CL-1031865T - 8500

2010 MAR -8 PM 1:51

[redacted]

Jeffersonvile, Indiana

March 1, 2010

Toyota Motor Sales USA

Dept. WC11

Torrance, CA. 90501

RE: Sudden acceleration of 2004 Camry on May 15, 2009 at Greentree Mall in Clarksville, Indiana

On the above date, as we were turning into a parking slot, our Camry suddenly accelerated to what sounded like maxium rpms. The car sideswiped another vehicle, jumped four or five curbs and plowed a bit of landscape before we able to bring it to a stop.

My wife, who was driving, was so shaken that the EMS arrived before I was able to get her calmed down, and they could force the door open to tend to her.

Luckily, we had just left the highway and were in a parking lot, and, fortunately, there were no serious injuries to either of us. Our car, however, sustained over $5,000 in damages. I do not know the amount of other damages.

Despite the excellent repair work of your local dealer, the vehicle is not the same, nor does is it, of course, have the same market value.

This incident has caused an increase in our insurance, a decrease in our drivers rate (as the driver was assumed to have been at fault), a fraying of nerves, and a nagging anxiety every time we are driving. We are leary of taking any trips and always try to avoid congested conditions.

ET
03/09/10
TW

There is no question that this was a vehicle malfunction as my wife's foot was already on the brake and was unable to stop the car.

We would trust and expect that this problem will be addressed and that the appropriate acknowledgement of responsibility will be forthcoming.

Hoping to remain a customer,

[redacted]

cc.

Jeff Wyler Toyota, Clarksville, Indiana

Auto Owners Insurance, New Albany, Indiana

Callistus Smith Insurance, Floyds Knob, Indiana

Lorch and Naville LLC, New Albany, Indiana

Committee on Oversight and Government Reform

NHTSA, Washington D.C.- with enclosers

Sen. Evan Byah of Indiana

Rep. Baron Hill of Indiana

Date: 7/28/2009 09:21 PM
Estimate ID: 139236-AO
Estimate Version: 0
Supplement: 1 (P) 7/28/2009 09:21:34 F
Preliminary
Profile ID: INDIANA II

SUPPLEMENT

AUTOMOTIVE INSPECTION SERVICE

P. O. BOX 22652, LOUISVILLE, KY 40252
(502) 587-6827
Fax: (502) 582-1131

SINCE 1948

Damage Assessed By : DON FOLEY
Supplemented By: DON FOLEY

Appraised For: DIETRICH, AUTO OWNERS INS

Condition Code: Good
Deductible: UNKNOWN
File Number: 139236-AO
Claim Number: [redacted]

Insured: [redacted]

Mitchell Service: 910754

Description: 2004 Toyota Camry LE
Body Style: 4D Sed
VIN: 4T1BE32K14U[redacted]
OEM/ALT: O
Drive Train: 2.4L Inl 4 Cyl 4A FWD
License: [redacted]
Search Code: None
Options: AIR CONDITIONING, POWER STEERING, POWER WINDOWS, POWER DOOR LOCKS
CRUISE CONTROL, AM-FM STEREO CASSETTE, AUTOMATIC TRANSMISSION, POWER DRIVER SEAT
4 DOOR

