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

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 ☐
AUG - 8 2012 06-JUL-2012	Reference No. 10464392

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City NEWPORT	State MI	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
4T1BF28B12U[redacted]	TOYOTA	AVALON	2002

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
12-2011	Bought from family member			
Original Owner ☐	Dealer's City	State / Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Air bags did not deploy	10-JUN-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	160000	65

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	2	0	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 2002 TOYOTA AVALON. WHILE DRIVING APPROXIMATELY 65 MPH, THE DRIVER OF THE VEHICLE CRASHED INTO A CEMENT DIVIDER ON THE HIGHWAY. THE AIR BAGS DID NOT DEPLOY. THE POLICE REPORTED TO THE SCENE AND A REPORT WAS FILED. THE DRIVER OF THE VEHICLE AND THE CONTACT, WHO WAS IN THE FRONT PASSENGER SEAT, WAS TRANSPORTED TO THE HOSPITAL BY AMBULANCE. THE DRIVER OF THE VEHICLE SUFFERED ~~A NECK INJURY THAT REQUIRED SURGERY~~ AND THE CONTACT SUFFERED A CONCUSSION AND FRACTURED VERTEBRAE, ALSO REQUIRING SURGERY. THE CONTACT STATED PRIOR TO THE CRASH THE AIR BAG LIGHT WOULD ILLUMINATE INTERMITTENTLY. THE VEHICLE WAS DESTROYED. THE APPROXIMATE FAILURE MILEAGE WAS 160,000.

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

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

Driver of vehicle did not have surgery.
Passenger [redacted] did have concussion & fractured vertebrae 2-1 requiring surgery. I believe if airbags had deployed injuries would not have been as severe.

Pictures of car included with this questionaire (7 pictures.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

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Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382