NVS-200

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
JUL 17 2013 07-JUN-2013	☐
	Reference No. 10515643

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City STATEN ISLAND	State NY	Zip Code [redacted]	Evening Telephone Number Same

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
4T1BE32K53U[redacted]	TOYOTA	CAMRY	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
February 2003	Bay Ridge Toyota 6401 6th. Ave.			4-2,4 6 FI	Gas
Original Owner ☒	Dealer's City Brooklyn N.Y.	State NY	Zip Code 11220		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☒ Cruise Control	?		30-MAY-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 140000 AIR BAGS	Failure Mileage	Failure Speed
	44000 43911	1

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	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 2003 TOYOTA CAMRY. THE CONTACT STATED WHILE DRIVING 1 MPH IN A PARKING LOT , THE VEHICLE ACCELERATED INDEPENDENTLY. THE CONTACT CRASHED INTO A PROTECTED BARRIER TO AVOID CRASHING INTO PEDESTRIANS AND THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUSTAINED A CONTUSION AND A BURN MARK CAUSED BY SEAT BELT. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO A COLLISION CENTER BY THE INSURANCE COMPANY. THE VEHICLE WAS NOT INSPECTED TO DETERMINE THE CAUSE OF FAILURE. THE FAILURE WAS REPORTED TO THE MANUFACTURER. THE FAILURE AND CURRENT MILEAGE WAS 44,000.

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 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.

[redacted]
Staten Island, N.Y. [redacted]
[redacted]

Supplementary Information to Vehicle Owner's Questionnaire
Case #10515643

The accident occurred while I was driving in the parking lot of the YMCA, 3939 Richmond Avenue, Staten Island, NY. The unintentional acceleration was preceded by a very loud roaring sound. All of this happened in a matter of seconds. The air bag did not deploy but I received a skin abrasion when the seat belt tightened upon the impact of the crash.
A police officer was called to the site and a report was filed. I was evaluated by the EMS but did not require medical attention.

5/30/2013: My vehicle was not drivable because of the damage. It was transported to my home via a flat- bed tow truck.

5/31/2013: I contacted my insurance GEICO to report the accident.
Case # 0012036710101049

5/31/2013: Reported the accident to Toyota Customer Experience Center at 800-331-4331. I spoke with a person who identified herself as" Jennifer". After taking my report, she provided me with a case identification # 1305310733.

5/31/2013: My vehicle was transported to A&B Collision Center via a flat-bed truck for repairs after discussing my options with GEICO.

6/3/2013: Received a call from Jackie Glaster, the assigned case manager from Toyota Corporation. After answering all her questions (the same I had been asked by Jennifer), she informed me that I would be contacted at a later time to obtain my permission for the car to be inspected.

6/11/2013: Received a call from A&B Collision informing me that the car had been repaired and was ready for pick up. I did not want to accept the car until Toyota Corp. had the car inspected to find out the cause of the unintended acceleration that led to the accident.
Total cost of repairs: $5,485.48
- 500.00 deductible

6/11/2013: After discussing my concerns with the GEICO adjuster, the car was transported via a flat-bed truck to the Bay Ridge Toyota Service Department, the dealership where the car was purchased in 2003.This is also the only place where the car has ever been serviced.

6/13/2013: Received a phone message from Jackie Glasten informing me that "they were still investigating". This was the only communication I have received from Toyota Corporation since my conversation with Jackie Glasten on 6/3/2013.

6/14/2013: Received a phone call from Cynthia Ware, from SPY Service, informing me about forms she sent me via e-mail to give permission for an independent inspector to examine my car.

6/16/2013: Received a phone message from a" Joe O'Connor", the person assigned by SPY Service, to examine my car.

6/26/13: Received message from Bay Ridge Toyota Service Department informing me that the car had been inspected by Joe O'Connor and was ready for pick up.

6/28/13: I picked up my car from Bay Ridge Toyota Service Department.

As of today 7/8/13, I have yet to receive any official communication from Toyota Corporation.

Enc. Copy of Police Report

[redacted]

7/8/13

Precinct 122

Accident No. 1221302845

Complaint Number

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

☐ AMENDED REPORT

COPY

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Reconstructed ☐	Left Scene ☐	Police Photos ☑ Yes ☐ No
5	30	2013	TH	1800	1	0	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number [redacted] State of Lic. NY

Driver Name - exactly as printed on license [redacted]

Address (Include Number & Street) [redacted] Apt. No.

