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 ☐
05-JAN-2007	Reference No. 10177888

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City FREDERICKSBURG **State** VA **Zip Code** [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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
4T1BK36BX5U[redacted]	TOYOTA	AVALON	2005

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
01-MAY-05		No: Cylinders 6	Gas
Original Owner ☒	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-SEP-2006	45000	70

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* - ON 9/24/06 WHILE THE CONTACT WAS DRIVING VEHICLE AT 60 MPH AND IT UNEXPECTEDLY ACCELERATED TO 75 MPH. THE CONTACT HAD TO APPLY THE BRAKE WITH BOTH FEET TO DISENGAGE THE ACCELERATION ON THE VEHICLE. ON 10/09/06, WHILE DRIVING ON THE HIGHWAY AT 40 MPH THE VEHICLE ACCELERATED TO 75 MPH, HAD TO HOLD BOTH FEET ON THE BRAKE AND PULL THE VEHICLE OFF TO SIDE OF THE ROAD. AT THAT POINT THE CONTACT TOOK THE VEHICLE TO THE DEALERSHIP,) AND THE DEALER STATED THAT THE GAS PEDAL WAS MOST LIKELY GETTING CAUGHT UNDER THE CARPET. THE DEALER COULDN'T FIND ANYTHING WRONG WITH THE VEHICLE. WHILE DRIVING ON 12/23/06 AT 35 MPH THE VEHICLE ACCELERATED TO 75 MPH, AFTER A QUARTER OF A MILE CONTACT WAS ABLE TO STOP THE VEHICLE BY OUTING BOTH FEET ON BRAKE. ALL THE BRAKES WERE SMOKING AND THERE WAS TRANSMISSION FLUID LEAKING. AT THAT POINT, CONTACT HAD THE VEHICLE TOWED TO ROSENER TOYOTA. *AK
UPDATED 01/29/07. *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 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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FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
08-FEB-2007	Reference No. 10182047

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City DEDHAM	**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
	TOYOTA	AVALON	2006

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
21-NOV-05	BOCH TOYOTA			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City NORWOOD	State MA	Zip Code 02062		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-JAN-2007			

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).

ON THREE DIFFERENT OCCASIONS, WHILE DRIVING MY 2006 TOYOTA AVALON XLS, I PRESSED DOWN ON THE GAS PEDAL TO PASS ANOTHER VEHICLE AND THE GAS PEDAL CONTINUED TO DEPRESS ON ITS OWN AFTER I TOOK MY FOOT OFF OF IT. I STOOD ON THE GAS PEDAL AND IT TOOK ABOUT 5 SECONDS FOR THE PEDAL TO DISENGAGE AFTER ACCELERATING VERY RAPIDLY. THE THIRD TIME, I HAD TO SHUT OFF THE IGNITION. I AM AFRAID TO PRESS HARD ON THE GAS PEDAL AT THIS POINT AS IT IS A VERY FRIGHTENING SITUATION. A LESS EXPERIENCED DRIVER WOULD GET INJURED. I WILL NOT LET ANYBODY ELSE DRIVE MY CAR BECAUSE OF THIS. THE DEALER HAD NO EXPLANATION WHICH I FIND VERY DISTURBING. HELP!! *JB

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

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Date Received	Repository ☐
17-APR-2007	Reference No. 10188142

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City URBANDALE	**State** IA	**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
4T1BK36B17U[redacted]	TOYOTA	AVALON	2007

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
26-OCT-06	TOYOTA OF DES MOINES 515-276-4911	No: Cylinders 6	Gas

Original Owner	Dealer's City	State	Zip Code
☒	DES MOINES	IA	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
12-APR-2007	7940	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			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).

WE HAD A DRIVING INSTRUCTOR CONDUCTING A CLASS USING THE 2007 AVALON. THE INSTRUCTOR WAS DRIVING AND ACCELERATED TO PASS A VEHICLE AT APPROXIMATELY 35 MPH AND THE ACCELERATORS STUCK AND THE CAR REACHED 8000+ RPMS THE INSTRUCTOR HAD TO ENGAGE THE BRAKE AND PUT THE CAR IN NEUTRAL AND THE CAR WOULD NOT TURN OFF, USING THE PUSH BUTTON START. IT FINALLY TURNED OFF AFTER NUMEROUS TRIES ON THE PUSH BUTTON. ONCE THE MOTOR TURNED OFF THE ACCELERATOR THEN CAME UP SLOWLY BY ITS SELF. WE CALLED THE DEALERSHIP, AND WERE TOLD IT MUST HAVE BEEN THE FLOOR MATS. THERE WERE THREE PEOPLE IN THIS CAR AND THEY ALL SAW THE SAME THING. THE FLOOR MATS HAD NOTHING TO DO WITH THIS PROBLEM. WE HAD THE DEALER GO OVER THE CAR AND AGAIN WERE TOLD THERE WAS NOTHING WRONG. WE HOWEVER DO NOT BELIEVE THEIR FINDINGS. *AK

