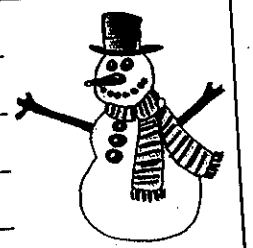
[redacted]

Re:

051 ##

1030 35###

2010 MAR -4 AM 11:23



CR-10303544-3942

Subj: **Acknowledgement from NHTSA/ODI of your safety complaint**
Date: 2/1/2010 10:12:09 AM Eastern Standard Time
From: donotreplyodi@dot.gov
To: [redacted]

Thank you for filing your safety-related complaint via our Web site or our Vehicle Safety Hotline. The ODI Number listed below will be a direct link to your complaint as soon as it is ready to view. Please allow at least two business days for approval and processing before trying to view your complaint online. You will then be able to view it and search any associated documents.

Your Confirmation number (ODI Number) is: 10303544

Your complaint information will be entered into the NHTSA vehicle owner complaint database. NHTSA technical staff review this information to identify potential safety problems. While you may or may not be contacted by a NHTSA investigator to clarify the information submitted, all reports are reviewed and analyzed for potential defects trends. Also, the NHTSA complaint database provides valuable information to other consumers and to manufacturers.

If you have any questions regarding this complaint, please contact ODI:

- By phone: 1-888-327-4236 8:00AM to 10:00PM Monday-Friday
  TTY: 1-888-424-9153
  Have your ODI Number available.
  (Spanish-speaking operators available)
- By e-mail: http://www-odi.nhtsa.dot.gov/contact.cfm
  Indicate your ODI Number in the contact form.

Thank you,

Office of Defects Investigation (ODI)
National Highway Traffic Safety Administration (NHTSA)
U.S. Department of Transportation (DOT)

To find out more about NHTSA, please go to the Safercar.gov Web site or call our Vehicle Safety Hotline toll-free at 1-888-327-4236.

Our Privacy Policy can be found at this Web page.

This is a system-generated e-mail. Do NOT respond to the sender of this e-mail.

Natosha 3-4-10 75

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 ☐
01-FEB-2010	Reference No. 10303544

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City BRONX	State NY	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
2T1BR32E95C[redacted]	TOYOTA	CAMRY	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
AUG 07	TOYOTA CITY, BOSTON ROAD MAMARONECK NY			No: Cylinders 6	REGULAR
Original Owner ☐	Dealer's City MAMARONECK, N.Y.	State NY	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☑ Antilock Brakes ☑ Cruise Control	YES	APPROX 10,000	08-MAR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	0	~~35~~ 20 mph

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	2	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 2007 TOYOTA CAMRY. WHILE DRIVING APPROXIMATELY ~~35 MPH~~ 20 MPH HIS VEHICLE ACCELERATED AND CRASHED INTO A PEDESTRIAN AND DAMAGED A TELEPHONE POLE. THE CONTACT SUSTAINED MINOR INJURIES BUT DOES NOT KNOW IF HE LOSS CONSCIOUSNESS OR NOT. THE VEHICLE WAS DESTROYED. THE INSURANCE AND TOYOTA WAS CONTACTED AND THEY ARE INVESTIGATING THE FAILURE. A POLICE REPORT IS AVAILABLE IF NEEDED. THE FAILURE MILEAGE WAS UNKNOWN.

WAS GOING 5 MPH BLOCK MORE LIKE 20 MPH WHEN CAR SPED UP BY ITSELF [redacted]

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

1 of 2

Page 1 of 2 pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

FOR TOM MORAN FAX 310 381 6365

Precinct: 018

Accident No.: 597

Complaint Number:

☐ AMENDED REPORT

Accident Date: Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
3	8	09	Sunday	1627	2	2	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number: [redacted] State of Lic.: NY

Driver Name - exactly as printed on license: [redacted]

Address (Include Number & Street): [redacted] Apt. No.: 5A5

City or Town: Riverdale State: NY Zip Code: [redacted]

Date of Birth: [redacted] Sex: M Unlicensed: ☐ No. of Occupants: 0 Public Property Damaged: ☐

Name—exactly as printed on registration: S/A/A Sex: Date of Birth: Month / Day / Year

Address (Include Number & Street): S/A/A Apt. No.: Haz. Mat. Code: Released: ☐

City or Town: S/A/A State: Zip Code:

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	2007 Toyota	Pas	328

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	1	2
	17	
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By Broadway Collision To 2455 1st Ave

VEHICLE 2

☒ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number: State of Lic.:

Driver Name - exactly as printed on license:

Address (Include Number & Street): PARKED OCCUPIED Apt. No.:

City or Town: State: Zip Code:

Date of Birth: Month / Day / Year Sex: M Unlicensed: ☐ No. of Occupants: Public Property Damaged: ☐

[redacted] Sex: F Date of Birth: [redacted]

Address (Include Number & Street): [redacted] Apt. No.: Haz. Mat. Code: Released: ☐

