 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 FEB - 4 2013 03-JAN-2013		Repository <input type="checkbox"/> Reference No. 10490863	
OWNER INFORMATION (Type or Print)							
Name		Address		City		State	
[REDACTED]		[REDACTED]		MONTCLAIR		NJ	
Zip Code		Daytime Telephone Number		Evening Telephone Number		E-mail Address	
[REDACTED]		[REDACTED]		[REDACTED]		[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
JT2RT32W5B0 [REDACTED]				TOYOTA		CORONA	1981
Date Purchased		Dealer's Name and Telephone Number			Engine: 2.4 L		Fuel Type:
[REDACTED]		[REDACTED]			No: Cylinders 4		gasoline
Original Owner		Dealer's City		State	Zip Code		
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]		
Transmission Type		<input type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:	Incident Date(s)
manual		<input type="checkbox"/> Cruise Control		[REDACTED]		[REDACTED]	08-DEC-2012
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 100000 POWER TRAIN						Failure Mileage	Failure Speed
[REDACTED]						187000	0
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE							
Tire Make		Tire Model (Name or Number)			Tire Size (Example P215/65R15)		
[REDACTED]		[REDACTED]			[REDACTED]		
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment		Failure Location:			
[REDACTED]		<input type="checkbox"/> Prior Repair		[REDACTED]			
Tire Component Code					Tire Failure Type:		
[REDACTED]					[REDACTED]		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE							
Make:		Date Manufactured:		Model No./Name:			
[REDACTED]		[REDACTED]		[REDACTED]			
Seat Type:		Installation System:					
[REDACTED]		[REDACTED]					
Child Seat Component Code:		Failed Part:					
[REDACTED]		[REDACTED]					
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
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		0		0	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 1981 TOYOTA CORONA (N/A). WHILE PARKED THE VEHICLE BEGAN TO ROLL FORWARD DOWN ON A SLOPE WITH THE ENGINE OFF AND THE KEYS OUT OF THE IGNITION. THE CONTACT WAS ABLE TO ENTER THE VEHICLE AND APPLY THE EMERGENCY BRAKE. THE VEHICLE CONTINUED TO ROLL. THE CONTACT APPLIED THE BRAKE PEDAL BUT THE BRAKES WOULD NOT RESPOND. THE CONTACT PULLED THE STEERING WHEEL TO THE RIGHT IN ORDER TO STEER AWAY FROM PARKED VEHICLES BUT WAS UNABLE TO BECAUSE THE STEERING WHEEL WAS LOCKED. THE VEHICLE CRASHED INTO TO TWO PARKED VEHICLES AND CAME TO A STOP. THE CONTACT STATED THE STEERING LOCK SHOULD BE REMOVED ON ALL VEHICLES AS A SAFETY PRECAUTION FOR THESE TYPES OF FAILURES. THE VEHICLE WAS REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 187,000. DA							
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 to 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.							

New Jersey Police Crash Investigation Report

Reportable Non-Reportable Change Report

Form fields 1-100 containing case details: Case Number 12 BIK 1139, Police Dept of Monclair, Station/Preinct 12-054020, Date of Crash 12/08/12, Time 0853, Municipality Code 0713, Road Name Orange Rd, Direction Bloomfield Ave, Driver information for both vehicles, VINs, and license numbers.

Form fields 101-130 including alcohol/drug tests, hazardous materials, carrier information, and commercial vehicle weights. Includes a crash diagram showing vehicle positions V1, V2, and V3 near Orange Road.

135 Crash Description: Op 1 stated he was stopped to get gas in his vehicle when his vehicle "jumped" into gear and rolled into the parked cars Op 2 and Op 3 were parked on Orange Rd near 22 when Veh 1 struck their vehicles. Op 2 & Op 3 are same as owner 2, & 3.

Form fields 136-144 including damage to other property, charges (39:4-97A), summons numbers, officer's signature, badge number, and case status.

Table with 5 columns (A-E) and 10 rows (83-92) for occupant information. Row A: 1, 1, 01, 75 m, 04, 04, Driver 1.



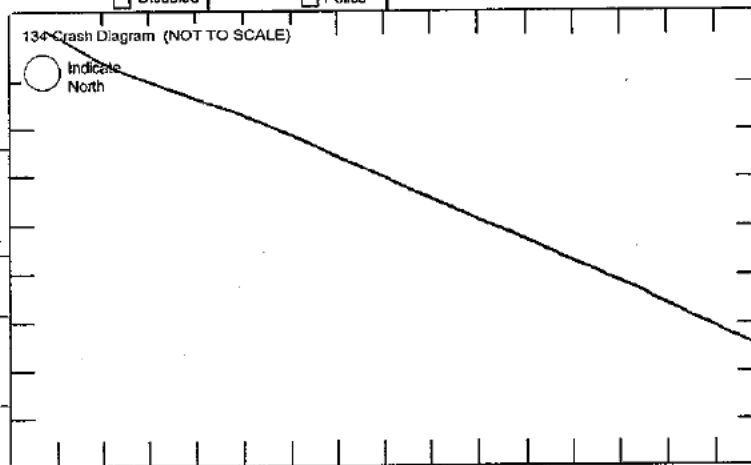
1 Case Number: 123121139
 2 Police Dept of: Morristown Code: 101
 3 Station/Precinct: 12-054020
 4 Date of Crash: 12/08/12
 5 Day of Week: Su M Tu W Th F Sa
 6 Time (use 2400 hrs): 0853
 7 Municipality Code: 0710
 8 Total Killed: -
 9 Total Injured: +
 10 Crash Occurred On: Orange rd
 11 Speed Limit: 25
 12 Route No.:
 13 Milepost:
 14 Feet
 15 Miles
 16 of: Bloomfield Ave
 17 Cross Road Name:
 18 Speed Limit:
 19 Ramp To:
 20 Route/Name:
 21 Latitude:
 22 Longitude:

