NVS-200
6

[redacted]
Arlington Heights, IL. [redacted]
Tel [redacted]

May 25, 2010

Attn. Administrator
National Highway Traffic Administration
1200 New Jersey Avenue, S.E.
Washington, DC 20590

Dear Sir:

Subject: Complaint Letter
Case #1003118733
2009 Rav4 Safety Recall Notice
VIN #2T3BF33V09W[redacted]

This letter is to complain about the treatment I have received from Toyota Motor Sales, U.S.A. Inc. regarding the defective accelerator pedal problem. The enclosed documents were submitted to Toyota Claims Dept. on 3/11/10 to pay "reimbursement for the amounts paid to repair the vehicles involved and medical care for injuries to the back."

The verbal response I received from Toyota was to meet with a representative named Mr. Pitt, from Engineering Analysis Associates, at 1:00 pm on 4/13/10, at the dealership where I purchased the subject automobile. When I arrived at the dealership, Mr. Pitt informed me that the inspection would take four hours. I was told that he schedules two persons per day on a daily basis. It became apparent that Toyota wanted to prepare a case for itself against many complainants seeking redemption.

I have exhausted my efforts to resolve this problem in a diplomatic manner as many others have done. Whatever help you could give me will be greatly appreciated.

Sincerely,

[redacted]

KB
061810
TGW

[redacted]
Arlington Heights, Illinois [redacted]

March 11, 2010

Toyota Motor Sales, U.S.A., Inc.
Claims Dept. HQ11
19001 S. Western Avenue
P.O. Box 2991
Torrance, CA. 90509-2991

Re: Case #1003118733
2009 Rav4 Safety Recall Notice
Vin # 2T3BF33V09W[redacted]

Attn: Claims Dept. HQ11

I have received your subject Safety Recall Notice after my auto accident on 11-19-2009, which involved damages to my vehicle and back injuries for which I was not aware there was a defective accelerator pedal problem. The total damages sustained were $2,620.24 according to the attached paid repair bills. Both bills were paid for the two autos involved in the accident by myself instead of the driver of the second vehicle to avoid filing a claim with our insurance companies. This saved me future rate increases.

Back injuries were not treated because pain was apparent the day after the accident, and I did not want to claim injuries with my auto insurance since no claim was made with my insurance company for the accident.

I have included the following documents regarding this matter:

1. Illinois Motorist Report.
2. Paid Repair Receipts.
3. Follow up note concerning safety recall.
4. Safety Recall Notice for the Accelerator Pedal Reinforcement Bar Installation.
5. Statement for the Accelerator Pedal Reinforcement Bar Installation (no charge).

I expect reimbursement for the amount paid to repair the vehicles involved and medical care for injuries to the back per our telephone conversation of today.

Sincerely,

[redacted]

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

ILLINOIS MOTORIST REPORT

Mail This Report to
Illinois Department of Transportation
Crash Records Section
3215 Executive Park Drive
Springfield, Illinois 62766-0001

For a copy of the Police Report contact the investigating agency.

5737153

INVESTIGATING AGENCY: Arlington Hts

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☒ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☒A No Injury / Drive Away ☐B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO: IR 09 24824

ADDRESS NO. (OPTIONAL): 1860 HIGHWAY or STREET NAME: S. Arl Hts Rd ☒ City ☐ Township: Arl Hts

INTERSECTION RELATED ☐ Yes ☒ No

DATE OF CRASH: 11/19/09 (MO DAY YR)

TIME: 12:57 ☐ AM ☒ PM

LARS CODE

☐ (CIRCLE) ____ FT ☐ MI (CIRCLE) N E S W AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: Cook

PRIVATE PROPERTY ☒ Yes ☐ No

HIT & SKIN ☐ Yes ☒ No

CIRCLE DAY OF WEEK: SU MO TU WE TH FR SA

NUMBER MOTOR VEHICLES INVLD: 2

LARS CODE

UNIT 1

NAME: ☒ DRIVER ☐ PARKED MOTORIST ☐ OTH ☐ PEDAL ☐ PEDES ☐ MV ☐ NCV [redacted] (LAST, FIRST, MI)

