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 ☐
22-MAY-2015 OCT 14 2015	Reference No. 10721058

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City CARSON CITY	State NV	Zip Code [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	Make	Model	Model Year
2T1KR32E73C[redacted]	TOYOTA	MATRIX	2003

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
	MICHAELS TOYOTA (559) 431-6005	No: Cylinders 4	UNleaded
Original Owner ☐	Dealer's City: FRESNO	State: CA	Zip Code: 93704

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☐ Antilock Brakes ☐ Cruise Control		0	20-FEB-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed

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	0	0	N

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 MATRIX. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBERS: 15V043000 (AIR BAGS) AND 14V312000 (AIR BAGS). THE CONTACT STATED THAT THE PART WAS NOT AVAILABLE WITHIN A REASONABLE AMOUNT OF TIME TO REPAIR THE VEHICLE. THE DEALER DID NOT GIVE A SPECIFIC DATE FOR WHEN THE PART WOULD BECOME AVAILABLE. THE MANUFACTURER WAS NOTIFIED. THE CONTACT HAD NOT EXPERIENCED A FAILURE.

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.