

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148



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

Date Received

Repository

15-JAN-2016

Reference No.

10820390

FEB 25 2016

**OWNER INFORMATION (Type or Print)**

Name

Address

City PORTLAND

State ME

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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  
2T1BR32E56C

Make TOYOTA

Model COROLLA

Model Year 2006

Date Purchased  
July 2006

Dealer's Name and Telephone Number  
Berlin City Toyota / Scion

Engine:  
No. Cylinders 4

Fuel Type:  
unleaded gas

Original Owner

Dealer's City  
Portland

State ME

Zip Code 04103

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)  
16-JUL-2015

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS

- didn't fail part to recall

Failure Mileage  
approx 75,000

Failure Speed  
n/a

**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  
n/a

Number of Deaths  
n/a

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\* TAKATA RECALL. THE CONTACT OWNS A 2006 TOYOTA COROLLA. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V285000 (AIR BAGS); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Enclosed repair paperwork

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

SO. MAINE DC 041 18 FEB '16 PM 3 L



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, 1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

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Think your vehicle has a safety defect?



If so: Use the enclosed form to file a report.

or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration



**INVOICE**

Invoice #: [REDACTED]

Tag #: [REDACTED]



Over the top care. By down to earth people.

**BERLIN CITY TOYOTA SCION OF PORTLAND**  
 191 RIVERSIDE STREET · PORTLAND, MAINE 04103  
 PH: (207) 321-3477 · FAX: (303) 928-6828 · (866) 698-3477  
 www.berlincity.com · tsIService@berlincity.com

PORTLAND, ME

Home: [REDACTED] Bus: [REDACTED]

Customer #: [REDACTED]

Cell: [REDACTED] Email: [REDACTED]

Service Advisor: **55027 Donald Lemieux**

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN	MILEAGE OUT			
775/CACTUS	06	TOYOTA COROLLA	2T1BR32E56C	[REDACTED]	77421	77421			
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	R.O. OPENED	READY
24JUL06			17:00 20JAN16		139.95	CASH	20JAN16	19JAN16	20JAN16

OPTIONS: STK:6T401306

**Service Department Hours**

Monday - Friday  
 7:00 AM - 7:00 PM  
 Saturday  
 8:00 AM - 4:00 PM

LINE OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A C/S: RECALL FOR THE PASSENGER SIDE RECALL IS DUE. CAUSE: COMPLETED RECALL DSF AGG48G DSF-REPLACE AIR BAG INFLATOR FRONT PASS - COROLLA/MATRIX 6101 BURKE, WILLIAM LIC#: BILL BURKE W40 1 04004-75202 A0 INFLATOR ASSY KIT, IN (N/C) 1 PR PART RETURNED (N/C) FC: (N/C) PART#: 04004-75202 COUNT: 1 CLAIM TYPE: W40 AUTH CODE:						
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A: 0.00
77356 PERORMED SC#DSF. REPLACED INFLATOR *****						
B RENTAL CAR RENTAL DEFAULT 6101 BURKE, WILLIAM LIC#: BILL BURKE C40 0.00 0.00						
SUBL ERC 1 DAY RENTAL C40 PARTS: 0.00 LABOR: 0.00 OTHER: 35.64 TOTAL LINE B: 35.64						
*****						
C PERFORM THE MULTIPOINT INSPECTION FOR CUSTOMER MP DEFAULT 6101 BURKE, WILLIAM LIC#: BILL BURKE I40PS PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00 (N/C)						
*****						

\$ \$  
**\$10.00 OFF**  
 YOUR NEXT SERVICE  
 IF SCHEDULED TODAY -  
 FOR LEXUS AND TOYOTA  
 \$ \$

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

**Your Next  
 Scheduled Service  
 is**

DISCOUNT	LABOR AMOUNT		TOTALS
	PARTS AMOUNT		
	GAS, OIL, LUBE		
	SUBLET AMOUNT		
	ENVIRONMENTAL FEES		
	TOTAL CHARGES		
	DISC. / DED.		
SALES TAX			
PLEASE PAY THIS AMOUNT			

Customer

THANK YOU!