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
MAR 0 3 2011 01-OCT-2009	☐
Reference No. 10286022	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: MT. PROSPECT	State: IL	Zip Code: [redacted]	Evening Telephone Number: [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTEHH20V836[redacted]	TOYOTA	RAV4	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-04	Arlington Toyota			No: Cylinders	
Original Owner ☐	Dealer's City: Buffalo Grove	State: IL	Zip Code: 60089		

Transmission Type	☑ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				23-SEP-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	73000	10 to 30-50 mph accord. to witness

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	1	0	Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2003 TOYOTA RAV4. WHILE DRIVING IN REVERSE, THE VEHICLE BEGAN TO HESITATE. THE CONTACT LIGHTLY ENGAGED THE BRAKE PEDAL AND THE VEHICLE CONTINUED TO HESITATE. THE CONTACT ALSO APPLIED PRESSURE TO THE BRAKE PEDAL AND THE VEHICLE ACCELERATED IN REVERSE AT A HIGHER SPEED. THE FAILURE CAUSED THE CONTACT TO CRASH INTO A VEHICLE, A TREE, AND A POLE WHICH ALSO CAUSED THE PASSENGER SIDE WINDOW TO SHATTER. THE SHATTERED GLASS WAS LODGED IN THE CONTACT'S NOSE AND SHE WAS TAKEN TO THE EMERGENCY ROOM. THE CONTACT CANNOT CONFIRM IF THE FLOOR MATS CAUSED THE FAILURE TO OCCUR. THE VEHICLE HAS NOT BEEN INSPECTED TO DETERMINE IF IT WAS DESTROYED. THE CURRENT AND FAILURE MILEAGE WERE 73,000.

Floor mats had been removed, I had purchased but not yet installed new ones. Gas pedal not touched Car inspected and rated a total by farmer's hs

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

idled out ~~of~~ in reverse from parking space. Car jumped, I tapped the brake (as I looked down to make sure) Car lurched some more - turned + looked down as I firmly placed foot on brake. It seemed the braking made the car go faster. Sideswipe co-workers car (totalled) went into a tree (passenger side) bounced forward stopped by pole - my car totalled Glass in scalp, body, nose, mouth, sprained hands numerous bruises - eyewitnesses say I was going 30-50 mph - School parking lot - many staff, students and parents were in jeopardy, airbags did NOT deploy

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

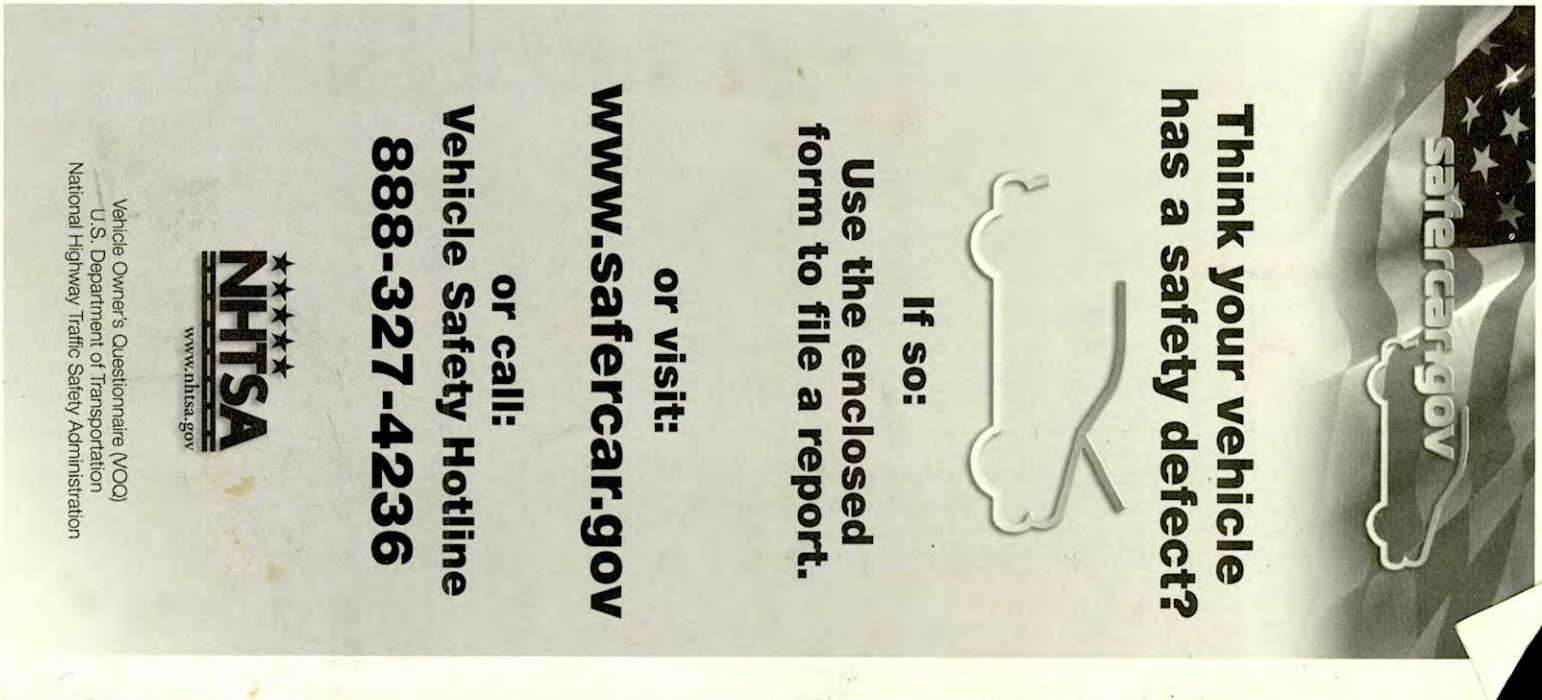
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



