INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

U.S. Department of Transportation

National Highway Traffic Safety Administration

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 ☐
06-OCT-2016 JAN - 4 2017	Reference No. 10914160

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City ROBERTSDALE	State AL	Zip Code [redacted]	Evening Telephone Number [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
JTLKE50E781[redacted]	SCION	XB	2008

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-31-2008	Eastern Shore Toyota 251-625-1919			No: Cylinders	
Original Owner ☑	Dealer's City Spanish Fort ~~AL~~ Daphne	State AL	Zip Code 36526		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 22-AUG-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	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: 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			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* TAKATA RECALL. THE CONTACT OWNS A 2008 SCION XB. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V340000 (AIR BAGS) HOWEVER, THE DEALER WAS UNABLE TO DETERMINE WHEN THE PARTS MAY BECOME AVAILABLE BUT STATED THAT A LOANER VEHICLE WOULD BE PROVIDED. THE CONTACT MENTIONED THAT THE LOANER VEHICLE WAS NOT PROVIDED NOR A FOLLOW UP FROM THE DEALER. THE MANUFACTURER HAD NOT BEEN NOTIFIED OF THE ISSUE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

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

TOYOTA Rent a Car

Dealer Code 01084

AUTHORIZED SYSTEM MEMBER

EASTERN SHORE TOYOTA
29732 FREDERICK BLVD
DAPHNE AL 36526
251-607-5674

RA NO. [redacted]

RENTAL AGREEMENT PAGE 1
TRAC 24 Hour Roadside Assistance
(800) 599-6766

Unit#: 349

RENTER NAME [redacted]	TO BE PAID BY: EST WARRANTY	VEHICLE IDENTIFICATION NUMBER (VIN): 4T1BF1FK8HU[redacted]	LICENSE NUMBER [redacted] STATE [redacted]
HOME ADDRESS [redacted]	VERIFIED	YEAR - VEHICLE LINE: 2017 TOYOTA	MODEL AND COLOR: CAMRY GRAY
CITY: ROBERTSDALE	STATE: AL	ZIP CODE [redacted]	MILEAGE IN:	DATE AND TIME IN: A.M. P.M.
DRIVER'S LICENSE NUMBER [redacted]	STATE: AL	EXPIRES: 08/31/2017	MILEAGE OUT: 9183	DATE AND TIME OUT: 12/03/2016 01:35 A.M. P.M.
BIRTH DATE [redacted]	PHONE [redacted]	VERIFIED	MILES DRIVEN:	MAXIMUM PAYLOAD:
LOCAL CONTACT [redacted]	ADDRESS [redacted]	PHONE	MILES ALLOWED: 0	I AGREE TO RETURN THE RENTED VEHICLE TO THE ABOVE LOCATION ON OR BEFORE
EMPLOYER'S NAME	PHONE NUMBER	VERIFIED	CHARGEABLE MILES:	DATE DUE IN: 01/02/2017 A.M. 06:00 P.M.
EMPLOYER'S ADDRESS		REFERRED BY: TOYOTA SERVICE	DEPOSIT $:	EXTEND TO DATE	ADDITIONAL DEPOSIT $:	DATE EXTENDED	INITIAL
CITY	STATE	ZIP CODE	VEHICLE RETURNED AT: ☐ NO DAMAGE ☐ DAMAGE DESCRIPTION	☐ SPARE ☐ JACK
BILL TO NAME: EST WARRANTY	PHONE NUMBER: 2516251919	VERIFIED		
ADDRESS: 29732 FREDERICK BLVD	CITY: DAPHNE	STATE: AL	ZIP CODE: 36526	
AUTHORIZED BY:	AMOUNT AUTHORIZED			

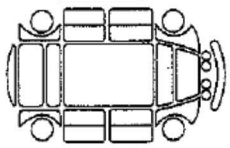
THE PERSONS NAMED BELOW ARE ADDITIONAL AUTHORIZED DRIVERS. **IF NONE, PRINT "NONE" ACROSS THIS SECTION AND HAVE SIGNED BY CUSTOMER.**

