




 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 07-JUN-2005		Repository <input type="checkbox"/> Reference No. 10124522	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City WEST HOLLYWOOD		State CA		Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 JTDKB20U753		Make TOYOTA		Model PRIUS	
Date Purchased 06-NOV-04		Dealer's Name and Telephone Number TOYOTA OF HUNTINGTON BEACH (714) 847-8555		Model Year 2005	
Original Owner <input checked="" type="checkbox"/>		Dealer's City HUNTINGTON BEACH		Engine: No: Cylinders 4	
Transmission Type AUTOMATIC		State CA		Fuel Type: Other	
<input checked="" type="checkbox"/> Antilock Brakes		Zip Code 92648		Other	
<input checked="" type="checkbox"/> Cruise Control		Powertrain UNKNOWN		Vehicle Component Code 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL	
		Multiple Failure: 3			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 25-APR-2005		Failure Mileage 6000		Failure Speed 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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured	
				Number of Deaths	
				Reported to Police 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).					
2005 TOYOTA PRIUS -- FLOORMAT BECOMES LODGED BETWEEN PEDALS. -- WHILE DRIVING AT HIGH SPEEDS (60-70 MPH) ON THE FREEWAY, I NOTICED A LOSS OF SENSITIVITY ON BOTH THE BRAKE AND GAS PEDALS. I HAD TO PRESS VERY HARD TO GET A REACTION FROM EITHER PEDAL. AS A RESULT I WAS UNABLE TO KEEP DRIVING AT THE SAME SPEED AS THE SURROUNDING CARS. EVERYTHING ELSE SEEMED TO BE OPERATING NORMALLY. THE SENSATION CONTINUED FOR A FEW MINUTES UNTIL I COULD SAFELY PULL OFF OF THE FREEWAY. UPON INVESTIGATION, I REALIZED THAT THE FLOORMAT HAD COME UNHOOKED FROM ITS RESTRAINTS AND STUCK BETWEEN THE PEDALS AND THE FLOOR. I SECURED THE FLOORMAT TO ITS HOOKS ONCE AGAIN AND CONTINUED DRIVING WITHOUT TROUBLE. THIS HAS HAPPENED A COUPLE TIMES SINCE, BUT I RECOGNIZE THE SYMPTOMS AND FIX IT PROMPTLY. HOWEVER, I FEAR THAT ANOTHER OWNER MIGHT EXPERIENCE THIS WHEN THEY NEED TO BRAKE OR ACCELERATE SUDDENLY TO AVOID AN ACCIDENT. (I NOTICED ANOTHER POSTING THAT DESCRIBED THE SAME PROBLEM).					
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 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.					


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	Date Received 04-JAN-2006		Repository <input type="checkbox"/> Reference No. 10146927		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
BATTLE CREEK	MI				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 JTDKB20UX53			Make TOYOTA	Model PRIUS	Model Year 2005
Date Purchased 01-JUL-05	Dealer's Name and Telephone Number			Engine: No: Cylinders 4	Fuel Type: Other
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 21-OCT-2005	Failure Mileage 7300	Failure Speed			
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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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 CRITICAL SAFETY CONCERN IS NOTED AS FOLLOWS: ON OCTOBER 21, 2005, I WAS TRAVELING WITH THE CRUISE CONTROL ACTIVE AT 55 MILES PER HOUR. UPON APPROACHING A SLOWER VEHICLE AND CHECKING TRAFFIC, I PROCEEDED TO ACCELERATE THE VEHICLE IN AN ATTEMPT TO QUICKLY PASS THE VEHICLE DRIVING BEFORE ME. UPON SUCCESSFUL PASSAGE OF THE VEHICLE, I LET OFF THE ACCELERATOR AND PRESSED THE BRAKES SEVERAL TIMES, BUT THE VEHICLE CONTINUED TO ACCELERATE UNDER FULL POWER. UNDER THE CONDITIONS, I TRIED TO QUICKLY DISRUPT THIS SAFETY CRITICAL ISSUE. TO THE BEST OF MY RECOLLECTION I TRIED TO SLOW THE VEHICLE BY PUSHING THE POWER BUTTON, MANIPULATING THE CRUISE CONTROL LEVER, AND PUTTING THE VEHICLE IN NEUTRAL. ALL ATTEMPTS WERE UNSUCCESSFUL. UNDER CONSIDERABLE DISTRESS, TRAVELING APPROXIMATELY 20 MILES OVER THE POSTED SPEED LIMIT AT THIS POINT, AND CONTINUING TO ACCELERATE, I ELECTED TO APPLY FULL BRAKING FORCE TO THE PRIUS WHILE "LABORING" THE VEHICLE TO A STANDSTILL ON THE GRAVEL SHOULDER OF THE ROAD. REGAINING MY COMPOSURE, I PUSHED THE POWER BUTTON, AND THE VEHICLE SHUTDOWN. THE CABIN OF THE MOTOR VEHICLE EXHIBITED A STRONG ODOR REMINISCENT OF ELECTRICAL MOTOR SMELL. NO ROOT CAUSE HAS BEEN FOUND TO DATE. VEHICLE WAS DRIVEN BY DEALER AND ISSUE WAS RE-CREATED DURING INITIAL TEST-DRIVE FROM PORTER. *JB					
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.					

