


JUL 15 2015

JUL 15 2015

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>          To Report Vehicle Safety Defects          1-888-DASH-2-DOT          (1-888-327-4236)          INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148 Date Received 04-FEB-2015 Repository <input type="checkbox"/> Reference No. 10681096	
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	
NEW WILMINGTON	PA		
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).			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
4T1BF1FK7EL		TOYOTA	CAMRY
Model Year		2014	
Date Purchased	Dealer's Name and Telephone Number		Engine:
04-2013	Preston Motors Co 724 658-0964		No: Cylinders
Original Owner	Dealer's City	State	Zip Code
<input type="checkbox"/>			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s)
			09-DEC-2014
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage	Failure Speed
		11000	45
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19A8C036)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
Tire Component Code	Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0
Reported to Police		* <i>yes</i>	
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 2014 TOYOTA CAMRY. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 45 MPH, ANOTHER VEHICLE CRASHED INTO THE FRONT END OF THE VEHICLE. THE AIR BAGS FAILED TO DEPLOY WITH THE MASSIVE IMPACT TO THE VEHICLE. THE DRIVER SUSTAINED A SEVERE NECK INJURY AND MEDICAL ATTENTION WAS REQUIRED. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS TOWED TO THE DEALER AND REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM. THE FAILURE MILEAGE WAS 11,000.			
<i>WAS FILED with mechanic TAD Police Dept</i>			
Include, if available: <u>Police/Fire Department Report, Photos, and Repair Invoice.</u> 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.			



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

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ



COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA-500 1

Case Closed  Yes  No  
Reportable Crash  Yes  No

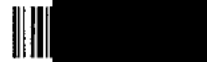
Page

1

W0449900

Police Agency Data	Incident Number		Police Agency		Patrol Zone	
	[Redacted]		37205		[Redacted]	
	Agency Name Neshannock Township		Precinct		Investigation Date (MM-DD-YYYY) 12 - 09 - 2014	
Police Agency Data	Dispatch Time (min)	Arrival Time (min)	Investigator		Badge Number	
	1607	1608	JEREMY DEWITT		3405	
Police Agency Data	Reviewer		Badge Number		Approval Date (MM-DD-YYYY)	
	JOHN F RAND		3408		12 - 15 - 2014	
Crash Data	County	County Name	Municipality	Municipality Name		Day of Week
	37	Lawrence	205	Neshannock Township		<input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk
	Crash Date (MM-DD-YYYY) 12 - 09 - 2014		Crash Time (min)	No of Units	People	Injured
Crash Data	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input type="checkbox"/> No		School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No	School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No		Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No
	Intersection Type					
	<input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Midblock <input type="checkbox"/> "T" Intersection <input type="checkbox"/> Traffic Circle/ Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other					
Principal Road	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	House Number (if applicable)	
	0018		02	45	3450	
	Street Name WILMINGTON				Street Ending RD	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown
Principal Road	Route Signing					
	<input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown					
	Special Location <input type="checkbox"/> 00 * See Overlay					
Intersecting Road	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation	
					<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
	Street Name				Street Ending	T
Intersecting Road	Route Signing					
	<input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown					
	Use For Intersection Crashes					
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option		Landmark 1		Ramp Use Only	
	Intersecting Rt Num Or Mile Post		Or Segment Marker		<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
	4012				Feet 100	
Distance From Landmark	Landmark 2		Ramp Use Only		Or Miles	
	Intersecting Rt Num Or Mile Post		Or Segment Marker		<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
	ENCLAVE		DR		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
GPS	Latitude: Degrees Minutes Seconds			Longitude: Degrees Minutes Seconds		
	[Redacted]			[Redacted]		
TCD	Traffic Control Device		Yield Sign		Police Officer or Flagman	
	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign		<input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown		<input type="checkbox"/> TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly	
Lane Closure	Lane Closed (if "Not Applicable", skip rest of the Lane Closure section)		Lane Closure Direction		Emergency Preemptive Signal	
	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown		<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W) <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East and West		<input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown	
Lane Closure	Traffic Detoured		Esti. Time Closed			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown			

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM



Crash Number

AA 500 2

Police Use Only

Page:

2

W0449900

10 Unit Info	Type <input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Hit & Run Vehicle	<input type="checkbox"/> Illegally Parked	<input type="checkbox"/> Legally Parked	<input type="checkbox"/> Non - Motorized	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Complete Form C)</i>
	Unit <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Train	<input type="checkbox"/> Phantom Vehicle	

*(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)*

11 Vehicle Driver / Pedestrian Information	Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)
	01	[Redacted]	L	[Redacted]
	Delete? <input type="checkbox"/>	Last Name	Telephone Number	
		[Redacted]	[Redacted]	
Address / City / State				Zip
[Redacted] NEW WILMNGTN PA				[Redacted]
Driver License Number			State	Class
[Redacted]			PA	C

