INFORMATION REDACTED PURSUANT TOTHE 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 ☐
12-DEC-2017 FEB 0 6 2018	Reference No. 11054235

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address	[redacted]	Evening Telephone Number	
City PORTLAND	State OR	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
2T1KU4EE4AC[redacted]	TOYOTA	MATRIX	2010

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
08-01-2010	Wilsonville Toyota			4	gas
Original Owner ☐	Dealer's City Wilsonville	State OR	Zip Code 97070		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
auto	☐ Antilock Brakes ☐ Cruise Control		N/A	11-DEC-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 100000 POWER TRAIN, 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL	Failure Mileage ~~50000~~ 63,646	Failure Speed Not sure

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* THE CONTACT OWNS A 2010 TOYOTA MATRIX. WHILE THE CONTACT WAS PLACING THE VEHICLE IN DRIVE, THE ACCELERATOR PEDAL BECAME STUCK IN THE DEPRESSED POSITION. AS A RESULT, THE CONTACT CRASHED INTO A WALL IN THE PARKING GARAGE. THERE WERE NO INJURIES. THE SIDE AND FRONTAL AIR BAGS DEPLOYED. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS TOWED TO THE CONTACT'S HOME TO BE RETRIEVED BY STATE FARM INSURANCE. THE INSURANCE CLAIM NUMBER WAS [redacted] THE FAILURE MILEAGE WAS 50,000. or so. A DMV Report was filed.

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