

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

16-MAR-2016

Repository ☐

Reference No.
10850066

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City SYKESVILLE

State MD

Zip Code [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[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

JTDZN3EU0D3 [REDACTED]

Make

TOYOTA

Model

PRIUS V

Model Year

2013

Date Purchased
7/10/2013

Dealer's Name and Telephone Number
R & H Toyota

Engine:

No: Cylinders
Hybrid

Fuel Type:

Gas

Original Owner
☒

Dealer's City
Owings Mills.

State
MD.

Zip Code
21117

Transmission Type
Automatic

☒ Antilock Brakes
☒ Cruise Control

Powertrain
Hybrid

Multiple Failure: Unintended
activation of Seatbelt Pretensioner and
Collision Avoidance System

Incident Date(s)
16-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 150000 SEAT BELTS, BRAKES (PWS)

Failure Mileage
62000

Failure Speed
60

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: DOTM9ABC036)

☐ 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

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 2013 TOYOTA PRIUS V. WHILE DRIVING AT APPROXIMATELY 60 MPH, THE BRAKES ACTIVATED INDEPENDENTLY AND CAUSED THE VEHICLE TO RAPIDLY DECELERATE. IN ADDITION, THE SEAT BELT TIGHTENED WITHOUT BEING USED. THE VEHICLE WAS TAKEN TO A DEALER WHERE THE FAILURE WAS UNDETERMINED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 62,000.

I have notified the manufacturer who has "opened a ticket" and had me bring the car back to the dealer for examination a second time and for me to fill out a questionnaire. I have not received any feedback as of today 4/4/16. Note: Had a tractor trailer been tailgating me the results could have been disastrous. I believe the incident was the result of the PCS Collision Avoidance System unintentionally being activated. My foot was nowhere near the brake. The dealer suggested I turn off the PCS system, but this leaves me without the protection of collision avoidance.

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: 1085006600001
Date: Wednesday, April 06, 2016 11:26:52 AM
Attachments: [1085006600001.pdf](#)

Sent: Wednesday, April 06, 2016 11:23 AM

Subject: FW: 1085006600001

[Questionnaire.](#)

From: [REDACTED]
Sent: Wednesday, April 06, 2016 10:27 AM
To: DataQuality, DataQuality (NHTSA)
Subject: 1085006600001

Edited Report

[REDACTED]
CEO, The Workplace Trauma Center
[REDACTED]