

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



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 24-OCT-2014 NOV 20 2014	Repository <input type="checkbox"/>
	Reference No. 10649707

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
PORT CHARLOTTE	FL	[REDACTED]	

Daytime Telephone Number	E-mail Address
[REDACTED]	[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 JTDDN3DU0B0 [REDACTED]	Make TOYOTA	Model PRIUS	Model Year 2011
Date Purchased 10-2011	Dealer's Name and Telephone Number PALM AUTOMOTIVE GROUP 1-800-226-7256		Engine: No: Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City PUNTA GORDA	State FL	Zip Code 33950
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain GAS/ELECTRIC	Multiple Failure: I THINK THE AIR-BAG SHOULD HAVE DEPLOYED
			Incident Date(s) 28-SEP-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 60000	Failure Speed
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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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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 2011 TOYOTA PRIUS. THE CONTACT STATED THE AIR BAGS FAILED TO DEPLOY AFTER ANOTHER DRIVER CRASHED INTO THE DRIVER SIDE OF THE VEHICLE. THE CONTACT SUSTAINED UNKNOWN INJURIES. THE CONTACT WAS NOT AWARE IF THE PASSENGERS OCCUPYING THE OTHER VEHICLE SUSTAINED ANY INJURIES. A POLICE REPORT WAS FILED. THE VEHICLE WAS COMPLETELY DESTROYED. THE VEHICLE WAS TOWED. THE APPROXIMATELY FAILURE MILEAGE WAS 60,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

REPORTED EVENT, ACCIDENT TO TOYOTA. LET THEM
KNOW THAT I THOUGHT AIRBAC SHOULD HAVE
DEPLOYED. TOYOTA CLAIMED THEY WERE GOING TO
INVESTIGATE. THE CASE # THEY (TOYOTA) GAVE ME
IS [REDACTED]

THANK YOU.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

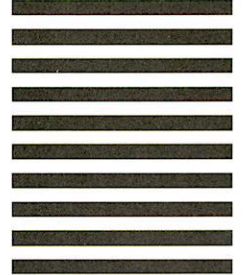
National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE,
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 9/28/2014	Time of Crash 1:53 PM	Date of Report 9/28/2014	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number [REDACTED]	HSMV Crash Report Number [REDACTED]
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CRASH IDENTIFIERS

County Code 53	City Code 54	County of Crash CHARLOTTE	Place or City of Crash PORT CHARLOTTE	Within City Limits NO	Reported Date/Time 9/28/2014 1:54 PM	Dispatched Date/Time 9/28/2014 1:55 PM
On Scene Date/Time 9/28/2014 2:14 PM		Cleared Scene Date/Time 9/28/2014 3:26 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway [REDACTED]			At Street Address # [REDACTED]	At Latitude N 26 59.2653	And Longitude W 82 4.2717
At Feet [REDACTED]	Or Miles [REDACTED]	Direction [REDACTED]	From Intersection With Street, Road, Highway [REDACTED]		
Road System Identifier COUNTY		Type of Shoulder UNPAVED	Type of Intersection FOUR-WAY INTERSECTION		

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision ANGLE
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction INTERSECTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone [REDACTED]	Type of Work Zone [REDACTED]	Workers in Work Zone [REDACTED]	Law Enforcement in Work Zone [REDACTED]

VEHICLE

Vehicle V01		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number [REDACTED]	State FL	Reg. Expires 3/13/2015	Permanent Reg. NO	VIN JHMGE8H45AC [REDACTED]			
Year 2010	Make HOND	Model FIT	Style 5D	Color BLU	Extent of Damage DISABLING	Est. Damage 6,500	Towed Due to Damage YES	Vehicle Removed By A-1 TOWING	Rotation OWNER REQU		
Insurance Company SAFECO INSURANCE		Name of Vehicle Owner [REDACTED]			Business <input type="checkbox"/>	Current Address [REDACTED]		City PORT CHARLOTTE	State FL	Zip Code [REDACTED]	Phone Number(s) [REDACTED]
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle	Direction SOUTH	On Street, Road, Highway [REDACTED]			At Est. Speed 15	Posted Speed 30	Total Lanes 2				
CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area							
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/>	<input type="checkbox"/>						
Motor Carrier Name	US DOT Number		City	State	Zip Code	Phone Number					
Motor Carrier Address	Address Other		City	State	Zip Code	Phone Number					
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION						
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT						
Traffic Control Device for this Vehicle STOP SIGN	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events							
	MOTOR VEHICLE IN TRANSPORT										