DATE OF BIRTH: 4/12/40

STREET ADDRESS: [redacted]

SEX: M SAFT: 2 AIR: 4

CITY: Arl Hts STATE: IL [redacted]

INJURY: 0 EJECT: 1

STATE: IL CLASS: D

TAKEN TO: N/A EMS AGENCY: N/A

MAKE: Toyota MODEL: Rav4 YEAR: 09

PLATE NO: [redacted] STATE: IL YEAR: 10

VIN: 2T3BF37V09W [redacted]

VEHICLE OWNER (LAST, FIRST M.I.): Driver

OWNER ADDRESS (STREET, CITY, STATE, ZIP): -

INSURANCE CO: State Farm

TELEPHONE: [redacted]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 1

FRONT: 0

TOWED: ☐ Y ☒ N

FIRE: ☐ Y ☒ N

HAZMAT SPILL: ☐ Y ☒ N

COM VEH: ☐ Y ☒ N

UNIT 2

NAME: ☐ DRIVER ☐ PARKED MOTORIST ☐ OTH ☐ PEDAL ☐ PEDES ☐ MV ☐ NCV [redacted] (LAST, FIRST, MI)

DATE OF BIRTH: 1/10/22

STREET ADDRESS: [redacted]

SEX: M SAFT: X AIR: X

CITY: Mt Prospect STATE: IL [redacted]

INJURY: X EJECT: X

STATE: IL CLASS: D

TAKEN TO: N/A EMS AGENCY: N/A

MAKE: Chevy MODEL: Malibu YEAR: 05

PLATE NO: [redacted] STATE: IL YEAR: 10

VIN: 1G1ND52F35M [redacted]

VEHICLE OWNER (LAST, FIRST M.I.): Driver

OWNER ADDRESS (STREET, CITY, STATE, ZIP): -

INSURANCE CO: [redacted]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 1

FRONT: 0

TOWED: ☐ Y ☒ N

FIRE: ☐ Y ☒ N

HAZMAT SPILL: ☐ Y ☒ N

COM VEH: ☐ Y ☒ N

Was driver (owner) of other vehicle insured? YES ☐ NO ☐ NOT KNOWN ☐

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. ☐

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES ☐ NO ☐ APPROXIMATE COST TO REPAIR YOUR VEHICLE $

LIST PERSONS KILLED OR INJURED	UNIT	AGE	SEX	
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES

APPROXIMATE COST TO REPAIR $

PROPERTY OWNERS NAME

PROPERTY OWNERS ADDRESS

SIGN HERE (Signature of person making report) ADDRESS DATE

COMPLETE BOTH SIDES OF THIS FORM

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? ☐ YES ☐ NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

Name and address of representatives who sold policy

Policy Number

Policy Period From: To:

Name of Policy Holder

M0109

Mail This Report to
Illinois Department of Transportation
Crash Records Section
3215 Executive Park Drive
Springfield, Illinois 62766-0001

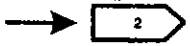
SR 1 JANUARY 2009

INDICATE NORTH BY ARROW

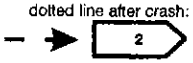
DIAGRAM WHAT HAPPENED INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.

3. Use solid line to show path before crash:



dotted line after crash:



4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

THIS REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A $500 FINE AND A 30-DAY SENTENCE.

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

LEGAL REQUIREMENTS

As the driver of a motor vehicle involved in a traffic crash causing death, injury, or damage to any one person's vehicle or property exceeding $1500, you must complete and submit this report.

However, if you or any other driver in the same crash **does not have insurance**, you must complete and submit this report if damage to any one person's vehicle or property is over **$500.**

In either case, your report must be completed and submitted within 10 days after the crash.

