

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

**Subject:** FW: [REDACTED] Your report to NHTSA (ODI #10606831); ref: 2012 Toyota Prius Airbag  
**Date:** Tuesday, August 12, 2014 11:34:11 AM  
**Attachments:** [Prius-C-Four-2012-Pictures.zip](#)  
[How to UNZIP.html](#)  
[SecureZIP Attachments.zip](#)

EQ-10606831-5793

---

Subject: FW: [REDACTED] Your report to NHTSA (ODI #10606831); ref: 2012 Toyota Prius Airbag

Please upload the email and the attached to the internal repository of the subject VOQ. Thank you.

-----Original Message-----

From: [REDACTED]  
Sent: Sunday, August 10, 2014 8:16 PM  
To: [REDACTED] Chan, Steve (NHTSA)  
Cc: [REDACTED]  
Subject: [REDACTED]: Your report to NHTSA (ODI #10606831); ref: 2012 Toyota Prius Airbag

Hi Steve,

I have attached zip file containing car pictures and police report.  
Further to information reported, we have new developments,

I reported the incident to Toyota and shared the same pictures (attached). I believe they extracted and saved data from black box. If I receive information, I will update you.

AAA insurance declared the car was a total loss and taken possession of the vehicle.

I authorize my father [REDACTED] to discuss about this incident. Please feel free to contact my father (e-mail address: [REDACTED] or Phone: [REDACTED] ) if you need additional information.

Regards,

-----  
On Mon, 8/4/14, Steve.Chan@dot.gov <Steve.Chan@dot.gov> wrote:

Subject: Your report to NHTSA (ODI #10606831); ref: 2012 Toyota Prius Airbag  
To: [REDACTED]  
Date: Monday, August 4, 2014, 12:18 PM

Dear [REDACTED]

You had reported:

"I WAS DRIVING ON

THE HIGHWAY 59 FEEDER ROAD SOUTHWARDS TOWARDS UNIVERSITY BLVD IN THE LEFT MOST LANE. A CAR CAME AND HIT THE PASSENGER SIDE OF MY CAR. DUE TO THE IMPACT MY CAR ROLLED OVER ONTO THE CURB, HIT THE GRASS AND FLIPPED BACK INTO

THE LANE AGAIN. I WAS IN COMPLETE AND UTTER SHOCK AND TRAUMA AND SOON ENOUGH I NOTICED THE BLOOD ON ME. MY LEFT SIDE (HEAD, SHOULDER AND ELBOW) WAS PAINING BADLY. MY SEAT BELT WAS STILL ON, MY LEG WAS ON THE BREAK, AND WINDOWS SHATTERED AND GLASS WAS ALL OVER

THE PLACE, AIR BAGS WERE NOT DEPLOYED. I TURNED OFF THE ENGINE, MOVED SHIFT ROD INTO PARK POSITION AND APPLIED THE HAND BRAKE. A MAN AND HIS SON (I BELIEVE) WITNESSED THE ACCIDENT AND CAME TO ME WITHIN A FEW MINUTES. THEY CALLED EMS. WHILE WAITING FOR EMERGENCY

TO ARRIVE, I GOT MY CELL PHONE FROM MY BACKPACK, WHICH WAS ON THE PASSENGER SEAT, AND CALLED MY FATHER. A FEW MINUTES LATER, ANOTHER PERSON, CAME UP TO ME AND SAID HE WITNESSED THE ACCIDENT AS WELL AND STAYED NEAR MY CAR. I DID NOT MOVE FROM THE DRIVER'S

SEAT OR OPEN THE DOOR BECAUSE I WAS TOO AFRAID TO OPEN THE DOOR.

FEW MINUTES LATER, THE EMERGENCY PERSONNEL CAME. THEY OPENED THE CAR DOOR AND CLEARED A FEW THINGS AND PUT ME ON A STRETCHER. THEY PUT A NECK BRACE AND RESTRAINED MY HEAD FROM MOVING AND STRAPPED ME ONTO THE STRETCHER. THEY PICKED UP MY BACKPACK AS WELL. MY DAD CAME AS THEY WERE PUTTING ME ON THE STRETCHER. I WAS IMMEDIATELY RUSHED TO THE NEAREST ER.

I HAVE CONCERN ABOUT THE AIRBAG. WHY AIRBAGS WERE NOT DEPLOYED?. WOULD YOU BE ABLE TO INVESTIGATE?"

1.

Please email me pictures showing the damages on the vehicle including the dashboard and a copy of the police report.

Thank you.