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	Date Received 13-MAR-2006		Repository <input type="checkbox"/> Reference No. 10152553		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
PORTAGE	MI				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 JTDBK20U240		Make TOYOTA	Model PRIUS	Model Year 2004	
Date Purchased 01-MAY-04	Dealer's Name and Telephone Number METRO TOYOTA 269-375-1000		Engine: No: Cylinders 4	Fuel Type: Other	
Original Owner <input checked="" type="checkbox"/>	Dealer's City KALAMAZOO	State MI	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 180000 VEHICLE SPEED CONTROL		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 12-MAR-2006	Failure Mileage 12995	Failure Speed 60			
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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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 UPON ENTERING A HIGHWAY AT 60MPH, THE VEHICLE ACCELERATED RAPIDLY. BRAKE PRESSURE WAS APPLIED, BUT THE VEHICLE DID NOT STOP ACCELERATING. EACH TIME BRAKE PRESSURE WAS APPLIED; THERE WAS A LOUD GRINDING NOISE. ALTHOUGH THE CRUISE CONTROL WAS NOT ENGAGED, THE CRUISE CONTROL WAS MANUALLY ACTIVATED IN AN ATTEMPT TO STOP THE ACCELERATION. WITH BRAKE PRESSURE APPLIED, THE CONTACT MANAGED TO EXIT THE FREEWAY USING THE EXIT RAMP. WHEN THE VEHICLE SLOWED, THE PARK BUTTON OPTION WAS PRESSED AND THE VEHICLE STOPPED. THERE WAS NO FURTHER ACCELERATION OR GRINDING NOISE. THE VEHICLE WAS TOWED TO THE DEALER AND IS AWAITING INSPECTION OF THE PROBLEM.					
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 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.					

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	Date Received 15-JUN-2006		Repository <input type="checkbox"/> Reference No. 10159914		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
WOODLAND HILLS	CA				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 JTOK820U853		Make TOYOTA	Model PRIUS	Model Year 2005	
Date Purchased 02-FEB-05	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Other	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code 180000 VEHICLE SPEED CONTROL		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 14-JUN-2006	Failure Mileage 18360	Failure Speed 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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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).					
I WAS DRIVING ON A HIGHWAY AT APPROXIMATELY 65 MPH. VEHICLE SUDDENLY WENT INTO UNCONTROLLED ACCELERATION WHILE THE VEHICLE WAS IN OPERATION ON THE HIGHWAY. THE ONLY WAY THAT I WAS ABLE TO SLOW DOWN THE VEHICLE WAS BY RIDING THE BRAKES. I FINALLY SLOW DOWN THE VEHICLE WITH THE BRAKES AND TURNED IT OFF. SMOKE WAS COMING OUT OF THE WHEELS WHEN THE VEHICLE WAS TURNED OFF. VEHICLE WAS TOWED TO THE DEALER. *NM					
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 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.					

