U.S. Department of Transportation

**National Highway Traffic Safety Administration**

# Vehicle Owner's Questionnaire

**To Report Vehicle Safety Defects**
**1-888-DASH-2-DOT**
**(1-888-327-4236)**
**INTERNET:www.nhtsa.dot.gov/hotline**

DOT Number (If Known)

FOR AGENCY USE ONLY 100148

| Date Received | Repository ☐ |
|---|---|
| 16-AUG-2016<br>JAN - 4 2017 | Reference No.<br>10896232 |

**OWNER INFORMATION (Type or Print)**

| Name | [redacted] | Daytime Telephone Number [redacted] | E-mail Address |
|---|---|---|---|
| Address | [redacted] | Evening Telephone Number | |
| City EVANSTON | State IL | Zip Code [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 | Make | Model | Model Year |
|---|---|---|---|
| 4T1BE30K64U[redacted] | TOYOTA | CAMRY | 2004 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 2/7/04 | Grossinger Toyota North 847-675-7100 | | | No: Cylinders | Silver Unleaded |
| Original Owner ☒ | Dealer's City Lincolnwood | State IL | Zip Code 60712 | 4 | |

| Transmission Type | | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| Automatic | ☒ Antilock Brakes<br>☒ Cruise Control | | Acceleration | 01-AUG-2016 |

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

| Vehicle Component Code: 180000 VEHICLE SPEED CONTROL | Failure Mileage | Failure Speed |
|---|---|---|
| | 54608 | — ○ — |

**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: DOTMAL9ABC036) | ☐ 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 | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| ☒ Yes ☐ No | ☐ Yes ☒ No | 1 | | 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 2004 TOYOTA CAMRY. AFTER PARKING THE VEHICLE, IT SUDDENLY ACCELERATED WITHOUT WARNING AND CRASHED INTO A GARAGE. THE AIR BAGS FAILED TO DEPLOY. THE PASSENGER SUSTAINED CHEST CONTUSIONS, WHICH REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED AND DEEMED DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 54,608.

Manufacture (Toyota) notified of Crash 8/16/16

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Monday Aug. 1st 2016 at approximately 1-05pm. pulled in drive way of home ([redacted] Naperville) left side of drive way foot on break about to put car in park car accelerated went through over head garage door hitting wall.
Passenger taken to local area hospital emergency room by Naperville fire department. She suffered chest contusions

ATTACH ADDITIONAL SHEETS IF NECESSARY

[redacted]
Evanston IL [redacted]