Steve Chan  
Safety Defects  
Engineer  
Office of Defects  
Investigation / NHTSA



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780

Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

Crash Date (MM/DD/YYYY) 06/25/2014, Crash Time (24HRMM) 0740, Case ID 14-3717, Local Use

County Name FORT BEND, City Name SUGAR LAND, Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes, Latitude, Longitude

ROAD ON WHICH CRASH OCCURRED: 1 Rdw. Sys. US, Hwy. Num. 59, 2 Rdw. Part 2, Block Num. 17500, 3 Street Prefix, Street Name 59, 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot, Toll Road/Toll Lane, Speed Limit 50, Const. Zone No, Workers Present No, Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int. No, 1 Rdw. Sys. LR, Hwy. Num., 2 Rdw. Part, Block Num. 1900, 3 Street Prefix, Street Name WALLINGFORD, 4 Street Suffix AVE

Distance from Int. or Ref. Marker 30, FT, 3 Dir. from Int. or Ref. Marker S, Reference Marker, Street Desc., RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1, 5 Unit Desc. 1, Parked Vehicle, Hit and Run, LP State TX, LP Num., VIN WBXP93424W

Veh. Year 2004, 6 Veh. Color SIL, Veh. Make BMW, Veh. Model X3, 7 Body Style SV, Pol., Fire, EMS on Emergency

8 DL/ID Type 1, DL/ID State TX, DL/ID Num., 9 DL Class C, 10 CDL End. 96, 11 DL Rest. 96, DOB

Address (Street, City, State, ZIP) Sugar Land, TX

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category

Owner/Lessee Name & Address, Sugar Land, TX

Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type 2, Fin. Resp. Name Geico, Fin. Resp. Num.

Fin. Resp. Phone Num. 800-841-3000, 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried No

Towed By Driven Away, Towed To Driver/Owner

Unit Num. 2, 5 Unit Desc. 1, Parked Vehicle, Hit and Run, LP State TX, LP Num., VIN JTDKD34C1

Veh. Year 2012, 6 Veh. Color SIL, Veh. Make TOYOTA, Veh. Model PRIUS, 7 Body Style P4, Pol., Fire, EMS on Emergency

8 DL/ID Type 1, DL/ID State TX, DL/ID Num., 9 DL Class C, 10 CDL End. 96, 11 DL Rest. 96, DOB

Address (Street, City, State, ZIP) SUGAR LAND, TX

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category

Owner/Lessee Name & Address, SUGAR LAND, TX

Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type 2, Fin. Resp. Name AAA TEXAS COUNTY MUTUAL, Fin. Resp. Num.

Fin. Resp. Phone Num. 800-924-6141, 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried No

Towed By Long's Towing, Towed To 251 Gonyo Lane, Richmond, TX

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	2	1	Sugar Land Methodist	Ft Bend EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	fail to drive/maintain single lane	622604

