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: 14-SEP-2011	Repository ☐
	Reference No. 10425379

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City SALEM	State MA	Zip Code [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
4T1BE30K64U[redacted]	TOYOTA	CAMRY	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
5/24/07	ATLANTIC TOYOTA - (781)599-4922			No: Cylinders	
Original Owner ☐	Dealer's City: LYNN	State: MA	Zip Code: 01905	6	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☐ Antilock Brakes ☑ Cruise Control			30-APR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	~~63600~~ 64,323	45-50 MPH EST.

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	0 /	0	N YES

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 2004 TOYOTA CAMRY. THE CONTACT WAS REVERSING FROM A PARKING SPACE WHEN THE VEHICLE ABNORMALLY ACCELERATED TO 45 MPH AND CONTINUED TO DRIVE IN CIRCLES. THE CONTACT STATED THE VEHICLE DID NOT STOP UNTIL IT CRASHED INTO ANOTHER VEHICLE AND THE BRAKES WERE DEPRESSED. THE CONTACT STATED THAT THE VEHICLE WAS TOWED BY THE POLICE AND WAS DECLARED AS DESTROYED. THE VEHICLE WAS NOT INSPECTED FOR THE FAILURE. THE FAILURE MILEAGE WAS 63,600.
ABOVE NARRATIVE NOT COMPLETE ONE I REPORTED WHEN SPEAKING VIA PHONE W/NHTS I STATED, "MY CAR HIT 2 CARS ON LEFT-2 CARS ON RIGHT-FORCE HIT CARS DIRECTLY IN BACK TOTAL OF 8 CARS HIT-3 TOTALED INCLUDING MINE-WITNESS IN CAR HEARD ME SCREECHING LOOK MY FEET ARE ON THE FLOORBOARD NOT TOUCHING ANYTHING-GAS PEDAL STUCK IN REVERSE AND CAR KEEPS ON TURNING" SEE TAB ONE (1) AS REPORTED TO ME ON 4/20/11

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

CONFIRMATION # 10425379

TAB one (1)

Statement of [redacted]
[redacted], Salem, MA [redacted]

RE: Sudden reverse acceleration of 2004 Toyota Camry that caused major accident in shopping mall parking lot.

May 24, 2007 I purchased a used 2004 Toyota Camry Sedan seemingly in good condition. I was happy with the car's performance and was more than satisfied that I had bought this Toyota. I believe (not certain) it was the same year, 2007, that I had a problem with acceleration while driving on the highway.

The car first lunged forward for a second before it accelerated causing me to pull over to the roadside, shut the car off for a minute and restart. I proceeded for another 10-15 minutes when the same thing happened and I pulled into a mall area to check out if I could find a reason. I looked down toward the gas pedal and discovered the floor mat was directly under the pedal. I pulled the mat up putting same in the back seat deciding to just go home and call the dealer, which I did. My conversation was with an employee whom I had met prior, named [redacted] After explaining the reason I was calling I was told by her that she had those same mats for nine years and nothing like that had ever happened to her. Feeling a little odd by that remark I said to her, "That's all well and good for you, [redacted] but this is what just happened to me." At this time I don't think I was aware of any media coverage regarding gas pedal, floor mats or anything else with Toyotas.

I brought the car in for normal maintenance to the dealer. At some point I began to have problems with the horn going off at all times during the nighttime and while I was shopping, or at other times often wearing the battery down causing me to have it jump started. I had it checked out only to be told there wasn't a problem found. In October of 2009 I had to put in a new battery thinking at the time that a new one was put in the day I purchased the car and before I brought the car home in May of 2007 it hadn't lasted long at all.

I continued to have the problem sporadically, finally bringing the car to different dealer after the horn kept going off in traffic causing a police officer directing traffic to attempt to find out what was happening. The car was now stalled. When the officer got a chance he started the car following me almost home at my request to avoid another problem. The dealer kept the car for two days checking finding no problem but stated the following to me, "I had this car for two days and have found nothing wrong but I want you to know despite that finding I know in my heart and soul there is something wrong with your car." I shared those thoughts exactly. The problem with the horn persisted.

I continued to have my car checked with my own garage every six to eight months right up to April 30th of 2011. During the week of 4/26/2011 I experienced my car jolting ahead only for a second causing me to dismiss same as something I perhaps imagined. When it jolted again in the same manner I made a mental note to contact dealer although I had some reluctance at doing so, knowing by now of the media coverage and denial of problems.

On 04/30/11 as I backed out of a parking space at the North Shore Mall in Peabody, MA, my gas pedal stuck in reverse causing car to rotate 4-6 times in circles hitting cars as it rotated. I had a passenger with me [redacted] Extension Beverly MA.

We both had our seat belts on. As car spun around we were moving side to side at what I estimate speed to be between 35 to 45 mph. I know I could not manage to put foot on brake as car was moving so fast and my body along with it. I screeched with such great fear in my voice many times to my passenger saying, "Look [redacted] my feet are on the floorboard not even touching anything and the car just won't stop." My brain and heart told me we were going to be killed because there was nothing I could do to stop this car. My fear was heightened thinking there might be people in the cars I had already hit.
The last rotation the car seemed to circle in a wider manner slowing down a bit as it hit the last vehicle in its door enabling me to hit the brake and the car stopped. My Toyota hit eight other cars, and the front bumper of my Toyota ripped off my car and – perhaps indicating the speed of my vehicle during the crash – came to rest near the front entrance of a store about 30 yards away.
When police arrived at the scene and I was informed that there were no people in any of the cars hit. I hit two cars on the left and right sides of the parking area and the force of the impact pushed those cars into others, damaging all. My car was totaled and I was told two others also. I was not cited and refused medical attention at the scene, but mentioned to an officer my neck was very sore.
Knowing the monumental task ahead with police reports and insurance companies my first thoughts were in thanksgiving for not killing my lifelong friend or anyone else.
Within the next few days the pain in my neck elevated to severe and my body began to shake uncontrollable.
Doctor's office sent me for x-rays informing me of my whiplash. Within the next two weeks I went thru periods of complete anger, frustration and disgust toward the manufacture of Toyota. I had so many details to attend to since the date of my accident I never thought to inform either dealer or manufacture, believing perhaps the insurance company may do so, and was surprised recently when they told me they had not done so. They had my car towed within days to another town, presumably to check or perhaps find the problem/cause. By now my son had spoken to me of the reports he read online of similar cases of reverse acceleration, most of which were not given any credence by Toyota showing owner error.
I honestly admit to the fact that despite having my problems with my Toyota I loved my car and the smooth comfortable ride it gave to myself and my passengers but admit that I was always skeptical each time I put my foot on the gas pedal remembering the first time in 2007 it accelerated and those times it jolted for a second. Deep within I felt there was some kind of an electrical problem with my car that the dealer could not find.
On this day July 6, 2011 two months have passed since that horrendous day of April 30, 2011 and my life has not been the same. I suffer much pain from both sides of my neck radiating behind my ears, shoulders to the top of my head. Causing me to have severe headaches, stress and tension and my time in life taking up by visits to a Psychologist, a Chiropractors, and continued anger at the cause of my distress the denial of the manufacturers of Toyota not to recognize the problem and correct same before more injuries and/or deaths are caused.
When my pain is at its worse I find myself sitting reflecting on how I lived my life for the past forty years. I am a physical fitness person attending a health club all of those forty years at 5:30 A.M. before and after my retirement from work doing strenuous work outs in class as well as working the weights and machines. I ran four to five miles per day for

many years before or after my work day and became a long distance walker doing the annual twenty mile walk for hunger which takes place each year in Boston, MA I did this walk for twenty three years. And too, I entered twice the Mass. General Hospital Jimmy Fund walk for cancer prevention and cure. This was the same route as the famed Boston Marathon. I was in good shape to have walked the twenty-six miles. I believe I had reached and passed my seventies on the second attempt. Although my years of running have gone due to knee replacement I continue to walk and keep fit although I was prevented for six weeks due to my neck and post traumatic stress disorder from attending health club. Despite returning to my health club it is most aggravating and depressing to often be in such acute pain leaving me with the inability to complete my work out either in the class or on the treadmill and other machines that prior to 04/30/11 was never a problem but a way of life. This leaves me experiencing continued anger at the manufacture of Toyota who perhaps could care less of the harm what or how this accident affected me or anyone else. It seems to me they are only concerned with proving themselves to be right and the reason for any past, present, accidents are the direct fault of the driver. I am saddened that the manufacturers of Toyota have put me and others who are experiencing perhaps more serious injuries than I in this position. I have worked vigilantly all of my life to keep healthy, trim and fit enabling me to keep any sign of arthritis affecting me minimal. Due to the acceleration of my Toyota causing accident of 4/30/11 I now have active pain from arthritis that I absolutely never, ever had experienced prior to that date that daily affects my life. I lived my life by not allowing age to ever prevent me from leading a full and very active life how sad for me that the manufacture of Toyota has robbed me of doing much of the above affecting the years I may have left to live my life. My desire to join a Class Action suit against them is to help prevent further pain, suffering, injuries and even death to others. One day I hope Toyota may be held responsible for their irresponsibility in finding the cause of the acceleration problems accepting the fact they most definitely have the problem---fix it enabling those persons who have been hurt or affected in any way by their Toyota to move on perhaps bringing some kind of closure to each victim.