Alcohol/Drugs Suspected		Driver or Pedestrian Physical Condition	
<input type="checkbox"/> No	<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/> Medication	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Alcohol and Drugs	<input type="checkbox"/> Unknown	<input type="checkbox"/> Medication
Alcohol Test Type		Primary Vehicle Code Violation	
<input type="checkbox"/> Test Not Given	<input type="checkbox"/> Breath	<input type="checkbox"/> Other	Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Unknown if Test Given	3322(Y)
Alcohol Test Results		Driver Presence	
<input type="checkbox"/> Test Refused	<input type="checkbox"/> Test Given, Contaminated Results	<input type="checkbox"/> Unknown Results	1=Driver Operated Vehicle
0			2=No Driver
Owner/Driver		3=Driver Fled Scene	
00=Not Applicable		4=Hit and Run	
01=Private Vehicle Owned/Leased by Driver		9=Unknown	
02=Private Vehicle Not Owned/Leased by Driver			
03=Rented Vehicle			
04=State Police Vehicle			
05=PENNDOT Vehicle			
06=Other State Gov Veh			
07=Municipal Police Veh			
08=Other Municipal Government Vehicle			
09=Federal Gov Veh			
98=Other			
99=Unknown			

Same as Driver <input type="checkbox"/>	Owner First Name	Owner Last Name or Business Name <i>(If Pedestrian, skip this Section)</i>	
	[Redacted]	[Redacted]	
Address / City / State / Zip			Vehicle Make
[Redacted] NEW WILMNGTN PA			Pontiac
			*Make Code
			22
VIN		Model Year	Vehicle Model <i>(see overlay)</i>
1G2ZG528754		2005	
License Plate	Reg. State	Est. Speed	Vehicle Towed
[Redacted]	PA	999	<input type="checkbox"/> Yes <input type="checkbox"/> No
Towed By		MCCONNELLS	
Insurance	Insurance Company	Policy No	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	NATIONWIDE	[Redacted]	

12 Vehicle Information	Trailing Unit	No. of Trailing Units	Type Unit	1=Towing Pass. Veh	4=Mobile/Modular Home	7=Semi-Trailer	Tag No	Tag Year	Tag St
		0		2=Towing Truck	5=Camper	8=Other			
			3=Towing Utility Trailer	6=Full Trailer	9=Unknown				
Direction of Travel		*Vehicle Position	*Movement	*See Overlay		Special Usage			
S		07	12			00			
Vehicle Color		Vehicle Type		05=Large Truck		20=Unicycle, Bicycle, Tricycle		12=Commercial Passenger Carrier	
07		01		06=SUV		21=Other Pedalcycle		06=Not Applicable	
01=Blue		(If "02", Complete Form M, Section 26)		07=Van		22=Horse & Buggy		01=Fire Veh	
02=Red		(If "20" or "21", Complete Form M, Section 27)		10=Snowmobile		23=Horse & Rider		02=Ambulance	
03=White				11=Farm Equip		24=Train		03=Police	
04=Green				12=Construction Equip		25=Trolley		08=Other Emergency Vehicle	
05=Black				13=ATV		98=Other		11=Pupl Transport	
				18=Other Type Spec Veh		99=Unknown		13=Taxi	
				19=Unk. Type Spec Veh				21=Tractor Trailer	
								22=Twin Trailer	
								23=Triple Trailer	
								31=Modified Veh	
								99=Unknown	

Initial Impact Point	Damage Indicator	Gradient	Road Alignment
01	3	1	1
00=Non-Collision	0=None	1=Level	1=Straight
01-12=Clock Points	2=Functional	2=Uphill	2=Curved
13=Top	3=Disabling		9=Unknown
	9=Unknown		
		3=Downhill	
		4=Bottom of Hill	
		5=Top of Hill	
		9=Unknown	

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 2

Police Use Only

Page:

3

W0449900

Unit Info	<input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle <i>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</i>						<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Complete Form C)</i>		
	Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)					
Vehicle Driver / Pedestrian Information	Delete?	Last Name	Telephone Number						
	Address / City / State						Zip		
	NEW WILMNGTN PA								
	Driver License Number			State	Class				
PA			C						
<b>Alcohol/Drugs Suspected</b> <input type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown			<b>Driver or Pedestrian Physical Condition</b> <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown						
<b>Alcohol Test Type</b> <input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given			<b>Primary Vehicle Code Violation</b> Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Alcohol Test Results</b> <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input checked="" type="checkbox"/> 0 <input type="checkbox"/> Test Given, Contaminated Results			<b>Driver Presence</b> 1=Driver Operated Vehicle    3=Driver Fled Scene 2=No Driver    4=Hit and Run    9=Unknown						
<b>Owner/Driver</b> 00=Not Applicable    02=Private Vehicle Not Owned/Leased by Driver    04=State Police Vehicle    07=Municipal Police Veh    09=Federal Gov Veh 01=Private Vehicle Owned/Leased by Driver    03=Rented Vehicle    05=PENNDOT Vehicle    08=Other Municipal Government Vehicle    98=Other    99=Unknown									
Vehicle Information	Same as Driver <input type="checkbox"/>		Owner First Name		Owner Last Name or Business Name (if Pedestrian, skip this Section)				
					TOYOTA LEASE TRUST				
	Address / City / State / Zip				Vehicle Make	*Make Code			
	260 INTERSTATE CIRCLE N ATLANTA PA 30339				Toyota	49			
	VIN		Model Year		Vehicle Model (see overlay)				
	4T1BF1FK7EU		2014						
License Plate		Reg. State	Est. Speed	Vehicle Towed		Towed By			
		PA	999	<input type="checkbox"/> Yes <input type="checkbox"/> No		MCCONNELLS GARA			
Insurance		Insurance Company		Policy No					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known		ERIE							
Trailing Unit	No. of Trailing Units: 0		Type Unit		Tag No		Tag Year	Tag St	
Direction of Travel		*Vehicle Position	*Movement	*See Overlay		Special Usage			
N		01	01			00			
<b>Vehicle Color</b> 05 01=Blue    02=Red    03=White    04=Green    05=Black 06=Yellow    07=Silver    08=Gold    09=Brown    10=Orange    11=Purple    12=Other    13=Top    99=Unknown		<b>Vehicle Type</b> 01 01=Automobile    02=Motorcycle    03=Bus    04=Small Truck <i>(If "02", Complete Form M, Section 26)</i> <i>(If "20" or "21", Complete Form M, Section 27)</i>		05=Large Truck    06=SUV    07=Van    10=Snowmobile    11=Farm Equip    12=Construction Equip    13=ATV    18=Other Type Spec Veh    19=Unk. Type Spec Veh		20=Unicycle, Bicycle, Tricycle    21=Other Pedalcycle    22=Horse & Buggy    23=Horse & Rider    24=Train    25=Trolley    98=Other    99=Unknown		12=Commercial Passenger Carrier    13=Taxi    21=Tractor Trailer    22=Twin Trailer    23=Triple Trailer    31=Modified Veh    99=Unknown	
<b>Initial Impact Point</b> 11 00=Non-Collision    01-12=Clock Points    13=Top    14=Undercarriage    15=Towed Unit    99=Unknown		<b>Damage Indicator</b> 3 0=None    2=Functional    1=Minor    3=Disabling    9=Unknown		<b>Gradient</b> 1 1=Level    2=Uphill		3=Downhill    4=Bottom of Hill    5=Top of Hill    9=Unknown		<b>Road Alignment</b> 1 1=Straight    2=Curved    9=Unknown	