	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
	AUTO	BDY	OVERHAUL	FRT BUMPER ASSY			2.0 #
S	000032	BDY	REMOVE/REPLACE	FRT BUMPER COVER	52119-AA904	243.54 *	INC #
	AUTO	REF	REFINISH	FRT BUMPER COVER		C	2.4
S	000080	BDY	REMOVE/REPLACE	FRT BUMPER IMPACT CUSHION	52611-AA040	60.27 *	INC
S	000086	BDY	REMOVE/REPLACE	R FRT OTR BUMPER REINFORCEMENT	52125-AA020	29.81 *	0.2 #
	AUTO	REF	REFINISH	R FRT OTR REINFORCEMENT			0.4
S	000091	BDY	REMOVE/REPLACE	L FRT BUMPER REINF SUPPORT	52116-AA020	18.69	#
	000099	BDY	REMOVE/REPLACE	GRILLE	53101-AA020	176.58	0.1
	000103	BDY	REMOVE/REPLACE	GRILLE ADHESIVE EMBLEM	75311-YY060	0.00 *	INC #
S	000111	BDY	REMOVE/REPLACE	L FRONT COMBINATION LAMP ASSEMBLY	81150-AA060	271.01 *	INC #
	AUTO	BDY	CHECK/ADJUST	HEADLAMPS			0.4
S	000133	BDY	REMOVE/REPLACE	L FRONT COMBINATION LAMP BRACKET	53271-44010	10.35	
S	000137	BDY	REMOVE/REPLACE	L FRONT COMBINATION LAMP NUT	90189-06074	1.43	
S	000141	BDY	REMOVE/REPLACE	L FRT FOG LAMP ASSEMBLY	81220-AA011	215.95 *	INC #
S	000153	BDY	REMOVE/REPLACE	HOOD PANEL	53301-AA060	471.20 *	1.7 #
	AUTO	REF	REFINISH	HOOD OUTSIDE		C	3.0
	AUTO	REF	REFINISH	HOOD UNDERSIDE			1.5
S	000173	BDY	REMOVE/REPLACE	L HOOD HINGE	53420-AA030	34.38 *	0.2 #
	AUTO	REF	REFINISH	L HINGE			0.2
	000379	REF	BLEND	R FENDER OUTSIDE		C	0.9
S	000388	BDY	REMOVE/REPLACE	L FENDER PANEL	53802-AA020	249.93 *	1.7 #
	AUTO	REF	REFINISH	L FENDER OUTSIDE		C	1.7
	AUTO	REF	REFINISH	L FENDER EDGE			0.5

IMATE RECALL NUMBER: 07/28/2009 21:05:18 139236-AO
chell Data Version: MAY_09_V
aMate Version: 6.7.022

SUPPLEMENT

SUPPLEMENT

Date: 7/28/2009 09:21 PM
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	24	000392	BDY	REMOVE/REPLACE	L FENDER BRACKET			
	25	AUTO	REF	REFINISH	RADIATOR SUPPORT COMPLETE			
S1	26	000439	BDY	REPAIR	UPR FRONT BODY TIE BAR -S			
	27	000442	BDY	REMOVE/REPLACE	L UPR FRONT BODY TIE BAR EXTENSION -S			
S1	28	000446	BDY	REMOVE/REPLACE	L FRONT BODY SUPPORT PANEL -S			
S1	29	000450	BDY	REPAIR	L FRONT BODY BRACE -S			
S1	30	000461	BDY	REPAIR	LWR FRONT BODY TIE BAR -S			
S1	31	000465	BDY	REMOVE/REPLACE	L FRONT BODY AIR DEFLECTOR			
	32	004369	BDY	REPAIR	L FRONT BODY APRON ASSY -S			
	33	AUTO	REF	REFINISH	L APRON ASSEMBLY COMPLETE			
S1	34	000486	BDY	REPAIR	L FRONT BODY FRONT APRON PANEL -S			
S1	35	000490	BDY	REMOVE/REPLACE	L UPR FRONT BODY APRON REINF -S			
S1	36	000494	BDY	REMOVE/REPLACE	L LWR FRONT BODY APRON REINF -S			
S1	37	000498	BDY	REMOVE/REPLACE	L FRONT BODY EXTENSION -S			
S1	38	000597	BDY	REMOVE/REPLACE	L LWR FUSE BOX COVER			
S1	39	000704	BDY	REMOVE/REPLACE	WHEEL COVER			
	40	000735	MCH	ALIGN	FOUR WHEEL -M			
	41	001340	BDY	REMOVE/REPLACE	BATTERY			
	42			BETTERMENT - P	BATTERY %50.00			
S1	43	001768	BDY	REPAIR	L COWL/DASH HINGE PILLAR -S			
S1	44	AUTO	REF	REFINISH	L HINGE PILLAR			
	45	002121	REF	BLEND	L FRT DOOR OUTSIDE			
	46	002143	BDY	REMOVE/INSTALL	L FRT BELT MOULDING			
	47	002147	BDY	REMOVE/INSTALL	L FRT DOOR ADHESIVE MOULDING			
	48				R&R Time Used in R&I Operation			
	49	002368	BDY	REMOVE/INSTALL	L FRT DOOR HANDLE			
	50	936001		ADD'L COST	TOWING			
	51	936014		ADD'L COST	FLEX ADDITIVE			
	52	933006	FRM	ADD'L OPR	FRAME/RACK SET UP			
	53	933035	FRM	ADD'L OPR	UNIBODY PULL			
	54	AUTO	REF	ADD'L OPR	CLEAR COAT			
	55	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY			
	56	AUTO		ADD'L COST	PAINT/MATERIALS			
	57	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL			