If a driver is physically incapable of completing this report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. **PRINT ALL NAMES AND ADDRESSES.**
2. **Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."**
3. **The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.**
4. **Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.**
5. **SIGN THE REPORT in the space at the bottom of the front side of this report form.**

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of $1,500 (or, $500 if any driver is not insured) or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of the potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any person's right to sue to recover damages.)

(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide your **USDOT** number below:

USDOT number

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?

☐ YES ☐ NO

COLLISION REVISION ARLING
910 WEST NORTHWEST HIGHWAY
ARLINGTON HEIGHTS,IL
847-255-6485

Term ID: 79687696 Ref #: 0004

Sale

XXXXXXXXXXX[redacted]
AMEX Entry Method: Swiped

Total: $ 1,479.11

12/02/09 17:24:32
Inv #: 000004 Appr Code: 588973
Batch#: 000204
Zip Code:

Customer Copy

THANK YOU!

COLLISION REVISION ARLING
910 WEST NORTHWEST HIGHWAY
ARLINGTON HEIGHTS,IL
847-255-6485

Term ID: 79687696 Ref #: 0005

Sale

XXXXXXXXX[redacted]
AMEX Entry Method: Swiped

Total: $ 1,141.04

12/02/09 17:25:10
Inv #: 000005 Appr Code: 519656
Batch#: 000204
Zip Code:

Customer Copy

THANK YOU!

12/02/2009 at 04:37 PM Job Number: 57724
71198

COLLISION REVISION OF ARLINGTON HEIGHTS
License #:UDL 10711 Federal ID #:542122014
REPAIRS COMPLETED WHEN PROMISED !
1430 W NORTHWEST HWY
ARLINGTON HTS, IL 60004
(847)255-6485 Fax: (847)255-4515

PRELIMINARY SUPPLEMENT 2 WITH SUMMARY

Written By: Phil LaBrec
Adjuster:

Insured: [redacted]
Owner: [redacted]
Address: [redacted]
ARLINGTON HTS, IL [redacted]
Day: [redacted]
Evening: [redacted]

Claim #S/P
Policy #
Deductible:
Date of Loss: 11/19/2009
Type of Loss: Collision
Point of Impact: 12. Front

Inspect Location: COLLISION REVISION OF ARLINGTON
1430 W NORTHWEST HWY
ARLINGTON HTS, IL 60004

Business: (847)255-6485

Insurance Company:

Days to Repair

2009 TOYO RAV4 4X4 4-2.5L-FI 4D UTV BLUE Int:
VIN: 2T3BF33V09W[redacted] **Lic:** [redacted] IL **Prod Date:** 06/2009 **Odometer:**

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Telescopic Wheel	Intermittent Wipers
Keyless Entry	Rear Window Wiper	Message Center
Dual Mirrors	Privacy Glass	Console/Storage
Rear Spoiler	Clear Coat Paint	Power Steering
Power Brakes	Power Windows	Power Locks
Power Mirrors	AM Radio	FM Radio
Stereo	Search/Seek	CD Player
Auxiliary Audio Connectio	Anti-Lock Brakes (4)	Driver Air Bag
Passenger Air Bag	Head/Curtain Air Bags	Front Side Impact Air Bag
4 Wheel Disc Brakes	Traction Control	Stability Control
Cloth Seats	Bucket Seats	Automatic Transmission
4 Wheel Drive	Overdrive	Full Wheel Covers

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1	S01	FENDER				
2*	S01	Algn LT Fender w/o flare			0.5	
3*	S01	Rpr LT Fender liner w/o flare			1.0	
4*	S02	Repl LT Fender liner retainer	2	11.32		
5		FRONT BUMPER				
6	S02	O/H front bumper			2.3	
7	S02	Repl Bumper cover Base	1	255.69	Incl.	2.8
8	S02	Add for Clear Coat				1.1
9*		Repl LT Hole cover w/o fog lamps	1	32.10	Incl.	0.0