[redacted]
Mt. Prospect, IL [redacted]

July 9, 2010

To: Toyota Arlington Heights, Illinois

CC: Toyota Corporation

Dear Toyota People:

One year ago I owned a 2003 RAV4. I was certain I would never purchase any other kind of vehicle.

One year ago I took my RAV4 to my trusted Toyota dealer and willingly waited several hours as unexpected work was performed on my vehicle. I cheerfully paid the unexpected high bill, as I was attempting to keep my beloved vehicle in tip-top shape, for many more years of use.

← 9/23/09

Two and ½ months later, on September 22,2009 I experienced the horror of "unintended runaway acceleration". In reverse. In my school parking lot. I missed mowing down parents, students, and/or staff by minutes. I missed mowing down a staff member by approximately 3 seconds. There is no doubt the RAV would have fatally injured anyone in it's path.

Floor mats were NOT involved. I NEVER touched the gas pedal. It seemed as if the harder I braked, the faster I went. It would be impossible for a human to make a car immediately go that fast.

I had minor injuries. The RAV was totaled.

I would like a refund of the $786.83, from the July 8,2009 service your company performed on the RAV.

I urge you to recall these vehicles!!!!

[redacted]

OIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

7762

5824252

PEDV	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV		PPA	PPL
—	1	1	1	9 U1	1 U2	1 U1	1 U2	2 U1	1 U2	1	13	23 U1	21 U2	99	9

AGENCY: Elk Grove

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.: YR 09- 14805

TRFW: 7

5

HIGHWAY or STREET NAME: Oakton

☒ City ☐ Township: Elk Grove

INTERSECTION RELATED: ☐ Yes ☒ No

PRIVATE PROPERTY: ☒ Yes ☐ No

HIT & RUN: ☐ Yes ☒ No

DATE OF CRASH: mo 9 day 23 yr 09

TIME: 3 :45 ☐ AM ☒ PM

LARS CODE

VERT U1: 15

(CIRCLE) N E S W (CIRCLE) MI

SECTION WITH

Rupley School (East Lot)

(NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: Cook

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

NUMBER MOTOR VEHICLES INVLD: 2

LARS CODE

U2: 3

NO. LANES: —

VEHICLE 1

☐ PARKED - NO DRIVER ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV

DATE OF BIRTH: [redacted]

MAKE: Toyota MODEL: RAV4 YEAR: 03

SEX: F SAFT: 2 AIR: 4

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

[redacted] Prospect STATE: IL ZIP: [redacted]

INJURY: 0 EJECT: 1

VIN: JTEHH20V836[redacted]

635 8522 DRIVER LICENSE NO.: [redacted] STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST M.I.): same as driver

