

CL-10502901-2555

BUTLER NORRIS & GOLD

MARTIN P. GOLD
WILLIAM J. BUTLER*
M. HATCHER NORRIS*
ALAN K. REISNER
P. MICHAEL MARGOLIS
LEE A. GOLD
MARK J. MIGLIACCIO*
A. PATRICK ALCAREZ
BETHANY L. PHILLIPS **
JEREMY S. DONNELLY
DAVID A. AZIA*
VINCENT M. DeANGELO*

Attorneys At Law
254 PROSPECT AVENUE
HARTFORD, CONNECTICUT 06106-2041

TELEPHONE
(860) 236-6951
TELEFAX
(860) 236-2627
(860) 236-5263

*OF COUNSEL
*NATIONALLY BOARD CERTIFIED
CIVIL TRIAL SPECIALIST
*ALSO ADMITTED IN NEW YORK
*ALSO ADMITTED IN FLORIDA

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

MAR - 5 2013

February 26, 2013

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
Dept. WC11
Torrance, CA 90501

Re: Reference No.: 1107290064
Date of Incident: 7/27/11

Dear Sir/Madam:

Please be advised that this office is assisting [REDACTED] as it relates to an incident involving her son, Age 3 on the above-captioned date.

While [REDACTED] was operating her 2008 Toyota Highlander on the highway, her son was secured in his car seat, playing quietly with the attached seat belt. At that point, the seat belt wrapped around his neck.

[REDACTED] immediately pulled over and attempted to free her choking son. She was unable to do so, although loosening the belt sufficiently to permit him to breath.

The local police and fire department responded to a 911 call. First responders, having difficulty removing the belt, finally cut it to permit her son to be taken out of the seat.

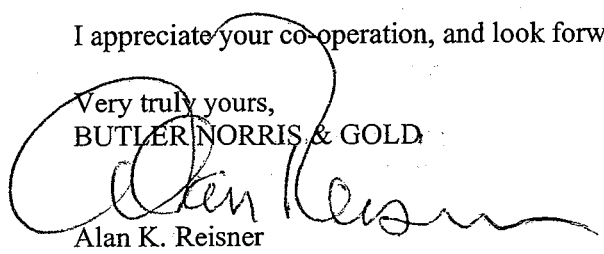
I have enclosed incident reports from the East Hartford Fire Department and the Public Safety Department for your reference.

Also enclosed is a receipt for \$313.81 for the replacement of the seat belt from Lynch Toyota.

We would request reimbursement of the expense and a follow-up investigation of this matter as a copy of this letter is being sent to the National Highway Traffic Safety Administration.

I appreciate your co-operation, and look forward to hearing from you on this matter.

Very truly yours,
BUTLER NORRIS & GOLD



Alan K. Reisner

AKR/lr

enclosures

cc: NHTSA

NM
3-7-13
SMP

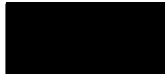
LYNN TOYOTA
179-235 HULLAND TPKE
MANCHESTER, CT 06040

Merchant ID: 3000

Ref #. 0029

Clerk ID: 4

Sale



Entry Method: Swiped

Total: \$ 313.81

10/05/11

17:19:32

Inv #: 675744

Appr Code: 580003

Approved: Online

Batch#: 000052

Customer Copy
ALL SALES FINAL

East Hartford Public Safety LVEAST HARTFORD PD * LIVE SIDE *
DATE 08/16/2011 INCIDENT REPORT
TIME 15:49:36

PAGE
PL119C
NKF9039

INCIDENT #: 2011-00020985 ORI #: EHPD INCIDENT TYPE: 2643 P ASSIST FD

LOCATION : 1 RIVERSIDE DR VENUE: East Hctd
NATURE OF CALL: IN A GRN TOYOTA HIGHLANDER SEATBELT AROUND *

DATE: TIME:
CALL : 07/27/2011 18:31:14 Wednesday
DISPATCH : 07/27/2011 18:32:28
ENROUTE : 07/27/2011 18:32:31
ARRIVE 1 : 07/27/2011 18:34:22
CLEAR : 07/27/2011 18:41:08

AREA : QOL3 SECTION : EH ESTATES BEAT: 361
QUADRANT: 516B DISTRICT: TOWN EMS GRID:

UNIT 1 #: C36 ID # 1: SANZO, JOHN, J, ID # 2:
UNIT 2 #: ID # 3: ID # 4:

RECEIVED ORI/ID : EHDISPTCH POPOFF, TAMMY, L,
DISPATCH ORI/ID : EHDISPTCH
DISPATCH SHIFT : DC
SOURCE : TELEPHONE REPORT REQUIRED: NO MUTUAL AID:
DISPOSITION : EC PRIORITY : 1 CLEARED BY: SANZO

ORIGINAL INFORMATION:
LOCATION : COLT ST VENUE: East Hctd
CROSS ST : MAIN ST
INCD TYPE: 2643 P ASSIST FD PRIORITY: 1

STATUS/DISPOSITIONS:
DISPOSITION: UNIT: DATE: TIME: ID # 1: / ID # 2:
EC C36 07/27/2011 18:41:08 SANZO, JOHN, J,

ADDITIONAL INFORMATION:
* SONS NECK

DOCUMENTS:

Dispatch Narrative

Information on the units assigned to the call follows.