12/02/2009 at 04:37 PM Job Number: 57724
71198

PRELIMINARY SUPPLEMENT 2 WITH SUMMARY

2009 TOYO RAV4 4X4 4-2.5L-FI 4D UTV BLUE Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
10	S01 Repl	Reinforcement	1	170.49	Incl.	
11*	S01 Repl	LT Hole cover	1	13.20	Incl.	
12#	Rpr	WET SAND & BUFF				0.5
13#	Repl	FLEX ADDITIVE	1	6.00 T		
14#		FACTORY HARDWARE	1	25.00		
15#	Rpr	TINT COLOR TO MATCH				0.5
16#	Subl	HAZARDOUS WASTE DISPOSAL	1	3.00 X		
		Subtotals ==>		516.80	3.8	4.9

Parts		507.80
Body Labor	3.8 hrs @ $ 50.00/hr	190.00
Paint Labor	4.9 hrs @ $ 50.00/hr	245.00
Paint Supplies	4.9 hrs @ $ 26.00/hr	127.40
Sublet/Misc.		9.00
SUBTOTAL		$ 1079.20
Sales Tax	$ 635.20 @ 9.7500%	61.93
GRAND TOTAL		$ 1141.13

Illinois law requires that vehicle repairers must be licensed in accordance with 5-301 of the Illinois Vehicle Code. This estimate has been repaired based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of these parts rather than the manufacturer of your vehicle.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE.

12/02/2009 at 04:37 PM Job Number: 57724
71198

PRELIMINARY SUPPLEMENT 2 WITH SUMMARY

2009 TOYO RAV4 4X4 4-2.5L-FI 4D UTV BLUE Int:

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARM8450, CCC Data Date 11/02/2009, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2010 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

12/02/2009 at 04:37 PM Job Number: 57724
71198

PRELIMINARY SUPPLEMENT 2 WITH SUMMARY

2009 TOYO RAV4 4X4 4-2.5L-FI 4D UTV BLUE Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
		------- CHANGED ITEMS -------				
3	S01	Repl LT Fender liner retainer	2	-10.34		
4*	S02	Repl LT Fender liner retainer	2	11.32		
		------- DELETED ITEMS -------				
6	S01	O/H front bumper			-2.3	
7**		Repl RECOND Bumper cover Base	1	-205.00	Incl.	-2.8
8		Add for Clear Coat				-1.1
		------- ADDED ITEMS -------				
6	S02	O/H front bumper			2.3	
7	S02	Repl Bumper cover Base	1	255.69	Incl.	2.8
8	S02	Add for Clear Coat				1.1
		Subtotals ==>		51.67	0.0	0.0

Parts		51.67
Body Labor		0.00
Paint Labor	-0.0 hrs @ $ 50.00/hr	-0.00
Paint Supplies	-0.0 hrs @ $ 26.00/hr	-0.00
SUBTOTAL		$ 51.67
Sales Tax	$ 51.67 @ 9.7500%	5.04
TOTAL SUPPLEMENT AMOUNT		$ 56.71
NET COST OF SUPPLEMENT		$ 56.71

Estimate	786.48	John Rivera
Supplement S01	297.94	John Rivera
Supplement S02	56.71	John Rivera
Job Total	$ 1141.13	

Illinois law requires that vehicle repairers must be licensed in accordance with 5-301 of the Illinois Vehicle Code. This estimate has been repaired based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of these parts rather than the manufacturer of your vehicle.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE.