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

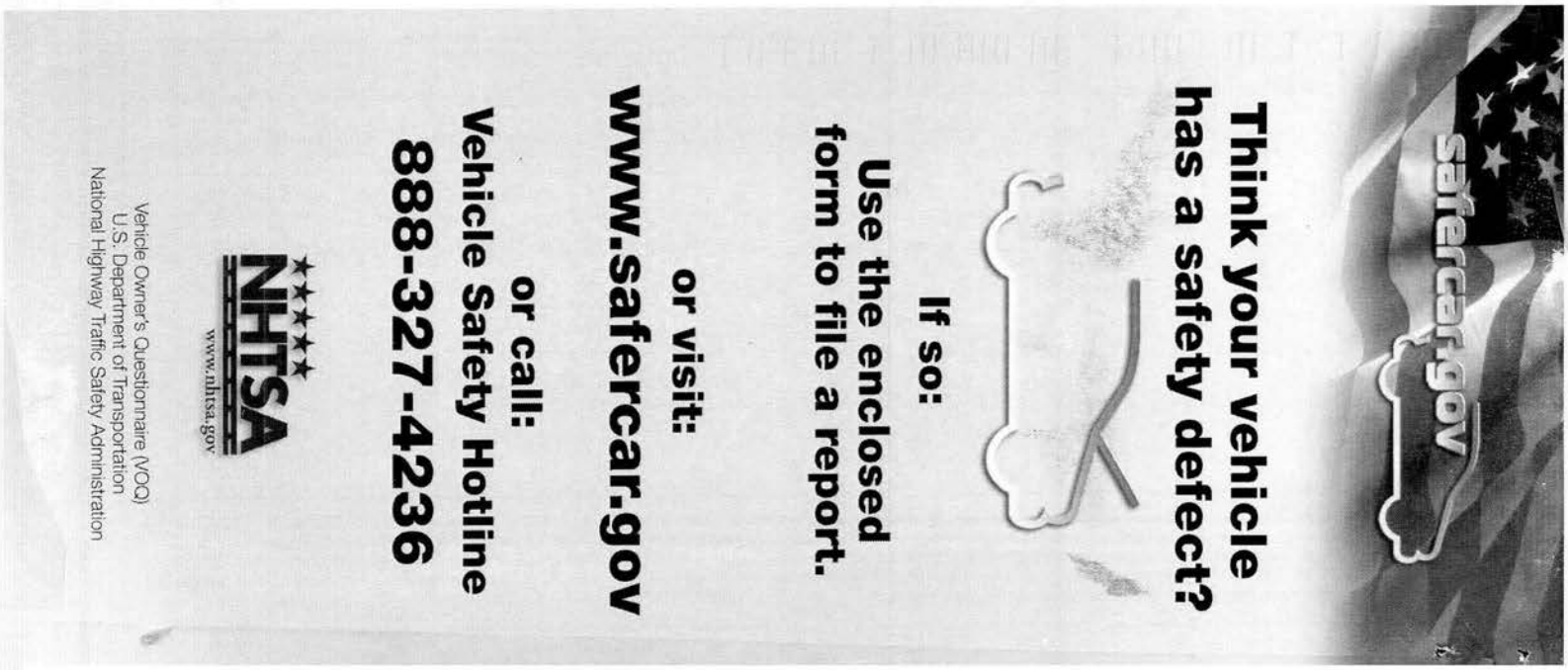
CAROL STREAM
IL 601
30 DEC '16
PM 6 L

**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



# ILLINOIS MOTORIST REPORT

Use black ink and print or type all information.
(To complete this form, see Driver Information Exchange)

Mail this report to:
Illinois Department of Transportation
Crash Records Section
1340 North 9th Street
Springfield, Illinois 62766-0002

[redacted]

For a copy of the Police Report contact the investigating agency.

UNIT #1

**INVESTIGATING AGENCY** Naperville Police' Department

**COUNTY OF OCCURRENCE** DuPage

**AGENCY REPORT NO.** [redacted]

**DATE OF CRASH** 8 / 1 / 2016 (Month / Day / Year)

**DRIVER'S NAME (LAST, FIRST, M.I.)** [redacted]

STREET ADDRESS [redacted] CITY Evanston STATE IL ZIP [redacted]

DRIVER LICENSE NUMBER [redacted] STATE Illinois

**VEHICLE OWNER'S NAME (LAST, FIRST, M.I.)** [redacted]

VEHICLE OWNER'S ADDRESS (street, city, state, zip) [redacted], Evanston, IL [redacted]

VEHICLE MAKE Toyota MODEL Camry YEAR 2004

**YOUR INSURANCE**

Were you covered by a liability insurance policy at the time of the crash? ☒ YES ☐ NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others: State Farm

Name and address of representative who sold policy: Jim Lee, Jr. 721 Dodge Ave Evanston, IL 60202

Policy Number [redacted]

Policy Period From: 7/30/2016 To: 1/30/2017

Name of Policy Holder [redacted] STATE

VEHICLE OWNER'S PLATE NUMBER [redacted]

VEHICLE OWNER'S INSURANCE COMPANY State Farm

VEHICLE OWNER'S POLICY NUMBER [redacted]

**VEHICLE DAMAGE**

APPROXIMATE COST TO REPAIR YOUR VEHICLE $ _____

Was driver (owner) of other vehicle insured? YES ☒ NO ☐ NOT KNOWN ☐

Were you driving a vehicle owned by your employer, in the course of your employment? YES ☐ NO ☒