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 ☐
07-AUG-2007	Reference No. 10198767

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City SPARTENBURG	**State** SC	**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
4T1BK36B37U[redacted]	TOYOTA	AVALON	2007

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
13-JUL-07		No: Cylinders 6	Gas
Original Owner ☒	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
07-AUG-2007	1600	70

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 AVALON. WHILE DRIVING 70 MPH THE VEHICLE WOULD NOT STOP WHEN HE DEPRESSED THE BRAKE. THE ENGINE STALLED AS THE VEHICLE WAS SHIFTED INTO NEUTRAL WHICH CAUSED THE VEHICLE TO LOOSE SPEED POWER. THE CURRENT AND FAILURE MILEAGES WERE 1,600.

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 ☐
20-AUG-2007	Reference No. 10200097

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City LEXINGTON	**State** KY	**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
4T1BK36BX7U[redacted]	TOYOTA	AVALON	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
29-DEC-06				No: Cylinders 6	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
06-AUG-2007	7500	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).

ON AUG. 6TH WHILE DRIVING ON A TWO LANE ROAD IN SOUTH CAROLINA IN MY 2007 AVOLON MY ACCELERATOR STUCK. MY CAR REACHED SPEEDS OF UPTO 80MPH. I COULD ONLY REDUCE THE SPEED TO 60MPH BY RIDING THE BRAKES. I FINALLY STOPPED THE CAR BY FINDING A SAFE PULL-OFF AND SHIFTED INTO NEUTRAL AND THEN PARK. MY BRAKES WERE COMPLETELY RUINED AND REQUIRED REPLACEMENT. MY CAR WAS TOWED TO A TOYOTA DEALER IN GREENVILLE, SC. THE SERVICE DEPARTMENT DETERMINED THAT THE FAULTY ACCELERATION WAS DUE TO A RUBBER ALL-WEATHER MAT. THE MAT HAD BEEN PLACED OVER THE STANDARD FLOOR MAT. I FEEL THAT AVOLON OWNERS NATIONWIDE NEED TO BE NOTIFIED OF THIS DANGEROUS PROBLEM. I NOTED IN MY LOCAL NEWSPAPER LAST WEEK THAT YOU ARE INVESTIGATING THE SAME PROBLEM IN THE LEXUS ES 350 WHICH HAS THE SAME DESIGN AS THE AVOLON. *TR

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

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100381

Date Received	Repository ☐
20-AUG-2007	Reference No. 10200324

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City NOVI	**State** MI	**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
4T1BK36B46U[redacted]	TOYOTA	AVALON	2006

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
30-SEP-05		No: Cylinders 6	Gas
Original Owner ☒	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
06-AUG-2007	7295	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).

TL*THE CONTACT OWNS A 2006 TOYOTA AVALON. WHILE DRIVING 35 MPH, THE VEHICLE BEGAN ACCELERATING WITHOUT WARNING. THE CONTACT WAS UNABLE TO SLOW THE VEHICLE DOWN BY ENGAGING THE BRAKES OR NEUTRAL. THE ENGINE SHUT OFF ON ITS OWN. THE CONTACT CONFIRMED THAT THE DRIVING MAT WASN'T THE CAUSE OF THE VEHICLE ACCELERATING. ON THREE OCCASIONS HE SPOKE WITH LEXUS, TOYOTA AND THE DEALER. THE DEALER ATTEMPTED TO DIAGNOSE THE FAILURE FROM AUGUST 11TH TO AUGUST 13TH AND COULD NOT DUPLICATE THE FAILURE. THE CONTACT READ AN ARTICLE RE: LEXUS 350 ES EXPERIENCING THE SAME FAILURE. THE FAILURE MILEAGE WAS 6950 AND THE CURRENT MILEAGE WAS 7295.

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

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