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 3

Police Use Only

Page

4

W0449900

People Information	<b>A Person Type:</b> 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	<b>D Seat Position:</b> 00=Not A Passenger/Occupant 01=Driver - All Vehicles 02=Front Seat Middle Position 03=Front Seat Right Side 04=Second Row - Left Side Or Motorcycle Passenger 05=Second Row - Middle Position 06=Second Row - Right Side 07=Third Row Or Greater - Left Side 08=Third Row Or Greater - Middle Position 09=Third Row Or Greater - Right Side 10=Sleeping Section of Truckcab 11=In Other Enclosed Passenger Or Cargo Area 12=In Open Area (Back Of Pickup, Etc.) 13=Trailing Unit 14=Riding On Vehicle Exterior 15=Bus Passenger 98=Other 99=Unknown	<b>E Safety Equipment One:</b> 00=None Used / Not Applicable 01=Shoulder Belt Used 02=Lap Belt Used 03=Lap And Shoulder Belt Used 04=Child Safety Seat Used 05=Motorcycle Helmet Used 06=Bicycle Helmet Used 10=Safety Belt Used Improperly 11=Child Safety Seat Used Improperly 12=Helmet Used Improperly 90=Restraint Used, Type Unknown 99=Unknown	<b>G Ejection:</b> 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
	<b>B Sex:</b> F=Female M=Male U=Unknown		<b>F Safety Equipment Two:</b> 00=None Used / Not Applicable 01=Front Air Bag Deployed (For This Seat) 02=Side Air Bag Deployed (For This Seat) 03=Other Type Air Bag Deployed 04=Multiple Air Bags Deployed 05=Motorcycle Eye Protection 06=Bicyclist Wearing Elbow/Knee/Pads 10=Air Bag Not Deployed, Switch On 11=Air Bag Not Deployed, Switch Off 12=Air Bag Not Deployed, Unk Switch Setting 13=Air Bag Removed (Prior To Crash) 19=Unknown If Air Bag Deployed 99=Unknown	<b>H Ejection Path:</b> 0=Not Ejected / Not Applicable 1=Through Side Door Opening 2=Through Side Window 3=Through Windshield 4=Through Back Door 5=Through Back Door Tailgate Opening 6=Through Roof Opening (Sunroof/Convertible Top Down) 7=Through Roof Opening (Convertible Top Up) 9=Unknown
	<b>C Injury Severity:</b> 0=Not Injured 1=Killed 2=Major Injury 3=Moderate Injury 4=Minor Injury 8=Injury, Unk Severity 9=Unknown if Injury			<b>I Extrication:</b> 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freed By Non - Mechanical Means 8=Other 9=Unknown

13 EMS Agency:  Medical Facility:

14 Unit No: 01 Person No: 01 Delete?  Date of Birth (MM-DD-YYYY):  A: 1 B: F C: 9 D: 01 E: 03 F: 99 G: 0 H: 0 I: 0  
Name / Address / Phone:  NEW WILMNGTN PA EMS Transport:  Yes  No

Unit No: 02 Person No: 01 Delete?  Date of Birth (MM-DD-YYYY):  A: 1 B: F C: 8 D: 01 E: 03 F: 99 G: 0 H: 0 I: 0  
Name / Address / Phone:  NEW WILMNGTN PA EMS Transport:  Yes  No

Unit No:  Person No:  Delete?  Date of Birth (MM-DD-YYYY):  A:  B:  C:  D:  E:  F:  G:  H:  I:   
Name / Address / Phone:  EMS Transport:  Yes  No

