

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (EOIA), 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 28-DEC-2015 APR 01 2016	Repository ☐ Reference No. 10816505		
OWNER INFORMATION (Type or Print)					
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]		Evening Telephone Number			
City TUSTIN	State CA	Zip Code [REDACTED]			
<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 4TARF46K59R [REDACTED]		Make TOYOTA	Model CAMRY	Model Year 2009	
Date Purchased 8/2008	Dealer's Name and Telephone Number Toyota of Orange (714) 639-6750		Engine: No. Cylinders 4	Fuel Type: unleaded gas	
Original Owner ☒	Dealer's City Orange	State CA	Zip Code 92867		
Transmission Type Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain 10 years 100,000 miles	Multiple Failure:	Incident Date(s) 21-DEC-2015	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 022000 SUSPENSION: REAR, 020000 SUSPENSION				Failure Mileage 56489	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: 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					
<i>Please describe all vehicle incidents, failures, crash(es), and injury(ies).</i>					
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	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).					
TL* THE CONTACT OWNS A 2009 TOYOTA CAMRY. WHILE THE VEHICLE WAS UNDERGOING ROUTINE MAINTENANCE, THE MECHANIC NOTICED THAT THE REAR STRUTS WERE LEAKING AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 56,489.					
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.					

CUSTOMER #:

INVOICE

36 AUTO CENTER DRIVE • TUSTIN, CALIFORNIA 92782
(714) 832-3111

www.tustintoyota.com

Email: service@tustintoyota.com

TUSTIN, CA

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HOME: CONT:

BUS: CELL:

SERVICE ADVISOR: 146 DANNY STANLEY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	09	TOYOTA CAMRY	4T4BE46K59R		56491/56492	T881R	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JUN08	DD01JUN08		16:00	29DEC15		CASH	29DEC15

R.O. OPENED READY OPTIONS: ENG:2.4 Liters

12:24 28DEC15 15:48 29DEC15

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A ORDER REAR STRUTS TOYOTA PAYS PARTS AT WARRANTY RATE CASE

LAURYN 310-974-7445

CAUSE:

0 ORIGINAL CONCERN

929 W

1 48540-09660 ABSORBER ASSY, SHOCK

(N/C)

1 48530-09K70 ABSORBER ASSY, SHOCK

(N/C)

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

B LABOR FOR REAR STRUTS CUST PAYS

0 ORIGINAL CONCERN

929 CT

663.00 663.00

PARTS: 0.00 LABOR: 663.00 OTHER: 0.00 TOTAL LINE B: 663.00

C** STANDARD 24 HOUR RENTAL PROVIDED BY ENTERPRISE RENTAL CUSTOMER IS RESPONSIBLE FOR GAS/FUEL CHARGES AND ANY INSURANCE. VEHICLE UPGRADE IS AT CUSTOMERS EXPENSE.

RC STANDARD 24 HOUR RENTAL PROVIDED BY ENTERPRISE RENTAL CUSTOMER IS RESPONSIBLE FOR GAS/FUEL CHARGES AND ANY INSURANCE. VEHICLE UPGRADE IS AT CUSTOMERS EXPENSE.

150 IR

(N/C)

SUBL RENTAL

PO#

IR

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

PAID
DEC 29 2015
BY: USA

HOURS		DESCRIPTION		TOTALS
OPEN 7:00AM UNTIL 10:00PM MONDAY - FRIDAY		LABOR AMOUNT		663.00
SATURDAY 7:00AM - 6:00PM		PARTS AMOUNT		0.00
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.		GAS, OIL, LUBE		0.00
		SUBLET AMOUNT		0.00
LABOR CHARGES ARE \$ FLAT RATE HOUR. "I acknowledge notice and oral approval of an increase in the original estimated price."		MISC. CHARGES		0.00
		TOTAL CHARGES		663.00
CUSTOMER SIGNATURE x		LESS INSURANCE		0.00
		SALES TAX		0.00
		PLEASE PAY THIS AMOUNT		663.00

BAR# ARD225715

EPA# CAL000264508
CAL000369923