


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

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> 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 21-APR-2016 5 2016		Repository <input type="checkbox"/> Reference No. 10860760
<b>OWNER INFORMATION (Type or Print)</b>						
Name		Address		Daytime Telephone Number	E-mail Address	
City		State	Zip Code	Evening Telephone Number		
PORTOLA		CA				
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).						
<b>VEHICLE INFORMATION</b>						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year		
1NXBR12E9XZ		TOYOTA	COROLLA	1999		
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:		
2001	Jim Keil Chevrolet (not in business now)		No: Cylinders	9HS		
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code			
	Grass Valley	Ca				
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)		
Automatic	<input type="checkbox"/> Cruise Control		Airbags	13-APR-2016		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Vehicle Component Code: 140000 AIR BAGS				Failure Mileage	Failure Speed	
				315000	30	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>						
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)			
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:			
Tire Component Code	Tire Failure Type:					
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>						
Make:	Date Manufactured:	Model No./Name:				
Seat Type:	Installation System:					
Child Seat Component Code:	Failed Part:					
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>						
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police		
		2		Y		
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 1999 TOYOTA COROLLA. WHILE THE DRIVER WAS PARKING THE VEHICLE, THE FRONT PASSENGER REMOVED HER SEAT BELT. THE DRIVER INADVERTENTLY MISTOOK THE ACCELERATOR PEDAL FOR THE BRAKE PEDAL. AS A RESULT, THE VEHICLE ACCELERATED TO AN ESTIMATED 30 MPH AND CRASHED INTO A POLE. THE AIR BAGS DID NOT DEPLOY. THE DRIVER SUSTAINED A FRACTURED STERNUM. THE FRONT PASSENGER SUSTAINED SEVEN FACIAL BONE FRACTURES, A FRACTURED NOSE, FREE AIR IN HER SINUS CAVITY, BASILAR SKULL FRACTURES, FRACTURES TO BOTH PATELLAS, BLOOD CLOT IN THE LEFT LEG, PULMONARY EMBOLISM, AND A LACERATION TO THE LOWER LIP. MEDICAL ATTENTION WAS REQUIRED FOR BOTH THE DRIVER AND THE PASSENGER. A POLICE REPORT WAS FILED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS TOWED TO AN INSURANCE FACILITY. THE FAILURE MILEAGE WAS APPROXIMATELY 315,000.						
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 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.						



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NEF-160

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 failure(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 driver's 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

*Thank you for  
your time*



Postola, Ca

RENO NV 895

23 MAY 2016 PM 2 L



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