Unit No:  Person No:  Delete?  Date of Birth (MM-DD-YYYY):  A:  B:  C:  D:  E:  F:  G:  H:  I:   
Name / Address / Phone:  EMS Transport:  Yes  No

Unit No:  Person No:  Delete?  Date of Birth (MM-DD-YYYY):  A:  B:  C:  D:  E:  F:  G:  H:  I:   
Name / Address / Phone:  EMS Transport:  Yes  No

Unit No:  Person No:  Delete?  Date of Birth (MM-DD-YYYY):  A:  B:  C:  D:  E:  F:  G:  H:  I:   
Name / Address / Phone:  EMS Transport:  Yes  No

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 4

Police Use Only

Page

5

W0449900

General Crash Information <small>(If more than 2 units, only complete one)</small>	<b>Crash Description</b>	4	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Slideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown	
	<b>Relation to Roadway</b>	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown		
	<b>Illumination</b>	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other		
	<b>Weather Conditions</b>	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown	
	<b>Road Surface Conditions</b>	0	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other	
Unit(s) Event Information	<b>Harm Event L/R Most? Utility Pole Number</b>				<b>Harmful Events (Harm Event)</b>			
	Unit No	1	12	<input type="checkbox"/>	<input type="checkbox"/>			
	01	2		<input type="checkbox"/>	<input type="checkbox"/>			
	Please Put Events in Sequential Order				30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event			
Unit No	1	01	<input type="checkbox"/>	<input type="checkbox"/>				
02	2		<input type="checkbox"/>	<input type="checkbox"/>				
Please Put Events in Sequential Order				11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch				
<b>First Harmful Event in the Crash</b>		Unit No	Harm Event	Most	Unit No	Harm Event		
		01	12	<input type="checkbox"/>	01	12		
<small>Do not repeat this information on multiple pages</small>								
Contributing Information	<b>Environmental / Roadway Potential Factors (E/R)</b>							
	1	00	2		3			
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related 11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCO Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown							
	<b>Possible Vehicle Failures (V)</b>							
Unit No	1	00	2		12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Insecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown			
01	2							
02	2							
<b>Indicated Prime Factor</b>								
<small>Do not repeat this information on multiple pages.</small>								
E/R	V	D	P	Unit No	Factor Code			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01	05			
<small>If E/R is the Prime Factor Type, leave Unit No blank</small>								
<b>Driver Action (D)</b>				<b>Pedestrian Action (P)</b>				
Unit No	1	05	2		3		4	
01	2							
Unit No	1	00	2		3		4	
02	2							
00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Pol Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown								
<b>Unit No</b> 01				<b>Unit No</b> 02				