City or Town: Yonkers State: NY

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	2005 Toyo	Pas	G39

Ticket/Arrest Number(s): Smith 1st

Violation Section(s):

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

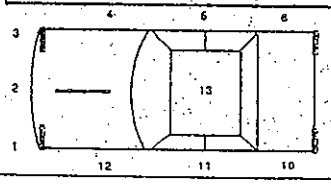
VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	1	2
	17	
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By Broadway Collision To 2455 1st Ave

VEHICLE DAMAGE CODING:

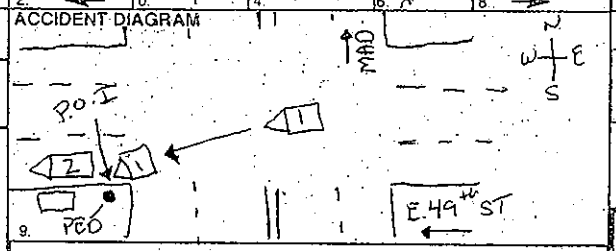
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1.	Left Turn 3.	Right Angle	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.	4.	Right Turn 6.	Sideswipe (opposite direction) 8.

ACCIDENT DIAGRAM



Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to Determine ☒ Yes ☐ No

Reference Marker	Coordinates (if available)
	Latitude/Northing:
	Longitude/Easting:

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☒ NEW YORK ☐ QUEENS ☐ RICHMOND

Road on which accident occurred: E 49 St (Route Number or Street Name)

at 1) intersecting street: Madison Ave (Route Number or Street Name)

or 2) ____ ____ Feet ☐N ☐S ☐E ☐W of ____ Miles (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: At 1/Plo Driver Vehicle one lost control of Vehicle and crash into Pedestrian, Telephone Booth, Street sign, and a parked vehicle. Pedestrian was struck and injured taken to hospital for injury to foot. Pedestrian was pinned under car.

USE COVER SHEET: O

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	X	X	89	M	X	X	6		X	7202		[redacted]	
B	P	—	—	—	26	F	12	X	6		Y	7202			
C															
D															
E															
F															

Officer's Rank and Signature:	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full: P.O. Philbin	939221	03030	018	A		

Page 2 of 2 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

Precinct: 018 | Accident No.: 597 | Complaint Number: | ☐ AMENDED REPORT

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
3 / 8 / 2009	Sunday	1627	2	2	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number | State of Lic.

Driver Name - exactly as printed on license

Address (Include Number & Street) | Apt. No.

City or Town | State | Zip Code

Date of Birth (Month / Day / Year) | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name - exactly as printed on registration | Sex | Date of Birth (Month / Day / Year)

Address (Include Number & Street) | Apt. No. | Haz. Mat Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact Box 2 - Most Damage		1	2
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By / To

VEHICLE 2 ☐ BICYCLIST ☒ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number | State of Lic.

Driver Name - exactly as printed on license [redacted]

Address [redacted] | Apt. No. [redacted]

City or Town: NY | State: NY | Zip Code [redacted]

Date of Birth [redacted] | Sex: F | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name - exactly as printed on registration | Sex | Date of Birth (Month / Day / Year)

Address (Include Number & Street) | Apt. No. | Haz. Mat. | Released ☐

City or Town: Pedestrian | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact Box 2 - Most Damage		1	2
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By / To

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1.	Left Turn 3.	Right Angle	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.	4.	Right Turn 6.	Sideswipe (opposite direction) 8.

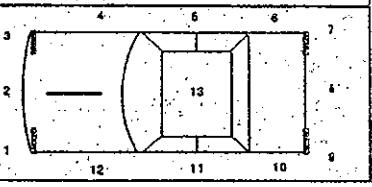
ACCIDENT DIAGRAM

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to Determine ☐ Yes ☐ No

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Reference Marker | Coordinates (if available) Latitude/Northing: | Longitude/Easting:

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☐ NEW YORK ☐ QUEENS ☐ RICHMOND

Road on which accident occurred _____ (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) ____ Feet ____ Miles ☐ N ☐ S ☐ E ☐ W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes

See pg #1

USE COVER SHEET

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
P.O.	939221	03030	018	A		

Print Name in Full: [illegible]

Address

Date of Birth Month Day Year | Telephone (Area Code)

B Last Name | First | M.I.

Address NY NY

Date of Birth | Telephone (Area Code)

C Last Name | First | M.I.

Address

Date of Birth Month Day Year | Telephone (Area Code)

Date of Birth Month Day Year | Telephone (Area Code)

E Last Name | First

Address

Date of Birth Month Day Year | Telephone (Area Code)

Highway Dist. at Scene? ☐ Yes ☐ No

Name:

Shield No.