DID POLICE OFFICER INVESTIGATE CRASH? YES ☒ NO ☐

**PROPERTY DAMAGE (OTHER THAN VEHICLES)**

APPROXIMATE COST TO REPAIR $ _____

DESCRIBE DAMAGE TO PROPERTY: Damage to house & garage

PROPERTY OWNER'S NAME AND ADDRESS [redacted] Naperville, IL [redacted]

**LIST PERSONS KILLED OR INJURED**

| NAME | UNIT | AGE | SEX | ADDRESS |
|---|---|---|---|---|
| [redacted] | 1 | [redacted] | F | [redacted] Evanston, IL [redacted] |

DESCRIBE INJURIES: Chest pain

| NAME | | | | ADDRESS |
|---|---|---|---|---|
| | | | | |

DESCRIBE INJURIES

If you fail to give full insurance information above it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

SIGN HERE [redacted]
Signature of person making report

ADDRESS [redacted] Evanston, IL [redacted]

DATE 8 / 1 / 16 (Month / Day / Year)

COMPLETE BOTH SIDES OF THIS FORM

Printed by authority of the State of Illinois

SR 1 MCR 1350M (January 2014)

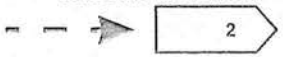
## DIAGRAM WHAT HAPPENED INSTRUCTIONS

INDICATE NORTH BY ARROW

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.


3. Use solid line to show path before crash:


dotted line after crash:




4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

**YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.**

**PRINT OR TYPE ALL INFORMATION.**

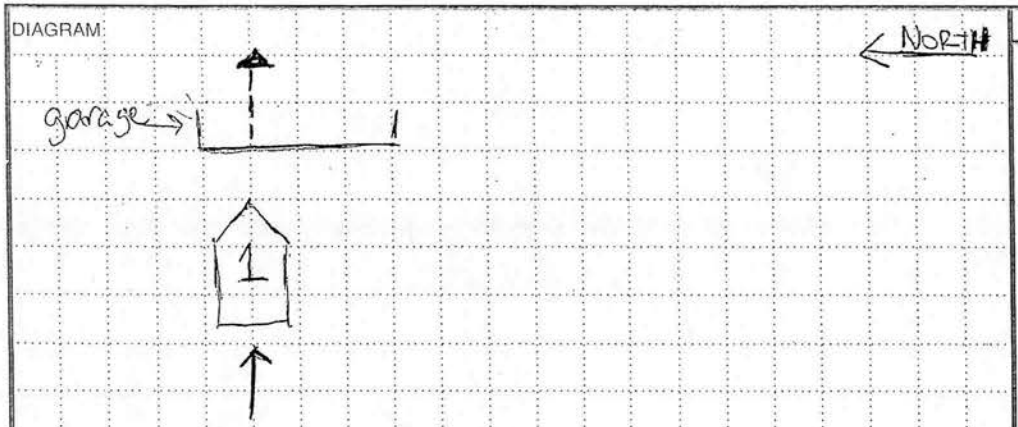
**THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A $500 FINE AND A 30-DAY SENTENCE.**

**LEGAL REQUIREMENTS**

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of $1,500 (or, $500 if any driver is not insured) must complete this report and send to IDOT within 10 days after the crash.

If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

DIAGRAM




**INSTRUCTIONS**

OBSERVE THE FOLLOWING RULES.

1. PRINT OR TYPE ALL INFORMATION.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.
4. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
5. SIGN THE REPORT in the space at the bottom of the front side of this report form.

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

NARRATIVE (Refer to vehicle by Unit No.)

Monday Aug 1st 2016 at approximately 1 05 PM pulled in drive way of home [redacted] Naperville) left side of driveway foot on break about to put ~~car~~ car in park, ~~he~~ accelerated, went through overhead garage door hitting wall.

## The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of $1,500 (or, $500 if any driver is not insured) or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of those potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault, if the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The Notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options; 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants names on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any person's right to sue to recover damages.)

(Security deposits, releases or installment agreements are to be submitted to the Secretary of State.)