53846-AA020	6.46		1.5	
Existing			2.0*	
53214-06010	29.66		1.0	
53212-06041	17.92	*	1.0	
Existing			1.0*	
Existing			1.0*	
53293-06020	17.35			
Existing			4.0*	
			1.0	
Existing			2.0*	
53732-06050	75.25		3.0 #	
53734-06020	62.76		INC #	
53714-06010	48.16		1.5	
82674-06020	73.82	*	1.0*	
42621-AA090	83.88	*		
			2.4	
N.A.	79.95	*	0.2	
	39.98			
Existing			1.0*	
		C	1.0	
		C	0.9	
			0.8 #	
Existing			0.4	
			0.3	
	55.00	*		
	10.00	*		
			2.0*	
			3.0*	
			2.5	
	10.00	*		
	490.00	*		
	5.00	*		

* - Judgment Item
\# - Labor Note Applies
C - Included in Clear Coat Calc

Prior Damage:
RIGHT FOG LAMP MISSING

SUPPLEMENT

Date 7/28/2009 09:21 PM
Estimate ID 139236-AO
Estimate Version 0
Supplement 1 (P) 7/28/2009 09:21:34
Preliminary
Profile ID: INDIANA II

SUPPLEMENT

Estimate Totals

I. Labor

	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
	26.5	44.00	0.00	0.00	1,166.00
	17.5	44.00	10.00	0.00	780.00
	5.0	60.00	0.00	0.00	300.00
	2.4	65.00	0.00	0.00	156.00
	Non-Taxable Labor				2,402.00
	51.4				2,402.00

II. Part Replacement Summary

			Amount
Taxable Parts			2,278.35
Sales Tax	@	7.000%	159.48
Total Replacement Parts Amount			2,437.83

III. Additional Costs

			Amount
sts			500.00
Sales Tax	@	7.000%	35.00
Costs			60.00
onal Costs			595.00

IV. Adjustments

	Amount
Betterment & Tax	42.78-
Customer Responsibility	42.78-

I.	Total Labor:	2,402.00
II.	Total Replacement Parts:	2,437.83
III.	Total Additional Costs:	595.00
	Gross Total:	5,434.83
IV.	Total Adjustments:	42.78-
	Net Total:	5,392.05
	Less Original Net Total:	4,416.09
	Net Supplement Amount:	975.96
	S1: DON FOLEY	975.96

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Point
11 (P)

Inspection Site: JEFF WYLER TOYOTA
Address: 808 HIGHWAY 131
CLARKSVILLE, IN

JEFF WYLER TOYOTA
808 HIGHWAY 131
CLARKSVILLE, IN
31 1054037

N SHOP AGREES TO MAKE REPAIRS AS PER APPRAISAL, WHEN
ED BY OWNER.

SUPPLEMENT

Date: 7/28/2009 09:21 PM
Estimate ID: 139236-AO
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Profile ID: INDIANA II