ADDITIONAL AUTHORIZED DRIVER NAME	LICENSE NO.	STATE	EXP DATE	BIRTHDATE
NONE				
NONE				

FUEL OUT	FUEL IN
F	F
3/4	3/4
1/2	1/2
1/4	1/4
E	E

DAMAGE DESCRIPTION

INITIALS _____



SHOP NAME
PHONE NUMBER
SHOP CONTACT
VEHICLE MAKE/MODEL

NAME OF INSURED [redacted]
INSURANCE COMPANY NAME: USAA
DATE OF LOSS
CL # / RO / PO: AIRBAG REC//

REMARKS

INITIALS

x_____ **I UNDERSTAND I AM RESPONSIBLE FOR ANY TRAFFIC, PARKING, OR TOLL VIOLATIONS INCURRED WHILE THIS CAR IS IN MY POSSESSION.**

x_____ **PLEASE RETURN VEHICLE WITH SAME AMOUNT OF FUEL AS AT THE TIME OF CHECK-OUT. A $5.00 PER GALLON REFUELING FEE WILL BE ASSESSED FOR ANY FUEL USED.**

x_____ **NO SMOKING OR PETS IN THE RENTAL VEHICLE. EVIDENCE OF EITHER WILL RESULT IN A $75.00 TO $200.00 FEE.**

CREDIT CARD IMPRINT

RATES DO NOT INCLUDE FUEL		RENTAL CHARGES
MILES	@ 0.00	
HOURS	@ $ 3.18	
DAYS	@ $ 35.00	
WEEKS	@ $ 0.00	
CALENDAR DAY/24 HOUR		
TOTAL TIME AND MILEAGE		
TAXABLE FUEL	GAL. @ $	
SUBTOTAL		
SUPPLEMENTAL LIABILITY INSURANCE		
SALES TAX OR SURCHARGE	0.00 %	
NON-TAXABLE FUEL	GAL. @ $ 0.00	
LESS REFUND FOR:		
TOTAL CHARGES		
LESS DEPOSITS		
NET DUE MEMBER		
NET DUE CUSTOMER		
AMOUNT DUE		

WARNING

THIS RENTAL AGREEMENT IS NOT A POLICY OF INSURANCE. OUR INSURANCE POLICY ONLY PROVIDES INSURANCE FOR THE STATE MINIMUM FINANCIAL RESPONSIBILITY LIMITS.

- READ ALL DRIVING RESTRICTIONS ON THE REVERSE SIDE CAREFULLY. YOU ARE RESPONSIBLE FOR ALL TRAFFIC VIOLATIONS AND MUST TURN IN ALL SUMMONSES UPON CHECK IN.
- **REPORT ALL ACCIDENTS IMMEDIATELY.**
- **OPERATION OF THE VEHICLE IN VIOLATION OF PARAGRAPH 2 IS PROHIBITED.**
- YOU MAY BE PROSECUTED IF VEHICLE IS NOT RETURNED WHEN DUE IN.
- IF BILL TO PARTY DEFAULTS FOR ANY REASON, YOU ASSUME ALL RESPONSIBILITY FOR CHARGES.

THE UNDERSIGNED CUSTOMER HAS READ BOTH SIDES OF THIS AGREEMENT AND AGREES TO THE TERMS AND CONDITIONS THEREIN. CUSTOMER AUTHORIZES US TO PROCESS A CREDIT CARD VOUCHER, IF ANY, IN CUSTOMER'S NAME.

X_____ DATE_____

THIS AGREEMENT MAY NOT EXCEED A ONE MONTH PERIOD

CLOSED SUBJECT TO FINAL AUDIT

CHARGED $_____

☐ EMPLOYER
☐ OTHER

☐ CARD VERIFIED

EXPIRES

AMEX
CB
DC
MC
VISA
OTHER

PAID $_____ INITIAL

REFUNDED $_____

CUSTOMER INITIALS X_____

CHECKED OUT BY: EMILY T JOHNSON

CHECKED IN BY:

THANK YOU, WE APPRECIATE YOUR BUSINESS!

TRAC 8842 OS 4/08