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 ☐
FEB 28 2013 16-OCT-2012	Reference No. 10480649

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City MOUNT AIRY	State NC	Zip Code [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	Make	Model	Model Year
JTKKU10449J[redacted]	TOYOTA	SCION XD	2009

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

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 08-OCT-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 60000	Failure Speed ~~35~~ 45

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	1	0	~~N~~ Yes

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 2009 TOYOTA SCION XD. WHILE DRIVING APPROXIMATELY ~~35~~ 45 MPH, THE CONTACT STRUCK AN ANIMAL IN THE MIDDLE OF THE ROAD AND IMMEDIATELY SWAYED OFF OF THE ROAD OVER AN EMBANKMENT. THE VEHICLE WAS AIRBORNE AND LANDED AT AN 90 DEGREE ANGLE WHERE THE FRONT END CRASHED TOWARDS THE GROUND. THE DRIVER SUFFERED FROM A BROKEN NOSE AND SUSTAINED BRUISES TO THE FACE. THE AIR BAG FAILED TO DEPLOY. THE VEHICLE WAS TOWED TO A COLLISION CENTER. THE MANUFACTURER SCHEDULED AN APPOINTMENT FOR AN ENGINEER TO PERFORM AN INVESTIGATION RELATED TO THE DEFECTIVE AIR BAGS. THE VEHICLE HAD NOT BEEN REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 60,000.

Vehicle was total loss.

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