VEHICLE

Vehicle V02		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number [REDACTED]	State FL	Reg. Expires 9/13/2015	Permanent Reg. NO	VIN JTDKN3DU0B0 [REDACTED]			
Year 2011	Make TOYOT	Model PRIUS	Style 4D	Color GRY	Extent of Damage DISABLING	Est. Damage 20,000	Towed Due to Damage YES	Vehicle Removed By PROMPT TOWING	Rotation ROTATION		
Insurance Company STATEFARM INSURANCE		Name of Vehicle Owner [REDACTED]			Business <input type="checkbox"/>	Current Address [REDACTED]		City PORT CHARLOTTE	State FL	Zip Code [REDACTED]	Phone Number(s) [REDACTED]
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle	Direction EAST	On Street, Road, Highway [REDACTED]			At Est. Speed 25	Posted Speed 35	Total Lanes 2				

Crash Date 9/28/2014	Time of Crash 1:53 PM	Date of Report 9/28/2014	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number [REDACTED]	HSMV Crash Report Number [REDACTED]
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CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Overturn	<input type="checkbox"/> Windshield
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Trailer	
Motor Carrier Name	US DOT Number		City	State	Zip Code
Motor Carrier Address	Address Other		City	State	Zip Code
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events COLLISION WITH FIXED OBJECT	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	MOTOR VEHICLE IN TRANSPORT	EMBANKMENT			

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name [REDACTED]	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address [REDACTED] CHARLOTTE FL [REDACTED]	Phone Number [REDACTED]		
Driver License Number	State FL	Expires 03/13/2017	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed DEPLOYED - FRONT		Helmet Use	Eye Protection NOT APPLICABLE		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other			
Driver Distracted By UNKNOWN	Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) RAN STOP SIGN			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name [REDACTED]	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address [REDACTED] PORT CHARLOTTE FL [REDACTED]	Phone Number [REDACTED]		
Driver License Number	State FL	Expires 09/13/2017	Type CLASS B	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other			
Driver Distracted By NOT DISTRACTED	Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

VIOLATION

Person# 1	Violator Name [REDACTED]	FL Statute Number [REDACTED]	Violation Description RAN STOP SIGN	Citation Number [REDACTED]
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NARRATIVE

