



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

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

01-JUL-2016

AUG 30 2016

Repository ☐

Reference No.

10882179

OWNER INFORMATION (Type or Print)

Name

Address

City

MARINA DEL REY

State CA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

4T1BD1FK4CU

Make

TOYOTA

Model

CAMRY

Model Year

2012

Date Purchased

03-18-2012

Dealer's Name and Telephone Number

Keyes Toyota

where purchased
818 782 0122

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐

Antilock Brakes

Powertrain

☐

Cruise Control

Multiple Failure:

Incident Date(s)

01-JUN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 130000 VISIBILITY/WIPER (PWS), 220000 SEATS

Failure Mileage

45000

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: 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 2012 TOYOTA CAMRY. WHILE THE VEHICLE WAS PARKED, THERE WAS A BURNING ODOR INSIDE THE VEHICLE. THE CONTACT NOTICED THAT THE REAR DRIVER SIDE HEADREST WAS BURNING CAUSED BY THE SUNLIGHT. THE FAILURE RECURRED A FEW TIMES. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 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)

Since reporting this, I brought the car in for 45K maintenance. This dealer said I should replace the leather. This leather was custom installed by Keyes Toyota of Van Nuys. @ \$3,000.

Today August 19, there is continuing deterioration of upholstery. It now includes the middle headrest & right headrest of rear seat. The car is garaged most of the day. This damage is from driving in sunlight on Los Angeles freeways. I am trying to keep the back seat covered with a reflector, but this doesn't seem to be working.

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

LOS ANGELES

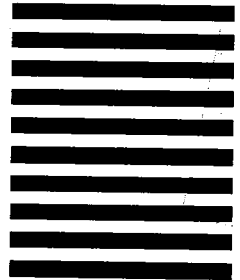
CA 900

19 AUG '16

PM 5:1



**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, 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**



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

safercar.gov

Repair Estimate

PREPARED FOR

Service Advisor

Daniel Poplar (172652)

Date 7/2/2016 3:50 PM

2012 TOYOTA CAMRY

VIN 4T1BD1FK4CU

Mileage 45,010

RO#

Service Name	Price
[Primary]: 05KSYN - 5,000 MILE SYNTHETIC VEHICLE SERVICE - NO COST MAINT	34.80
[Primary]: AIR - INSTALL AIR FILTER	50.15
[Primary]: M - CUSTOMER STATES	0.00
[Primary]: M - CUSTOMER STATES	0.00
[Other]: RE/ SEAT COVER FOR BURN REPAIR BUT THE CAR HAS TO BE SEND OUT FOR REPAIRS,	398.16
Induction Service	149.95
AC Filter Replacement	70.51
Printed on July 02, 2016	
Quote expires on August 01, 2016	

Subtotal 703.57
Tax 44.32
Total 747.89

Additional Service Recommendations

In the process of inspecting your vehicle for safety and reliability, your technician **Oscar A** made the following observations and recommends that you do the necessary repairs to resolve these issues.

Red: requires immediate attention.

Yellow: in need of attention soon.

[Other]: RE/ SEAT COVER FOR BURN REPAIR BUT THE CAR HAS TO BE SEND OUT FOR REPAIRS,

Item Description

Speak with your service advisor for more information on this recommended service.

Reason



Toyota of Torrance
2955 Pacific Coast Hwy,
Torrance CA

310-325-7500

CUSTOMER #:


**DCH TOYOTA / SCION
TORRANCE**


INVOICE

 2955 PACIFIC COAST HIGHWAY
TORRANCE, CA 90505-6739
310-325-7602

MARINA DEL REY, CA

PAGE 1

HOME: [REDACTED] CONT: [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 172652 DANIEL POPLAR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
SILVER	12	TOYOTA CAMRY	4T1BD1FK4CU		45010/45011	T108//	
DEL. DATE	PRGD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
18MAR12 DD			WAIT 02JUL16		125.00	EXT	02JUL16

R.O. OPENED READY OPTIONS: DLR: [REDACTED]

07:27 02JUL16 08:55 02JUL16

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	5,000	MILE	SYNTHETIC VEHICLE SERVICE - NO COST MAINT				
	05KSYN	PERFORMED	INSPECTION , TOPPED OFF FLUIDS				
	70000	CEX				28.00	28.00
PARTS:	0.00	LABOR:	28.00	OTHER:	0.00	TOTAL LINE A:	28.00

B INSTALL AIR FILTER

AIR REPLACED AIR FILTER WITH THE REQ MAINT							
	70000	CEX				12.00	12.00
	1	17801-0V020	ELEMENT SUB-ASSY, AI		22.95	22.95	22.95
PARTS:	22.95	LABOR:	12.00	OTHER:	0.00	TOTAL LINE B:	34.95

C CUSTOMER STATES BACK LEFT REAR SEAT HAS A BURN MARK OVER THE HEAD

PART OF SEAT CHECK ADVISE

M RECOMMENDED TO REPLACE HEAD COVER DUE TO MARKS

ON SEATS

	70000	CA				0.00	0.00
	1	90080-82053	FUSE, MINI		4.18	4.18	4.18
PARTS:	4.18	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	4.18

D CUSTOMER STATES IN CENTER CONSOLSE THE CHARGING PORT FOR LIGHT PART IS NOT CHARGING

M REPLACED FUSE DUE TO CHARGER

	70000	CA				0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE D:	0.00

EST: 65.00 02JUL16 07:27 SA: 172652

 DCH TOYOTA
OF TORRANCE
PAID
CASH CHECK C

 ### CREATED ON: 07-01-2016,
STATUS: SCHEDULED, TRANSPORT
TYPE: WAITER

 I authorize DCH Toyota/Scion of Torrance to
contact me at my above noted telephone number
on any matter concerning my vehicle.

X

Thank You!

 SERVICE DEPARTMENT HOURS:
MONDAY THROUGH FRIDAY
7:00 AM TO 7:00 PM

 PARTS AND CASHIER HOURS:
MONDAY THROUGH FRIDAY
7:00 AM TO 7:00 PM

 ALL PARTS ARE NEW
UNLESS SPECIFIED
OTHERWISE

 SATURDAY HOURS:
7:30 AM TO 5:00 PM
BY APPOINTMENT ONLY
ORIGINAL
ESTIMATEAUTHORIZED
ADDITIONS

\$

\$

 NOTICE TO CONSUMER
PLEASE READ IMPORTANT INFORMATION ON BACK

 I acknowledge notice and oral approval of an
increase in the original estimated price
and authorize any additional warranty service.

DESCRIPTION

TOTALS

LABOR AMOUNT	40.00
PARTS AMOUNT	27.13
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	67.13
INSURANCE/DISCOUNTS	65.00

