Form Approved: O.M.B. No. 2127-0008

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 ☐
25-SEP-2006	Reference No. 10169236

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City INDIANAPOLIS	**State** IN	**Zip Code** [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
21-JUL-06	O'BRIEN TOYOTA UNKNOWN			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City INDIANAPOLIS	State IN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
25-SEP-2006	2100	30

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).

DT*: THE CONTACT STATED WHILE MAKING A LEFT HAND TURN AT 30 MPH ON A CITY STREET, THE ENGINE REVVED AND THE VEHICLE LURCHED FORWARD WITHOUT WARNING. THE VEHICLE DID NOT RESPOND TO BRAKE PRESSURE AND CONTINUED ACCELERATION. THE CONTACT DEPRESSED THE PUSH BUTTON IGNITION, AND THE VEHICLE SLOWED TO A STOP. A BYSTANDER ALERTED THE CONTACT THAT SMOKE AND FLAMES WERE COMING FROM THE LEFT FRONT TIRE. THE CONTACT QUICKLY EXITED THE VEHICLE, AND NO INJURIES WERE SUSTAINED. THE FIRE DEPARTMENT WAS ALERTED, BUT THE TIRE HAD ALREADY BURNED ITSELF OUT UPON THEIR ARRIVAL. THE POLICE WERE NOT CONTACTED. THE VEHICLE WAS TOWED TO A DEALER TO AWAIT INSPECTION.

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

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FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
19-OCT-2006	Reference No. 10171354

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City SAN JOSE	**State** CA	**Zip Code** [redacted]	

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

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE46K17U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
02-APR-06	STEVEN'S CREEK TOYOTA 408-984-1234			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City SAN JOSE	State CA	Zip Code 95129		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
19-OCT-2006	8700	75

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).

DT*: THE CONTACT STATED WHILE THE VEHICLE WAS STOPPED AT RED LIGHT, UPON APPLYING THE ACCELERATOR PEDAL; THE VEHICLE LURCHED FORWARD AT A SPEED OF 75 MPH WITHOUT WARNING. THE CONTACT PLACED THE VEHICLE IN NEUTRAL, WHICH CAUSED THE VEHICLE TO JERK AND STOP. THE VEHICLE WAS INSPECTED BY A DEALER WHO DETERMINED THE THROTTLE SENSOR AND THROTTLE BODY NEEDED TO BE REPLACED. AFTER THE REPLACEMENT, THE PROBLEM PERSISTED. THE VEHICLE WAS AGAIN INSPECTED BY THE DEALER WHO DUPLICATED THE PROBLEM, YET ATTRIBUTED THE SUDDEN ACCELERATION TO THE FLOOR MAT TOUCHING THE ACCELERATOR PEDAL. AFTERWARDS, THE SUDDEN ACCELERATION PERSISTED. THE MANUFACTURER WAS NOT ALERTED.

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

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Date Received	Repository ☐
12-FEB-2007	Reference No. 10182352

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City NEW CITY	**State** NY	**Zip Code** [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BK46K87U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
14-JUL-06	PRESTIGE OF BERGIN INC 2018252700			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City RAMSEY	State NJ	Zip Code 07446		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	180000 VEHICLE SPEED CONTROL Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
29-JAN-2007	7000	55

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	0	0	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 2007 TOYOTA CAMRY. WHILE DRIVING AT 55 MPH THE CONTACT'S VEHICLE BEGAN TO ACCELERATE, IN AN ATTEMPT TO STOP THE VEHICLE THE CONTACT CRASHED INTO A SIGN. THERE WERE NO INJURIES. THE MECHANIC ATTEMPTED TO DIAGNOSE THE FAILURE ON 2 PREVIOUS OCCASIONS ,AND FOUND THE VEHICLE TO BE OPERATING NORMALLY. ALSO,M THE MECHANIC DIAGNOSED THE VEHICLE AFTER THE CRASH OCCURRED ,AND THE COMPUTER REPORT READ: CANNOT DUPLICATE CUSTOMERS CONCERN . NO CODES IN SYSTEM AT THIS TIME. THE VEHICLE WAS ROAD TESTED APPROXIMATELY 25 MILES AND NO FAILURE OCCURRED. THE MECHANIC ADVISED THE CONTACT OF RECALL 06V096000, AIR BAGS. CURRENT MILEAGE, AND FAILURE MILEAGE WERE 7000.

