

U.S. Department
of TransportationNational 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

25-OCT-2021

Repository ☐Reference No.
11438034**OWNER INFORMATION (Type or Print)**

Name		
Address		
City	State	ZIP Code
Hattiesburg	MS	

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 4t1bg22k4x		MAKE TOYOTA	Model CAMRY	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number Jim Armstrong Subaru 8283229372		Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City Hickory	STATE NC	ZIP Code 28602	
Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-JUL-2021

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 120000 EXTERIOR LIGHTING	Failure Mileage 148000.0	Failure Speed
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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: DOTMAL 9ABC036)	☐ Original Requirement ☐ 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), Injury(ies).)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), 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).

The contact owns a 1999 Toyota Camry. The contact stated that the headlights were dim while driving the vehicle. There was no warning light illuminated. The contact stated that the headlights were replaced; however, the failure persisted. The manufacturer was notified of the failure and informed her that there were no recalls on the vehicle. Upon investigation, the contact discovered NHTSA Campaign Number: 09E025000 (Exterior Lighting) which she linked to the failure. The vehicle was not repaired. The failure mileage was approximately 148,000.

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, or a statistical summary thereof, may be used in support of the agency's action.