INSURANCE CO.: Illinois Farmers Insurance

refused

EMS AGENCY: EGVFD

OWNER ADDRESS (STREET, CITY, STATE, ZIP): same as above

TELEPHONE

POLICY NO.: [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: 6

	Y	N
TOWED DUE TO CRASH	☒	☐
FIRE	☐	☒
HAZMAT SPILL	☐*	☒
COM VEH	☐*	☒

*IF YES SEE SIDEBAR

U1: 2

VEHICLE 2

☐ PARKED - NO DRIVER ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV

DATE OF BIRTH: [redacted]

MAKE: Mercury MODEL: Villager YEAR: 95

SEX: F SAFT: 2 AIR: 4

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

[redacted] Elk Grove STATE: IL ZIP: [redacted]

INJURY: 0 EJECT: 1

VIN: 4M2DV11W6SD[redacted]

[redacted] STATE: IL CLASS: D

VEHICLE OWNER (LAST, FIRST M.I.): same as driver

INSURANCE CO.: State Farm

refused

EMS AGENCY: refused

OWNER ADDRESS (STREET, CITY, STATE, ZIP): same as above

TELEPHONE

POLICY NO.: [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: 7

	Y	N
TOWED DUE TO CRASH	☐	☒
FIRE	☐	☒
HAZMAT SPILL	☐*	☒
COM VEH	☐*	☒

*IF YES SEE SIDEBAR

U2: 2

RDEF: 1

BAC U1: —

U2: —

OCCS U1: 1

U2: 1

DIRP U1: 3

U2: —

PASSENGERS & WITNESSES ONLY

(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
/ /								
/ /								
/ /								
/ /								
/ /								

(MOST)	(EVNT)	(LOC)
☐	18	5
☐	1	5
☒	41	3
☒	11	5
☐		
☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

ARREST NAME SECTION CITATION NO.

ARREST NAME SECTION CITATION NO.

OFFICER ID: 1889 SIGNATURE: Ofc. T. Malik BEAT / DIST.: 2134 SUPERVISOR ID.: #1510

CONTRIBUTORY CAUSE(S)