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

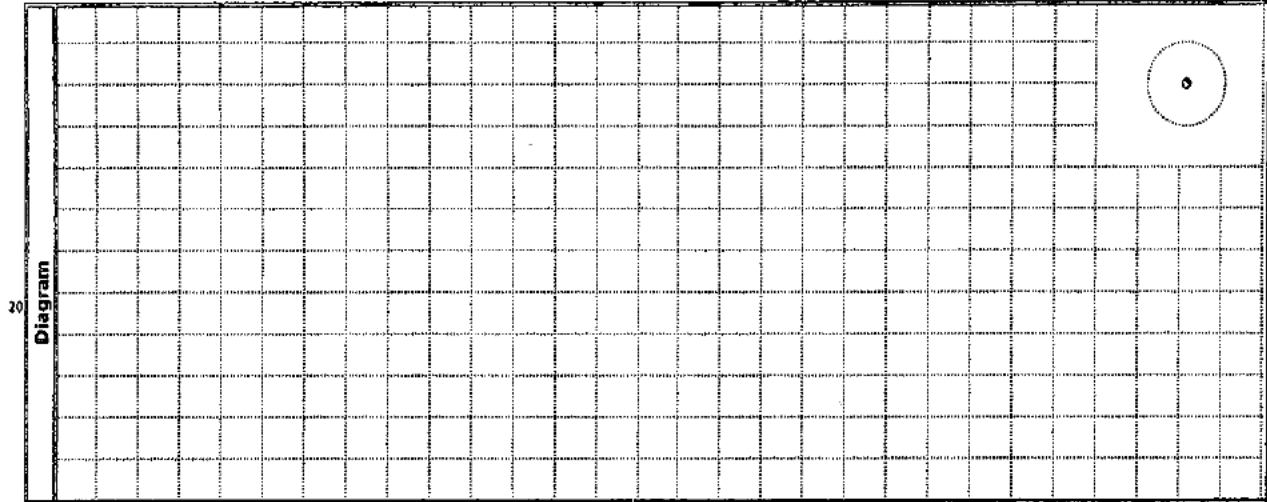
AA 500 5

Police Use Only

Page

6

W0449900



21

1	Witness Name	Phone
	Address	
2	Witness Name	Phone
	Address	

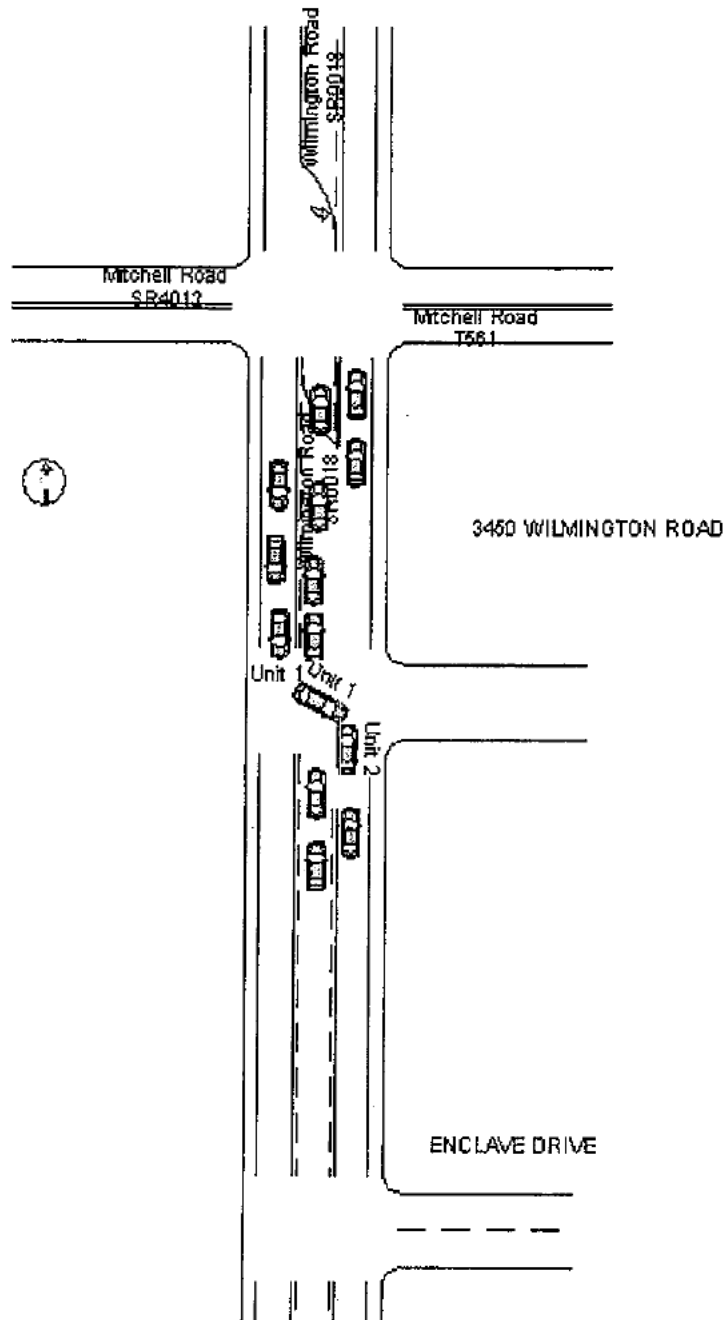
22

Witness and Narrative

Narrative and additional witnesses: \_\_\_\_\_

Accident Investigation Notification Issued?  Property Damage

Crash Number: [REDACTED]  
Incident Number: [REDACTED]



March 30, 2015

[REDACTED]  
New Wilmington, PA [REDACTED]

Toyota Financial Services  
P.O. Box 9490  
Ceder Rapids, IA 52409-9916

RE: 2014 Toyota Camey  
Vin: 4T1BF1FK7EU [REDACTED]  
Acct # : [REDACTED]

Dear Sir,

I have leased this Toyota on October 15, 2013, from your dealer Preston Motors of New Castle, PA. On December 9, 2014, I was involved in a motor vehicle accident in which my car sustained substantial front end and driver side damage. The car was towed to Preston Motors. The body shop estimated the damage at 5000. to \$7000. and would take several weeks to repair.

After seven weeks and a cost of \$14,400., I picked up the car on January 19, 2015, drove approximately four blocks and returned to the body shop due to a large pounding and grinding noise in the left front of the car.

Two days later, Preston said they did not properly attach several parts.

The car was not driven much (300 Miles or so) because of my surgery to my neck. On March 10, 2015, I was being driven to a doctor appointment when the car (stalled) on a freeway entrance ramp. The car would not start and was towed to the nearest Toyota dealer. The dealer repaired the cause which was a bad connection on a computer sensor, because the bolt used by Preston was not to factory specifications. I had to pay for this repair and the towing because of the excessive damage from the accident and the improper repair negated the warranty the dealer said.

Additionally, at the time of the accident, none of the air bags deployed causing a cervical injury. I was taken to the emergency room for six visits for treatment and on December 22, 2014, had neck surgery to repair the damage.

I am still in treatment and therapy for those injuries of my neck, arm, back and shoulder. I missed two months of work, was given only one third of my pay from the insurance company. Have had little use of my arm, still have a lot of pain and still going to the doctors. As a mother of two children and head of house hold, I had to return to work early.

I do not understand why the air bags did not deploy. Furthermore, I have a better understanding why my car was not totaled. Preston Motors is a preferred body shop under the Erie Insurance Company. Otherwise, according to other dealers and body shops this car at its book value would have been totaled.

Because of the accident and problems with Preston Motors, I feel the car is not safe and should not be driven. Furthermore, I have expressed this concern to Preston Motors to no avail. I also contacted Toyola Leasing who said they have no dealings in this matter and I am obligated to continue with the terms of the lease.

