

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

13-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

858425

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4T1BG22K4WU858891	TOYOTA	CAMRY	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 17-DEC-1999 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)


Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE INVOLVED IN A FRONTAL COLLISION OF 35 MPH DURING WHICH BOTH AIR BAGS FAILED TO DEPLOYED. DEALER / MANUFACTURER NOTIFIED. NO INJURIES REPORTED. *AK

CONTINUED ON BACK PLEASE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 241</p>	
	<p>OFFICE OF DEFECTS INVESTIGATION</p>	<p>Date Received MAR 13 11:08 13-MAR-2000</p>	<p>Od_or rt_dt od_rt up_br</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>Work Number Home Number</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an authorized signature, your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 3/2/00 YES NO

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) 4T1BG22K4WU858391	Vehicle Make TOYOTA	Vehicle Model CAMRY	Vehicle Year 1998	Current Odometer Reading			
Purchase Date 7/16/98	Dealer's Name <u>Herb Chambers of Auburn</u>		Engine Size (CID/CC/L) No Cylinders <u>4</u>	<input type="checkbox"/> Turbo Diesel	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Auburn</u> State <u>MA</u> Zip Code <u>01501</u>		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other			Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) <u>17-DEC-1999</u>	Mileage at Failure(s) <u>22000 - 26000</u>	Vehicle Speed at Failure(s) <u>35 miles per hour</u>
Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage \$ 7175.73	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NO

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


VEHICLE INVOLVED IN A FRONTAL COLLISION OF 35 MPH DURING WHICH BOTH AIR BAGS FAILED TO DEPLOYED. DEALER / MANUFACTURER NOTIFIED. NO INJURIES REPORTED. *AK
error
Fracture of sternum

Cannot check odometer, battery is disconnected

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Copies

March 8, 2000



TMS
19001 SouthWestern Avenue
PO Box 2714
Dept A108
Torrance, CA 90509

Attn: Mr. John Rodnick, National Claims Manager

Vehicle 98 Camry
VIN 4T1BG22K4WU858891

I received your letter dated February 28, 2000 stating that my airbags should not have deployed in my accident.

I am formally requesting a copy of your full report, including copies of photos, since I want to understand the basis for your decision.

Thank you.



March 8, 2000

[REDACTED]

Mr. Yoshi Inaba, President
Toyota Motor Services USA
19001 South Western Avenue
Torrance, CA 90509
Dept. H200

Subject: Customer File [REDACTED]
VIN # 4T1BG22K4WU858891, 98 Camry

Dear Mr. Inaba:

I received the letter from your legal department saying that upon inspection my airbags should not have deployed. I was crushed. I find it very hard to believe that was the case. I also felt betrayed by Toyota. I have owned Toyota's since 1979. They have been the only car for me. Now, I feel I can't trust Toyota. I feel so bad. My battered bruised car sits in my driveway because the body shop couldn't hold on to it waiting for your reply. It hurts me every time I drive in and out and see it. It makes me very nervous. I don't see how I could drive my Camry and feel safe.

I am requesting that once my car is repaired, I would like to trade it in, if possible for full value, and upgrade to another model.

I would very much appreciate your help and consideration in this matter.

We also own an Avalon.

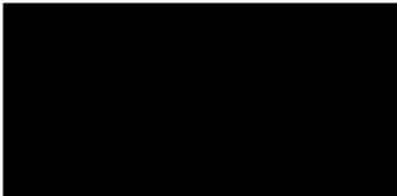
[REDACTED]

TOYOTA

Writer's Direct Line: (310) 618-4599
Writer's Direct Fax: (310) 618-7808

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
P.O. Box 2981
Torrance, CA 90509-2991
(310) 618-4000
(310) 618-7800 Fax

February 28, 2000



Date of Loss: 12/17/99
Vehicle: 98 Camry
VIN: 4T1BG22K4WU85B891

Dear Ms. [REDACTED]

This letter is in response to your communication with our Customer Relations department.

Please note that your vehicle was inspected to determine if the airbags should have deployed. Our inspection confirmed that the impact was at an angle and additionally your vehicle under-rode the other vehicle. This resulted in damage above the bumper with much of the collision forces being absorbed. The resultant frontal collision forces did not warrant deployment.

Airbags are designed to help prevent fatal or severe head injuries. They are not designed to deploy in every instance involving frontal impact.

Thank you,

A handwritten signature in cursive script that reads "John W. Rodricks".

John W. Rodricks
National Claims Manager
Legal Department

JWR/nbe

January 12, 2000



Mr. Yoshi Inaba, President
Toyota Motor Services USA
19001 South Western Avenue
Torrance, CA 90509
Dept. H200

Subject: Defective Airbags - Customer Service File #:199912210099

Dear Mr. Inaba:

On December 17th, 1999 I had a front end collision with my '98 Toyota Camry. The air bags did not deploy resulting in a fracture of my sternum.

It is clear that in this type of collision the airbags should have deployed. They are obviously defective. My injury could have been prevented.

I have sustained physical injuries for which I was hospitalized. I have been out of work since December 17th because of this injury.

I have been in touch regularly with Barbara Lemoine (508-261-3041) at my regional Toyota office since the time of the accident and today, January 12th, an inspector, Alex Darling (508-261-3030) came out to look at the car. He stated that he will be forwarding the photos and a report to the Toyota office in California.

I have no plans to repair the car until we hear from Toyota, which leaves me without transportation.

My car is not safe, it is inherently dangerous. I would not feel safe driving this automobile after it failed me. I want Toyota to provide me with a new automobile with equivalent features that is safe and reliable.

I expect prompt resolution in a professional and fair fashion. I would much rather resolve this directly with Toyota than through the legal process.

Very truly yours,

