

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 24-APR-2017 JUN 13 2017		Repository <input type="checkbox"/> Reference No. 10980116
U.S. Department of Transportation National Highway Traffic Safety Administration		Daytime Telephone Number [REDACTED]		E-mail Address [REDACTED]
OWNER INFORMATION (Type or Print)				
Name [REDACTED]		Evening Telephone Number [REDACTED]		
Address [REDACTED]		City WAYNE State NJ 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 4T4BF1FKXR [REDACTED]		Make TOYOTA	Model CAMRY	Model Year 2004 2014
Date Purchased Jan. 30, 2014	Dealer's Name and Telephone Number Toyota Universe (923) 785-4710		Engine: No: Cylinders 4	Fuel Type: Regular
Original Owner <input type="checkbox"/>	Dealer's City Little Falls	State NJ	Zip Code 07424	
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Standard 4cyl	Multiple Failure: N/A	Incident Date(s) 10-APR-2017
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: 199000 TIRES: PRESSURE MONITORING AND REGULATING SYSTEMS, 200000 WHEELS			Failure Mileage 51500	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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2004 TOYOTA CAMRY. WHILE THE VEHICLE WAS STATIONARY, THE TIRE PRESSURE MONITOR (TPM) INDICATOR DISPLAYED ON THE INSTRUMENT PANEL. THE TPM FAILED TO PROPERLY BALANCE THE TIRES. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 51,500. 2014 Toyota				
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.				