23 Veh No: 3
 24 Policy No.:
 25 Ins Code: 097
 26 Driver's First Name: [Redacted]
 27 Number and Street: [Redacted]
 28 City: [Redacted]
 29 Sex:
 30 Eyes:
 31 State:
 32 Drivers License No:
 33 DOB: [Redacted]
 34 Expires: [Redacted]
 35 Owner's First Name: [Redacted]
 36 Number and Street: [Redacted]
 37 City: [Redacted]
 38 Make: [Redacted]
 39 Model: [Redacted]
 40 Color: [Redacted]
 41 Year: [Redacted]
 42 Plate No.: [Redacted]
 43 State: [Redacted]
 44 VIN: [Redacted]
 45 Expires: [Redacted]

53 Veh No:
 54 Policy No.:
 55 Ins Code:
 56 Driver's First Name: [Redacted]
 57 Number and Street: [Redacted]
 58 City: [Redacted]
 59 Sex:
 60 Eyes:
 61 State:
 62 Drivers License No:
 63 DOB: [Redacted]
 64 Expires: [Redacted]
 65 Owner's First Name: [Redacted]
 66 Number and Street: [Redacted]
 67 City: [Redacted]
 68 Make: [Redacted]
 69 Model: [Redacted]
 70 Color: [Redacted]
 71 Year: [Redacted]
 72 Plate No.: [Redacted]
 73 State: [Redacted]
 74 VIN: [Redacted]
 75 Expires: [Redacted]

46 Vehicle Removed To: Driven Left at Scene Towed Impound Disabled
 47 Authority: Owner Driver Police
 76 Vehicle Removed To: Driven Left at Scene Towed Impound Disabled
 77 Authority: Owner Driver Police

48 Alcohol/Drug Test: Given: No Yes Refused
 Type: Breath Blood Urine
 Results: 0. % Pending
 49 Hazardous Material: On Board Spill Name or Placard No.:
 50 Carrier No.: USDOT Other *
 51 Commercial Vehicle Weight: ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs
 52 Carrier name:



78 Alcohol/Drug Test: Given: No Yes Refused
 Type: Breath Blood Urine
 Results: 0. % Pending
 79 Hazardous Material: On Board Spill Name or Placard No.:
 80 Carrier No.: USDOT Other *
 81 Commercial Vehicle Weight: ≤ 10,000 lbs 10,001 - 26,000 lbs ≥ 26,001 lbs
 82 Carrier name:

110
 111
 112
 113
 114
 115
 116
 117

135 Crash Description:
 136 Damage To Other Property:
 137 Charge: Multiple Charges
 138 Summons No.:
 139 Charge: Multiple Charges
 140 Summons No.:

141 Officer's Signature: [Signature]
 142 Badge No.: 208
 143 Reviewed By: [Signature] 159
 144 Case Status: Pending Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														
E														





Montclair
Police Department
 647 Bloomfield Avenue
 Montclair, New Jersey, 07042
 (973) 509-4752



Traffic Division

Motor Vehicle Accident Statement Form

Acc # 12-054020

Date: 12 / 08 / 2012

I parked my light blue 1981 Toyota Corona station wagon
with its engine off and handbrake set next to the pump
island at the Eastern Oil service station at the intersection
of Orange Road and Bloomfield Avenue in Montclair shortly
before 9:00AM. While I was standing outside the car with
my keys in my pocket, the car began to roll down the sloping
drive toward Orange Road. I jumped into the driver's seat.
I pulled up the handbrake as hard as I could and then stepped
on the footbrake as hard as I could, but the car kept
accelerating toward a line of cars on Orange Road waiting
for a traffic light at Bloomfield Avenue. I then pulled the
steering wheel of my car to the right to avoid hitting them
on the left side. The steering wheel then locked because
I was unable to insert the key in the ignition quickly and
my car then struck two parked cars on the same side of
Orange Road as the service station.



**Motor Vehicle
Commission**



NEW JERSEY

[Signature]
CHIEF ADMINISTRATOR
MOTOR VEHICLE COMMISSION

VEHICLE REGISTRATION



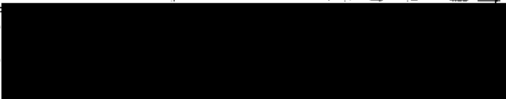
PLATE NO: [REDACTED]

GOOD THRU: 07/2013

VIN: A UT2RT32W5B0 [REDACTED]

TOY 1981 WAGON BL

WC: 7



PASSENGER 07

DL: [REDACTED] [REDACTED]

MONTCLAIR

NJ [REDACTED]

RENEWAL

PT: PA

EQ: 7

FEE: 39.50

KJ WN20121930489



Montclair NJ

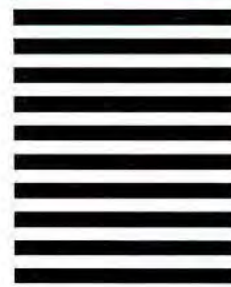


DVD P&DC AFSM #3
KEARNY NJ 070
THU 24 JAN 2013 PM

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



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