

INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation
National Highway Traffic Safety Administration

**Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects**
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

Date Received 19-FEB-2014	Repository <input type="checkbox"/>
	Reference No. 10564914

OWNER INFORMATION (Type or Print)

Name		
Address		
City GLADE SPRING	State VA	Zip Code

Daytime Telephone Number	E-mail Address
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 JTDBR32E770		Make TOYOTA	Model COROLLA	Model Year 2007
Date Purchased 4-12	Dealer's Name and Telephone Number Modern Toyota 828-264-1491		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City Boone	State NC	Zip Code 28607	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 18-FEB-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 136000	Failure Speed 35 mph
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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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police <input checked="" type="checkbox"/> Yes
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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 2007 TOYOTA COROLLA. THE CONTACT STATED THAT WHILE DRIVING AN UNKNOWN SPEED, HE CRASHED INTO ANOTHER VEHICLE HAD-ON. THE AIR BAGS FAILED TO DEPLOY AND THE VEHICLE WAS TOWED TO THE CONTACT'S INSURANCE COMPANY FOR FURTHER INSPECTION. THE CONTACT WAS NOT INJURED AND A POLICE REPORT WAS NOT FILED. THE FAILURE AND CURRENT MILEAGE WAS 136,000.

I was traveling 35 mph. A police report was filed.

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.

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

I was traveling 35 mph, when a vehicle came out of a parking lot, did not stop, and hit me head on. The air bags did not deploy. With the extensive damage to the front of my vehicle, I feel they should have

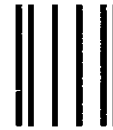
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE,
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



Crash Report Information

Crash Date: 02 / 18 / 14

Crash Time: 0605

Crash Location: RT. 1717 NEAR RT. 1729 645

City / County / Town where crash occurred: Washington Co / Bristol / Scott County

Trooper's Name: P. J. Battel Badge #: 554

Case No.: DIV414017787

1. Your crash is reportable to the DEPARTMENT OF MOTOR VEHICLES; a copy of the report will be available 30 days after the date of your crash. A reportable crash is defined as any crash involving personal injury, death, or property damage in excess of \$1,500, occurring on a public highway. Reports are available to driver(s), injured person(s), property owner(s), attorney(s), insurance companies, parent/legal guardian, authorized personal representatives or a person with written permission of an individual directly involved in the crash.

2. Submit a written request for a crash report or complete an Information Request Form (CRD93) to DMV. <http://www.dmv.virginia.gov/webdoc/pdf/crd93.pdf>

The request must include:

- Crash Involvement (e.g., driver, injured person, vehicle owner, etc.), Crash date, Crash time, Crash location (street, city/town/county)
- Driver's name (must be provided if requestor was involved in crash)
- Driver's License Number (must be provided if requestor was involved in crash)
- Requests can be made by mail, FAX, or e-mail to the following address:

Customer Records Work Center – Room 514

Department of Motor Vehicles

Post Office Box 27412

Richmond, VA 23269

FAX: (804) 367-0390

E-mail: CustomerRecords@dmv.virginia.gov

The fee is \$8.00 per crash report requested. DMV accepts cash, check or credit card payments. DMV will return the requested documents to you via U.S. Postal Service first class mail.

DMV will process all requests for crash reports from their central office in Richmond. No crash reports will be provided at the customer service centers located throughout the Commonwealth.

Visit www.DMVNOW.com or <http://www.dmv.virginia.gov/general/#records/accident.asp> for additional information.

IT IS RESPECTFULLY REQUESTED THAT YOU RETAIN THIS DOCUMENT FOR YOUR BENEFIT AS WELL AS THAT OF YOUR INSURANCE COMPANY/CLAIMS ADJUSTER, ATTORNEY, SPOUSE, OR PARENT! THANK YOU!



Virginia State Police

Senior Trooper
P. J. Battel
Badge Number 554

Phone: 276-669-2641
Fax: 276-669-2871

Area 27 Office
868 Bonham Road
Bristol, VA 24201