I believe with all that has happened, I should be able to hand this car back with no further obligation on my part.

Looking forward to hear from you on this matter, thank you.

Sincerely,



Enclosure:  
cc: Toyota Sales, USA Inc

CUSTOMER #: [REDACTED]

# Mel Grata

CHEVROLET • TOYOTA • SCION

2757 EAST STATE STREET • P.O. BOX 1389  
HERMITAGE, PA 16148  
TELEPHONE: (724) 347-7702  
www.melgrata.com

NEW WILMINGTON, PA [REDACTED]  
HOME: [REDACTED] CONT: N/A  
BUS: [REDACTED] CELL: [REDACTED]

PAGE 1

SERVICE ADVISOR: 639 ERIC R KRAMER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE / REG #	MILEAGE IN / OUT	TAG	
	14	TOYOTA CAMRY	4T1BF1EK7EU [REDACTED]		11340/11340		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
01JAN14 DD			18:00 11MAR15			CASH	12MAR15
R/O OPENED	READY	OPTIONS: ENG:2.5_Liter					
08:02 11MAR15	11:02 12MAR15						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUSTOMER HAS DRIVING AND ENGINE STARTED TO STAUL. TURNED ENGINE OFF AND RESTARTED BUT HESITATED AND STAULED AGAIN. SHUT OFF AND NOW ENGINE WILL NOT RUN

CAUSE: CHECK CODES -BRAKE AND ABS LIGHTS ON, LEFT TURN SIGNAL INOP  
15 DIAG AND REPAIR

PARTS:	0.00	LABOR:	198.17	OTHER:	0.00	TOTAL LINE A:	198.17
--------	------	--------	--------	--------	------	---------------	--------

PERFORMED ELECTRICAL DIAG. AND FOUND GROUND WIRE FOR SEVERAL ELECTRICALLY SYSTEMS LOOSE. GROUND WAS ON BRACKET IN LEFT FRONT FENDER UNDER BATTERY. TIGHTENED EXISTING/PREVIOUSLY INSTALLED BOLT AND REASSEMBLED (EXISTING BOLT, PREVIOUS REPAIR) . CLEARED CODES AND ROAD TESTED OK. IF ISSUE RETURNS RECOMMEND REPLACING EXISTING GROUND BOLT WITH FACTORY BOLT.

B INSPECT FOR CORRECT DRIVERS FLOORMAT AND RETENTION  
MAT INSPECT FOR CORRECT DRIVERS FLOORMAT AND RETENTION

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

FLOORMAT OK.

MEL GRATA CHEVROLET TOYOTA  
PAID [Signature] 3/12/15  
DATE

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	198.17
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	0.00
TOTAL CHARGES	198.17
LESS INSURANCE	0.00
SALES TAX	11.89
PLEASE PAY THIS AMOUNT	210.06

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE



**PRESTON MOTORS INC**

\*\*\*\*\* GOD BLESS AMERICA \*\*\*\*\*  
1500 WILMINGTON RD, NEW CASTLE, PA 16105  
Phone: (724) 658-6500  
FAX: (724) 658-6297

Workfile ID: 0aafb624  
Federal ID: 251607401  
License Number: 142469

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Adjuster: DZADOVSKY, EDWARD, (800) 922-1824 Business

Insured: [REDACTED]  
Type of Loss: 170CL-Collision  
Point of Impact: 12 Front

Policy #: [REDACTED]  
Date of Loss: 12/9/2014 4:45:00 PM

Claim #: [REDACTED]  
Days to Repair: 0

**Owner:**  
[REDACTED]  
NEW WILMINGTON, PA [REDACTED]  
[REDACTED] Cell:

**Inspection Location:**  
PRESTON MOTORS INC  
1500 WILMINGTON RD  
NEW CASTLE, PA 16105  
Repair Facility  
(724) 658-6500 Business

**Insurance Company:**  
ERIE INSURANCE GROUP  
WARRENDALE  
301 COMMONWEALTH DR.  
WARRENDALE, PA 15086  
(800) 922-1824 Business

**VEHICLE**

Year: 2014  
Make: TOYO  
Model: CAMRY SE  
Color: BLACK METALIC Int:  
BLACK

Body Style: 4D SED  
Engine: 4-2.5L-FI  
Production Date: 9/2013  
Condition:

VIN: 4T1BF1FK7EU [REDACTED]  
License: [REDACTED]  
State: PA  
Job #:

Mileage In: 10820  
Mileage Out:  
Vehicle Out:

**TRANSMISSION**

Automatic Transmission

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors

**DECOR**

Dual Mirrors  
Tinted Glass  
Console/Storage  
Overhead Console

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Message Center  
Steering Wheel Touch Controls  
Telescopic Wheel

**RADIO**

AM Radio  
FM Radio  
Stereo

Search/Seek

CD Player  
Auxiliary Audio Connection

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device  
Rear Side Impact Air Bags

**SEATS**

Bucket Seats

Leather Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps  
Traction Control  
Stability Control  
Rear Spoiler  
Power Trunk/Gate Release