ACCEPTED
BY_____ PHONE/PERSON_____

SUPPLEMENT

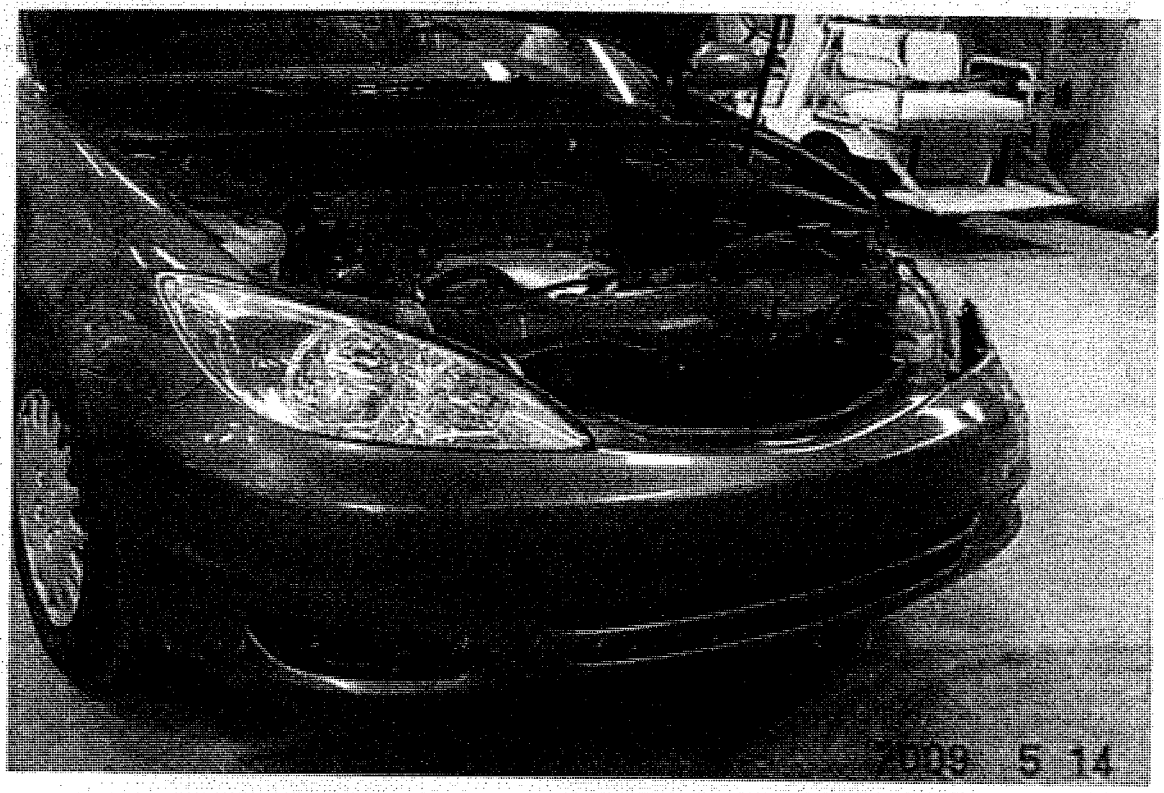
SHOP:_____

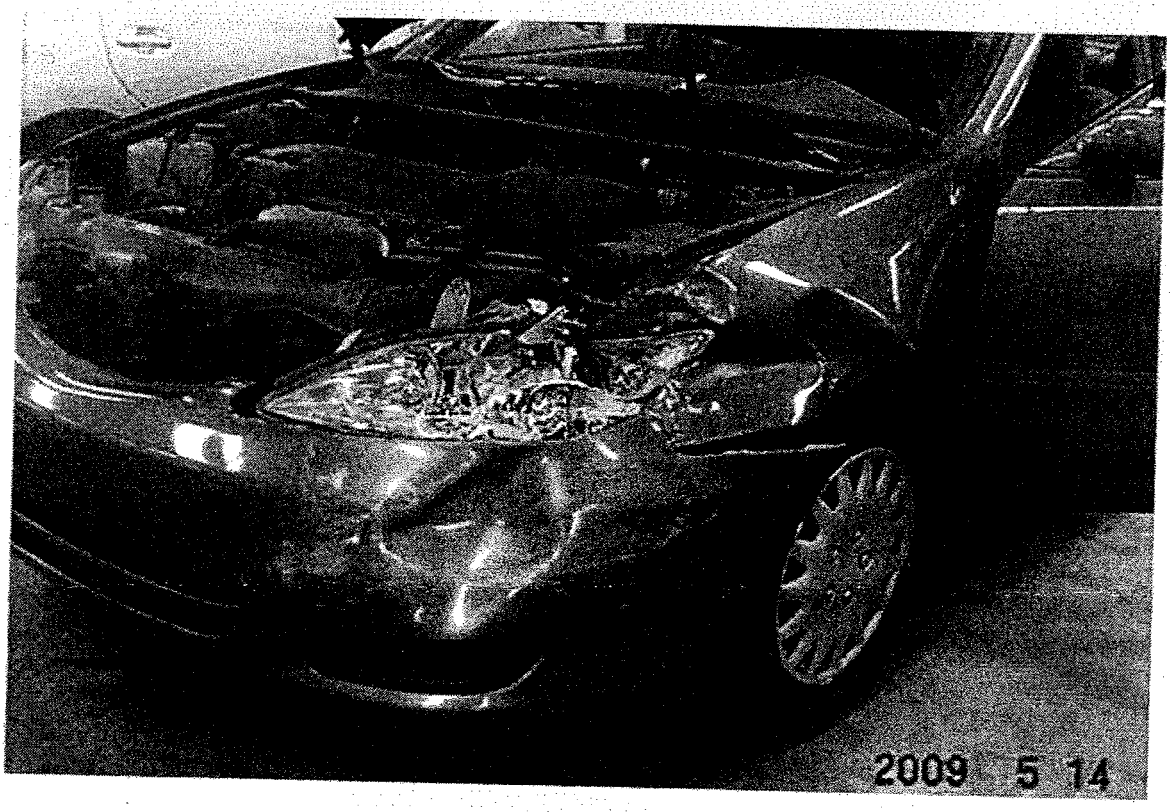
ADDRESS_____