12/02/2009 at 04:37 PM Job Number: 57724
71198

PRELIMINARY SUPPLEMENT 2 WITH SUMMARY

2009 TOYO RAV4 4X4 4-2.5L-FI 4D UTV BLUE Int:

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARM8450, CCC Data Date 11/02/2009, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2010 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

12/02/2009 at 05:22 PM Job Number: 57720
71198

COLLISION REVISION OF ARLINGTON HEIGHTS
License #:UDL 10711 Federal ID #:542122014
REPAIRS COMPLETED WHEN PROMISED !
1430 W NORTHWEST HWY
ARLINGTON HTS, IL 60004
(847)255-6485 Fax: (847)255-4515

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY

Written By: Phil LaBrec
Adjuster:

Insured: [redacted]
Owner: [redacted]
Address: [redacted]
MT PROSPECT, IL [redacted]
Day: [redacted]

Claim #S/P
Policy #
Deductible:
Date of Loss: 11/19/2009
Type of Loss: Collision
Point of Impact: 12. Front

Inspect Location:

Insurance Company:

Days to Repair

2005 CHEV CLASSIC MALIBU 4-2.2L-FI 4D SED SILVER Int:GRAY
VIN: 1G1ND52F25M[redacted] **Lic:** [redacted] IL **Prod Date:** 01/2005 **Odometer:** 11674

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Keyless Entry
Dual Mirrors	Console/Storage	Clear Coat Paint
Power Steering	Power Brakes	Power Windows
Power Locks	Power Mirrors	AM Radio
FM Radio	Stereo	Search/Seek
CD Player	Driver Air Bag	Passenger Air Bag
Cloth Seats	Bucket Seats	Automatic Transmission
Overdrive	Full Wheel Covers	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		FRONT BUMPER				
2*	Rpr	Bumper cover			4.0	3.0
3		Add for Clear Coat				1.2
4#	S01	BASECOAT REDUCTION	1			-0.3
5		O/H bumper assy			1.9	
6	S01	Repl Impact bar	1	236.43	Incl.	
7	S01	Repl Upper support	1	21.54	Incl.	
8	S01	FENDER				
9*	S01	Algn LT Fender			0.5	
10		GRILLE				
11		Repl Grille	1	158.01	Incl.	0.5
12		Add for Clear Coat				0.1
13		FRONT LAMPS				
14		Repl Aim headlamps	1		0.5	

12/02/2009 at 05:22 PM Job Number: 57720
71198

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY

2005 CHEV CLASSIC MALIBU 4-2.2L-FI 4D SED SILVER Int:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
15	S01	Repl LT Headlamp assy	1	140.49	0.3	
16*	S01	R&I Mount panel			0.8	
17#		Repl FLEX ADDITIVE	1	6.00 T		
18#		FACTORY HARDWARE	1	25.00		
19#		Rpr WET SAND & BUFF				0.5
20#		Rpr TINT COLOR TO MATCH				0.5
21#		Subl HAZARDOUS WASTE DISPOSAL	1	3.00 X		
		Subtotals ==>		590.47	8.0	5.5

Parts		581.47
Body Labor	8.0 hrs @ $ 50.00/hr	400.00
Paint Labor	5.5 hrs @ $ 50.00/hr	275.00
Paint Supplies	5.5 hrs @ $ 26.00/hr	143.00
Sublet/Misc.		9.00
SUBTOTAL		$ 1408.47
Sales Tax	$ 724.47 @ 9.7500%	70.64
GRAND TOTAL		$ 1479.11

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12/02/2009 at 05:22 PM Job Number: 57720
71198

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY

2005 CHEV CLASSIC MALIBU 4-2.2L-FI 4D SED SILVER Int:GRAY

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1CP97, CCC Data Date 11/02/2009, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2010 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

12/02/2009 at 05:22 PM Job Number: 57720
71198

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2005 CHEV CLASSIC MALIBU 4-2.2L-FI 4D SED SILVER Int:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
		------- DELETED ITEMS -------				
9*	Rpr	LT Headlamp assy(WET SAND AND BUFF)			-0.5	
		------- ADDED ITEMS -------				
4#	S01	BASECOAT REDUCTION	1			-0.3
6	S01	Repl Impact bar	1	236.43	Incl.	
7	S01	Repl Upper support	1	21.54	Incl.	
8	S01	FENDER				
9*	S01	Algn LT Fender			0.5	
15	S01	Repl LT Headlamp assy	1	140.49	0.3	
16*	S01	R&I Mount panel			0.8	
		Subtotals ==>		398.46	1.1	-0.3

