



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

INFORMATION ACT (FOIA) 5 U.S.C. 552

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

B(6) FOR AGENCY USE ONLY 100148

Date Received

08-AUG-2016

OCT 14 2015

Repository ☐

Reference No.

10894016

Daytime Telephone Number

Evening Telephone Number

E-mail Address

OWNER INFORMATION (Type or Print)

Name

Address

City

ASBURY PARK

State

NJ

Zip Code

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

4T1BE46K77U

Make

TOYOTA

Model

CAMRY CE

Model Year

2007

Date Purchased

11.12.07

Dealer's Name and Telephone Number

Galaxy Auto (732.544.1000)

Engine:

No. Cylinders

4

Fuel Type:

2.4 fuel

INJECTED

Original Owner

☐

State

NJ

Zip Code

07724

Transmission Type

Automatic

☒ Antilock Brakes

Powertrain

YES

☐ Cruise Control

Multiple Failure:

YES

Incident Date(s)

18-OCT-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Airbags didn't deploy; Brake failed

Failure Mileage

16,432

Failure Speed

25 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Goodyear

Tire Model (Name or Number)

Goodyear

Tire Size (Example P215/65R15)

P215/60R16

DOT No. (Example DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Police report attached

Tire Component Code

P215 760 R16

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

1

Number of Deaths

Reported to Police

Y

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 OWNED A 2007 TOYOTA CAMRY. WHILE DRIVING AT AN UNKNOWN SPEED, ANOTHER VEHICLE CRASHED INTO THE FRONT OF THE CONTACT'S VEHICLE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED BACK AND NECK INJURIES THAT REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS TAKEN TO THE CONTACT'S RESIDENCE AND THEN TO AN INDEPENDENT MECHANIC. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 35,000. 16,434.

Owner has spine fusion surgery and sustained a C-3 fracture in neck. With back surgery Owner parked car. Owner felt car was still unsafe. Owner does not walk independent due to accident on 10/6/08. - over

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.

Amended
9/15/16

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

On 10/18/08 heading east on Asbury Ave at an intersection I saw a car approaching at a high speed I slammed on brakes but car proceeded I tried to turn out of it steering wheel hardly turned. She was on wrong side of street with passenger side. The impact knocked my car back 2 car spaces - My chest not steer my wheel hard the Airbag compartment open but NO Airbags came out Driver's certain side.

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

TRENTON

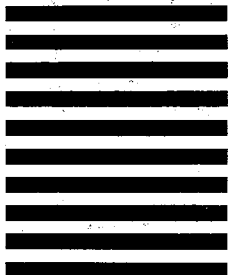
NOV 05

05 OCT '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, 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



Page 1 of 1		Jersey Police Crash Investigation Report		Reportable		Non-Reportable		Change Report	
1 Police Dept of Asbury Park		Code 101		10 Occurred On 11/18/08		11 Speed Limit 25		118a 02	
3 Station Precinct		14 At Intersection with		15 Road Name		16 Dir		118b 01	
4 Date of Crash 10/18/08		5 Day of Week Su M Tu W Th F Sa		6 Time (use 2400 hrs) 1510		7 Municipality Code 1303		119a 25	
8 Total Killed 0		9 Total Injured 0		19 From 20 Route/Name		21 Latitude		119b 01	
23 Veh No 24 1		25 Ins Code 273		53 Veh No 54 2		55 Ins Code 012		120 01	
26 Number and Street		27 City SUFFERN		28 State NY		29 Zip		121 01	
31 State NY		32 Drivers License No		33 DOB		34 Expires 4/09		122 01	
35 Owner's First Name		36 Number and Street		37 City SUFFERN		38 State NY		123 01	
39 Model PRI		40 Color RED		41 Year 07		42 Plate No		124 01	
43 State NY		44 VIN JTDKB20U377		45 Expires 8/09		46 Vehicle Removed To		125 01	
47 Authority		48 Alcohol/Drug Test		49 Hazardous Material		50 Carrier No.		126 08	
51 Commercial Vehicle Weight		52 Carrier name		53 Crash Diagram (NOT TO SCALE)		54 Vehicle Removed To		127 11	
55 Commercial Vehicle Weight		56 Carrier name		57 Alcohol/Drug Test		58 Hazardous Material		128a 26	
59 Commercial Vehicle Weight		60 Carrier name		61 Alcohol/Drug Test		62 Hazardous Material		128b 01	
63 Commercial Vehicle Weight		64 Carrier name		65 Alcohol/Drug Test		66 Hazardous Material		128c 01	
67 Commercial Vehicle Weight		68 Carrier name		69 Alcohol/Drug Test		70 Hazardous Material		128d 01	
71 Commercial Vehicle Weight		72 Carrier name		73 Alcohol/Drug Test		74 Hazardous Material		129a 26	
75 Commercial Vehicle Weight		76 Carrier name		77 Alcohol/Drug Test		78 Hazardous Material		129b 01	
79 Commercial Vehicle Weight		80 Carrier name		81 Alcohol/Drug Test		82 Hazardous Material		129c 01	
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165 Commercial Vehicle Weight		166 Carrier name		167 Alcohol/Drug Test		168 Hazardous Material		169 01	
167 Commercial Vehicle Weight		168 Carrier name		169 Alcohol/Drug Test		170 Hazardous Material		170 01	