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	Date Received 21-JUL-2006		Repository <input type="checkbox"/> Reference No. 10163068		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
ELLWOOD CITY	PA				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 JTDKB20U763		Make TOYOTA	Model PRIUS	Model Year 2006	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Other	
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 19-JUL-2006	Failure Mileage 2100	Failure Speed 50			
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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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 TRAVELING AT 50 MPH, MERGING WITH HIGHWAY TRAFFIC, THE ACCELERATOR WAS DEPRESSED AND THE VEHICLE CONTINUED TO ACCELERATE UP TO 90 MPH EVEN WHEN PRESSURE WAS TAKEN OFF THE ACCELERATOR PEDAL. PRESSURE WAS APPLIED TO THE BRAKES, BUT THE ENGINE DID NOT DISENGAGE. WITH CONTINUED PRESSURE TO THE BRAKES, THE VEHICLE WAS STOPPED. HOWEVER, THE ENGINE CONTINUED TO RACE AT AN ALARMING RATE. THE IGNITION WAS TURNED OFF. UPON INSPECTION, THE ACCELERATOR PEDAL WAS STILL AGAINST THE FLOORBOARD. AFTER TAPPING THE ACCELERATOR A FEW TIMES WITH A FOOT, THE PEDAL RETURNED TO ITS ORIGINAL POSITION. THE VEHICLE WAS DRIVEN HOME. THE SERVICE DEALER SUGGESTED THAT THE CONTACT TRY TO REPRODUCE THE OCCURRENCE. THE MANUFACTURER WAS CONTACTED. UPDATED 8/14/2006 - *NM					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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	Date Received 12-MAR-2007		Repository <input type="checkbox"/> Reference No. 10184918		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
EAGLE	CO				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 JTDKB20U657		Make TOYOTA	Model PRIUS	Model Year 2005	
Date Purchased 13-OCT-05	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Other	
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 180000 VEHICLE SPEED CONTROL		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 10-AUG-2006	Failure Mileage 14000	Failure Speed 90			
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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <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 Deaths 0	Reported to Police Y	
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).					
2005 TOYOTA PRIUS, 10 MONTHS OLD, 14,000 MILES. MY WIFE EXPERIENCED AN UNINTENDED ACCELERATION WHILE COASTING DOWN INTERSTATE AT 65 MPH WITH FEET OFF PEDALS. VEHICLE SURGED TO 90 MPH EVEN THOUGH SHE APPLIED BOTH REGULAR AND EMERGENCY BRAKE DURING ACCELERATION. SHE CHECKED BOTH FEET ON BRAKES NOT OBSTRUCTED. SHE EXITED INTERSTATE AND CAREENED THROUGH SMALL TOWN EVENTUALLY DITCHING VEHICLE THROUGH FOREST, ENDING UP IN A RIVER AFTER SOMERSAULTING END OVER END 3 TIMES, CLIPPING OFF TREES 10 FEET ABOVE THE GROUND. STATE PATROL INVESTIGATION CONCLUDES ACCELERATOR CAUSED ACCIDENT. NUMEROUS CONTACTS WITH TOYOTA BEGINNING DAY OF ACCIDENT. NO ACTION BY TOYOTA AS OF MARCH 2007. *JB					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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	Date Received 06-APR-2007		Repository <input type="checkbox"/> Reference No. 10187181		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City MARS HILL		State NC	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 JTDKB20U167			Make TOYOTA	Model PRIUS	Model Year 2006
Date Purchased 01-JAN-06	Dealer's Name and Telephone Number PHIL BACHMAN TOYOTA			Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City JONONSON CITY		State TN	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 15-FEB-2007	Failure Mileage 25000	Failure Speed 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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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 HAS A 2006 TOYOTA PRIUS WITH A CURRENT ODOMETER READING OF 25,000 MILES. THE CONTACT STATED THAT THE CRUISE CONTROL WOULD NOT DISENGAGED ONCE IT HAD BEEN ACTIVATED. UNDER NORMAL DRY WEATHER CONDITIONS WHEN USING THE CRUISE CONTROL AT ABOUT 65 MPH, AND TRYING TO STOP THE VEHICLE, IT TOOK AT LEAST HALF A MILE BEFORE THE BRAKES WOULD DEACTIVATE THE CRUISE CONTROL. AFTER THIS INCIDENT THE CONTACT HAD THE VEHICLE TOWED TO THE DEALER, AND THEY COULD NOT FIND ANYTHING WRONG. *AK					
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 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.					