Parts		398.46
Body Labor	1.1 hrs @ $ 50.00/hr	55.00
Paint Labor	-0.3 hrs @ $ 50.00/hr	-15.00
Paint Supplies	-0.3 hrs @ $ 26.00/hr	-7.80
SUBTOTAL		$ 430.66
Sales Tax	$ 390.66 @ 9.7500%	38.09
TOTAL SUPPLEMENT AMOUNT		$ 468.75
NET COST OF SUPPLEMENT		$ 468.75

Estimate	1010.36	John Rivera
Supplement S01	468.75	John Rivera
Job Total	$ 1479.11	

Illinois law requires that vehicle repairers must be licensed in accordance with 5-301 of the Illinois Vehicle Code. This estimate has been repaired based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of these parts rather than the manufacturer of your vehicle.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE.

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Webmail WOW! Mail

[redacted]

rav 4

Tuesday, February 02, 2010 10:56:19 AM

From: jrussano@schaumburgtoyota.com
To: [redacted]
Reply To: jrussano@schaumburgtoyota.com

Hi [redacted] just a follow up note to you. Concerning the toyota recall/ we will be getting the necessary parts to take care of the problem in a week or two. You will be getting a letter from toyota to explain . any questions you can call me or ask for the service department . thanks again for your business .

1-888-270-9371 Monday through Friday, 5:00 am to 6:00 pm, Saturday 7:00 am through 4:00 pm Pacific Time. Your satisfaction is extremely important to us. If you are not satisfied with the accelerator pedal operation or the feel of the pedal after the reinforcement bar has been installed, a replacement accelerator pedal will be offered at no charge when they become available.

If you believe that the dealer or Toyota has failed or is unable to remedy the defect within a reasonable time, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue S.E., Washington, DC 20590 or call the toll free Vehicle Safety Hot Line at 1-888-327-4236 (TTY: 1-800-424-9153), or go to http://www.safercar.gov.

What if you have previously paid for your vehicle's accelerator pedal to be replaced to address the specific condition described above?

If you have previously paid for your vehicle's accelerator pedal to be replaced to address the specific condition described above, please mail a copy of your repair order, proof-of-payment, and proof-of-ownership to the following address for reimbursement consideration:

Toyota Motor Sales, U.S.A., Inc., Toyota Customer Experience, WC10, 19001 South Western Avenue, Torrance, CA 90509

If you are a vehicle lessor, Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

We have sent this notice in the interest of your continued satisfaction with our products and we sincerely regret any inconvenience this condition may have caused you.

Thank you for driving a Toyota.

Sincerely,

TOYOTA MOTOR SALES, U.S.A., INC.

Spanish translation on back side
Traducción en español en el reverso

001-20288-4404-T21-P1

A0A

SATISFYING CUSTOMERS PARTS & SERVICE TOYOTA everyday

SCHAUMBURG TOYOTA

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TOYOTA QUALITY SERVICE

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Visit Us On The Internet
www.schaumburgtoyota.com
www.schaumburgscion.com
email: service@schaumburgtoyota.cor
service@schaumburgscion.com

CUSTOMER NO.	CONSULTANT	TAG NO.	INVOICE DATE	INVOICE NO.
134680	CRAIG WIDENHOEFER 104456		02/10/10	TOCS740368
[redacted]	LABOR RATE: 105.00 / LICENSE NO. / MILEAGE: 3,819		COLOR: PACIFIC BLU	STOCK NO.: 92885
ARLINGTON HEIGHTS, IL [redacted]	YEAR / MAKE / MODEL: 09/TOYOTA/RAV4/4X4 AUTOMATIC		DELIVERY DATE: 07/08/09	DELIVERY MILES: 22
	VEHICLE I.D. NO.: 2T3BF33V09W[redacted]		SELLING DEALER NO.	PRODUCTION DATE
	F. T. E. NO. / P.O. NO.		R.O. DATE: 02/10/10	
F[redacted]	COMMENTS			MO: 3819