October 10, 2011

Continue to experience severe pain in my neck, head and behind my ears and I am still seeking help from my Chiropractor for relieve and a Psychologist for continued PTS. My concern is that my auto insurance coverage doesn't run out before I am able to be discharged to a point where I may be able to function without having such pain better than I am able at present to do.

TAB 2 (cont)

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)	[redacted]	[redacted]							✓			
Name of Passenger 1 (Last, First, Middle) [redacted]	PEARL ST. Address											
	City/Town Bavely MN State [redacted] Zip											
Name of Passenger 2 (Last, First, Middle)	Address											
	City/Town State Zip											
Name of Passenger 3 (Last, First, Middle)	Address											
	City/Town State Zip											

A. Seating Position
1 Front seat - left side (or motorcycle driver)
2 Front seat - middle
3 Front seat - right side
4 Second seat - left side (or motorcycle passenger)
5 Second seat - middle
6 Second seat - right side
7 Third row - left side (or motorcycle passenger)
8 Third row - middle
9 Third row - right side
10 Sleeper section of cab
11 Enclosed passenger area
12 Unenclosed passenger area
13 Trailing unit
14 Riding on vehicle exterior
97 Other
99 Unknown

B. Safety System Used
0 None used
1 Shoulder and lap belt
2 Lap belt only
3 Shoulder belt only
4 Child safety seat
5 Helmet
99 Unknown

C. Air Bag Status
1 Deployed-front
2 Deployed-side
3 Deployed both front and side
4 Not deployed
5 Not applicable
99 Unknown

D. Air Bag Switch
1 Switch in ON position
2 Switch in OFF position
3 ON-OFF switch not present
4 Unknown if switch is present
99 Unknown

E. Ejected From Vehicle?
0 Not ejected
1 Totally ejected
2 Partially ejected
3 Not applicable
99 Unknown

F. Trapped?
0 Not trapped
1 Freed by mechanical means
2 Freed by non-mechanical means
99 Unknown

G. Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

H. Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: ____ | Number of injured occupants: ____ | Was Vehicle Damage above $1000? __Yes __No | Moped? __Yes __No | Hit and Run? __Yes __No

[redacted]	License State	Date of Birth	Age	Sex __M __F	License Class __D __A __B __C __M __Unknown	Commercial Driver's License Endorsements H__ Hazardous T__ Doubles/Triples N__ Tank vehicles X__ Tank and Hazardous P__ Passenger transport

Full Name of Vehicle Driver (Last, First, Middle)	Street Address	City/Town	State	Zip

Insurance Company	[redacted]	Reg. Type	Reg. State	Vehicle Year	Vehicle Make

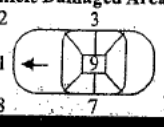
Indicate type of vehicle
1 Passenger car
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
97 Other
99 Unknown

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip

Vehicle Travel Direction
__N __S
__E __W

What Was the Vehicle Doing Prior to the Crash?
1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Vehicle Damaged Area (circle up to three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved 1 Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown

What was the non-motorist doing prior to the crash?
1 Entering or crossing location
2 Walking, running, or cycling
3 Working
4 Pushing vehicle
5 Approaching or leaving vehicle
6 Working on vehicle
7 Standing
97 Other
99 Unknown

Where was the non-motorist prior to the crash?
1 Marked crosswalk at intersection
2 At intersection but no crosswalk
3 Non-intersection crosswalk
4 In roadway
5 Not in roadway
6 Median (but not on shoulder)
7 Island
8 Shoulder
9 Sidewalk
10 Shared-use path or trails
99 Unknown

Date of Birth/Age	Sex __M __F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip

Safety Equipment?
None used
Helmet
Protective pads (elbows, knees, etc.)
Reflective clothing
9 Lighting
10 Other
99 Unknown

Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

If transported, please indicate Hospital/Medical Facility:

City/Town Where Crash Occurred: Peabody MA | Date of Crash: 4/30/11 | Time of Crash: 5:00 AM ✓PM | # Vehicles Involved:

Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

Route#: _____ Name of Roadway/Street: 210 ANDOVER ST.

Step 2: What was the name (or names) of the intersecting streets?

Route#: _____ Name of Roadway/Street: _____

Route#: _____ Name of Roadway/Street: _____

OR

SECTION A2: Complete this Section if the crash did NOT occur at an intersection:

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: _____ at Street or Address Number: _____

on the Street/Roadway known as: 210 ANDOVER ST.

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _____ feet

(indicate direction as N/S/E/W) _____ of

a) Mile Marker number — — — . —

OR: b) Exit Number _____

OR: c) Intersecting Street/Roadway Route# _____ Name of Roadway/Street _____

OR: d) Landmark _____

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): 2

Was vehicle damage above $1000? ✓Yes __No totaled

Your Full Name	License State	Date of Birth	Age	Sex	License Class	Commercial Driver's License Endorsements
[redacted]	MA	[redacted]	78	__M ✓F	__D __A __B __C __M __Unknown	H__ Hazardous N__ Tank vehicles P__ Passenger T__ Doubles/Triples X__ Tank and Hazardous transport

Your Full Address: [redacted] City/Town: Salem State: MA Zip: [redacted]

Insurance Company: Commerce Insurance [redacted] Reg. Type: PC Reg. State: MA Vehicle Year: 2004 Vehicle Make: Toyt

Indicate your type of vehicle

1 Passenger car; 2 Light truck (van, mini-van, pick-up, sport utility); 3 Motorcycle; 4 Bus (15 or more passengers); 5 Bus (7-15 passengers); 6 Single-unit truck (2 axles); 7 Single-unit truck (3 or more axles); 8 Truck/trailer; 9 Truck tractor (bobtail); 10 Tractor/semi-trailer; 11 Tractor/doubles; 12 Tractor/triples; 13 Unknown heavy truck; 14 Motor home/recreational vehicle; 97 Other; 99 Unknown

Full Name of Vehicle Owner (Last, First, Middle): [redacted] Street Address: [redacted] City/Town: Sal. MA State: [redacted] Zip: [redacted]

Vehicle Travel Direction: __N __S __E __W

What Was Your Vehicle Doing Prior to the Crash?

1 Travelling straight ahead; 2 Slowing or stopped; 3 Turning right; 4 Turning left; 5 Changing lanes; 6 Entering traffic lane; 7 Leaving traffic lane; 8 Making U-turn; 9 Overtaking/passing; 10 Backing; 11 Parked; 97 Other; 99 Unknown

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2nd (if applicable)?	What happened 3rd (if applicable)?	What happened 4th (if applicable)?

Collision with

1 Motor vehicle in traffic; 2 Parked motor vehicle; 3 Pedestrian; 4 Cyclist; 5 Animal- deer; 6 Animal- other; 7 Moped; 8 Work zone maintenance equipment; 9 Railway vehicle (train, engine); 10 Other movable object; 11 Unknown movable object; 20 Curb; 21 Tree; 22 Utility pole; 23 Light pole or other post/support; 24 Guardrail; 25 Median barrier; 26 Ditch; 27 Embankment/Sloping shoulder; 28 Highway traffic signpost; 29 Overhead sign support; 30 Fence; 31 Mailbox; 32 Crash cushion/Impact attenuator; 33 Bridge; 34 Bridge overhead structure; 35 Other fixed object (wall, building, tunnel); 36 Unknown fixed object

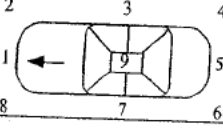
Non-Collision

40 Ran off road right; 41 Ran off road left; 42 Cross median/centerline; 43 Overturn/rollover; 44 Equipment failure (blown tire, brakes, etc); 45 Fire/explosion; 46 Immersion; 47 Jackknife; 48 Cargo/equipment loss or shift; 49 Separation of units; 50 Downhill runaway; 51 Other non-collision; 52 Unknown non-collision; 97 Other; 99 Unknown

BACKING OUT PARKING SP. GAS PEDAL STUCK - CAR in Reverse - going in Circles

Was your Vehicle Towed From the Scene Due to Damage? ✓Yes __No

Vehicle Damaged Area (circle up to three)