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>1</b>		<b>FRONT BUMPER &amp; GRILLE</b>					
2		O/H front bumper		0	0.00	2.4	0.0
3	Repl	Bumper cover	5211906975	1	281.76	Incl.	2.6
4		Add for Clear Coat		0	0.00	0.0	1.0
5		Add for fog lamps		0	0.00	0.4	0.0
6	Repl	Prep unprimed bumper		1	0.00	0.0	0.7
7	Repl	RT Side support	5253506130	1	32.70	0.1	0.0
8	Repl	LT Side support	5253606120	1	32.70	0.1	0.0
9	* S01	Repl Energy absorber	5261106232	1	<u>61.14</u>	Incl.	0.0
10	* S01	Repl Reinf beam	5202106140	1	<u>155.64</u>	0.4	0.0
11	* R&I	RT Hole cover		0	0.00	Incl.	0.0
12	Repl	LT Hole cover	5212806290	1	72.78	Incl.	0.0
13	* R&I	LT Molding strip		0	0.00	Incl.	0.0
14	* R&I	RT Lamp bracket		0	0.00	Incl.	0.0
15	Repl	LT Lamp bracket	5212606200	1	16.41	Incl.	0.0
16	* R&I	Lower grille		0	0.00	Incl.	0.0
17	* Repl	Grille assy black	5310106340C0	1	256.16	Incl.	<u>0.0</u>
18	** S02	Repl A/M Bumper cover upper clip	5216102020	3	6.48	0.0	0.0
19	** S02	Repl A/M Grille assy upper clip	5216102020	3	6.48	0.0	0.0
20	** S02	Repl A/M bumper retainers		2	3.74	0.0	0.0
<b>21</b>		<b>FRONT LAMPS</b>					
22	Repl	RT Headlamp assy SE model	8111006800	1	364.25	Incl.	0.0
23	Repl	LT Headlamp assy SE model	8115006800	1	364.25	Incl.	0.0
24		Aim headlamps		0	0.00	0.5	0.0
25	* R&I	RT Fog lamp assy		0	0.00	Incl.	0.0
26	Repl	LT Fog lamp assy	8122006071	1	166.45	Incl.	0.0
27		Aim fog lamps		0	0.00	0.3	0.0
<b>28</b>		<b>RADIATOR SUPPORT</b>					
29		Refinish Components		0	0.00	0.0	1.8
30	Repl	Radiator support	5321006281	1	509.15 s	8.6	Incl.
31	S01	Evacuate & recharge		0	0.00 m	1.4 M	0.0
32	S01	Refrigerant recovery		0	0.00 m	0.4 M	0.0
33	Repl	Sight shield	5329506071	1	110.33	Incl.	0.0
34	Repl	RT Deflector SE model	5329306330	1	52.61	Incl.	0.0
35	Repl	LT Deflector SE model	5329406320	1	54.33	Incl.	0.0
<b>36</b>		<b>COOLING</b>					
37	Repl	Radiator assy	164000V110	1	318.79 m	Incl.	0.0
38	* S01	Repl Cooling shroud	167110V100	1	<u>101.31</u> m	0.5	0.0
<b>39</b>		<b>AIR CONDITIONER &amp; HEATER</b>					
40	Repl	Condenser assy	8846006230	1	944.69 m	Incl.	0.0
<b>41</b>		<b>HOOD</b>					
42	* Rpr	Hood		0	0.00	<u>2.0</u>	2.8

**Preliminary Supplement 2 with Summary**

Customer: XXXXXXXXXX

Job Number:

