

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

13-SEP-2016

Reference No.

DEC 13 2016

10906074

OWNER INFORMATION (Type or Print)

Name			
Address			
City	State	Zip Code	
BERKELEY	CA		

Daytime Telephone Number

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 4T1BK46K27L		Make TOYOTA	Model CAMRY	Model Year 2007
Date Purchased 5/21/2007	Dealer's Name and Telephone Number DOWNTOWN AUTO CENTER		Engine: No: Cylinders 6	Fuel Type: REGULAR
Original Owner ☒	Dealer's City OAKLAND	State CA	Zip Code 94611	
Transmission Type	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 31-AUG-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage 26000	Failure Speed 20
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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: DOTM19ABC036)	☐ 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 NONE	Number of Deaths NONE	Reported to Police N
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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* THE CONTACT OWNS A 2007 TOYOTA CAMRY. WHILE DRIVING 20 MPH, THE ACCELERATOR PEDAL WAS DEPRESSED, BUT THE VEHICLE ACCELERATED IN EXCESS. IN ADDITION, WHILE IN PARK, THE VEHICLE ACCELERATED INDEPENDENTLY. THE FAILURE RECURRED ON NUMEROUS OCCASIONS. THE VEHICLE WAS TAKEN TO A DEALER WHO WAS UNABLE TO DIAGNOSE OR REPAIR THE FAILURE. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 26,000.

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 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,