

 U.S. Department of Transportation  National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET:www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148	
	Date Received  05-JAN-2007		Repository <input type="checkbox"/>  Reference No. 10177888	
<b>OWNER INFORMATION (Type or Print)</b>				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
FREDERICKSBURG	VA			
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 ____/____/____				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
4T1BK36BX5U		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	
<input checked="" type="checkbox"/>				
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	REAR WHEEL DRIVE	180000 VEHICLE SPEED CONTROL	
			Multiple Failure: 3	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Incident Date(s)	Failure Mileage	Failure Speed		
24-SEP-2006	45000	70		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> <b>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).</b>				
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.				



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 <input type="checkbox"/>
08-FEB-2007	Reference No. 10182047

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number			
City	State	Zip Code				
DEDHAM	MA					

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 TOYOTA	Model AVALON	Model Year 2006
Date Purchased 21-NOV-05	Dealer's Name and Telephone Number BOCH TOYOTA		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City NORWOOD	State MA	Zip Code 02062	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE	
Multiple Failure: 3				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 17-JAN-2007	Failure Mileage	Failure Speed	
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**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
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**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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 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET:www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148	
			Date Received 17-APR-2007	Repository <input type="checkbox"/> Reference No. 10188142
<b>OWNER INFORMATION (Type or Print)</b>				
Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	URBANDALE	State	IA	Zip Code
				Evening Telephone Number
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 ____/____/____				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4T1BK36B17U [REDACTED]		Make TOYOTA	Model AVALON	Model Year 2007
Date Purchased 26-OCT-06	Dealer's Name and Telephone Number TOYOTA OF DES MOINES 515-276-4911		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City DES MOINES	State IA	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL	
			Multiple Failure: 1	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Incident Date(s) 12-APR-2007	Failure Mileage 7940	Failure Speed 35		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>				
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	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (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
<b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b> 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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 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET:www.nhtsa.dot.gov/hotline</b>			FOR AGENCY USE ONLY 100148	
	Date Received  07-AUG-2007		Repository <input type="checkbox"/>  Reference No. 10198767		
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
SPARTENBURG	SC				
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 ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4T1BK36B37U		Make TOYOTA	Model AVALON	Model Year 2007	
Date Purchased 13-JUL-07	Dealer's Name and Telephone Number		Engine: No: Cylinders 6	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 030000 SERVICE BRAKES, HYDRAULIC		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 07-AUG-2007	Failure Mileage 1600	Failure Speed 70			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> <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	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> <b>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).</b>					
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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	Date Received  20-AUG-2007		Repository <input type="checkbox"/>  Reference No. 10200097		
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
LEXINGTON	KY				
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 ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4T1BK36BX7U		Make TOYOTA	Model AVALON	Model Year 2007	
Date Purchased 29-DEC-06	Dealer's Name and Telephone Number		Engine: No: Cylinders 6	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 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 06-AUG-2007	Failure Mileage 7500	Failure Speed 55			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
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		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (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	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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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			Date Received 20-AUG-2007		Repository <input type="checkbox"/>			Reference No. 10200324
<b>OWNER INFORMATION (Type or Print)</b>								
Name			Daytime Telephone Number			E-mail Address		
Address			Evening Telephone Number					
City NOVI		State MI		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 ____/____/____								
<b>VEHICLE INFORMATION</b>								
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4T1BK36B46U				Make TOYOTA		Model AVALON		Model Year 2006
Date Purchased 30-SEP-05		Dealer's Name and Telephone Number				Engine: No: Cylinders 6		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 060000 ENGINE AND ENGINE COOLING		
Multiple Failure: 1								
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>								
Incident Date(s) 06-AUG-2007		Failure Mileage 7295		Failure Speed 35				
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>								
Tire Make			Tire Model (Name or Number)			Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM9ABC036)			<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:			
Tire Component Code						Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>								
Make:			Date Manufactured:			Model No./Name:		
Seat Type:			Installation System:					
Child Seat Component Code:			Failed Part:					
<b>APPLICABLE INCIDENT INFORMATION</b> <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
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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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