

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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 JAN 12 2016 04-NOV-2015	Repository ☐ Reference No. 10788388
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
ALEXANDRIA		MN			
<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 JTDBA30K550			Make TOYOTA	Model CAMRY	Model Year 2005
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City		State	Zip Code	
				6	Regular
Transmission Type Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:		Incident Date(s) 13-AUG-2015
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 100000 POWER TRAIN, 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL				Failure Mileage 105000	Failure Speed 1
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 OWNED A 2005 TOYOTA CAMRY. WHILE PULLING INTO A PARKING SPACE AT 1 MPH, THE ACCELERATOR PEDAL BECAME STUCK AND THE VEHICLE CRASHED OVER A FIVE INCH BARRIER. THE VEHICLE ACCELERATED OVER THE 36 INCH WALL DOWN THE SIDEWALK AND ONTO THE STREET. THE CONTACT STOPPED THE VEHICLE BY APPLYING THE BRAKES. A POLICE REPORT WAS FILED AND THERE WERE NO INJURIES. THE VEHICLE WAS TOWED TO THE INDEPENDENT MECHANIC AND THE VEHICLE WAS TOTALED BY THE INSURANCE COMPANY. THE APPROXIMATE FAILURE MILEAGE WAS 105,000.					
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.					

ALEXANDRIA POLICE DEPARTMENT
MINOR ACCIDENT REPORT - APD201500008159ADM1-
131mh.docx

Date: 07/13/2015

Location: 3rd Avenue W/Eldens Food Fair

Vehicle #1 Information

[REDACTED]		DOB:	[REDACTED]	DL#:	[REDACTED]	State:	MN
[REDACTED]		City:	Alexandria	State:	MN	Zip:	[REDACTED]
Vehicle LIC:	[REDACTED]	State:	MN	Vehicle Make:	Toyota	Vehicle Model:	Camry
Registered Owner: (if different)		Address:		City:	State:	Zip:	
[REDACTED]		SAA		[REDACTED]	[REDACTED]	[REDACTED]	
Insurance Company:			Policy #:				
Cincinnati Ins			[REDACTED]				
Damaged Area:							
Front passenger corner of vehicle							

Vehicle #2 Information

Drivers Name:		DOB:	DL#:	State:
n/a				
Address:		City:	State:	Zip:
Vehicle LIC:	State:	Vehicle Make:	Vehicle Model:	Vehicle Year:
n/a				
Registered Owner: (if different)		Address:		City:
				State:
				Zip:
Insurance Company:		Policy #:		
Damaged Area:				

Property: (if non motor vehicle)	Property Owner:
Speed Limit Sign on 3 rd Avenue	City of Alexandria

Narrative:

Driver 1 said she was pulling into a parking space in the Elden's Food Fair parking lot that is along 3rd Avenue W. Driver 1 said she tapped her accelerator to move forward, but when she hit her brakes nothing happened but her car jerked forward quickly. Driver 1 went over the edge of the parking lot, hit the speed limit sign, and stopped on 3rd Avenue W.
Driver 1 said she was uninjured on scene.

Officer	Darcie Zirbes #120
	Alexandria Police Department