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

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 ☐
31-JAN-2018 APR 10 2018	Reference No. 11066117

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	[redacted]
City CHARLOTTE	State NC	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
	SCION	FR-S	2013

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9-12-12	Stokes / Brown			No: Cylinders	
Original Owner ☑	Dealer's City Beaufort S.C.	State SC	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
MANUAL 6 Speed	☑ Antilock Brakes ☐ Cruise Control	Powertrain 4 cylinder RWD.	AIR BAG Shoulder STRAP	15-JUN-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	33000	25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make COOPER	Tire Model (Name or Number)	Tire Size (Example P215/65R15) STANDARD
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(les).)

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(les).
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 2013 SCION FR-S. WHILE DRIVING APPROXIMATELY 25 MPH, THE CONTACT'S VEHICLE CRASHED INTO THE REAR OF A SECOND VEHICLE. DURING THE CRASH, THE VEHICLE SUSTAINED SEVERE DAMAGE TO THE FRONT END; HOWEVER, THE AIR BAG DEFLATED WITH A FOUR INCH HOLE AFTER DEPLOYING. THE DRIVER SUSTAINED FACIAL AND CHEST INJURIES, A FRACTURED STERNUM, AND A LUMBAR SPINE. MEDICAL ATTENTION WAS RECEIVED. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED. THE MANUFACTURER WAS NOTIFIED, BUT THE LOCAL DEALER WAS NOT. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 33,000.

SCION BOUGHT NEW AT STOKES/BROWN TOYOTA SCION BEAUFORT S.C. Sept. 2012 Made in 6-12 JAPAN

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

I have photos of the car I can email you after the wreck shows hole in car BAR.

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

I was driving Below posted speed limit, Appox. 25 mph. in a 45 mph zone. VAN in front Blocked my view he was doing slow then fast. His van was stopped by a off duty S.C deputy to let traffic out of parking lot. He wanted to cause accident. I was not able to see around his van. He + the driver of the van left the wreck scean when he heard sirens / ambulance comming. He drove off. I was Taken to hospital. He left Before police arrived I was Ald in observation for 24 hours. Due to Blood pressure. [redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

[redacted]
Charlotte NC [redacted]

NC 282
19 MAR '18
PM 1 L

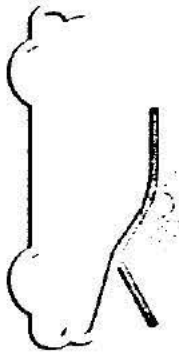
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

NHTSA
www.nhtsa.gov

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