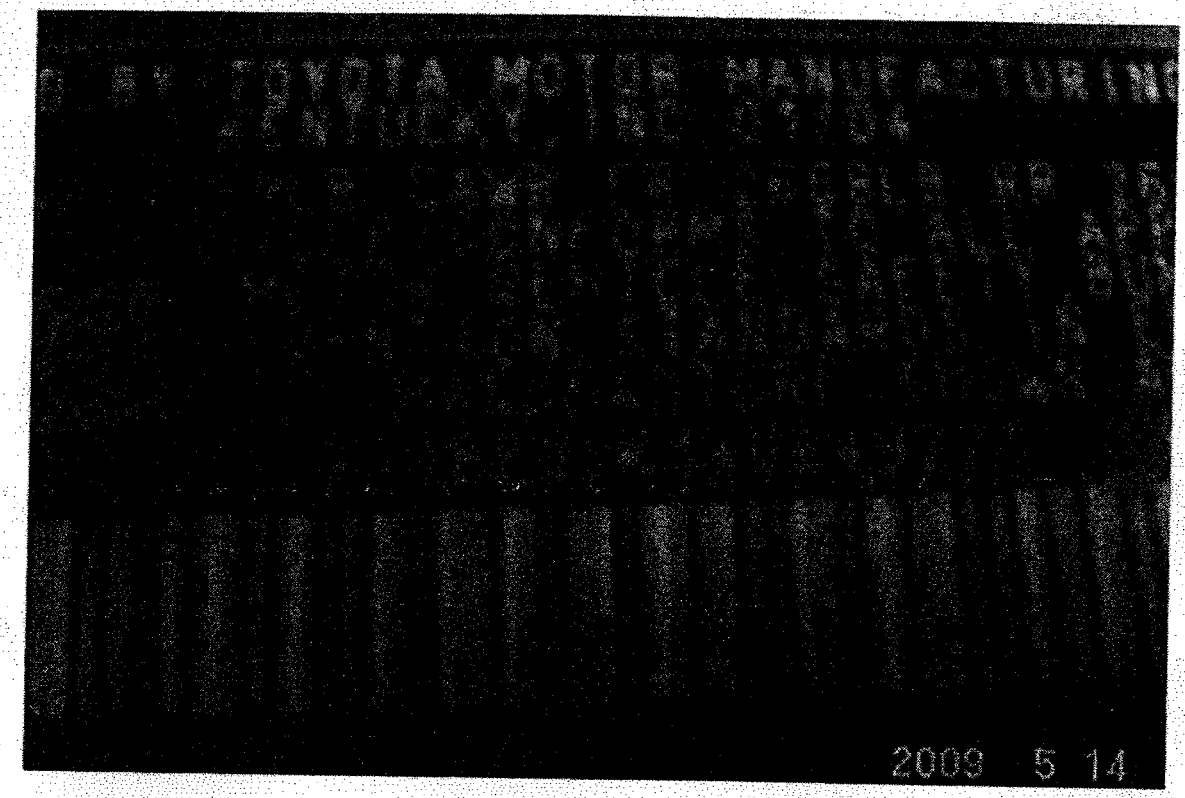
TO REPAIRER: REPAIR THIS VEHICLE ACCORDING TO MANUFACTURES RECOMMENDATIONS ONLY. THIS NOT AN AUTHORIZATION FOR REPAIR, AUTHORIZATION MUST COME FROM OWNER.

