

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|--|
|  <b>U.S. Department of Transportation</b><br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET:www.nhtsa.dot.gov/hotline |  | FOR AGENCY USE ONLY 100148<br>Date Received<br>22-JUN-2015 |                                | Repository <input type="checkbox"/><br>Reference No.<br>10726609 |  |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                   |  | Daytime Telephone Number                                   |                                | E-mail Address                                                   |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                   |  | Evening Telephone Number                                   |                                |                                                                  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                                                                                                             |  | Zip Code                                                   |                                |                                                                  |  |
| MAXTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | NC                                                                                                                                                                                |  |                                                            |                                |                                                                  |  |
| <i>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).</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                   |  | Make                                                       |                                | Model                                                            |  |
| 4T1BE46K07L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                   |  | TOYOTA                                                     |                                | CAMRY                                                            |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Dealer's Name and Telephone Number                                                                                                                                                |  |                                                            |                                | Engine:                                                          |  |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Dealer's City                                                                                                                                                                     |  | State                                                      |                                | No: Cylinders                                                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Antilock Brakes                                                                                                                                                                   |  | Powertrain                                                 |                                | Multiple Failure:                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/>                                                                                                                                                          |  |                                                            |                                | Incident Date(s)                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/>                                                                                                                                                          |  |                                                            |                                | 23-MAR-2015                                                      |  |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| Vehicle Component Codes: ENGINE (PWS), FUEL/PROPULSION SYSTEM (PWS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                   |  |                                                            |                                | Failure Mileage                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  |                                                            |                                | 120000                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  |                                                            |                                | Failure Speed                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  |                                                            |                                | 0                                                                |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Original Equipment                                                                                                                                       |  | Failure Location:                                          |                                |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Prior Repair                                                                                                                                             |  |                                                            |                                |                                                                  |  |
| 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                                                 |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               |  | 0                                                          |                                | 0                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  | Reported to Police                                         |                                |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                   |  | 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| I OWN A 2007 TOYOTA CAMRY SE AND FOR THE PAST SEVERAL MONTHS I HAVE BEEN HAVING ISSUES WITH MY CAR NOT STARTING IF IT IS ON UNLEVEL GROUND. I ASSUMED IT WAS SOMETHING IN THE GAS I HAD RECENTLY PURCHASED BUT THAT DOES NOT SEEM TO BE THE CASE. IF MY CAR IS PARKED ON UNLEVEL GROUND, I NOW HAVE TO PLACE THE GEAR IN NEUTRAL AND PUSH THE CAR TO A LEVEL GROUND IN ORDER FOR IT TO START. I RECENTLY HAD IT CHECKED OUT BY A MECHANIC AND HE TOLD ME THAT IT HAD TO BE A SENSOR IN THE FUEL PUMP CAUSING MY CAR TO RESPOND IN ONE OF TWO WAYS: 1) THERE WAS NO GAS IN THE TANK OR 2) THE ANTITHEFT SENSOR WAS ON AND THE CAR DOESN'T START IF THE VEHICLE HAS BEEN STOLEN. I HAD A FULL TANK AT THE TIME SO OPTION 1 WAS DEFINITELY NOT THE CASE. THIS ISSUE IS CONTINUOUS, IS ANYONE ELSE HAVING THIS ISSUE WHERE YOUR CAR WON'T START IF YOU ARE ON UNLEVEL GROUND??? |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |
| 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.                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                   |  |                                                            |                                |                                                                  |  |

**From:** [Abbew, Margaret CTR \(NHTSA\)](#)  
**To:** [Fogle, Brenda CTR \(NHTSA\)](#)  
**Subject:** FW: FW: FW: NHTSA: Follow up to ODI Complaint: ----10726609-----  
**Date:** Monday, August 17, 2015 9:01:01 AM  
**Attachments:** [EVOQ EMAIL RESPONSE.doc](#)  
[10726609.pdf](#)

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**Sent:** Friday, August 07, 2015 11:20 AM

**Subject:** FW: FW: FW: NHTSA: Follow up to ODI Complaint: ----10726609-----

**From:** [REDACTED]  
**Sent:** Friday, August 07, 2015 10:00 AM  
**To:** DataQuality, DataQuality (NHTSA)  
**Subject:** Fwd: FW: FW: NHTSA: Follow up to ODI Complaint: ----10726609-----

All of the information is correct on the complaint. Since this complaint i have also contacted Toyota directly and filed a complaint as well.

----- Forwarded message -----

**From:** <[EVOQ@dot.gov](mailto:EVOQ@dot.gov)>  
**Date:** Thu, Aug 6, 2015 at 2:43 PM  
**Subject:** FW: FW: NHTSA: Follow up to ODI Complaint: ----10726609-----  
**To:** [REDACTED]

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to [dataquality@dot.gov](mailto:dataquality@dot.gov) or fax to [\(202\) 366-1767](tel:(202)366-1767). Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.  
NHTSA/Office of Defects Investigation



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[REDACTED], Director of Operations

Locklear, Locklear & Jacobs, PLLC

[REDACTED]

**Pembroke, NC** [REDACTED]

**Office:**

[REDACTED]

**Fax:**

[REDACTED]

**Cell:**

[REDACTED]

*This message is intended solely for the use of the addressee and may contain information that is PRIVILEGED and CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please delete all electronic copies of the message and its attachments, if any, destroy any hard copies you may have created, and notify the sender immediately. Thank you.*



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 failures(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