0 None; 10 Undercarriage; 11 Totaled; 97 Other; 99 Unknown

Section F: Crash Conditions

Light Conditions
1 Daylight
2 Dawn
3 [illegible]
4 Dark - lighted roadway
5 Dark - roadway not lighted
6 Dark - unknown roadway lighting
97 Other
99 Unknown

Weather Conditions (up to two)
1 Clear
2 Cloudy
3 [illegible]
4 Snow
5 Sleet, hail, freezing rain
6 Fog, smog, smoke
7 Severe crosswinds
8 Blowing sand, snow
97 Other
99 Unknown

Traffic Control Device
1 No controls
2 Stop signs
3 [illegible]
4 Flashing traffic control signal
5 Yield signs
6 School zone signs
7 Warning signs
8 Railroad crossing device
99 Unknown

Was the traffic control device functioning at [illegible] crash?
1 ___ Yes
2 ___ No

Road Surface
1 Dry
2 Wet
3 [illegible]
4 Ice
5 Sand, mud, dirt, oil, gravel
6 Water (standing, moving)
7 Slush
97 Other
99 Unknown

Roadway Intersection Type
1 [illegible]
2 Four-way intersection
3 T-intersection
4 Y-intersection
5 On ramp
6 Off ramp
7 Traffic circle
8 Five-point or more
9 Driveway
10 Railway grade crossing
99 Unknown

Trafficway Description
1 Two-way, not divided
2 Two-way, divided, unprotected median
3 Two-way, divided, protected median
4 One-way, not divided
99 Unknown

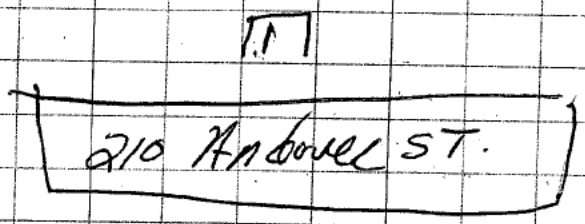
School Bus Related?
1 ___ Yes
2 ___ No

Work Zone Related?
1 ___ Yes
2 ___ No

Manner of Collision
1 Single vehicle crash
2 Rear-end
3 Angle
4 Sideswipe, same direction
5 Sideswipe, opposite direction
6 Head on
7 Rear to rear
99 Unknown

Section G: Crash Diagram

Indicate North by Arrow



Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:
→ = Direction
1 = Vehicle 1 (Your Vehicle)
2 = Vehicle 2
O = Pedestrian/Non-motorist
N = North

Select one of the following if the crash did not occur on a public way:
___ Off-street parking lot
___ Garage
___ Mall/shopping center
___ Other private way

Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

Section J: Description of What Happened

Pulled slowly out of Parking Area intending To Go Fwd. - IN A Flash Car Began To Turn Like A Merry Go Round - Continued 3-6 Times hitting Cars As IT Revolved. I was Screeching To Passenger "I Can't Stop The Car It's out of Control - My FEET are both on Floor NOT even on anything" The Last Car it hit ~~Car~~ I was able To Put Foot on Brake - Gas Pedal STILL seemed To be Stuck for A Second or So - When It Stopped I and Passenger Could Remove OURSELF from Car. I Remember THINKING, "IF only I Could pull Gas Pedal up - But I and Passenger were moving LEFT To Right As The Car turned - And I had No Control To do ANYTHING.

[redacted] Print [redacted] Date 5-5-2011

"Signed under Pains and Penalties of Perjury"

TAB 9

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Lat. / Lon.	State Police / Local Police / MBTA Police / Other
04/30/2011	1716 (24HR)	PEABODY	8	0		Local Police ☒

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street: ____

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: ____

Also at Intersection with

Route# ____ Direction ____ Name of Intersecting Roadway/Street: ____

NOT AT INTERSECTION:

Route# ____ Direction 210S Address # ANDOVER ST Name of Roadway/Street

____ Feet [N S E W] of ____ Mile Marker or Exit Number

____ Feet [N S E W] of Route# ____ Intersecting Roadway/Street

____ Feet [N S E W] of PARKING LOT BETWEEN SEARS AND LEGAL SEA Landmark

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped

11-348-AC

Vehicle 1

License # [redacted] St MA DOB/Age [redacted]

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator [redacted] (Last First Middle)

Address [redacted]

City SALEM State MA Zip [redacted]

Insurance Company COMMERCE

Vehicle Travel Direction: [N S E W] Responding to Emergency? 2

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # [redacted] Reg Type PC Reg State MA

Veh Year 2004 Veh Make TOYOTA Veh Config. 1

Owner [redacted] (Last First Middle)

Address [redacted]

City SALEM State MA Zip [redacted]

Vehicle Action Prior to Crash 10

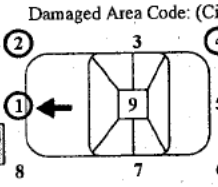
Event Sequence 22 22 22 22

Most Harmful Event 2

Driver Contributing Code 99

Underride/Override 1 Towed 1

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	---------	---	---	1	4	3	0	0	5	1	
[redacted]	BEVERLY, MA [redacted]	[redacted]	F	3	1	4	4	0	0	5	1	

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants ☐ Non-Motorist A Type Action Location Condition ☐ Hit/Run ☐ Moped

Vehicle 2

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class ____ Lic. Restrictions ____ CDL Endorsement ____

Operator Driverless M.V. (Last First Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company 785

Vehicle Travel Direction: [N X E W] Responding to Emergency? 2

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # [redacted] Reg Type PC Reg State MA

Veh Year 1998 Veh Make SUBARU Veh Config. 1

Owner [redacted]

Address [redacted]

City PEABODY State MA Zip [redacted]

Vehicle Action Prior to Crash 11

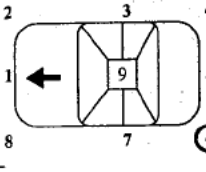
Event Sequence 1 22 22 22

Most Harmful Event 1

Driver Contributing Code 1

Underride/Override 1 Towed 2

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

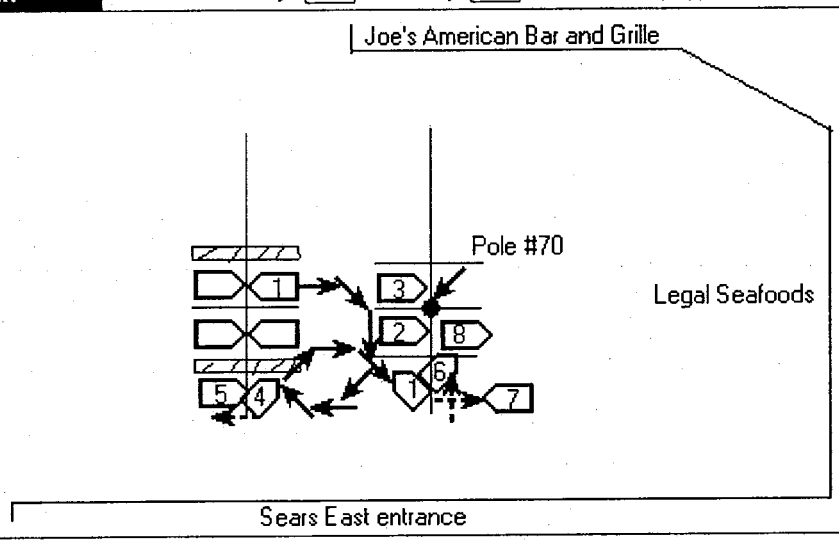
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	---------	---	---								

= Direction [1] = Vehicle 1 [2] = Vehicle 2 = Pedestrian

Crash Diagram:

ie: → [1] → [2] →



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

North

Crash Narrative:

SEE SUPPLEMENTAL NARRATIVE ATTACHED.....

