



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: 27-APR-2015
Repository:
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BURLINGTON State: MA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [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: 2T1BR12E8WC [REDACTED]
Make: TOYOTA Model: COROLLA Model Year: 1998
Date Purchased: SEPT: 26, 2000 Dealer's Name and Telephone Number: Enterprise Rent-A-Car Co, of Woburn Inc. (781) 932-1704 Engine: No: Cylinders: 4 Fuel Type: gasoline
Original Owner: Dealer's City: 248 WILSHAMUM Rd. WOBURN MA State: MA Zip Code: 01801
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: Multiple Failure: Incident Date(s): 13-APR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 010000 STEERING Failure Mileage: 62000 Failure Speed: 5

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) 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: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: 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 1998 TOYOTA COROLLA. WHILE DRIVING APPROXIMATELY 5 MPH AND MAKING A LEFT TURN, THE STEERING WHEEL SUDDENLY SEIZED AND THE DRIVER WAS NOT ABLE TO TURN THE VEHICLE. THE CONTACT ALSO STATED THAT THE SPEED INDEPENDENTLY INCREASED AND CAUSED THE VEHICLE TO CRASH INTO A SECOND VEHICLE. NO INJURIES WERE REPORTED. A POLICE REPORT WAS FILED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 62,000.

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 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.



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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ



Get Your Police Report at CRASHDOCS.ORG

Burlington Police Department

Accident Date 4, 13, 15



Police Report #



Reports are available 5-7 business days after incident

Printed on 04/14/2015	Burlington Police Department	Page Number 1 of 1
Operator Information Sheet		

General			
Accident Date 04/13/2015	Time 0855	Reporting Officer Patrol Kevin J Rogers	
Location [REDACTED]		City BURLINGTON	State MA
		ZIP [REDACTED]	

Operator								
OPERATOR	Last Name		First	Middle	Suffix	Veh/Unit 1	<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Fatality	
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
	Apt		City BURLINGTON		State MA	ZIP [REDACTED]		
	DOB [REDACTED]	Home Phone [REDACTED]		Work Phone [REDACTED]		License State/Number MA [REDACTED]		
	Insurance Company Govt Employee Ins				Policy Number [REDACTED]			
OWNER	Last Name		First	Middle	Suffix	Home Phone	Work Phone	
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
	Number Street		Apt		City BURLINGTON	State MA	ZIP [REDACTED]	
	Insurance Company				Policy Number			
VEH	Year 2008	Make NISSAN	Model MURANO		VIN JN8AZ18W29W	[REDACTED]		
	Registration State/Number MA [REDACTED]		Towed By			Towed To		

Operator								
OPERATOR	Last Name		First	Middle	Suffix	Veh/Unit 2	<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Fatality	
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
	Number Street		Apt		City BURLINGTON	State MA	ZIP [REDACTED]	
	DOB [REDACTED]	Home Phone [REDACTED]		Work Phone [REDACTED]		License State/Number MA [REDACTED]		
	Insurance Company Commerce Insurance				Policy Number [REDACTED]			
OWNER	Last Name		First	Middle	Suffix	Home Phone	Work Phone	
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
	Number Street		Apt		City BURLINGTON	State MA	ZIP [REDACTED]	
	Insurance Company				Policy Number			
VEH	Year 1998	Make TOYOTA	Model COROLL		VIN 2T1BR12E8WC	[REDACTED]		
	Registration State/Number MA [REDACTED]		Towed By			Towed To		

Subject: Toyota Customer Experience Center Case # [REDACTED]
From: Toyota_Customer_Experience@toyota.com (Toyota_Customer_Experience@toyota.com)
To: [REDACTED]
Date: Monday, April 27, 2015 10:21 AM

Dear [REDACTED]:

Thank you for contacting Toyota Motor Sales, USA, Inc. Your case is filed at our headquarters office under your name and file # [REDACTED]

If you have any further questions, please contact us at 800-331-4331. Our hours of operation are 5:00 am to 6:00 pm PST Monday through Friday and 7:00 am to 4:00 pm PST Saturday.

Sincerely,

**Danielle White
Toyota Customer Experience**

Please do not attempt to respond to this message. We cannot accept electronic replies to this e-mail.

Subject: FW: Consent Form: DIXIT, JAY 1998 COROLLA 2T1BR12E8WC [REDACTED]
From: Ware Cynthia (AA-AS/PRM9.1) (cynthia.ware@us.bosch.com)
To: [REDACTED]
Cc: cynthia.ware@us.bosch.com;
Date: Wednesday, April 29, 2015 8:46 AM

We have been retained by Toyota to help with vehicle inspections. What we need to proceed is the complete vehicle location.

-
Please confirm that your vehicle is located at [REDACTED]

-
Please call me with any questions or Email to Cynthia.ware@us.bosch.com

Once we have the complete vehicle location we can go forward with ordering the inspection.

It does take about 7-10 business days for the inspector to contact you, to schedule the inspection.

Thank-you

Cynthia Ware

Phone 586-578-7366

Mobile 586-215-8547

Fax: 586-582-5840

Mail to:

EAA

28635 Mound Road

Warren, MI 48092

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Subject: RE: 1998 TOYOTA CORROLA AT [REDACTED] BURLINGTON, MA [REDACTED]
From: Ware Cynthia (AA-AS/PRM9.1) (cynthia.ware@us.bosch.com)
To: [REDACTED]
Cc: cynthia.ware@us.bosch.com;
Date: Wednesday, April 29, 2015 9:36 AM

Thank you very much. We will have the inspector contact you to arrange the inspection. Thank you very much.

Mit freundlichen Grüßen / Best regards

Cynthia Ware

**Bosch Automotive Aftermarket
Automotive Service Solutions
Customer Contact (AA-AS)**

**5800 Enterprise Drive
Warren, MI 48092
USA**

www.bosch.com

**Tel. +1 586-578-7366
Fax: +1 586-582-5840**

cynthia.ware@us.bosch.com

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From: [REDACTED]
Sent: Wednesday, April 29, 2015 9:35 AM
To: Ware Cynthia (AA-AS/PRM9.1)
Subject: 1998 TOYOTA CORROLA AT [REDACTED]
[REDACTED] BURLINGTON, MA [REDACTED]

Yes, The Toyota is at this laocation.

For Inspection call me at my mobile number
[REDACTED]

Thanks,
[REDACTED]

NOTE: follow up by mobile call

[REDACTED]



Burlington MA

BOSTON MA 021

22 MAY 2015 PM 12 T



21. S. Department of Transportation,
National Highway Traffic Safety Administration,
1200 New Jersey Avenue SE
Washington, DC 20590
Attn: Randy Reid, Chief
Correspondence Research Division
Office of Defects Investigation Enforcement.