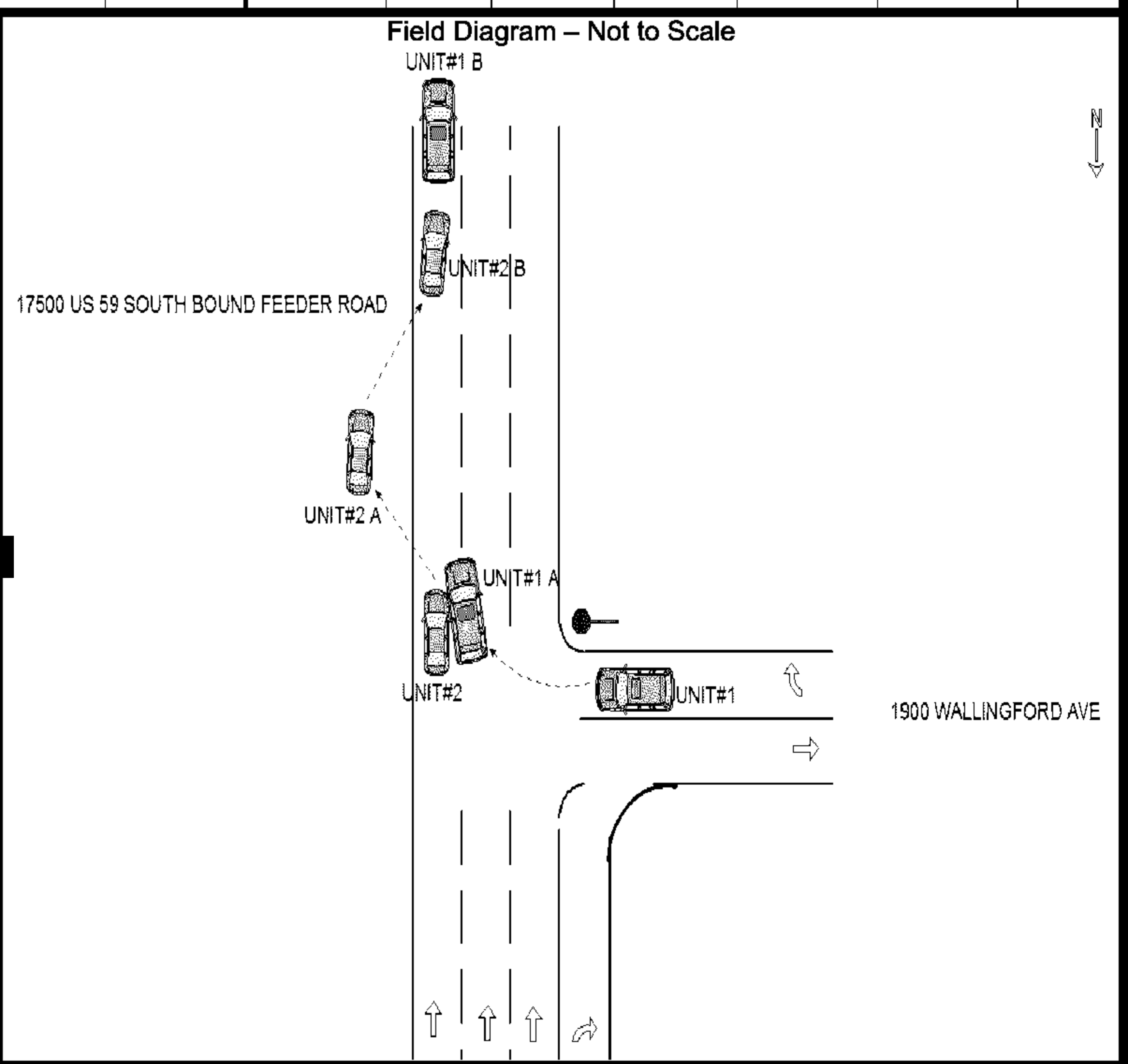
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	23							2	1	98	98	1	2	11

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets If Necessary)

UNIT#2 WAS TRAVELING IN THE 17500 BLOCK OF US 59 SOUTH BOUND FEEDER ROAD IN THE #1 LANE (THE LEFT LANE). UNIT#1 TURNED RIGHT ON TO THE 17500 BLOCK OF US 59 SOUTH BOUND FEEDER ROAD FROM THE 1900 BLOCK OF WALLINGFORD AVE. UNIT#1 SAID HE DIDN'T SEE UNIT#2. HE ALSO HAD SAID UNIT#2 WAS SLEEPING (TALKING ABOUT THE DRIVER). SHE WAS THE ONLY PERSON IN HER VEHICLE (UNIT#2). UNIT#1 SAID HE TURNED IN TO THE #2 LANE AND UNIT#2 RAN IN TO HIM. THERE ARE THREE LANES OF TRAFFIC. UNIT#2 SAID SHE WAS TRAVELING IN THE #1 LANE (LEFT LANE) OF TRAFFIC IN THE 17500 BLOCK OF US 59 SOUTH BOUND FEEDER ROAD AND UNIT#1 TURNED RIGHT ON TO US 59 SOUTH BOUND FEEDER ROAD (CROSSING THE LANES OF TRAFFIC) HITTING HER VEHICLE AND FLIPPING IT IN TO THE GRASS. THE VEHICLE RESTED BACK IN LANE #1 ON THE TIRES. WITNESS: [REDACTED] PHONE: [REDACTED] [REDACTED] HAD SAID HE HAD WITNESSED THE CRASH. HE STATED THE UNIT#1 HAD TURNED FROM THE 1900 BLOCK OF WALLINGFORD AVE ON TO THE 17500 BLOCK OF US 59 SOUTH BOUND FEEDER ROAD. HE SAID UNIT#1 DROVE ACROSS ALL THE LANES OF TRAFFIC STRIKING UNIT#2 IN THE #1 LANE (JUST AS UNIT#2 HAD SAID).



INVESTIGATOR	Time Notified (24HRMM)	0   7   4   3	How Notified	Police Dispatch	Time Arrived (24HR:MM)	0   7   4   6	Report Date (MM/DD/YYYY)	0   6   /   2   5   /   2   0   1   4	
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) Norris, Heath R.				ID Num. 8337			
	ORI Num. T   X   0   7   9   0   5   0   0	★Agency SUGAR LAND POLICE DEPARTMENT				District/Area 0   1			

