NO SUPPLEMENT WITHOUT PRIOR APPROVAL. THIS APPRAISAL MAY INCLUDE PARTS SUPPLIED BY MANUFACTURES OTHER THAN OEM SUPPLIER, THESE PARTS WILL BE NOTED AS TO SUPPLIER, AS WILL LKQ PARTS BE NOTED.

SUPPLEMENT


2009 5 14


2009 5 14


2009 5 14

Diedrich 64-2160-09 OK 5.18

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 4

Mail to: Indiana State Police, Crash Records Section, 100 North Senate Avenue, Indianapolis, IN 46204

Local ID: 965152

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/15/2009	Fri	12:15 PM	CLARK	JEFFERSONVILLE	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
757 LEWIS AND CLARK PKWY				LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	CLARKSVILLE	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances

	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Alcoholic Beverages					
Illegal Drugs					
Prescription Drugs					
Driver Asleep or Fatigued					
Driver Illness	✓	✓			
Unsafe Speed					
Failure to Yield					
Disregard Signal					
Left of Center					
Improper Passing					
Improper Turning					
Improper Lane Usage					
Following Too Closely					
Unsafe Backing					
Overcorrecting					
Ran off Road					
Wrong Way on One Way					
Pedestrian's Action					
Passenger Distraction					
Restriction Violation					
Jackknifing					
Cell Phone Usage					
Other Telematics					
Driver Distracted					
Speed/Weather Conditions					
Other					
None					

Vehicle Contributing Circumstances

	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Engine Failure or Defective					
Accelerator Failure or Defective					
Brake Failure or Defective					
Tire Failure or Defective					
Headlight(s) Defective or Not On					
Other Lights Defective					
Steering Failure					
Window/Windshield Defective					
Oversize/Overweight Load					
Insecure/Leaky Load					
Tow Hitch Failure					
Other			✓		
None		✓			

Environment Contributing Circumstances

Glare					
Roadway Surface					
Holes/Ruts in Surface					
Shoulder Defective					
Road Under Construction					
Severe Crosswinds					
Obstruction Not Marked					
Lane Marking Obscured					
View Obstructed					
Animal/Object in Roadway					
Traffic Ctl Inop/Missing/Obscure					
Utility Work					
Other			✓		
None		✓			

Area Information

Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	URBAN
Light Condition	DAYLIGHT
Weather Conditions	CLEAR
Surface Condition	DRY
Type of Median	CURBED
Type of Roadway Junction	T-INTERSECTION
Road Character	STRAIGHT/LEVEL
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: $2501 TO $5000

	State Property	Owner's Name and Address
Other Property Damage (1)		
Other Property Damage (2)		

Witness/Other Participant

	#	(Last Name, First Name, MI)
✓ Witness	1	[redacted]
Other Participant		

Address etc.: [redacted] HARDINSBURG IN [redacted]

Phone #: [redacted]

Location at Time of Crash: NEXT TO VEHICLE 1

	#	(Last Name, First Name, MI)
Witness		
Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(Last Name, First Name, MI)

Non-Motorist Type	Non-Motorist Action
Apparent Physical Condition	
Cited? / Direction	

Street/Highway:

Traffic Control? If yes, was traffic control operational?

Local ID
905152

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
12:15 PM	12:17 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/15/2009	
Investigating Officer		ID No.	Agency	Reviewing Officer	
COBURN, B		3043	CLARKSVILLE PD		

Narrative

D-1 was taken to Clark County Hospital for treatment, comment unavailable.

V-2 was parked and unoccupied.

UNIT INFORMATION

Local ID: 905152

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

JEFFERSONVILLE IN [redacted]

Date of Birth	Age	Gender
[redacted]	[redacted]	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: ☐ Normal ☐ Had Been Drinking ☐ Handicapped ☑ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown

Restrictions: ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☑ None

Test Given	Type Given
NONE	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results	Certified Test	Drug Results
PBT	☐ Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2004	TOYOTA	CAMRY	4D

# Occupants	Lic Year	License #	License State
2	2009	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
0	NA	AUTO OWNERS	1-888-868-2642

Registered Owner's Name (Last, First, MI): [redacted] ☐ Same as Driver

Address (Street, City, State, Zip): [redacted]

JEFFERSONVILLE IN [redacted]