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

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Date Received	Repository ☐
19-APR-2007	Reference No. 10188333

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City PRAIRIE CITY	**State** OR	**Zip Code** [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTNBE46KX73[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-AUG-06				No: Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-MAR-2007	16000	65

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	0	0	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 2007 TOYOTA CAMRY LE. WHILE DRIVING 65 MPH, THE CONTACT ACTIVATED THE CRUISE CONTROL. SHE ACCELERATED TO 75 MPH WHILE ATTEMPTING TO PASS A VEHICLE WITH THE CRUISE CONTROL STILL ACTIVATED. THE CONTACT ATTEMPTED TO DECELERATE BY TAPPING THE BRAKE PEDAL TO RELEASE THE CRUISE CONTROL. AFTER THREE TO FOUR ATTEMPTS, THE CRUISE CONTROL FAILED TO SHUT OFF. THE VEHICLE FELT AS IF IT WOULD ACCELERATE AND THE CRUISE CONTROL REMAIN ACTIVATED. THE VEHICLE BEGAN DECELERATING ONCE HER FOOT REMAINED ON THE BRAKE PEDAL, OTHERWISE, IF SHE WERE TO RELEASE THE PEDAL, THE VEHICLE WOULD ACCELERATE AGAIN. THE CONTACT PULLED OFF THE ROAD, APPLIED THE EMERGENCY BRAKE, AND SHUT OFF THE VEHICLE. WHEN SHE RESTARTED THE VEHICLE, IT BEGAN OPERATING NORMALLY, HOWEVER SHE DID NOT ACTIVATE THE CRUISE CONTROL AGAIN. THE TOYOTA DEALER COULD NOT LOCATE THE CAUSE OF FAILURE. A COUPLE OF WEEKS LATER, A MECHANIC INSPECTED THE VEHICLE AND ALSO FOUND NO FAILURE. THE CURRENT MILEAGE IS 16,700 AND FAILURE MILEAGE WAS 16,000.

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

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Date Received	Repository ☐
26-MAY-2007	Reference No. 10191791

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City DANVERS	**State** MA	**Zip Code** [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4T1BE46K27U[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
05-APR-06	IRA TOYOTA 800-230-0982	No: Cylinders 4	Gas

Original Owner	Dealer's City	State	Zip Code
☒	DANVERS	MA	01923

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
20-MAY-2006	1000	35

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	0	0	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).

THE 2007 TOYOTA CAMRY LE 4CYL AUTOMATIC SEDAN EXPERIENCED HESITATION, UNINTENDED ACCELERATION AND COMPLETE LACK OF RESPONSE TO THE DEPRESSION OF THE ACCELERATOR PEDAL; TWO TIMES CREATIING SITUATIONS THAT EASILY COULD HAVE CAUSED AN ACCIDENT. THE FIRST TIME I WAS TRYING TO MERGE ONTO A HIGH-SPEED LANE OF A HIGHWAY. I PUSHED THE ACCELERATOR PEDAL AND THE CAR DID ABSOLUTELY NOTHING, THEN ROARED TO LIFE, BUT TOO LATE. I HAD TO BRAKE BECAUSE I DIDN'T HAVE ENOUGH TIME TO MAKE IT. THEN, ABOUT A YEAR LATER THE ACCELERATOR STUCK AND THE ENGINE REVVED TO 6000 RPMS, AND WOULD NOT COME DOWN. I WAS FORCED TO PULL OVER AND SHUT IT DOWN. BOTH OF THESE TIMES I BROUGHT IT TO THE LOCAL TOYOTA DEALER AND THEY COULDN'T FIND ANYTHING. THE MOST RECENT TIME, AFTER THE STUCK ACCELERATOR PEDAL INCIDENT, THEY HAD IT ALL DAY AND SENT IT HOME WITH A SERVICE MAN WHO COULD NOT DUPLICATE THE SITUATION. I SERIOUSLY FEAR BODILY INJURY OR DEATH IN THE FUTURE IF THIS ISN'T FIXED AND FIXED RIGHT. *AK

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

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