

DEC 08 2014

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

Form Approved: O.M.B. No. 2127-0008

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  03-OCT-2014	Repository <input type="checkbox"/>  Reference No. 10641107
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**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
VENTRESS	LA	[REDACTED]	

Daytime Telephone Number	E-mail Address
[REDACTED]	[REDACTED]
Evening Telephone Number	
[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 2T1BR32E97C [REDACTED]	Make TOYOTA	Model COROLLA	Model Year 2007
Date Purchased	Dealer's Name and telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 03-SEP-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage 72930	Failure Speed 0
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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 type="checkbox"/> Yes <input checked="" 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 N
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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. WHILE STOPPED AT A TRAFFIC LIGHT, THE VEHICLE SUDDENLY ACCELERATED. IN ORDER TO STOP THE VEHICLE, THE CONTACT HAD TO DEPRESS THE BRAKE PEDAL WITH BOTH FEET. THE VEHICLE WAS MERGED INTO A PARKING LOT AND TOWED TO THE DEALER FOR DIAGNOSTIC TESTING. THE TECHNICIAN WAS UNABLE TO LOCATE THE CAUSE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED AND THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 72,930.

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.

CUSTOMER #: [REDACTED]

INVOICE

TEAM TOYOTA

1788 O'NEAL LANE  
BATON ROUGE, LOUISIANA 70816  
Service: (225) 273-5880  
Toll Free: (800) 270-5880

ENTRESS, LA [REDACTED]  
OME: [REDACTED] CONT: [REDACTED]  
US: [REDACTED] CELL: [REDACTED]

PAGE 1

SERVICE ADVISOR: 2630 KYLE LOTT

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
REY	07	TOYOTA COROLLA	2T1BR32E97C [REDACTED]		72930/72930	T4806	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
9MAY07 DL			15:30 06SEP14		97.19	CASH	06SEP14

R.O. OPENED: [REDACTED] READY: [REDACTED] OPTIONS: ENG:1.8\_Liter\_DOHC

7:39 04SEP14 16:43 06SEP14

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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CUST STATES ENGINE WAS RACING / IDLE VERY HIGH AT STOP CUST WAS STARTLED AND HAD TO SLIP VEH INTO NETURAL AND ENGINE STILL IDLES UP PLS INSPECT AND ADVISE  
E COULD NOT DUPLICATE CUSTOMERS CONCERN.  
CONTACTED TOYOTA AS PER UA PROCEDURE. ALL TESTS NEGATIVE AT THIS TIME TOYOTA HAS RELEASED VEHICLE  
2697 CPT 0.00 0.00

OVER

72930 COULD NOT DUPLICATE

\*\*\*\*\*  
COMPLIMENTARY MULTI-POINT INSPECTION - VISUAL INSPECTION ONLY. DOES NOT INCLUDE DIAGNOSTICS FOR ANY MECHANICAL, ELECTRICAL, NOISE OR OTHER CONCERNS.

CI COMPLIMENTARY MULTI-POINT INSPECTION - VISUAL INSPECTION ONLY. DOES NOT INCLUDE DIAGNOSTICS FOR ANY MECHANICAL, ELECTRICAL, NOISE OR OTHER CONCERNS.  
2697 CPT 0.00 0.00

TOW  
TOW TOW  
2697 CPT 0.00 0.00

\*\* M3\*F\*#01061 PERFORM FUEL INJECTION SYSTEM FLUSH  
EFI M3\*F\*#01061 PERFORM FUEL INJECTION SYSTEM FLUSH  
2697 CPT 80.74 80.74  
1 01121 INJECTOR FLUSH 20.95 20.95 20.95

72930 MAINT 1.00 COMPLETE

\*\* M7\*F2\*#01661 Complete Decarb Vacu Flush Service. Decarb Throttle Body, Service Intake and Install Premium Tank Additive  
CDCS M7\*F2\*#01661 Complete Decarb Vacu Flush Service. Decarb Throttle Body, Service

