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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | 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-SEP-2006 | | Repository <input type="checkbox"/> Reference No. 10169236 | |
| OWNER INFORMATION (Type or Print) | | | | | |
| Name | | Daytime Telephone Number | | E-mail Address | |
| Address | | Evening Telephone Number | | | |
| City | State | Zip Code | | | |
| INDIANAPOLIS | IN | | | | |
| 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 | | 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 | State | Zip Code | | |
| <input checked="" type="checkbox"/> | INDIANAPOLIS | IN | | | |
| Transmission Type | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain | Vehicle Component Code | | |
| AUTOMATIC | <input checked="" type="checkbox"/> 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) | | <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 | Fire | Number of Persons Injured | Number of Deaths | Reported to Police | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 REWED 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 | | |
| 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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|  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 19-OCT-2006 | | Repository <input type="checkbox"/> Reference No. 10171354 | | |
| OWNER INFORMATION (Type or Print) | | | | | |
| Name | | Daytime Telephone Number | | E-mail Address | |
| Address | | Evening Telephone Number | | | |
| City | State | Zip Code | | | |
| SAN JOSE | CA | | | | |
| 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 4T1BE46K17U | | Make TOYOTA | Model CAMRY | Model Year 2007 | |
| Date Purchased 02-APR-06 | Dealer's Name and Telephone Number STEVEN'S CREEK TOYOTA 408-984-1234 | | Engine: No: Cylinders 4 | Fuel Type: Gas | |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City SAN JOSE | State CA | Zip Code 95129 | | |
| 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) 19-OCT-2006 | Failure Mileage 8700 | Failure Speed 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: 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 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 | | |
| 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 12-FEB-2007 | | Repository <input type="checkbox"/> Reference No. 10182352 | | |
| OWNER INFORMATION (Type or Print) | | | | | |
| Name | | Daytime Telephone Number | | E-mail Address | |
| Address | | Evening Telephone Number | | | |
| City | State | Zip Code | | | |
| NEW CITY | NY | | | | |
| 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 4T1BK46K87U | | Make TOYOTA | Model CAMRY | Model Year 2007 | |
| Date Purchased 14-JUL-06 | Dealer's Name and Telephone Number PRESTIGE OF BERGIN INC 2018252700 | | Engine: No: Cylinders 6 | Fuel Type: Gas | |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City RAMSEY | State NJ | Zip Code 07446 | | |
| Transmission Type | <input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control | Powertrain UNKNOWN | Vehicle Component Code 180000 VEHICLE SPEED CONTROL Multiple Failure: 3 | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Incident Date(s) 29-JAN-2007 | Failure Mileage 7000 | Failure Speed 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: 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 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 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 19-APR-2007 | | Repository <input type="checkbox"/> Reference No. 10188333 | |
| OWNER INFORMATION (Type or Print) | | | | |
| Name | | Daytime Telephone Number | | E-mail Address |
| Address | | Evening Telephone Number | | |
| City | State | OR | Zip Code | |
| PRAIRIE CITY | | | | |
| 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 JTNBE46KX73 | | Make TOYOTA | Model CAMRY | Model Year 2007 |
| Date Purchased 30-AUG-06 | Dealer's Name and Telephone Number | | Engine: No: Cylinders 4 | Fuel Type: Gas |
| 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 FRONT WHEEL DRIVE | Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1 | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | |
| Incident Date(s) 18-MAR-2007 | Failure Mileage 16000 | 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 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 DECELERATE 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 26-MAY-2007 | Repository <input type="checkbox"/> | | Reference No. 10191791 |
| OWNER INFORMATION (Type or Print) | | | | | |
| Name | | Daytime Telephone Number | | E-mail Address | |
| Address | | Evening Telephone Number | | | |
| City | State | Zip Code | | | |
| DANVERS | MA | | | | |
| 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 4T1BE46K27U | | Make TOYOTA | Model CAMRY | Model Year 2007 | |
| Date Purchased 05-APR-06 | Dealer's Name and Telephone Number IRA TOYOTA 800-230-0982 | | Engine: No: Cylinders 4 | Fuel Type: Gas | |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City DANVERS | State MA | Zip Code 01923 | | |
| 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: 2 | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Incident Date(s) 20-MAY-2006 | Failure Mileage 1000 | Failure Speed 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: 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). | | | | | |
| 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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