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
SEP 11 2012 27-JUL-2012	☐
	Reference No. 10467911

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City CIALES	State PR	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
2T1KR32E43C[redacted]	TOYOTA	MATRIX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type
☐ Original Owner	Dealer's City	State	Zip Code	4	Gasoline

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 25-JUL-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage 98514	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: 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	0	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 2003 TOYOTA MATRIX. THE CONTACT STATED THAT THE DRIVER SIDE SEAT BELT EXPLODED AND FRACTURED INTO PIECES. THE SEAT BELT WARNING LIGHTS WERE ILLUMINATED AND COULD NOT BE TURNED OFF. IN ADDITION, THE POWER WINDOWS WOULD OPEN INDEPENDENTLY AND COULD NOT BE OPERATED MANUALLY. THE DEALER WAS NOTIFIED WHO DIAGNOSED THE FAILURE AS THE INSIDE CYLINDER OF THE SEAT BELT CONTROL BEING DEFECTIVE AND OFFERED NO ASSISTANCE. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE AND THE CURRENT MILEAGE WAS 98,514. THE VIN WAS NOT AVAILABLE.

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

[redacted]

8-27-2012

[redacted] s

eisles . P.R. [redacted]

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7009 2250 0003 1671 3677

WQB-224

[redacted]

AUG 2

USPS

Atencion

U.S Departament of Transportacion
Nacional Highway Traffic Safety administracion
oficce of Defects Investigacion, NVS-210
1200 NEW JERSEY AVENUE SE.
Washington, DC 20077-9382

RETURN RECEIPT
REQUESTED