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Patrolman MATTHEW STARK		519	Peabody Police Department		05/01/2011
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Lat. / Lon.	State Police / Local Police / MBTA Police / Other
04/30/2011	1716 (24HR)	PEABODY	8	0		Local Police ☒

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

1 1 — Route# / Direction / Name of Roadway/Street: At / Route# / Direction / Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# / Direction / Name of Intersecting Roadway/Street

Route# / Direction / Address # 210S / Name of Roadway/Street: ANDOVER ST

Feet N S E W of — Mile Marker — or Exit Number

Feet N S E W of — Route# / Intersecting Roadway/Street

Feet N S E W of — Landmark: PARKING LOT BETWEEN SEARS AND LEGAL SEA

2 9 | 2 10 | 99 11

3 **Please Select One of the Following:** ☒ Vehicle 3 — 0 #Occupants | ☐ Hit/Run | ☐ Moped

11-348-AC

License # — St — DOB/Age — Sex — Lic. Class 18 18 — Lic. Restrictions 19 — CDL Endorsement

4 1 — Operator: Driverless M.V. (Last / First / Middle)

Address — City — State — Zip

Insurance Company: ARBELLA MUTUAL

5 — Vehicle Travel Direction: N X E W — Responding to Emergency? 2

Citation # (If Issued) —

Viol. 1: Ch/Sec/Sub — / — Viol. 2: Ch/Sec/Sub — /

6 1 — Viol. 3: Ch/Sec/Sub — / — Viol. 4: Ch/Sec/Sub — /

Reg # [redacted] — Reg Type PC — Reg State MA

Veh Year 1999 — Veh Make TOYOTA — Veh Config. 1 20

99 12 — Owner [redacted] (Last / First / Middle)

Address [redacted]

City WOBURN — State MA — Zip [redacted]

Vehicle Action Prior to Crash 11 21

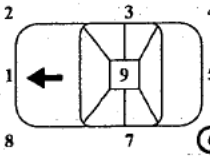
Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 1 25 — Towed 2



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

2 13

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	---------	---	---								

7 99 — **Please Select One of the Following:** ☒ Vehicle 4 — 0 #Occupants | ☐ Non-Motorist A — Type 14 — Action 15 — Location 16 — Condition 17 | ☐ Hit/Run | ☐ Moped

License # — St — DOB/Age — Sex — Lic. Class 18 18 — Lic. Restrictions 19 — CDL Endorsement

8 1 — Operator: Driverless M.V. (Last / First / Middle)

Address — City — State — Zip

Insurance Company: COMMERCE

Vehicle Travel Direction: N X E W — Responding to Emergency? 2

Citation # (If Issued) —

Viol. 1: Ch/Sec/Sub — / — Viol. 2: Ch/Sec/Sub — /

Viol. 3: Ch/Sec/Sub — / — Viol. 4: Ch/Sec/Sub — /

Reg # [redacted] — Reg Type PC — Reg State MA

Veh Year 2007 — Veh Make TOYOTA — Veh Config. 1 20

Owner [redacted] (Last / First / Middle)

Address [redacted]

City PEABODY — State MA — Zip [redacted]

Vehicle Action Prior to Crash 11 21

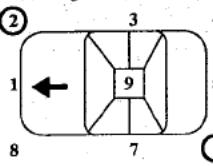
Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 2 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 1 25 — Towed 1



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	---------	---	---								

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Lat. / Lon.	State Police / Local Police / MBTA Police / Other
04/30/2011	1716 (24HR)	PEABODY	8	0		Local Police ☒

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

1 1 — Route# — Direction — Name of Roadway/Street: At — Route# — Direction — Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# — Direction — Name of Intersecting Roadway/Street

Route# — Direction — 210S Address # — ANDOVER ST Name of Roadway/Street — Feet N S E W of Mile Marker — or Exit Number

Feet N S E W of Route# — Intersecting Roadway/Street

Feet N S E W of PARKING LOT BETWEEN SEARS AND LEGAL SEA — Landmark

2 9 | 2 10 | 99 11

3 **Please Select One of the Following:** ☒ Vehicle 5 — 0 #Occupants | ☐ Hit/Run | ☐ Moped

11-348-AC

License # — St — DOB/Age — Sex — Lic. Class 18 18 — Lic. Restrictions 19 — CDL Endorsement

4 1 — Operator Driverless M.V. (Last First Middle)

Address — City — State — Zip

Insurance Company OUT OF STATE UNKNOWN

5 — Vehicle Travel Direction: N X E W — Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

6 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg [redacted] — Reg Type PC — Reg State NH

Veh Year 2003 — Veh Make SAAB — Veh Config. 1 20

Owner [redacted] (Last First Middle)

99 12 — Address [redacted]

City HAMPTON — State NH — Zip [redacted]

Vehicle Action Prior to Crash 11 21

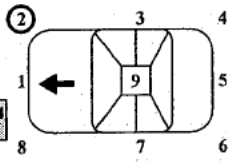
Event Sequence 2 22 22 22 22

Most Harmful Event 2 23

Driver Contributing Code 1 24 24

Underride/Override 1 25 — Towed 2

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	---------	---	---								

2 13

7 99 **Please Select One of the Following:** ☒ Vehicle 6 — 0 #Occupants | ☐ Non-Motorist A | Type 14 | Action 15 | Location 16 | Condition 17 | ☐ Hit/Run | ☐ Moped

License # — St — DOB/Age — Sex — Lic. Class 18 18 — Lic. Restrictions 19 — CDL Endorsement

8 1 — Operator Driverless M.V. (Last First Middle)

Address — City — State — Zip

Insurance Company PREMIER

Vehicle Travel Direction: N X E W — Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # [redacted] — Reg Type PC — Reg State MA

Veh Year 2002 — Veh Make CHEVROLET — Veh Config. 1 20

Owner [redacted] (Last First Middle)

Address [redacted]

City SALEM — State MA — Zip [redacted]

Vehicle Action Prior to Crash 11 21

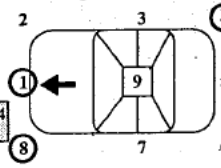
Event Sequence 1 22 2 22 2 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 1 25 — Towed 1

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	---------	---	---								

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Lat. / Lon.	State Police / Local Police / MBTA Police / Other
04/30/2011	1716 (24HR)	PEABODY	8	0		Local Police ☒

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

1 1 — Route# / Direction / Name of Roadway/Street: At / Route# / Direction / Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# / Direction / Name of Intersecting Roadway/Street

NOT AT INTERSECTION: Route# / Direction / Address # 210S / Name of Roadway/Street: ANDOVER ST

_____ Feet [N S E W] of — — — • — or _____ (Mile Marker / Exit Number)

_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street

_____ Feet [N S E W] of PARKING LOT BETWEEN SEARS AND LEGAL SEA (Landmark)

2 9 — 2 10 — 99 11

3 — Please Select One of the Following: ☒ Vehicle 7 — 0 #Occupants — ☐ Hit/Run — ☐ Moped — **11-348-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement _____

4 1 — Operator: Driverless M.V. (Last / First / Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company: ARBELLA MUTUAL

5 — Vehicle Travel Direction: [X S E W] Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____

6 1 — Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # [redacted] Reg Type PC Reg State MA

Veh Year 1999 Veh Make VOLVO Veh Config. 1 (20)

Owner [redacted] (Last / First / Middle)

Address [redacted]

City BILLERICA State MA Zip [redacted]

Vehicle Action Prior to Crash 11 (21)

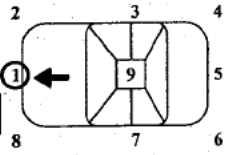
Event Sequence 2 (22) 22 22 22

Most Harmful Event 2 (23)

Driver Contributing Code 1 (24) 24

Underride/Override 1 (25) Towed 2

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

99 12 — 2 13

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	---------	---	---								

7 99 — Please Select One of the Following: ☒ Vehicle 8 — 0 #Occupants — ☐ Non-Motorist A — Type 14 — Action 15 — Location 16 — Condition 17 — ☐ Hit/Run — ☐ Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement _____

8 1 — Operator: Driverless M.V. (Last / First / Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company: COMMERCE

Vehicle Travel Direction: [N X E W] Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____

Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # [redacted] Reg Type PC Reg State MA

Veh Year 1994 Veh Make HONDA Veh Config. 1 (20)

Owner [redacted] (First / Middle)

Address [redacted]

City CHELMSFORD State MA Zip [redacted]

Vehicle Action Prior to Crash 11 (21)

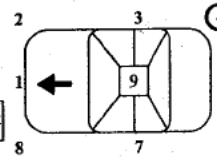
Event Sequence 2 (22) 22 22 22

Most Harmful Event 2 (23)

Driver Contributing Code 1 (24) 24

Underride/Override 1 (25) Towed 2

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	---------	---	---								

Printed on	Peabody Police Department	Page Number
05/09/2011	**Operator Information Sheet**	1 of 4
	11-348-AC	

General

Accident Date	Time	Reporting Officer		
04/30/2011	1716	Patrolman MATTHEW STARK		
Location		**City**	**State**	**ZIP**
SEARS		PEABODY	MA	01960

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
[redacted]	[redacted]	F		1	☐ Injured ☐ Fatality
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
[redacted]		ST		SALEM	MA	[redacted]
DOB	**Home Phone**	**Work Phone**		**License State/Number**	
[redacted]				MA [redacted]	
Insurance Company			**Policy Number**		
COMMERCE					

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]				
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
[redacted]		ST		SALEM	MA	[redacted]
Insurance Company			**Policy Number**		

VEH

Year	Make	Model	VIN	
2004	TOYOTA	CAMRY USLEXL	4T1BF30K64U [redacted]	
Registration State/Number		**Towed By**	**Towed To**	
[redacted]		ARRINGTON TOWING	ARRINGTON TOWING	