PRIMARY: 10

SECONDARY: 30

POSTED SPEED LIMIT: —

P0109

DATE POLICE NOTIFIED: mo 9 day 23 yr 09

TIME NOTIFIED: 3 :45 ☐ AM ☒ PM

COURT DATE: mo / day N/A yr

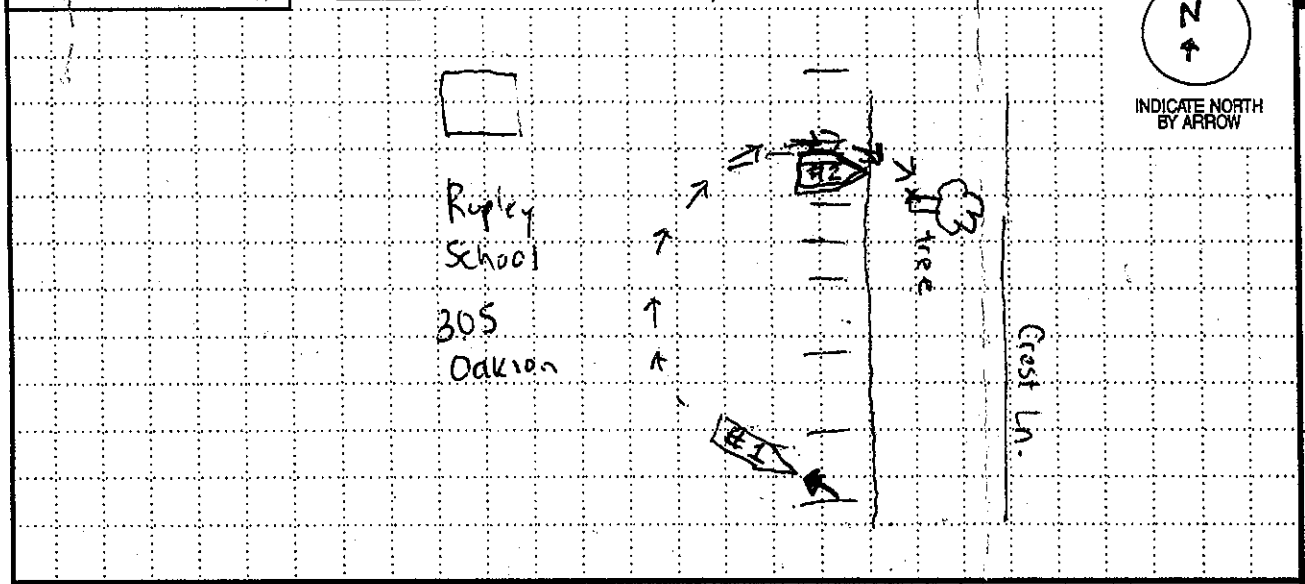
COURT TIME: N/A ☐ AM ☐ PM

MBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

X 217 721 0800 ATTN: ACCIDENT SUBROGATION #438 7210

5824252

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

The driver of unit #1 reported backing out of her parking space in the southeast lot at Rupley School. As she backed out, she reported her accelarator stuck to the floor and she attempted to brake but they would not override the accelerator. She backed at a consideroble speed and did an arc, colliding with unit #2 which was parked in the same row five spaces to the north of unit #1. After sideswiping unit #2, unit #1 collided into a tree in the grassy area beyond the lot but before the sidewalk. Driver received minor cuts and bruises and signed a ~~release~~ medical release.

The driver of unit #2 was in her vehicle and witnessed the crash. She concurred with what unit #1 reported

LOCAL USE ONLY

U1 Color Silver | U2 Color brown

U1 Towed by / to P & P | U2 Towed by / to N/A

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

_____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Yes ☐ No

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Yes ☐ No ☐ Unknown

Did HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Was a Driver/Vehicle Examination Report form completed?
HAZMAT ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No
MCS ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Yes ☐ No

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W (CIRCLE ONE) OR _____ (CITY NAME)

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

FARMERS
Farmers Insurance Total Loss - COE
PO Box 108815
Oklahoma City OK 73101-8815
FAX: (877) 217-1389
Email: claimsdocuments@farmersinsurance.com

October 15, 2009

RE: Customer: [redacted]
Claim Number: [redacted]
Policy Number:
Loss Date: 9/23/2009 12:00:00 AM

[redacted]

Per our previous discussion, the damage to your vehicle has resulted in a total loss. I am enclosing a settlement check based on the agreed amount. As I explained, the amount of the payment was determined as follows:

Actual Cash Value:		$14311.00
Sales Tax:	+	$ .00
License Fee Refund:	+	$80.00
Less: Deductible:	-	$750.00
Less: Salvage Value:	-	$ .00
Less Lien Holder:	-	$ .00
Total Amount		$13641.00

I am committed to earning your satisfaction with the claims process. If you have any questions or concerns, please feel free to contact me at (800) 445-8055 ext. 75672.

Sincerely,
Illinois Farmers Insurance Company

Joshua Morgan
Total Loss Specialist

Enclosure: Check

Any person who knowingly presents a false or fraudulent claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

Kurt Johnson
Direct Phone (310) 468-7512
Fax (310) 468-7808
kurt_johnson@toyota.com

Toyota Motor Sales, U.S.A., In
19001 South Western Avenue
Torrance, CA 90501
310 468-4000

August 23, 2010

[redacted]
Mount Prospect, IL [redacted]

RE: Date of Loss: September 23, 2009
Vehicle: 2003 Toyota RAV 4
VIN #: JTEHH20V836[redacted]

Dear [redacted]

This letter will acknowledge your recent communication with Toyota Motor Sales, USA, Inc.'s Customer Relations Department regarding the above mentioned incident.

It is our understanding that a representative from Engineering Analysis Associates contacted Farmers Insurance Company in regards to inspecting your vehicle. The representative has informed us that your 2003 Toyota RAV 4 was a deemed a total loss by your insurance company and is no longer available for us to inspect it. The adjuster further informed us that the vehicle had been sold as salvage on October 29, 2009 at Copart Auto Salvage.

Please note that your vehicle was not involved in any Special Service Campaign (recall) involving the accelerator pedal or the floor mats as on certain Toyota models. Since we are unable to inspect your vehicle in order to address your concerns, there is no way for us to confirm how this incident occurred or if there was any malfunction with your vehicle.

We are sorry to have learned about your unfortunate accident, however, at this time there is no indication that there was any type of manufacturing design or defect that could have caused or contributed to your accident. As such, we are unable to honor your claim. If you have any additional information or documentation you wish submit for review, please feel free to do so. Thank you for allowing Toyota Motor Sales, USA, Inc. to address your concerns.

Very truly yours,

Kurt Johnson
Toyota Motor Sales, U.S.A., Inc.

DAMAGED

CD