LABOR & PARTS

J# 1 29T0Z RECALLS HOURS: 0.70 TECH(S):YE00 WARRANTY

PERFORM RECAL1# AOA
INSPECT & INSTALL SHIM
CLEARANCE .7 / SIZE 1.6
COMPLETED RECALL# AOA
OP# 0501B1

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	78112-07020	PLATE, ACCELERATO		WARRANTY
			JOB # 1 TOTAL PARTS		0.00
			JOB # 1 TOTAL LABOR & PARTS		0.00

TOTALS

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	**0.00**

CUSTOMER SIGNATURE

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

OUR COMMITMENT TO YOU:
Our service is guaranteed
1 year, unlimited miles
parts & labor

X_____
CUSTOMER SIGNATURE

DEAR CUSTOMER:
THANK YOU FOR GIVING US AN OPPORTUNITY TO SERVE YOU, OUR CUSTOMERS ARE #1! OUR GOAL IS FOR YOU TO BE VERY SATISFIED!

TOYOTA GENUINE PARTS

PARTS AND SERVICE DEPARTMENT HOURS:
MONDAY-FRIDAY:
7:30 AM - MIDNIGHT
SATURDAY:
9:00 AM - 5:00 PM

TOYOTA

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
P.O. Box 2991
Torrance, CA 90509-2991

[redacted]
Arlington Hts, IL [redacted]

BDC

Safety Recall A0A – RAV4 Vehicles
Accelerator Pedal Reinforcement Bar Installation
SAFETY RECALL NOTICE

Re: 2T3BF33V09W[redacted]

Dear Toyota Customer:

This notice is being sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Toyota has decided that a defect, which relates to motor vehicle safety, exists in 2009 model year RAV4 vehicles.

What is the condition?

There is a possibility that certain accelerator pedal mechanisms may mechanically stick in a partially depressed position or return slowly to the idle position. Over time, the internal mechanisms in the accelerator pedal may become worn. As a result of this wear combined with certain operating and environmental conditions, friction in the mechanism may increase and intermittently result in the accelerator pedal being hard to depress and/or slow to return or, in the worst case, stick in a partially open position, increasing the risk of a crash.

What will Toyota do?

Any authorized Toyota dealer will install a precision-cut steel reinforcement bar into the accelerator pedal assembly, which will increase the clearance in between the internal mechanisms in the accelerator pedal assembly. This increased clearance will reduce the friction caused by wear and environmental conditions and allow the pedal to operate smoothly for the life of the vehicle. The safety recall remedy will be performed at **no charge** to the vehicle owner.

What should you do?

This is an Important Safety Recall

Please contact your authorized Toyota dealer to install the precision-cut steel reinforcement bar into the accelerator pedal assembly as soon as possible. The installation will take approximately 30 minutes. However, depending upon the dealer's work schedule and the inspection results, it may be necessary for you to make your vehicle available for a longer period of time.

We request that you present this notice to the dealer at the time of your service appointment.

If you would like to update your vehicle ownership or contact information, please go to www.toyota.com/ownersupdate. You will need your full 17-digit Vehicle Identification Number (VIN) to input the new information.

What if you have other questions?

Your local Toyota dealer will be more than happy to answer any of your questions and set up an appointment to perform this important Safety Recall. If you require further assistance, you may contact the Toyota Customer Experience Center at

[redacted]
Arlington Hts., IL

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JUN 1 2010
USPS

FIRST CLASS

Attn, Administrator
National Highway Traffic Administration
1200 New Jersey Avenue, S.E.
Washington, DC 20590

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