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
Driverless M.V.				2	☐ Injured ☐ Fatality
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
DOB	**Home Phone**	**Work Phone**		**License State/Number**	
Insurance Company			**Policy Number**		
785					

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]				
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
[redacted]		ST	[redacted]	PEABODY	MA	[redacted]
Insurance Company			**Policy Number**		

VEH

Year	Make	Model	VIN	
1998	SUBARU	LEGAS 4X4	4S3BD4357W7 [redacted]	
Registration State/Number		**Towed By**	**Towed To**	
[redacted]				

Printed on	Peabody Police Department	Page Number
05/09/2011	**Operator Information Sheet**	2 of 4
	11-348-AC	

General

Accident Date	Time	Reporting Officer		
04/30/2011	1716	Patrolman MATTHEW STARK		
Location		**City**	**State**	**ZIP**
SEARS		PEABODY	MA	01960

Operator

OPERATOR	Last Name	First	Middle	Suffix	Veh/Unit	Injured / Fatality
	Driverless M.V.				3	☐ ☐
	Number Street	Suffix	Apt	City	State	ZIP
	DOB	Home Phone	Work Phone	License State/Number		
	Insurance Company		Policy Number			
	ARBELLA MUTUAL					

OWNER	Last Name	First	Middle	Suffix	Home Phone	Work Phone
	[redacted]		[redacted]			
	Number Street	Suffix	Apt	City	State	ZIP
	[redacted]	[redacted]		WOBURN	MA	[redacted]
	Insurance Company		Policy Number			

VEH	Year	Make	Model	VIN	
	1999	TOYOTA	CAMSOL USSESL	2T1CF22P9XC[redacted]	
	Registration State/Number		Towed By	Towed To	
	[redacted]				

Operator

OPERATOR	Last Name	First	Middle	Suffix	Veh/Unit	Injured / Fatality
	Driverless M.V.				4	☐ ☐
	Number Street	Suffix	Apt	City	State	ZIP
	DOB	Home Phone	Work Phone	License State/Number		
	Insurance Company		Policy Number			
	COMMERCE					

OWNER	Last Name	First	Middle	Suffix	Home Phone	Work Phone
	[redacted]	[redacted]				
	Number Street	Suffix	Apt	City	State	ZIP
	[redacted]	[redacted]		PEABODY	MA	[redacted]
	Insurance Company		Policy Number			

VEH	Year	Make	Model	VIN	
	2007	TOYOTA	CAMR	JTNBE46K173[redacted]	
	Registration State/Number		Towed By	Towed To	
	[redacted]		ARRINGTON TOWING	ARRINGTON TOWING	

Operator Information Sheet

11-348-AC

General

Accident Date	Time	Reporting Officer
04/30/2011	1716	Patrolman MATTHEW STARK

Location	City	State	ZIP
SEARS	PEABODY	MA	01960

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	Injured	Fatality
Driverless M.V.				5	☐	☐

Number	Street	Suffix	Apt	City	State	ZIP

DOB	Home Phone	Work Phone	License State/Number

Insurance Company: OUT OF STATE UNKNOWN

Policy Number:

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]	[redacted]			

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]		[redacted]		HAMPTON	NH	[redacted]

Insurance Company:

Policy Number:

VEH

Year	Make	Model	VIN
2003	SAAB	9.3	YS3DF78K137[redacted]

Registration State/Number	Towed By	Towed To
[redacted]		

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	Injured	Fatality
Driverless M.V.				6	☐	☐

Number	Street	Suffix	Apt	City	State	ZIP

DOB	Home Phone	Work Phone	License State/Number

Insurance Company: PREMIER

Policy Number:

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]	[redacted]			

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]		[redacted]	[redacted]	SALEM	MA	[redacted]

Insurance Company:

Policy Number:

VEH

Year	Make	Model	VIN
2002	CHEVROLET	TRAILB	1GNDT13S122[redacted]

Registration State/Number	Towed By	Towed To
[redacted]	ARRINGTON TOWING	ARRINGTON TOWING

Peabody Police Department

Operator Information Sheet

11-348-AC

General

Accident Date	Time	Reporting Officer		
04/30/2011	1716	Patrolman MATTHEW STARK		
Location		**City**	**State**	**ZIP**
SEARS		PEABODY	MA	01960

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
Driverless M.V.				7	☐ Injured ☐ Fatality
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
DOB	**Home Phone**	**Work Phone**	**License State/Number**			
Insurance Company		**Policy Number**				
ARBELLA MUTUAL						

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]	[redacted]			
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
[redacted]		[redacted]		BILLERICA	MA	[redacted]
Insurance Company		**Policy Number**				

VEH

Year	Make	Model	VIN	
1999	VOLVO	C70 TURBO	YV1NC56D9XJ[redacted]	
Registration State/Number	**Towed By**	**Towed To**		
[redacted]				

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
Driverless M.V.				8	☐ Injured ☐ Fatality
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
DOB	**Home Phone**	**Work Phone**	**License State/Number**			
Insurance Company		**Policy Number**				
COMMERCE						

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]	[redacted]			
Number Street		**Suffix**	**Apt**	**City**	**State**	**ZIP**
56 HARDING		ST		CHELMSFORD	MA	[redacted]
Insurance Company		**Policy Number**				

VEH

Year	Make	Model	VIN	
1994	HONDA	ACCORD	1HGCD5537RA[redacted]	
Registration State/Number	**Towed By**	**Towed To**		
[redacted]				

FYI

Commerce
INSURANCE
A MAPFRE COMPANY

TAB THREE W/photos ATTached

June 1, 2011

[redacted]
Salem, MA [redacted]

RE: Insured: [redacted]
File #: XAX235
Date of Loss: 4/30/2011

Dear [redacted]

I am writing to advise you that our recovery efforts with regards to the above-captioned matter have concluded. As such, we are planning to dispose of the 2004 Toyota Camry in our custody relative to this loss.

If you are in fact pursuing an additional claim(s), you may need this evidence to prove your case. If you wish to retain the evidence yourself, we request you contact us immediately to coordinate transferring custody of same.

If you have no further claims which you plan to pursue, we ask that you complete and return the attached form providing permission to dispose of the 2004 Toyota Camry. If we do not receive a response from you within the next thirty (30) days, we will assume that you have no further interest in the evidence. ✓

If you have any questions, please call me at 1-800-221-1605, ext. 15387.

Sincerely,
THE COMMERCE INSURANCE COMPANY

Ray Borski Adj# 10
Claim Coordinator, Subrogation

Enclosure - Self-Addressed Stamped Envelope

Regular / Certified Mail

✓ HAD NO PLACE TO STORE TO TOTH - AS STATED I THOUGHT INSURANCE WOULD AUTOMATICLE NOTIFY THE MANUFACTUR NOT VICTIM WHEN I RECEIVED THIS NOT I ASKED TO HAVE PICTURES SENT TO ME. SEE THE TWO (2)

Commerce INSURANCE

MAPFRE

At The Commerce Insurance Company, we are committed to providing you with outstanding claim service. We strive to service your needs in a quick, efficient, and caring manner throughout your claim process.

TAB 4 (4)

[redacted]
SALEM , MA [redacted]

Loss Information

Date of Loss: 04/30/2011
Claim Number: XAX235

Claim Representative Information

L88 - DEVON O'CONNOR
Phone: +1(800)221-1605 Ext 15340
Fax Number: +1(508)671-3340
Email: DOCONNO@COMMERCEINSURANCE.COM
Reported Version of the Accident: Ins. stated that within the last week, the gas pedal had been sticking to the floor. IV backed out of parking space. When IV went to pull striaght IV began to spin and IVD could not get IV to stop spinning. IV collided with 4 parked OVs. Parked OV's were pushed into 4 other parked vehicles.

IV - Insured Vehicle	P - Passenger	OV - Other Vehicle	D – Driver
R/E – Rear End	O - Owner	P/S – Passenger Side	D/S – Drivers Side

Commerce Early Tow Program

Please complete the following steps to expedite the process of your claim:

1. Go to the auto body shop or tow yard and remove your plates and personal items.
2. Leave a set of keys along with the remote control with the vehicle.
3. Provide a verbal or written release to the auto body shop or tow yard.
4. Locate the title to the vehicle or contact the lien holder and authorize release of the payoff amount.

Once these steps are completed we will move your vehicle to a secure salvage yard and a Total Loss Claim Representative will be in contact with you.

What's Next

Commerce
INSURANCE
A MAPFRE COMPANY

May 16, 2011

[redacted]
Salem, MA [redacted]

RE: Insured: [redacted]
File #: XAX235/TXCM40
Date of Loss: 4/30/2011
Claimant: [redacted]

Dear [redacted]

This letter is in regard to your pending Personal Injury Protection (PIP) claim, relative to the above-referenced matter.

I have recently been assigned to handle your PIP claim. Upon receipt of this letter, please contact me so we may discuss the claims process, your current injury/treatment status, and answer any questions you may have. If we have already spoken, please disregard this letter.

During the claims process, I will be following up with you every 4-6 weeks to check on your progress. Should you have any questions before then, please feel free to contact me. I can be reached at 1-800-221-1605, ext. 15130. My office hours are 7:30-4:45 Monday, Tuesday, Thursday and Friday; Wednesday 7:30-12:15pm. If I am not available, you may leave me a message or you may choose to speak with one of my team members who would be able to assist you as well.

Should you have any forms, bills, or receipts you would like to fax versus mail, you may do so. My direct fax line is 1-508-671-3130. I look forward to assisting you with your claim.

Sincerely,

THE COMMERCE INSURANCE COMPANY

Christine Loper
Claim Rep Senior, Casualty

TAB 5

Carol G. Taylor, Ed.D.
Licensed Psychologist

One Salem Green
Suite 555
Salem, Ma. 01970
(978) 744-8442

10/10/11

To Whom It May Concern:

As the clinical psychologist who treats [redacted], I have been asked to explain my current diagnosis of Post Traumatic Stress Disorder (309.81, Chronic) [redacted] first began treatment with me in 2010 to address how to manage certain identifiable stressors in her life that were causing her to have periodic mild to moderate anxiety and depression (309.28, Adjustment Disorder with mixed anxiety and depressed mood). She used these sessions very productively to enhance her coping skills and to strategize and implement changes that led to improved self-esteem and self-efficacy. She ended therapy 11/30/10 because her anxiety and depressive feelings were minimal and manageable.

In early May 2011, [redacted] alled me in a very distressed voice asking if she could see me as soon as possible. When I met with her on May 18th 2011 she presented in a very agitated state with pressured speech and then described a terribly frightening auto accident that had occurred April 30th 2011 in a mall parking lot. As she described the accident she became even more distraught, her voice higher pitched and, at times, tearful. Her posture alternated between increased restriction and gesturing with her hands, followed by wringing her hands. She reported being thrown side-to-side, thus being unable to get her foot to the brake pedal. She also reported feeling terrified that she would kill her life-long friend who was her passenger.

[redacted] presentation on May 18th 2011 was in stark contrast to her presentation during her first course of treatment with me in 2010. Throughout her 2010 sessions, [redacted] had presented as physically composed, speech fluid and unpressured, demonstrating insight, humor and hopefulness. Since May 2011, she has evidenced clear indicators of Post Traumatic Stress Disorder.

1) The experience of a severe traumatic stressor that left her fearing she could have died or been left with a severe injury.
2) On-going feelings of helplessness and intense fear
3) Frequent intrusive recollections of the accident that has caused intense distress
4) Avoidance of the mall where the accident happened
5) Persistent feelings of increased arousal causing difficulty with concentration and sleeping

If you have any further questions please feel free to contact me at (978) 744-8442.

Sincerely,

Carol G Taylor

Carol G Taylor, EdD.
Lic. Psychologist

TAB 6

10/2/09 Battery

Sears Auto Center

6283 - Sears, Roebuck and Co. Rts 114 & 128 N.S. MALL
Peabody, MA 01960 (978) 977-7595

NAME: [redacted]	YEAR/MAKE/MODEL: 2004 TOYOTA CAMRY V6-2995 3.0L DOHC	TAG #	INITIAL ESTIMATE	REVISED ESTIMATE	PHONE AUTHORIZATION	REF. NUM. IN4814853 LPPO#: 814853
ADD: [redacted] SALEM, MA [redacted]	LICENSE #: [redacted] COLOR: BROWN		PARTS $110.61		APPROVED BY:	CREATED BY: 510529
HOME: [redacted] CELL:	V.I.N. LOCATION: SHOP		LABOR $12.99			
TIRE INSTALLATION INSTRUCTIONS	ODOMETER IN: 51823 ODOMETER OUT		OTHER $0.00		CONTACTED BY:	INVOICED BY: 510529
	TIME IN: 10/02/2009 04:57 PM TIME OUT		TAX $6.87			
	PROMISED TIME: 10/02/2009 05:30 PM WAITING		TOTAL $130.47			
			DATE/TIME OF ESTIMATE: 10/02/2009 04:54 PM	DATE/TIME REVISED	NUMBER CALLED:	EPA NUMBER: MAD123211245
					DATE / TIME CALLED:	REPAIR NUMBER 762 462

LF RF SP LR RR

AIR PRESSURE FRONT / REAR
29/29 - ALL O.E. APPLICATIONS

WHL. TORQUE SPECIFICATION
GRN/76 - ALL O.E. APPLICATIONS

See reverse for important warranty terms and other information.

BY SIGNING BELOW I AGREE TO CHARGE THE INVOICE PRICE TO TH CARD LISTED AND BE BOUND BY THE TERMS OF THE CARDHOLDER VISA ACCOUNT AGREEMENT INCORPORATED BY REFERENCE

COMMENTS/REQUESTS OR ALTERNATE CONTACTS:
BAD BAT.

WORK AUTHORIZED BY / CREDIT APPROVED BY:
X

QTY		ITEM #	DESCRIPTION OF MERCHANDISE	PRICE EACH	TOTAL	TECH	CSA
1	PS	22833023	DIEHARD, GOLD GRP 24F	$109.99	$109.99 T		510529
1	AC	082027	CORE VALUE TAX	$0.62	$0.62		510529
1	LB	19021010	DIEHARD, SERVICE BATTERY	$12.99	$12.99		510529

SEARS VALUES YOUR FEEDBACK!
Tell us about your experience and you could win a $4,000 Sears gift card.
Please visit our website within 7 days of the date of purchase:
WWW.SEARSFEEDBACK.COM
To complete the survey you will need the 12 digit salescheck number on your receipt.
Por favor tómate el tiempo para proporcionarnos tu información y participa en un sorteo con la oportunidad de ganar $4,000. Visita la página de internet.
No purchase necessary. Void where prohibited. Entries must be entered within 7 days of date of purchase. Entrants must be 18 or older to enter. See complete rules on website.

RETAIN FOR COMPARISON WITH MONTHLY STATEMENT OR FOR RETURN OR EXCHANGE

Parts Subtotal:		$110.61
Labor Subtotal:		$12.99
Reductions Subtotal:		$0.00
Subtotal:		$123.60
Tax:	6.250%	$6.87
Total:		$130.47
RC: 2647-0148-1526-3197		
Credit Tendered:		$130.47
CARD TYPE :		VISA
ACCT #:		MXXXXXXXXXXX[redacted]
AUTH CODE:		01548A
VISA TOTAL:		$130.47

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF $130.47

SALESCHECK # 062830489093

ITEM / WARRANTY INFORMATION / LABOR DETAILS / COMMENTS

ALL NEW, NON-OEM PARTS UNLESS OTHERWISE SPECIFIED

Factory TPMS Available. Verify TPMS.
WARRANTY:
22833023 : 36 Months Full Replacement Warranty - 64 Months Prorated Warranty - 100 Month Total Warranty

ITEM COMMENTS:
19021010: STARTING AND CHARGING SERVICE: ADJUST BELTS IF REQUIRED, STARTING & CHARGING SYSTEMS TEST, CORROSION PROTECTION, CLEAN CABLE ENDS, TRAY IF REQUIRED. INCLUDES R&R OF BATTERY IF NEEDED.

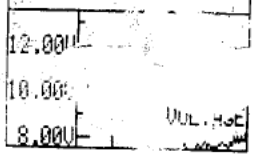
ALL LUG NUTS ON CUSTOM AND ALLOY WHEELS MUST BE RE-TORQUED AFTER 25 MILES AND CHECKED PERIODICALLY

508 527 2034

STARTER TEST

RESULTS
JUMP STARTED

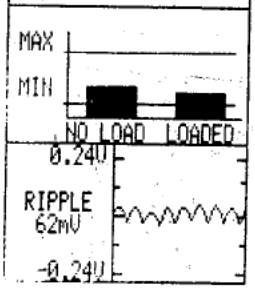
VOLTAGE: 8.60V
AMPS: 0.1A
TIME: 1.18S



CHARGING SYSTEM TEST

RESULTS
NO PROBLEMS

NO LOAD	LOADED
13.73V	13.45V
74.8A	67.6A

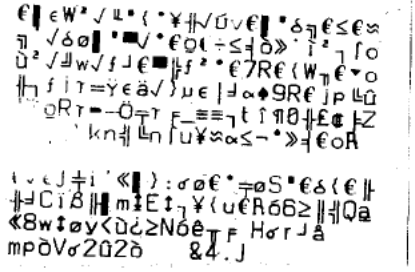


DRAIN TEST

RESULTS
0.30A
PASS

Test Code
EQ6KRSG6LO

192-279F



Club Assist

Mobile Battery Service Computer

Test Report

AAA BATTERY SERVICE

FOR REPLACEMENT CALL
1-800-AAA-HELP

USER:RYAN
CALL ID:2573
CALL CENTER:201

10/21/2009
12:59 PM

BATTERY TEST

RESULTS
BAD CELL-REPLACE

VOLTAGE:	10.95V
MEASURED:	---- CCA
RATED:	600 CCA
TEMPERATURE:	94°F
TC:	EQ6KRSG6L02J

****
* BAD CELL *
*
****

Battery replacement is highly recommended.

Install a Good Battery before testing the starting and charging system

Price Service Selection

Call Ira Me!

1-866-CALL IRA

Make your appointment online at iracars.com

TAB 7

Quality Vehicle Inspection

Customer Name: [redacted] Year/Model: 04 [illegible] Date: 10/28/09

Mileage: 5029 VIN: 4T1BF30K64U[redacted]873998

Assistant Service Manager: [illegible] Technician: _____

CHECKED AND OKAY	MAY NEED FUTURE ATTENTION	REQUIRES IMMEDIATE ATTENTION	INTERIOR/EXTERIOR
✓			Head Lights / Tail Lights / Turn Signals / Brake Lights / Hazard Warning Lights / Exterior Lamps
✓			Windshield Washer Spray / Wiper Operation / Wiper Blades Wiper Arms / Including Rear (if appliable)
✓			Windshield Condition (Inspect for Cracks, Chips, or Pitting)
✓			Upholstery / Carpet / Floor Mats / Mirrors / Glass
✓			Emergency Brake Adjustment
✓			Horn Operation
✓			Fuel Tank Cap Gasket
✓			Air Conditioning Filter (if equipped)
✓			Clutch Operation (if equipped)
			UNDER VEHICLE
✓			Shock Absorbers / Suspension
✓			Steering Gear Box / Linkage and Boots / Ball Joints / Dust Covers
✓			Muffler / Exhaust Pipes / Mountings
✓			Engine Oil and/or Fluid Leaks
✓			Brake Lines / Hoses / Parking Brake Cable
✓			Drive Shaft Boots / Constant Velocity Boots / U-joints / Transmission Linkage (if equipped)
✓			Transmission / Differential / Transfer Case (Check Fluid Level, Fluid Condition and Fluid Leaks)
✓			Fuel Lines and Connections / Fuel Tank Band / Fuel Tank Vapor Vent System Hoses
✓			Inspect Nuts and Bolts on Body Chassis
			UNDER HOOD
✓			Fluid Levels: Oil / Coolant / Battery / Power Steering / Brake Fluid / Washer / Automatic Transmission
✓			Engine Air Filter
✓			Drive Belts (condition and adjustment)
✓			Engine Coolant Protection _____
✓			Cooling System Hoses / Heater Hoses / Air Conditioning Hoses and Connections
✓			Radiator Core / Air Conditioning Condenser (if equipped)

CHECKED AND OKAY	MAY NEED FUTURE ATTENTION	REQUIRES IMMEDIATE ATTENTION	BATTERY PERFORMANCE
✓			Battery Terminals / Cables / Mountings
✓			Check Condition of Battery (Storage Capacity Test)

☑ Pass ☐ Recharge Retest ☐ Fail

BRAKE AND TIRE

	Left Front	Right Front	Left Rear	Right Rear
Brake Lining	10 mm	10 mm	6 mm	6 mm
Tire Tread	11 32nds	11 32nds	11 32nds	11 32nds
Wear Pattern				
Tire Pressure	35 psi	35 psi	35 psi	35 psi

Inspect Brake Lining — Inspect Tire Wear

☐ Brake Inspection Not Performed This Visit

COMMENTS

TOYOTA the right people, parts & service

CUSTOMER #: 7446925

873898

INVOICE

PAGE 1

Ira Toyota Scion
161 Andover St. * Rt. 114
Danvers, MA 01923
978-739-8333 * 800-230-0982
www.iramotorgroup.com

[redacted]
SALEM, MA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL: [redacted]

SERVICE ADVISOR: 6211 JAMES KENNEDY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
TAN	04	TOYOTA CAMRY	4T1BF30K64U[redacted]	[redacted]	52219/52219	T602

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
IS DD			17:00 23OCT09		VARIES	CASH	26OCT09

OPTIONS: DLR:20127 ENG:1MZ-FE

07:03 23OCT09 08:18 26OCT09

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	PERFORM 27 POINT COURTESY INSPECTION, INSPECTION FORM IS ATTACHED PLEASE SEE YOUR ADVISOR IF YOU HAVE ANY QUESTIONS.							
	CI	PERFORM 27 POINT COURTESY INSPECTION, INSPECTION FORM IS ATTACHED PLEASE SEE YOUR ADVISOR IF YOU HAVE ANY QUESTIONS.						
		8785 BOEY,PETER LIC#: / CT				0.00	0.00	

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

52219 F/BR 10MM REAR 6MM -F/TIRES 1132NDS REAR 1132NDS

****

B C/S: C/S VEH WILL ONLY START WITH A JUMP/ BRAND NEW BATT ERY/ JUST HAD BATTERY CHECKED AND BATT IS FINE

CAUSE: CHECKED CHARGING SYSTEM AND LOAD TEST BATTERY,

OTHDIAG C/S: C/S VEH WILL ONLY START WITH A JUMP/ BRAND NEW BATT ERY/ JUST HAD BATTERY CHECKED AND BATT IS FINE

8785 BOEY,PETER LIC#: / ISP (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

52219 CHECKED CHARGING SYSTEM AND LOAD TEST BATTERY, 1.00 CHECKED CHARGING SYSTEM, LOAD TEST BATTERY, CHECKED FOR DRAW IN SYSTEM. ALL ARE CHECKED FINE, LEAVE IT OVER NIGHT AND RECHECK IT IN THE MORNING RE-CHECK SAT,SUN AND MONDAY MORNING COULD NOT DUPLICATE

****

EST: 110.00 23OCT09 07:03 SA: 6211

ALL PARTS INSTALLED ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

In addition to the charges for parts, labor, tax, etc., Ira Toyota Scion also charges a "shop charge" as part of the repair bill. This "shop charge" is to help defray the costs of certain materials that cannot be accurately itemized, but which are generally used in the repair and service of vehicles. These items include, but are not limited to, rags, bolts, screws, hand cleaner, small amounts of lubricant, etc. This charge is calculated as a percentage of the total labor charge.

x_____

Replacement parts and tires are warranted for defects in material or workmanship by the manufacturer. Please present your receipt and the vehicle to our Service Department during normal business hours.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
SHOP CHARGE	
TOTAL CHARGES	
DISCOUNTS/DEDUCTIBLES	
SALES TAX	
PLEASE PAY THIS AMOUNT	

CUSTOMER COPY

CUSTOMER #: 7446925

873898

INVOICE

PAGE 2

Ira Toyota Scion
161 Andover St. * Rt. 114
Danvers, MA 01923
978-739-8333 * 800-230-0982
www.iramotorgroup.com

[redacted]
SALEM, MA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL:

SERVICE ADVISOR: 6211 JAMES KENNEDY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
TAN	04	TOYOTA CAMRY	4T1BF30K64U[redacted]	[redacted]	52219/52219	T602

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
IS DD.			17:00 23OCT09		VARIES	CASH	26OCT09

07:03 23OCT09	08:18 26OCT09

OPTIONS: DLR:20127 ENG:1MZ-FE

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

CREATED 2009-10-21 05:25:00PM
TAKEN BY JENNIFER FORTIN

* THANK YOU FOR CHOOSING IRA TOYOTA DANVERS *
TO SERVICE YOUR VEHICLE
IF YOU ARE NOT 100% SATISFIED
*** PLEASE CONTACT ***
CHARLIE ALICARDI, SERVICE DIRECTOR
978-739-8391 calicardi@iramotorgroup.com
OR LORRAINE OBRIEN 978-739-3770

TOYOTA

SCION

ALL PARTS INSTALLED ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

In addition to the charges for parts, labor, tax, etc., Ira Toyota Scion also charges a "shop charge" as part of the repair bill. This "shop charge" is to help defray the costs of certain materials that cannot be accurately itemized, but which are generally used in the repair and service of vehicles. These items include, but are not limited to, rags, bolts, screws, hand cleaner, small amounts of lubricant, etc. This charge is calculated as a percentage of the total labor charge.

x_____

Replacement parts and tires are warranted for defects in material or workmanship by the manufacturer. Please present your receipt and the vehicle to our Service Department during normal business hours.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
SHOP CHARGE	0.00
TOTAL CHARGES	0.00
DISCOUNTS/DEDUCTIBLES	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY

TAB 8

EDS SERVICE INC AUTO SERVICE CENTER

[redacted]
SALEM MA [redacted]
[redacted]

23 OAK STREET
PEABODY, MA 01960
(978)531-9875

Year Make. 2004 Toyota Camry XLE
Engine V6 3.0L VIN:- GAS
License [redacted]
MLG in/out 58059 / 58059
Vin
60 K CK UP

Date 07/01/10 Schedule 07/01/10 **INVOICE : 67677** 02:03PM Page 1

REMARKS AND LABOR DESCRIPTIONS	HRS	PRICE	PARTS & LUBRICANTS	QTY	PRICE	TOTAL
lubricate and top off all fluids			Motor Oil By Quart	4.50	2.53	11.38
set tire pressure ck. hoses and belts			OIL FILTER	1.00	10.67	10.67
ck. battery and charging system		10.45	AIR FILTER (H)(N)	1.00	22.66	22.66
REMOVE AND REPLACE REAR PADS AND ROTORS		95.00	CABIN FILTER (H)(N)	1.00	20.60	20.60
REPLACE CABIN FILTER AIR FILTER			TRANI FLUID SYNTHETIC TOY 4(N)	4.00	7.30	29.20
DRAIN AND REFILL TRANI CK ALL OVER		47.50	REAR BRAKE PADS (Z)(N)	1.00	66.00	66.00
			REAR BRAKE ROTORS (Z)(N)	2.00	41.00	82.00
			INSPECTION STICKER	1.00	29.00	29.00

Paid Card

DATE	TIME	PHONE	APPROVED	AMOUNT

I acknowledge notice and oral approval of an increase in the original estimated price

All Parts Are New Unless Shown As (U) Used or (R) Rebuilt

Labor	152.95
Sublet	0.00

This charge represents costs and profits to themotor vehicle repair facility for miscellaneousshop supplies or waste disposal.

Parts & Lubricants	271.52
HAZ. DISPOSAL	2.00
SHOP SUPPLY	1.53
Gasoline	0.00
Sub Total	428.00
Sales Tax	15.25
Deposit	0.00
Disc. Applied	0.00
TOTAL	**443.25**
BALANCE DUE	**0.00**

CARD / CARD

X .....

ACCEPTANCE SIGNATURE

I accept the charges and terms of this agreement.

WE THANK YOU FOR PAST AND FUTURE BUSINESS ALL REPAIRES USING NEW PARTS WARRANTEED FOR 12 MONTHS OR 12K MILES

I authorize the above repairs and necessary materials. Your employees may operate vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or items left in it. I agree to pay reasonable storage on vehicle left more that 3 working days after notification that job is completed. Labor is guaranteed 90 days or 4000 miles whichever occurs first. All other guarantees are made by the manufacturer. Warrantee work based on this bill must be performed at this shop. All parts are new unless specified as (U) used or (R) rebuilt. REMOVED PARTS WILL BE DISPOSED OF UNLESS I INITIAL HERE_____.

2004 Toyota Camry V6-3.0L (1MZ-FE)

60000 MI or 96000 KM

Inspect

Ball Joint
Ball joints and dust boots.

Brake Hose/Line

Brakes and Traction Control
Visually inspect brake linings/drums and brake pads/discs.

Constant Velocity Joint Boot

Coolant

Drive Belt

Exhaust System

Fluid - Differential (Except models with integrated manual transmission)

Fuel Delivery and Air Induction
Fuel lines and connections, fuel tank band and fuel tank vapor vent system hoses. Fuel tank cap gasket.

Radiator
Also inspect condensor.

Steering Gear

Steering and Suspension
Steering linkage and boots.

Valve Clearance

Replace

Air Filter Element

Cabin Air Filter (if equipped)

Engine Oil

Fluid - A/T

Fluid - Differential (Models with integrated manual transmission)

Fluid - M/T

Oil Filter, Engine

Rotate
Tires

Tighten/Torque
Body and Frame
Tighten nuts and bolts on chassis

MASSACHUSETTS
VEHICLE CHECK
Cleaner Air • Safer Roads

113017196

Vehicle Inspection Report

Please Review This Important Information

Congratulations. Your vehicle has **PASSED** both its **SAFETY TEST** and its **EMISSIONS TEST**. The results are summarized in this report.

Questions? Visit **www.mass.gov/vehiclecheck** or call the **Motorist Hotline** at **1-866-941-6277**. The Hotline is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

Overall Result:	Pass
Safety Result	Pass
Emissions Result	Pass
Test Date	7/1/2010
Test Time	1:46:07PM
Test Type	Regular
Sticker Number	113017196
Inspection Type	Initial
Inspection Count	1

Vehicle Information	
VIN	4T1BF30K64U[redacted]
License Plate	[redacted]
Plate Type/State	PAN / MA
Vehicle Type	Passenger
Year / Make	2004 TOYOTA
Model	CAMRY
Fuel Type	Gasoline
Engine Cyl/Size	6/ 3.0
GVWR	8500
Odometer	58059

Station Information	
Name:	ED'S SERVICE INC
Address:	23 OAK ST
	PEABODY, MA 01960
	978-531-9875
Station Number	PB004597
Workstation Number	ST000966
Inspector Number	*****7276
Test Fee	$29.00

Safety Inspection Results

Visual VIN Check	Pass	Visual Plate Check	Pass	Service Brakes	Pass
Horn Check	Pass	Stop and Tail Lights Check	Pass	Headlamp Check	Pass
Lighting/Reflector Check	Pass	Directional Lights Check	Pass	Frontend Check	Pass
Suspension Check	Pass	Frame Check	Pass	Wipers and Cleaner Check	Pass
Safety Belts Check	Pass	Air Bags Check	Pass	Exhaust Check	Pass
Window Tint Check	Pass	Windshield Check	Pass	Rear View Mirror Check	Pass
Bumpers/Fenders Check	Pass	Fuel Tank Fill Cap Check	Pass	Fuel Tank Fill Neck Check	Pass
Visible Smoke Check	Pass	Vehicle Height Check	Pass	Tires Check	Pass
Parking Brake Check	Pass	Other	Pass		

Safety Inspection Comments

On-Board Diagnostic (OBD) Test Results

OBD Tampering Check	Pass	OBD Connector Result	Pass	OBD MIL Status Result	Pass
OBD Key-On Bulb Check	N/A	OBD Communication Result	Pass	OBD Readiness Monitor Result	Pass
OBD Engine-Running Bulb Check	N/A	OBD RPM Check	Pass	OBD Test QA Check	
OBD Scan Tool Check Result	N/A				
Pin 16 Volts Check	13.5				

On-Board Diagnostic (OBD) Monitor Results

Catalyst Monitor	Ready
Catalyst Heater Monitor	Not Supported
Evaporative System Monitor	Ready
Secondary Air System Monitor	Not Supported
A/C System Monitor	Not Supported
O2 Sensor Monitor	Ready
O2 Sensor Heater Monitor	Not Supported
Exhaust Gas Recirculation (EGR) Monitor	Not Supported

[redacted]

OCT 3 1 2011

DOCUMENTS ENCLOSED PERTAINING TO TOYOTA ACCIDENT OF [redacted] APRIL 30, 2011.

TAB A---REPORT NHTS

TAB ONE---STATEMENT BY [redacted]

TAB TWO---POLICE REPORTS GIVEN BY [redacted] AND POLICE REPORTS OF CARS HIT IN ACCIDENT

TAB THREE-LETTER FROM INSURANCE COMPANY WITH ATTACHED PICTURESS OF CRASH

TAB FOUR—CORRESPONDENCE FROM COMMERCE INSURANCE RELATIVE TO CASE

TAB FIVE--- NOTE FROM [redacted] AND DOCTOR REPORTS FROM PRIMARY CARE PHYSICIAN DR. FEN GE, DR. CAROL TAYLOR, DR. TODD BUCKLEY

TAB SIX-----REPLACED BATTERY DUE TO CAR STALLING

TAB SEVEN—CAR TO DIFFERENT DEALER TO CHECK WHY HORN CONTINUOUSLY BEEPS AT ANY GIVEN TIME INCLUDING NIGHTS

TAB EIGHT---CAR SERVICED FOR 6000 MILE CHECK UP

NHTS - CONFIRMATION #
10425379

TOYOTA MANUFACTURER
Reference # 1109141198

TAB THREE (3)
W/Anotas

Salem MA [redacted]

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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OFFICE OF INVESTIGATION NVS-210
1200 NEW JERSEY AVENUE SE-WEST BLDG.
WASHINGTON, DC 20590

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.