Towed?	Towed To	Towed By
YES	GREENTREE	KRAFT

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
License#			Address (Street, City, State, Zip)
Veh Year	Make		

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
License#			Address (Street, City, State, Zip)
Veh Year	Make		

Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name:

US DOT#	ICC#	State DOT#

Vehicle Identification#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Driver Injury Status
1564	NON-INCAPACITATING

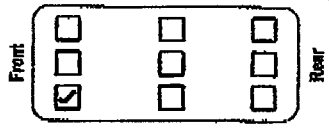
Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: CHEST

If Cited?	IC Codes
☐ Infraction ☐ Misdemeanor ☐ Felony	

Initial Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown

Areas Damaged (Multiples): ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: TURNING RIGHT

Direction of Travel: EAST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
☐ One Lane	☑ Two Lanes	☐ Private Drive
☐ Two Lanes	☐ Multi-Lane Divided (3 or more)	☐ Alley
☐ Multi-Lanes (3 or more)	☐ Multi-Lane Undivided 2 way left turn	
	☐ Multi-Lane Undivided (3 or more)	

Collision Crash: ANOTHER MOTOR VEHICLE

Non-Collision Crash:

UNIT INFORMATION

Local ID: 905152

Driver's Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth | Age | Gender

Driver's License # | Lic Type | CDL Class | Lic State

Apparent Physical Status
- [ ] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [ ] Glasses/Contact Lenses
- [ ] Outside Rearview Mirror
- [ ] Daylight Driving
- [ ] Automatic Transmission
- [ ] Special Controls
- [ ] Employment Only
- [ ] Motorcycle Only
- [ ] To/From Employment
- [ ] Employer's Vehicle Only
- [ ] State-Owned Vehicles
- [ ] PP Chauffeurs Taxi Only
- [ ] Power Steering
- [ ] Special Restrictions
- [ ] Probation DWI
- [ ] Probation HTO
- [ ] None

Test Given | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results | PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	MAROON	2004	FORD	F250	TK

# Occupants	Lic Year	License #	License State
0	2009	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	NA	AUTO OWNERS INS	812-752-2835

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

SALEM IN [redacted]

Towed?	Towed To	Towed By
NO		

Lic State | Lic Year | Registered Owner's Name (Last, First, MI) [ ] Same as Driver

License# | Address (Street, City, State, Zip)

Veh Year | Make

Lic State | Lic Year | Registered Owner's Name (Last, First, MI) [ ] Same as Driver

License# | Address (Street, City, State, Zip)

Veh Year | Make

Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name:

US DOT# | ICC# | State DOT#

Vehicle Identification# | CMV Inspection | If Yes

Gross Vehicle Weight Rating | Cargo Body Type

HAZMAT Placard | HAZMAT Release of Cargo | HAZMAT 4-Digit ID# | Hazzard Class #

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

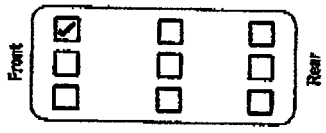
EMS No. | Driver Injury Status

Nature of Most Severe Injury

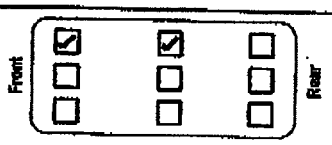
Location of Most Severe Injury

If Cited? | IC Codes
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

Initial Impact Area
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run? | Fire?: NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: PARKED

Direction of Travel: NORTH

Type of Primary/Secondary Roadway

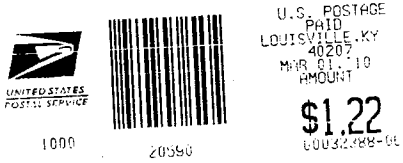
One Way Traffic	Two Way Traffic	
[ ] One Lane	[x] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[ ] Multi-Lane Divided (3 or more)	[ ] Alley
[ ] Multi-Lanes (3 or more)	[ ] Multi-Lane Undivided 2 way left turn	
	[ ] Multi-Lane Undivided (3 or more)	

Collision Crash: ANOTHER MOTOR VEHICLE

Non-Collision Crash

[redacted]

Jeffersonville, IN[redacted]



NHTSA Headquarters

1200 New Jersey Ave., SE

Washington, D.C. 20590

TOYOTA SUDDEN ACCELERATION CRASH