City or Town Staten Island State NY Zip Code [redacted]

Date of Birth Month	Day	Year	Sex	Unlicensed	No. of Occupants	Public Property Damaged
[redacted]			F	☐		☐

Name–exactly as printed on registration [redacted] Sex Date of Birth Month Day Year

Address (Include Number & Street) [redacted] Apt. No. Haz. Mat Code Released ☐

City or Town Staten Island State NY Zip Code [redacted]

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NYS	2003 TOY		

Ticket/Arrest Number(s)

Violation Section(s)

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	1	2
	3	4
Enter up to three more Damage Codes	3	4	5
	X	X	X

Vehicle Towed: By To NO TOW

VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number State of Lic.

Driver Name - exactly as printed on license

Address (Include Number & Street) Apt. No.

City or Town State Zip Code

Date of Birth Month	Day	Year	Sex	Unlicensed	No. of Occupants	Public Property Damaged
				☐		☐

Name–exactly as printed on registration Sex Date of Birth Month Day Year

Address (Include Number & Street) Apt. No. Haz. Mat Code Released ☐

City or Town State Zip Code

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

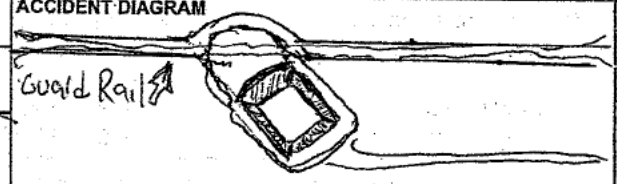
Box 1 - Point of Impact / Box 2 - Most Damage	1	2
	3	4	5
Enter up to three more Damage Codes			

Vehicle Towed: By To

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

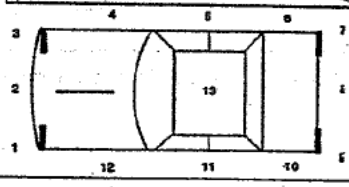
Rear End	Left Turn	Right Angle	Right Turn	Head On
1.	3.		5.	7.
Sideswipe (same direction)	**Left Turn**		**Right Turn**	**Sideswipe (opposite)**
2.	0.	4.	6.	8.

ACCIDENT DIAGRAM



VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Cost of repairs to any one vehicle will be more than $1000.
☒ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Marker

Coordinates (if available)
Latitude/Northing:
Longitude/Easting:

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☐ NEW YORK ☐ QUEENS ☒ RICHMOND

Road on which accident occurred 3939 Richmond Ave (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) ____ Feet ____ Miles ☐N ☐S ☐E ☐W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: Driver #1 states as she was driving in parking lot, her accelerator pedal got stuck causing her to hit metal barier.

USE COVER SHEET P

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all Involved	Date of Death Only
A	1	1	4	1		F			6		P		A	[redacted]	
B															
C															
D															
E															
F															

Officer's Rank and Signature	Print Name in Full	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
	Amato.	943137	03030	122		Sgt Perino	5/31/13 0208

Address	Address
Date of Birth: Month / Day / Year — Telephone (Area Code) ( )	Date of Birth: Month / Day / Year — Telephone (Area Code) ( )
B Last Name — First — M.I.	E Last Name — First — M.I.
Address	Address
Date of Birth: Month / Day / Year — Telephone (Area Code) ( )	Date of Birth: Month / Day / Year — Telephone (Area Code) ( )
C Last Name — First — M.I.	Highway Dist. at Scene? ☐ Yes ☐ No Name:
Address	
Date of Birth: Month / Day / Year — Telephone (Area Code) ( )	Shield No.

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 [redacted]

Expiration Date 06/01/2013

VIN 4T1BE32K53U[redacted]

Vehicle No.2 _____

Expiration Date _____

VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (if anyone is killed/injured)
- ☐ Motor Transport Division (P.D. vehicle involved)
- ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
- ☐ Other City Agency (Specify) _____
- ☐ Office of Comptroller (if a City vehicle involved)
- ☐ Personnel Safety Unit (if a P.D. vehicle involved)
- ☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)
Metal Guard Rail	YMCA

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle–Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command

Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____
- ☐ Pursuing Violator
- ☐ Other (Describe) _____
- ☐ Complying with Station House Directive
- ☐ Routine Patrol

[redacted]

Staten Island, N.Y [redacted]

NEW YORK NY 100

09 JUL 2013 PM 12 L

USA

Justice

FOREVER

NHTSA Headquarters
1200 New Jersey Ave. S.E.
West Bldg.
Washington D.C 20590

20590