lens		
■ ☐ ☑ **Wipers**	Inoperable	(Torn)	Chatter/ Streaking	
☑ ☐ ■ **Hood/Hatch Supports**	Inoperable	Missing	Damaged	
■ ☑ ■ **Engine Air Filter**	Missing	Restricted	OE Interval	
☑ ☐ ■ **Cabin Air Filter**	Missing	Restricted	OE Interval	BOX Loaded
■ ☐ ☑ **Battery/Cables**	CCA Rating	CCA Actual		
	Out of Spec.	Corroded		
☑ ☐ ■ **Hoses**	Cracked	Leaking	Spongy	
☑ ☐ ■ **Belts** (except timing belt)	Missing	Cracked	Frayed	

Staple Battery Test Report Here

☑ ☐ ■ **Window Washer Fluid**			Filled
☑ ☐ ■ **Engine Oil**	Level		OE Interval
☑ ☐ ■ **Power Steering Fluid**	Level	Over 50K miles on original OEM fluid	OE Interval
☑ ☐ ■ **Transmission Fluid**	Level		OE Interval
☑ ☐ ■ **Coolant**	Level		OE Interval
pH _____	Freeze Point _____	RA _____	
☑ ☐ ■ **Brake Fluid**	Level	Copper ppm _____	OE Interval

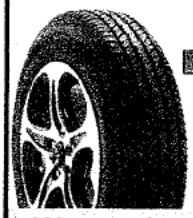
ppm: 0 | 10 | 57 | 100 | 200 | 300 — REQUIRED: 200 ppm or greater

☑ ☐ ■ **Fluid Leaks**	Specify:			
☑ ☐ ■ **Steering System**	Bent	Torn Boot	Loose	Seized
☑ ☑ ■ **Shocks & Struts**	(Leaking)	Over 50K miles on original OEM units		
☑ ☐ ■ **Exhaust System**	Leaking	Rattle	Loose	
☑ ☐ ■ **Driveline** (CV/Drive Shaft)	Torn Boot	Worn/Binding Joint		

Brake Symptom Observed

☐ Low pedal ☐ Hard pedal ☐ Pulsation
☐ Noise ☐ None at this time ☐ Warning light
☐ Full evaluation suggested

Tire size OE ___/___/___ Actual ___/___/___



Tread Depth

■ 5/32" or Greater ☐ 3/32" to 4/32" ■ 2/32" or Less

LF	■	☐	■	___/32	___/32	■ ☐ ■	RF
LR	■	☐	■	___/32	___/32	■ ☐ ■	RR

Wear Pattern/ Damage

LF	■	☐	■
RF	■	☐	■
LR	■	☐	■
RR	■	☐	■

Air Pressure

■ TPMS warning system

	Before	Adjusted to OEM Spec (cold)
LF		Front
RF		
LR		Rear
RR		

Tire Check/OE Interval Suggests:

☐ Alignment
☐ Balance
☐ Rotation
☐ Repair
☐ Replacement

Your next factory scheduled maintenance (FSM) interval is scheduled at: _____ **miles.**

Technician Notes: All 4 STRUTS Leaking
Wipers Torn Air filter dirty

I certify that I have professionally checked and accurately described all applicable items listed on this Courtesy Check.

Technician Signature _____ Date _____

Service Advisor Initials _____

How'd it go... We want to know... REALLY!
www.midas.com

CUSTOMER #: 71362

203294

INVOICE

RAY BRANDT TOYOTA
2460 VETERANS BLVD.
KENNER, LA 70062
(504) 465-2020

[redacted]
RIVER RIDGE, LA [redacted]
HOME [redacted] CONT:N/A
BUS: CELL:

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SERVICE ADVISOR: 99735 DOUGLAS V MONTALBAN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
RED	07	TOYOTA CAMRY	4T1BE46K37U[redacted]		35045/35045	T983R

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30NOV06 DD			18:00 24JUN11		0.00	CASH	24JUN11

R.O. OPENED	READY	OPTIONS: STK:T[redacted] ENG:2.4_Liter_DOHC
13:48 24JUN11	15:37 24JUN11	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	C/S BRAKES ARE SQUEALING WHEN APPLIED						
	10 ADVISED CUSTOMER OPN REAR BRAKES, DECLINED AT THUIS TIME						(N/C)
	98210		ISP				
	35045 FOUND FRONT ROTORS GLAZED. REAR BRAKES AT 2/32 REC RESURFACE FRONT ROTORS REC REAR BRAKE JOB						
	**********						
B	C/S IDLE IS EXTREMELY ROUGH						
	10 DECLINED THROTTLE BODY CLEANING						(N/C)
	98210		ISP				
	35045 REC . TBS						
	**********						
C	CHECK STRUTS						
	10 ADVISED ON FRONT AND REAR STRUTS, CUSTOMER DECLINED ALL REPAIRS AT THIS TIME						(N/C)
	98210		ISP				
	35045 REC BOTH FRONT STRUTS WITH MOUNTS. REC BOTH REAR STRUTS WITH MOUNTS						
	**********						

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY	