



U.S. Department of Transportation
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
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
APR 18 2012
27-MAR-2012
APR 18 2012

Repository
Reference No.
10453247

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LAS VEGAS State NV Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JTDMN3DU3B0 [REDACTED]
Make TOYOTA Model PRIUS Model Year 2011
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type Antilock Brakes Cruise Control Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 20-MAR-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS Failure Mileage 8000 Failure Speed 8

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured 1 Number of Deaths [REDACTED] Reported to Police N

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 OWNED A 2011 TOYOTA PRIUS. THE CONTACT WAS DRIVING 8 MPH WHEN ANOTHER VEHICLE CRASHED INTO THE CONTACT'S VEHICLE ON THE PASSENGER SIDE DOOR. THE DRIVER'S SIDE SAFETY BELT FAILED TO RETAIN THE DRIVER, CAUSING INJURIES TO THE BACK AND NECK. THE POLICE WERE NOTIFIED AND A REPORT WAS ON FILE. THE VEHICLE WAS DESTROYED. THE VEHICLE WAS TAKEN TO A LOCAL REPAIR SHOP. THE MANUFACTURER WAS NOTIFIED. THE FAILURE AND CURRENT MILEAGES WERE 8,000.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

CL-10453247

from: [REDACTED]

Las Vegas, NV [REDACTED]

Phone: [REDACTED]

E-mail: [REDACTED]

APR 18 2012

Dated: April 12, 2011

Attn: Mr. Randy Reid - Chief
Correspondence Research Division
Office of Defects Investigation Enforcement
National Highway Traffic Safety Administration (NHTSA)
1200 New Jersey Ave. SE
Washington, DC 20590
Phone: 1-888-327-4236

Re: Your Reference # 10453247

Seat belt failed/Driver airbag failed/knee airbag failed & side airbag failed due to a severe impact from my auto accident on March 20, 2012 in Las Vegas, NV. My car 2011 Toyota Prius was declared "Total Loss"---this Toyota VIN #JTDKN3DU3BO [REDACTED] was a leased car from Toyota Financial Services, P.O. Box 4102, Carol Stream, IL. 60197-4102; Phone: 800-874-8822; their acc. # 03 0682 BK816

Dear Mr. Randy Reid

Per your recent request (under NVS-216rr), attached please find additional accident-related information & documents relative to subject matters mentioned as above. Also, Toyota Pruis's central console shift lever assembly (whole) was ripped off from the floor from the impact of the accident.

Please find supported documents included herein:

- 1) (3) photos of my 2011 Toyota Prius
- 2) Two-page letter from Toyota Motor Sales, USA, Denver Region, 9676 Maroon Cr., Englewood, CO. 80112; Attn: Mr. Ryan Eldund, Field Technical Specialist, His Phone: 702-427-4412. Mr. Eldund was assigned by Toyota to investigate the 2011 Toyota Prius safety failures (mentioned as above).
- 3) After my auto accident, I reported Toyota Experience Customer Center, Phone: 800-331-4331 about failures on 03/07/2012. They assigned me a complaint case # 1203260644.
- 4) A complete sketch of my auto accident occurred on March 20, 2012 at a 4-way stop intersection of Harmon Ave and Spencer Street, Las Vegas, NV. Attached please find a copy of police report from Las Vegas Metro Police Dept (LVMPD) per their accident #LVPMO -120320-2717
- 5) My auto insurance "Liberty Mutual Ins. Co.", 1 Liberty Sq., Mishawaka, IN. 46544; Phone: 800-225-8285 (customer service); my auto policy # [REDACTED] Auto Accident claim confirmation # [REDACTED] from Liberty Mutual; Claim Dept. Phone: 800-637-0757 or 800-565-5505
- 6) After the auto accident, Liberty Mutual had my car towed to Fletcher Hones Collision Center, 3131 E. Fremont St, Las Vegas, NV. 89104; Phone: 702-641-4190, Attn: Mr. John Interrante—estimator

7) Liberty Mutual declared my 2011 Toyota Pruis as a total loss. They arranged to tow my car to their preferred salvage service co. Please call Liberty Mutual's claim dept. for the location of this salvage co. by calling 800-637-0757 mentioning their claim confirmation # [REDACTED]

8) Due to this auto accident, I have been severely hurt my neck, back and suffered mental shock and trauma. I am currently going thru physical therapy and under medical doctor's care.

9) The above auto accident is now legally handled by Arin & Associates Attorneys at Law, 7201 W. Lake Mead Blvd, Ste 208, Las Vegas, NV 89128; Phone: 702-838-8600; Attn: Mr. Mathew Hoffmann, Esq.

I hope I have met your requirement for the additional related information you had requested for. Please feel free to ask me if you need any further information. Thank you, I remain

Yours truly

[REDACTED]

Copy of the above sent to:

Attorney Mathew Hoffmann, Esq.
Arin & Associates Attorneys at Law
7201 W. Lake Mead Blvd, Ste 208
Las Vegas, NV 89128
Phone: 702-838-8600

FAX 2 COPIES

Attn: Ryan Eklund
Toyota



TOYOTA

Seat Belt inquiry

TELECOPIER COVER SHEET

From

[Redacted]

Ph: [Redacted]

TOYOTA MOTOR SALES, U.S.A., INC.
DENVER REGION
9676 Maroon Cr.
Englewood, CO 80112

TO: [Redacted]	FROM: Ryan Eklund Field Technical Specialist
TELE: [Redacted]	TELE: 702-427-4412
FAX: [Redacted]	FAX: 310-974-5247
DATE: 4-3-2012	TIME:
MESSAGE:	
<p>PLEASE FILL OUT THE FORM AND FAX IT BACK TO ME @ 310-974-5247 OR SCAN & EMAIL IT TO:</p> <p>RYAN_EKLUND@TOYOTA.COM</p> <p>FAX: 702-547-0154</p> <p>THANK YOU! <i>[Signature]</i></p>	

- Call Me
- FYI
- For Your Approval
- Urgent
- By Your Request
- Per Our Conversation
- Did You Know?
- Make a Note
- Comments Requested

NUMBER OF PAGES INCLUDING THIS COVER PAGE: 2



Toyota Motor Sales, U.S.A., Inc.
18001 S. Western Avenue
Torrance, CA 90501

TOYOTA EDR DATA IMAGING AUTHORIZATION AND CONSENT

I am the owner/lessor/lessee or the authorized representative of the owner/lessor/lessee of a 2011 Model Year Toyota / Lexus / Scion PRIUS VIN JTDK4N304380 (the "Subject Vehicle").

I consent and authorize representatives of Toyota Motor Sales, U.S.A., Inc. or other persons designated by Toyota, to image data from the Subject Vehicle's Event Data Recorder (EDR) and/or any other computer memory contained within the Subject Vehicle. This information or data will be used for improving motor vehicle safety through crash investigation and analysis.

In doing so, I acknowledge and agree voluntarily to waive any privacy rights to the information or data imaged from the subject vehicle's EDR or other computer memory

[Redacted]

Name (please print)

Lessee

Status (i.e., owner, lessor, lessee, representative, attorney, etc.)

[Redacted]

Signed:

Dated: 04/03/2012

(Additional owners/lessees. Required in Arkansas and Oregon.)

None

Signed

Print Name

Date

Toyota Representative and Date

Event Number: 120320-2717		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>			Accident Number: LVMPD-120320-2717	
Code Revision:					<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal	
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Emergency Use <input type="checkbox"/> Office Report	<input type="checkbox"/> Preliminary Report <input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Resubmission <input type="checkbox"/> Supplement Report	<input type="checkbox"/> Hit and Run <input type="checkbox"/> Private Property	Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
Collision Date 3/20/2012	Time 14:11	Day TUESDAY	Beat / Sector N2	<input checked="" type="checkbox"/> County CLARK	<input type="checkbox"/> City	
Mile Marker	# Vehicles 3	# Non Motorists 0	# Occupants 5	# Fatalities 0	# Injured 2	# Restrained 3
Occurred On: (Highway # or Street Name)				Surface		Intersection
<input type="checkbox"/> 1) Parking Lot HARMON AVE				<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Four Way <input type="checkbox"/> > Four Way <input type="checkbox"/> I <input type="checkbox"/> Y <input type="checkbox"/> Roundabout <input type="checkbox"/> Other
<input checked="" type="checkbox"/> At Intersection With:				Of (Cross Street)		Paddle Markers
<input type="checkbox"/> Or <input type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> Approximate				N/A SPENCER ST		<input checked="" type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Partial
Roadway Character	Roadway Conditions	Total Thru Lanes	Average Roadway Widths		Roadway Grade	
<input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input checked="" type="checkbox"/> Straight & Level <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Slush <input type="checkbox"/> Icy <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Moving Water <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> Other	Main Road <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input checked="" type="checkbox"/> > 5 Total All Lanes: 11	Travel Lane 17 Ft Storage / Turn Lane 0 Ft Median 0 Ft Paved Shoulder Inside 0 Outside 0	<input type="checkbox"/> Not Determined <input checked="" type="checkbox"/> Relatively Level Roadway <input type="checkbox"/> Up Slope (+) <input type="checkbox"/> Down Slope (-)		Relative To Grade %
Pavement Markings and Type			Highway Description		Weather Conditions	
Centerline, Broken Yellow No Passing, Either Direction <input type="checkbox"/> None Centerline, Solid Yellow Turn Arrow Symbols <input type="checkbox"/> Unknown 4 Centerline, Double Yellow Center Turn Lane Line 4 Lane Line, Broken White Edge Line, Left, Yellow Lane Line, Solid White Edge Line, Right, White Other			<input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Div., Unpro, Median <input type="checkbox"/> Two-Way, Div., Median Barrier <input type="checkbox"/> One-Way, Not Div. <input type="checkbox"/> Unknown <input type="checkbox"/> Off Road		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Cloudy <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Rain <input type="checkbox"/> Unknown <input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> Other	
Light Conditions		Vehicle Collision Type		Location of First Event		
<input type="checkbox"/> Dusk <input type="checkbox"/> Dark - No Roadway Lighting <input type="checkbox"/> Dawn <input type="checkbox"/> Dark - Spot Roadway Lighting <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark - Continuous Roadway Lighting <input type="checkbox"/> Unknown <input type="checkbox"/> Dark - Unknown Roadway Lighting <input type="checkbox"/> Other		<input type="checkbox"/> Head On <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe - Meeting <input type="checkbox"/> Backing <input type="checkbox"/> Sideswipe - Overtaking <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Non - Collision <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Travel Lane <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Ramp <input type="checkbox"/> Turn Lane <input type="checkbox"/> Intersection <input type="checkbox"/> Unknown <input type="checkbox"/> Gore <input type="checkbox"/> Private Property <input type="checkbox"/> Median <input type="checkbox"/> Roadside <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Other		
Highway / Environment Factors		Record is Required by Law. Secondary Property Damage to Other than Vehicle Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability. <input type="checkbox"/> 1) Owner Notified This Information Released To: By: <u>A. B. G. M.</u> Date: <u>3/30/12</u> Las Vegas Metro Police Dept.				
<input checked="" type="checkbox"/> None <input type="checkbox"/> Shoulders <input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Weather <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Active Work Zone <input type="checkbox"/> Debris <input type="checkbox"/> Worn Traffic Surface <input type="checkbox"/> Inactive Work Zone <input type="checkbox"/> Glare <input type="checkbox"/> Wet, Icy, Snow, Slush <input type="checkbox"/> Animal In Roadway <input type="checkbox"/> Other Highway <input type="checkbox"/> Unknown <input type="checkbox"/> Other Environmental						
First Harmful Event						
Code #:	Description: 214 MOTOR VEHICLE IN TRANSPORT					
Description of Accident / Narrative						
V3 WAS STOPPED HEADING WEST ON HARMON IN THE RIGHT TRAVEL LANE OF TWO TRAVEL LANES AT THE INTERSECTION OF SPENCER WITH A POSTED STOP SIGN. V2 WAS TRAVELING EAST ON HARMON IN THE RIGHT TRAVEL LANE OF TWO TRAVEL LANES ENTERING THE INTERSECTION OF SPENCER FROM A POSTED STOP SIGN. V1 WAS TRAVELING NORTH ON SPENCER IN A SINGLE TRAVEL LANE ENTERING THE INTERSECTION OF HARMON ON A POSTED STOP SIGN. D1 SAID " MY FOOT SLIPPED OFF THE BRAKE AND I HIT THE ACCELERATOR," AND, " YES, I DID NOT STOP FOR THE						
Investigation Complete	Photos Taken	Scene Diagram	Statements#	Date Notified	Time Notified	Arrival Date
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3/20/2012	14:17	3/20/2012
Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page	
6710 J. BENDEL	6710	3/20/2012	2814 HAROLD DAVIS	3/21/2012	1 of 9	

Event Number:

120320-2717

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET

Revised 5/21/03

Accident Number:
LVMPD-120320-2717

Agency Name:
2 - LAS VEGAS METROPOLITAN POLICE
DEPARTMENT

Description of Accident / Narrative Continuation

POSTED STOP SIGN. " " BECAUSE OF THE RED S-10 THAT WAS PASSING ME." V1 FRONT STRUCK V2 RIGHT SIDE, CAUSING V1 TO ROTATE CLOCKWISE WITH A SECONDARY COLLISION WITH V1 LEFT SIDE TO V2 RIGHT SIDE, CAUSING MAJOR DAMAGE TO BOTH VEHICLES. V1 CONTINUED TRAVELING NORTH AND SIDEWAYS FOR 30 FEET, COMING TO REST HEADING SOUTH IN THE CROSSWALK ON THE EAST SIDE OF THE INTERSECTION. V2 WAS RE-DIRECTED IN ITS ORIGINAL TRAVEL PATH, NORTH WITH A COLLAPSED RIGHT FRONT WHEEL, TRAVELING 49 FEET AND STRUCK V3 LEFT FRONT WITH V2 FRONT. V2 CONTINUED TRAVELING NORTH FOR 18 MORE FEET WITH A TOTAL OF 67 FEET AFTER INITIAL CONTACT WITH V1. V3 FRONT WAS PUSHED NORTH FOR 24 FEET WHILE ROTATING CLOCKWISE AND STRUCK THE NORTHEAST CURB V3 CAME TO REST ON THE NORTH EAST CORNER SIDEWALK. D2 WAS TRANSPORTED TO SUNRISE HOSPITAL FOR NECK AND CHEST INJURIES. V1 DRIVER'S SEATBELT WAS LOCKED IN THE UPRIGHT POSITION, INDICATING IT WAS NOT BEING USED PRIOR TO THE COLLISION. V1 PASSENGER SEATBELT WAS LOCKED OUT, INDICATING THE SEATBELT WAS IN USE. W1 SAID SHE WAS STOPPED HEADING EAST AND SAW V1 HIT V2 AND THAT A FOURTH VEHICLE MIGHT BE INVOLVED, DESCRIBED AS A 4DOOR GREY CAR. D1 SAID A RED S10 PICKUP PASSED HIM PRIOR TO THE INTERSECTION, FORCING HIM TO CRASH. NO EVIDENCE IN ROADWAY SUPPORTED THIS. D1 CLAIMED INJURY TO HANDS AND HEAD FROM AIRBAG DEPLOYMENT. D1 WAS CITED FOR STOP SIGN POSITION AND METHOD.

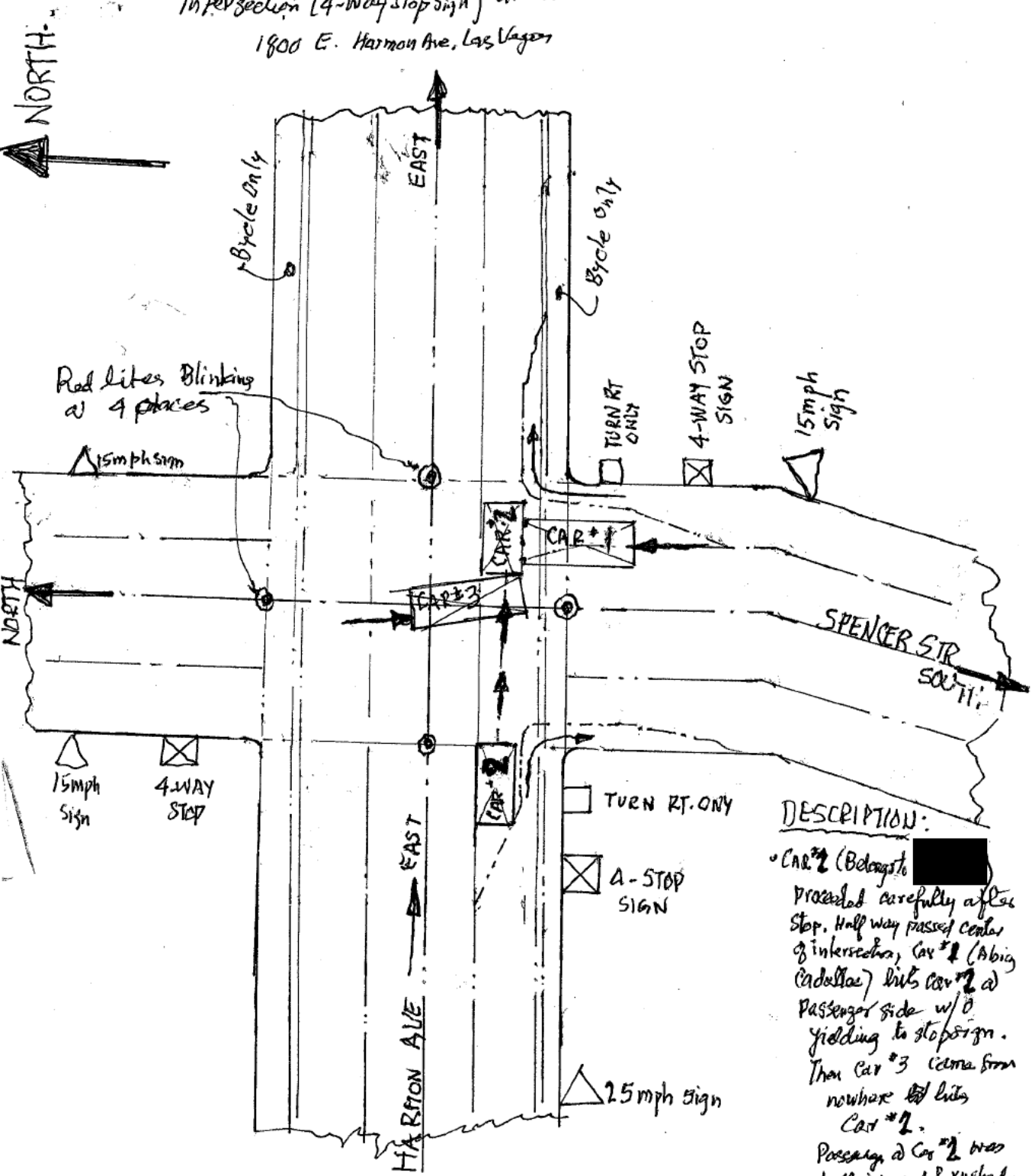
Indicate North

A.I.C.: 21 W/E 58 S/N

Page

2 of 9

Auto accident occurred on 3/20/12 @ 2pm at the intersection (4-way Stop Sign) at Harmon Ave & Spencer St
 1800 E. Harmon Ave, Las Vegas

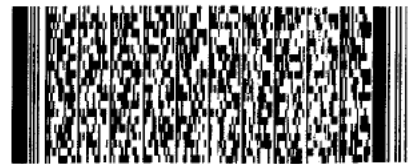


DESCRIPTION:
 • CAR #2 (Belongs to [redacted])
 Proceeded carefully after stop. Half way passed center of intersection, CAR #1 (A big Cadillac) hits CAR #2 on passenger side w/o yielding to stop sign.
 Then CAR #3 comes from nowhere & hits CAR #2.
 Passenger in CAR #2 was badly injured & rushed Sunrise hospital.
 Please see attached Traffic Collision information

dm LUMPD



2013 EXPIRES 3-9-2013



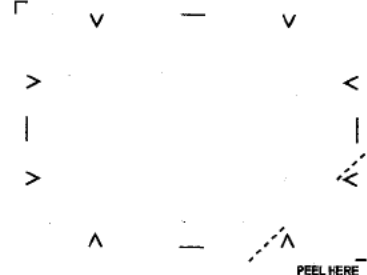
LICENSE NUMBER	YEAR	MAKE	TYPE	CYL	MSRP	FUEL	AXLE	DECL. WEIGHT	UNLDR. WEIGHT
[REDACTED]	2011	TOYT	P4H	4	23050	B	2		
VEHICLE IDENTIFICATION NUMBER			MODEL NAME				COUNTY BASED		
JTDKN3DU3B0			PRIUS				CLARK		

TOYOTA FINANCIAL SERVICES
LAS VEGAS NV

REGISTRATION FEE - PASSENGER VEHICL 33.00
BASIC GOV SERVICES TAX - CLARK 307.00
SUPPLEMENTAL GOV SERVICES TAX - CLA 77.00

TOTAL FEE: 417.00

Instructions for applying the decal to the rear license plate are on the reverse of this form.



326

[REDACTED]
LAS VEGAS NV

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING VEHICLE
Form NVREG04 Batch 5671 Seq 326

NEVADA EVIDENCE OF INSURANCE CARD



POLICY INFORMATION

Policy Number [REDACTED]
Policy Effective Date 01/01/2012
Policy Expiration Date 01/01/2013
Name of Insured [REDACTED]
LAS VEGAS NV [REDACTED]

VEHICLE INFORMATION

Year 2011
Make TOYOTA
Model PRIUS
Vehicle Identification Number JTDKN3DU3B0 [REDACTED]

CONTACT US

To report a claim
1-800-2CLAIMS (1-800-225-2467)
Customer service
1-800-225-8285
Card Effective Date 01/01/2012
Card Expiration Date 01/01/2013

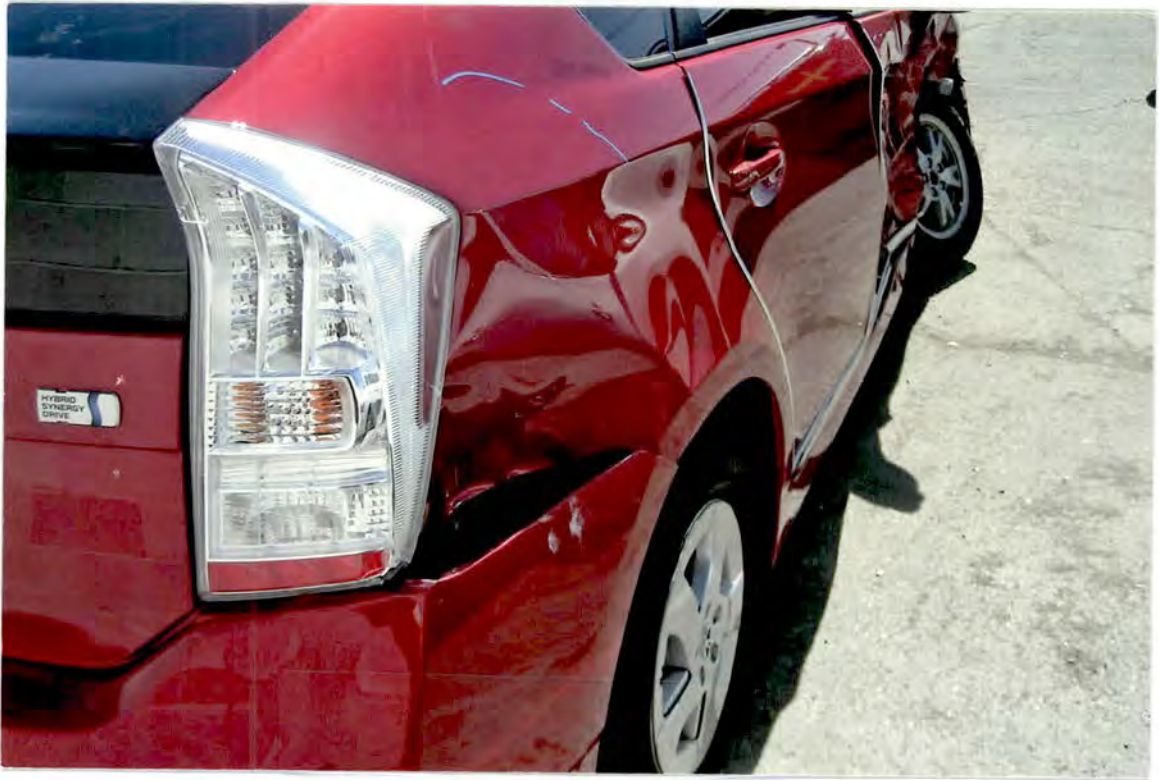
Company Name: LIBERTY MUTUAL FIRE INSURANCE CO.
NAIC Number: 23035

PMKT 513 04 10

SEE IMPORTANT MESSAGE ON REVERSE SIDE.

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.





From:

[REDACTED]
Las Vegas, NV [REDACTED]

first CLASS

[REDACTED]

National Highway Traffic Safety
Administration (NHTSA)
1200 New Jersey Ave. S.E.
Washington, DC. 20590

Attn: Mr. Randy Reid
Chief - Correspondence Research Div.
Office of Defects Investigation Enforcement