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTALS
		LABOR AMOUNT	
		PARTS AMOUNT	
		GAS, OIL, LUBE	
		SUBLET AMOUNT	
		MISC. CHARGES	
		TOTAL CHARGES	
		LESS INSURANCE	
		SALES TAX	
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT	



# KCJ'S TOWING

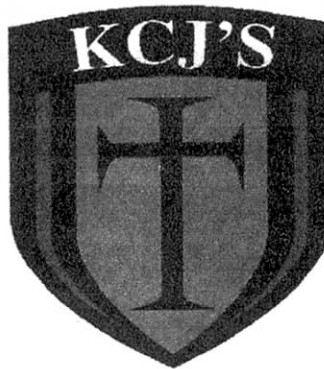
**& Trucking Transport Services**

24 Hour Service Available  
(225) 247-0790 office

(225) 686-1566 fax • (225) 208-1210 efax

32739 N. Corbin • Walker, LA 70785

KCJStowing@gmail.com

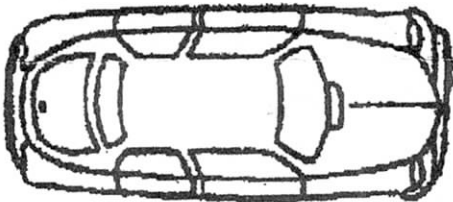


Entered	<input type="checkbox"/>
Billed	<input type="checkbox"/>
Paid in Full	<input type="checkbox"/>
File #	

Date of Service 9-3-14 Owner/Driver [Redacted] Bill To CLAS  
 Complete Time 5:59 a.m. p.m. Street \_\_\_\_\_ Street \_\_\_\_\_  
 On Scene 5:59 a.m. p.m. City \_\_\_\_\_ St \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_  
 Dispatch Time \_\_\_\_\_ a.m. p.m. Zip \_\_\_\_\_ Phone [Redacted] Zip \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle Year 2007 Vehicle Make Toyota Vehicle Model Cam Vehicle Color Sil State & Year LA 15  
 Vehicle Identification No. 2T1BR3ZE97C [Redacted]  
 PO No./Authorization No. \_\_\_\_\_  
 Member No. \_\_\_\_\_

Odometer \_\_\_\_\_ Location of Vehicle Florida 10th BR.  
 Towed to Location 7788 Oneil Lane BR.



Type of Call  
 Abandoned   
 Accident   
 Arrest   
 Insurance   
 Private   
 Stolen   
 Repo   
 Other

Requested By  
 LSP \_\_\_\_\_  
 DSP \_\_\_\_\_  
 Walker \_\_\_\_\_  
 PVP \_\_\_\_\_  
 Other \_\_\_\_\_

Dispatcher gm  
 Driver Brown  
 Unit# 9

**List Prior Damage Before Towing**

Covered YES NO Release Required YES NO

Comments \_\_\_\_\_

15.00 COURAGE  
76.00 overage  
paid CC

PAID BY: \_\_\_\_\_ Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CASH  CHECK # \_\_\_\_\_  
 CREDIT CARD # \_\_\_\_\_ Exp. Date 11/16

Authorizing Signature \_\_\_\_\_  
 Repair Authorization \_\_\_\_\_

Towing	
Miles to Site	<u>27</u> @\$
Miles Towed	<u>13</u> @\$
Storage	@\$
Fuel Surcharge	
Winch Service	
Jump Start	
Add. Equip.	
Filling Fees	
Go Jacks	
Recovery Work	
Lock Out Service	
Fuel Delivery	
Tire Charge	
Gate Fee	
Other	
<b>TOTAL</b>	

Complaints may be addressed to the  
 Louisiana Public Service Commission  
 Attn: Transportation Division  
 P.O. Box 91154, Baton Rouge, LA 70821

PLEASE NOTE: We are not responsible for damages caused by faulty tires, weak bumper brackets or splash pans, etc. Also not responsible for transmission, plastic valances or plastic body cars. Articles left in cars are done so at owner's risk. Not responsible for any car left in storage for more than 30 days. Total bill payable on demand.

COPY