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND

Vehicle No. 1

Expiration Date

VIN 4T1BK46KX7U

Vehicle No.2

Expiration Date

VIN 2T1BR32E95C

WITNESS (Attach separate sheet, if necessary)

Name | Address | Phone

DUPLICATE COPY REQUIRED FOR:

- ☒ Dept. of Motor Vehicles (if anyone is killed/injured)
- ☐ Motor Transport Division (P.D. vehicle involved)
- ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
- ☐ Other City Agenc (Specify)
- ☐ Office of Comptroller (if a City vehicle involved)
- ☐ Personnel Safety Unit (if a P.D. vehicle involved)
- ☐ Highway Unit

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad m was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applical
Telephone Booth + Street Sign	Verizon, Dept. of Transportatio

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle–Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command

Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Com

Equipment in Use At Time of Accident

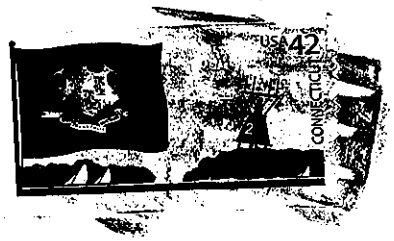
☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal
- ☐ Pursuing Violator
- ☐ Other (Describe)
- ☐ Complying with Station House Directive
- ☐ Routine Patrol

[redacted]
Riverdale, NY. [redacted]

NEW YORK, NY
FEB
25
AM
100



Re: ODI
10303544

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, DC 20590

Address

Date of Birth Month | Day | Year

Telephone (Area Code) ( )

B Last Name First M.I.

Address

Date of Birth Month | Day | Year

Telephone (Area Code) ( )

C Last Name First M.I.

Address

Date of Birth Month | Day | Year

Telephone (Area Code) ( )

Address

Date of Birth Month | Day | Year

Telephone (Area Code) ( )

E Last Name First M.I.

Address

Date of Birth Month | Day | Year

Telephone (Area Code) ( )

Highway Dist. at Scene? ☐ Yes ☐ No

Name:

Shield No.

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____

Expiration Date _____

VIN _____

Vehicle No.2 _____

Expiration Date _____

VIN _____

WITNESS (Attach separate sheet, if necessary)

Name **Address** **Phone**

DUPLICATE COPY REQUIRED FOR:

☐ Dept. of Motor Vehicles (if anyone is killed/injured)

☐ Motor Transport Division (P.D. vehicle involved)

☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)

☐ Other City Agency (Specify) _____

☐ Office of Comptroller (if a City vehicle involved)

☐ Personnel Safety Unit (if a P.D. vehicle involved)

☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle–Operator's First Name | Last Name | Rank | Shield No. | Tax ID. No. | Command

Make of Vehicle | Year | Type of Vehicle | Plate No. | Dept. Vehicle No. | Assigned To What Command

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

☐ Responding to Code Signal _____

☐ Pursuing Violator

☐ Other (Describe) _____

☐ Complying with Station House Directive

☐ Routine Patrol

Address

Date of Birth Month Day Year | Telephone (Area Code)

C Last Name | First | M.I.

Address

Date of Birth Month Day Year | Telephone (Area Code)

C Last Name | First | M.I.

Address

Date of Birth Month Day Year | Telephone (Area Code)

E Last Name | First

Address

Date of Birth Month Day Year | Telephone (Area Code)

Highway Dist. at Scene? ☐ Yes ☐ No

Name: | Shield No.

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND

Vehicle No. 1 [redacted]

Expiration Date

VIN 4T1BK46KX7U[redacted]

Vehicle No.2 [redacted]

Expiration Date

VIN 2T1BR32E95C[redacted]

WITNESS (Attach separate sheet, if necessary)

Name | Address | Phone

DUPLICATE COPY REQUIRED FOR:

- ☒ Dept. of Motor Vehicles (if anyone is killed/injured)
- ☐ Motor Transport Division (P.D. vehicle involved)
- ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
- ☐ Other City Agen (Specify)
- ☐ Office of Comptroller (if a City vehicle involved)
- ☐ Personnel Safety Unit (if a P.D. vehicle involved)
- ☐ Highway Unit

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad n was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

Telephone Booth + Street Sign

OWNER OF PROPERTY (include city agency, where applic

Verizon, Dept. of Transported

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle–Operator's First Name | Last Name | Rank | Shield No. | Tax ID. No. | Command

Make of Vehicle | Year | Type of Vehicle | Plate No: | Dept. Vehicle No. | Assigned To What C

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal
- ☐ Pursuing Violator
- ☐ Other (Describe)
- ☐ Complying with Station House Directive
- ☐ Routine Patrol

MV-104AN (5/04)

What car Looked like
After Accident

FRONT OF CAR
SHOWING AIR BAGS
DEPLOYED


CAUTION
CUIDADO
CAUTION
CUIDADO
CAUTION
CUIDADO
CAUTION
CUIDADO

Where Phone Boom
& TRAFFIC SIGN
were &
Demolished Car

CITY of N.Y. had Pick-up
of ~~Pole~~ Phone Boom
& TRAFFIC SIGN