Unit: C36 Radio: Ofcr 1: 204 Ofcr 2:
DSP: 07/27/11 18:32 ARV: 07/27/11 18:34 CLR: 07/27/11 18:41
GOODWIN COLLEGE SAYS SHE GOT OFF EXIT ON RT2 TLP0923 18:32:24
SHE SAYS HE WAS PLAYING WITH THE SEAT BELT FROM TLP0923 18:33:23
HIS CAR SEAT TLP0923 18:33:26
NARR: JJS0204 18:41:08 07/27/11 THIS OFFICER C36 18:41:08
STOOD BY AS THE FIRE DEPARTMENT WAS ABLE TO FREE C36 18:41:08
THE CHILD FROM THE SEAT BELT. NO FURTHER ACTION C36 18:41:08
NEEDED. C36 18:41:08

CAD System Narrative

TLP0923 CHANGED LOCTN FROM ,, COLT, ST,, 18:37:19
TLP0923 CHANGED XSTRT FROM ,, ,,, 18:37:19
TLP0923 CHANGED LOCATTON TYPE FROM X 18:37:19

A <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity <input type="checkbox"/> MFIRS -1 Basic	
02090 <input type="checkbox"/> CT <input type="checkbox"/> 07 <input type="checkbox"/> 27 <input type="checkbox"/> 2011 <input type="checkbox"/> 5 <input type="checkbox"/> 11-0005713 <input type="checkbox"/> 000	RFD # State Incident Date Station Incident Number Exposure
B Location* <input type="checkbox"/> Check this box to indicate that the address for this device is provided on the wildland fire module in section 8 (Alternative Location Specification) use only for wildland fires. Census tract: 5106 - 00	
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Near of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions	
1 RIVERSIDE DR EAST HARTFORD CT 06118 City State Zip Code	
C Incident Type * <input type="checkbox"/> Extrication, rescue, Other Incident Type: 350	
E1 Date & Times Midnight in 0000 Check boxes if dates are the same as Alarm Alarm # 07 27 2011 18:32:00 Arrival # 07 27 2011 18:35:55 Cleared 07 27 2011 18:40:50	
E2 Shift & Alarms Local Option: 2 5 Shift of Alarm: 2 5 Station:	
E3 Special Studies Special Study use: 2 5 Special Study Value:	
D Aid Given or Received* <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recvd. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None	
F Actions Taken * 22 Rescue, remove from Primary Action Taken (1) Additional Action Taken (1) Additional Action Taken (1)	
G1 Resources * <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other: 0001 <input type="checkbox"/> Check box if resources include aid received resources.	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000 , 000 Contents \$ 000 , 000 PRE-INCIDENT VALUE: optional Property \$ 000 , 000 Contents \$ 000 , 000	
Completed Modules: <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> ARSON-11	
H1* Casualties None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release <input type="checkbox"/> None <input type="checkbox"/> Natural Gas: also leak, no venting or safety devices <input type="checkbox"/> Propane Gas: gas lb. tank use not how long until <input type="checkbox"/> Gasoline: vehicle fuel tank or portable containers <input type="checkbox"/> Kerosene: fuel delivery equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling < 15 gallons <input type="checkbox"/> Other: Special Notes section required on spill > 15gal., please complete the report form.	
I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Bus. & Residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use	
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 591 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/ears for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site yard 964 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have not checked a Property Use box. Property Use 963 Street or road in commercial MFIRS-1 Revision 01/11/99	

K1 Person/Entity Involved Local Option Business name (if applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. FIRST Name MI LAST NAME Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section. Local Option Business name (if applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. FIRST Name MI LAST NAME Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L. Remarks Local Option

Young child accidentally wrapped a rear shoulder restraint around his neck while in car seat as mother was driving down the highway. On arrival, his mother was able to create enough space so he could breath normally however the seatbelt had to be cut by FD personnel to remove it from around his neck.

02020	CT	MM	DD	YYYY	5	11-000E713	000	Complete Narrative
FIELD *	State *	7	22	2011	Station	Incident number *	Report #	

Narrative:

Young child accidentally wrapped a rear shoulder restraint around his neck while in car seat as mother was driving down the highway. On arrival, his mother was able to create enough space so he could breath normally however the seatbelt had to be cut by FD personal to remove it from around his neck.

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Attorneys At Law

254 PROSPECT AVENUE
HARTFORD, CONNECTICUT 06106-2041



NHTSA
1200 New Jersey Avenue, SE
West Building
Washington, DC 20590

*Defects
AM*