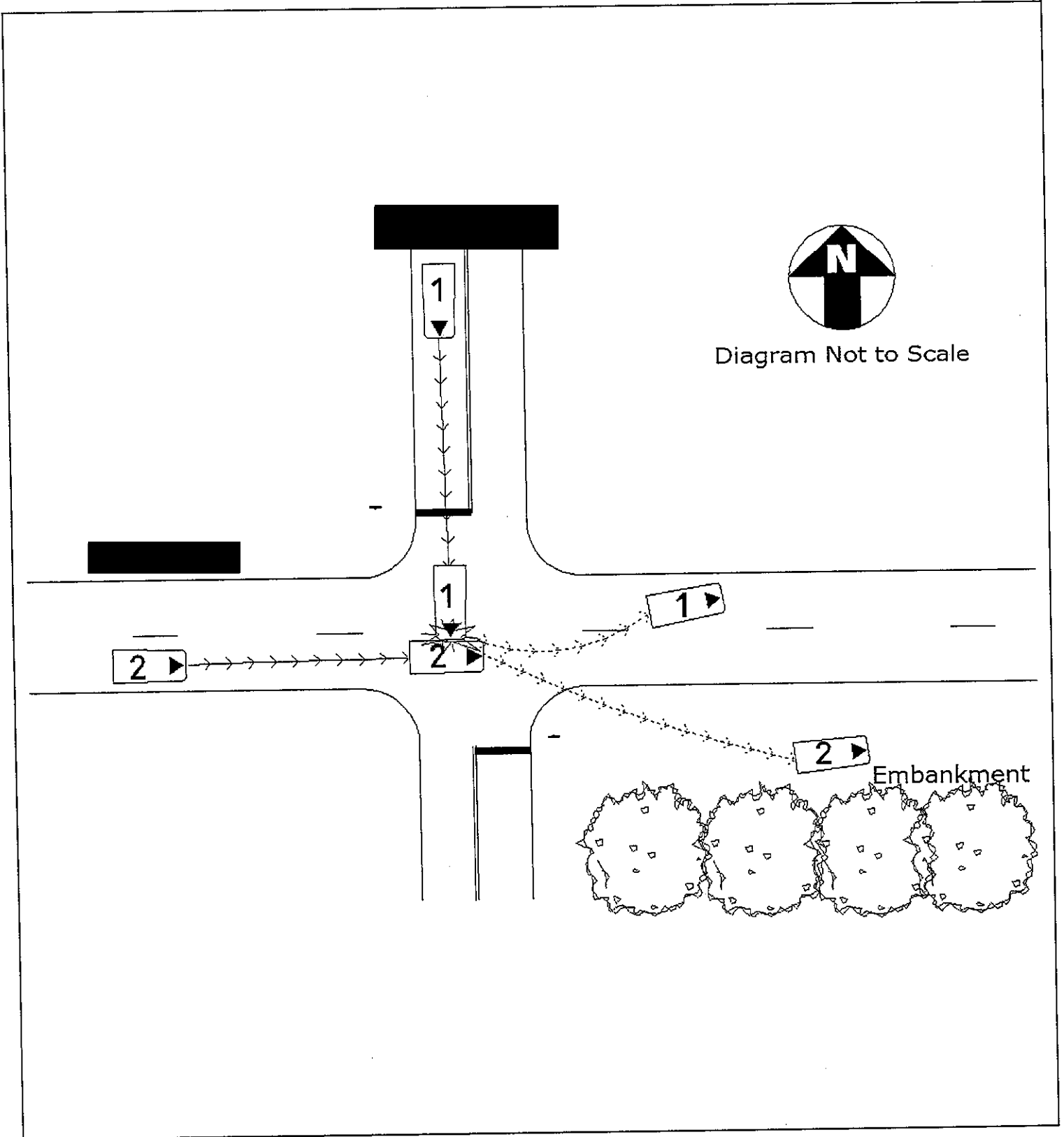
ID Number 3710	Rank TROOPER	Name T.J. MCGOWAN	Troop / Post F	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 239-344-1730
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V01 was traveling South on [REDACTED] approaching a stop sign. V02 was traveling east on [REDACTED] and was approaching the intersection of [REDACTED]. V02 began passing through the intersection. V01 failed to stop at the stop sign at the intersection. The front of V01 collided with the driver side of V02. Post collision, V01 began traveling East in the Westbound lanes of [REDACTED]. V01 came to final rest facing East in the Westbound lanes just East of the intersection. V02 began traveling Southeast where it entered the flooded embankment on the south side of [REDACTED]. V02 came to final rest facing East in the flooded embankment south of [REDACTED] just east of the intersection.

REPORTING OFFICER

ID Number 3710	Rank TROOPER	Name T.J. MCGOWAN	Troop / Post F	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 239-344-1730
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DIAGRAM OF CRASH



PORT CHARLOTTE FL

NOV 14 2014



U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
1200 NEW JERSEY AVENUE SE.
WASHINGTON, D.C. 20077-9382

200779382

