

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



U.S. Department of Transportation

National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) FOR AGENCY USE ONLY 100148

**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 <input type="checkbox"/>
28-JUN-2016	Reference No. 10877083

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
 Address: [REDACTED]  
 City: VIRGINIA BEACH State: VA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 2T1BR32E58C [REDACTED]	Make TOYOTA	Model COROLLA	Model Year 2008
Date Purchased	Dealer's Name and Telephone Number Charles Baker Toyota	Engine: No: Cylinders 4	Fuel Type: GAS unleaded
Original Owner <input type="checkbox"/>	Dealer's City Virginia Beach, VA	State VA	Zip Code 23454
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 27-AUG-2015

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

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 45000	Failure Speed 35
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**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths	Reported to Police Y
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**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 OWNED A 2008 TOYOTA COROLLA. WHILE DRIVING APPROXIMATELY 35 MPH, THE DRIVER CRASHED INTO THE REAR OF ANOTHER VEHICLE. THE AIR BAGS DEPLOYED AND THE FRONT PASSENGER SIDE AIR BAG DEPLOYED VIOLENTLY. THE DRIVER SUSTAINED BRUISING TO THE FACE AND THE FRONT PASSENGER SUSTAINED A SEVERE CONTUSION FROM THE LOWER ABDOMINAL AREA TO THE BREAST, A FRACTURED STERNUM, AND A BRUISED FACE. THE PASSENGER REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 16V127000 (AIR BAGS). THE FAILURE MILEAGE WAS APPROXIMATELY 45,000.

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.

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

I think my mother sustained severe injuries due to this faulty airbag. She was a passenger. My brother was driving. The airbag deployed but no such injuries occurred to him. I saw the recall come in the mail after the accident. Toyota should be held responsible

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

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13 SEP '16  
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UNITED STATES**

**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**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**



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U.S. Department of Transportation  
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