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

43	#		PARTIAL PAINT FULL CLEAR DEDUCT		1	0.00	0.0	-0.3	
44		S01	Repl RT Hood cushion	90541A0001	1	2.50	0.0	0.0	
45	**	S02	Repl A/M Insulator clip	90467A0003	7	<u>8.40</u>	0.0	0.0	
46	<b>FENDER</b>								
47			Repl LT Fender	5381206150	1	232.11	1.7	2.0	
48			Overlap Major Adj. Panel		0	0.00	0.0	-0.4	
49			Add for Edging		0	0.00	0.0	0.5	
50			Add for Clear Coat		0	0.00	0.0	0.1	
51		R&I	LT Protector		0	0.00	Incl.	0.0	
52		Repl	LT Front bracket	5380433030	1	31.81	0.1	0.3	
53	*	R&I	LT Rear seal		0	0.00	<u>Incl.</u>	0.0	
54		Repl	LT Fender liner SE model	5387606170	1	104.53	Incl.	0.0	
55		Repl	LT Fender liner pad	5385206040	1	28.19	0.1	0.0	
56	*	Rpr	LT Apron assy		0	0.00 s	<u>3.0</u>	<u>0.5</u>	
57			Overlap Major Non-Adj. Panel		0	0.00	0.0	-0.2	
58	**	S02	Repl A/M LT Fender liner clip	9046707166	4	<u>4.76</u>	0.0	0.0	
59	*	Rpr	RT Apron assy		0	0.00 s	<u>2.0</u>	<u>0.5</u>	
60			Overlap Major Non-Adj. Panel		0	0.00	0.0	-0.2	
61	*	Repl	LT Outer rail (HSS)	5711606020	1	158.52	<u>2.0</u>	0.0	
62	*	S01	Repl RT Mount bracket ft suspension (HSS)	5710506010	1	<u>100.42</u> s	1.1	0.4	
63		Sect	LT Inner rail (HSS)	5711206031	1	321.80	4.5	0.5	
64	*	S01	Repl LT Gusset	5716806010	1	6.67	<u>0.5</u>	0.0	
65		Repl	LT Rail extn (HSS)	5710806011	1	59.45 s	1.5	0.4	
66		Repl	LT Rail end (HSS)	5711806030	1	59.79 s	1.0	0.0	
67		Repl	LT Outer rail bracket flex hose	5168206020	1	11.95	0.2	0.2	
68	*	Rpr	RT Fender		0	0.00	<u>1.5</u>	<u>0.3</u>	
			Note: REPAIR LOWER BRACKET AREA. KEEP PAINT UNDERNEATH						
			1HRS FOR REPAIR AND .5 FOR ALIGNMENT OF FENDER						
69			Overlap Major Adj. Panel		0	0.00	0.0	-0.4	
70	*	Rpr	RT Front bracket		0	0.00	<u>0.5</u>	<u>0.2</u>	
71	*	Rpr	RT Rail assy (HSS)		0	0.00 s	<u>3.0</u>	1.4	
			Note: ATTEMPT TO REPAIR AFTER PULL						
72			Overlap Major Non-Adj. Panel		0	0.00	0.0	-0.2	
73		S01	R&I RT R&I fender assy		0	0.00	1.6	0.0	
74	*	S01	Repl LT Front reinf	5715206010	1	<u>17.21</u>	<u>0.5</u>	0.0	
75	*	S01	Repl LT Side reinf	5715606011	1	<u>31.29</u>	<u>1.0</u>	0.0	
76	*	S01	Repl RT Gusset	5716706010	1	6.52	<u>0.5</u>	0.0	
77	*	S01	Repl LT Front extn	5371406090	1	<u>33.96</u>	1.5	0.4	
78	#	S01	Repl BATTERY CARRIER SUPPORT	5377106090	1	47.61	1.0	0.0	
79	<b>ELECTRICAL</b>								
80	*	R&I	TPMS sensor		0	0.00 m	<u>0.2</u>	0.0	
81	*	Repl	Hold down	7440406130	1	18.56	<u>Incl.</u>	0.0	

**Preliminary Supplement 2 with Summary**

Customer: XXXXXXXXXX

Job Number:

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

82		R&I	Battery		0	0.00 m	Incl.	0.0
83	*	R&I	Junction block		0	0.00	<u>0.5</u>	0.0
84	*	R&I	Relay box		0	0.00	<u>0.5</u>	0.0
85		R&I	ECM 2.5 liter, w/Federal emissions SE model		0	0.00 m	0.5	0.0
86	<b>ENGINE / TRANSAXLE</b>							
87	*	R&I	Air inlet		0	0.00 m	<u>Incl.</u>	0.0
88	*	R&I	Cover		0	0.00 m	<u>Incl.</u>	0.0
89		R&I	R&I air cleaner body		0	0.00 m	Incl.	0.0
90		S01	Repl R&I engine/trans assy		1	0.00 m	11.4 M	0.0
Note: LABOR: Time is after exhaust assembly is removed.								
91	<b>EXHAUST SYSTEM</b>							
92		S01	R&I R&I exhaust assy rearward of manifolds		0	0.00 m	1.1 M	0.0
93	<b>WHEELS</b>							
94			Repl LT/Front Wheel, alloy 5 spoke 17"	4261106750	1	382.25 m	0.3	0.0
95	<b>FRONT SUSPENSION</b>							
96			O/H frt susp lt		0	0.00 m	2.8	0.0
97			Repl LT Knuckle SE model	4321206240	1	285.57 m	Incl.	0.0
98			Repl LT Strut SE model	4852009240	1	130.96 m	Incl.	0.0
99			Repl LT Control arm SE model	4806907040	1	185.35 m	2.6	0.0
100			Deduct for Overlap		0	0.00	-0.3	0.0
101			Repl LT Wheel bearing	9008036193	1	78.58	Incl.	0.0
102			Repl LT Wheel bearing snap ring	9052077001	1	6.03	0.0	0.0
103	*	S01	Repl LT Front brace	5103607010	1	<u>75.22</u>	<u>0.5</u>	0.0
104		S01	Repl LT Axle nut	9008017238	1	7.04	0.0	0.0
105		S01	Repl LT Ball joint	4334009170	1	63.70 m	Incl.	0.0
106		S01	Repl LT Axle assy 2.5 liter	4342006810	1	483.19 m	1.4	0.0
107		S01	Deduct for Overlap		0	0.00	-0.8	0.0
108		S01	Deduct for Overlap		0	0.00	-0.5	0.0
109	<b>STEERING GEAR &amp; LINKAGE</b>							
110		S01	Repl LT Outer tie rod	4547009140	1	100.01 m	0.5	0.0
111		S01	Deduct for Overlap		0	0.00	-0.2	0.0
112	<b>STEERING COLUMN</b>							
113	*		Repl Cruise switch	8463208021	1	108.64	<u>1.0</u>	0.0
114	<b>WINDSHIELD</b>							
115			Repl Washer reservoir	8531506220	1	103.18	Incl.	0.0
116	<b>COWL</b>							
117	*	S01	R&I Master cylinder		0	0.00 m	<u>Incl.</u>	0.0
118		S01	R&I Booster		0	0.00 m	1.8 M	0.0
119		S02	R&I Rear insulator		0	0.00	0.7	0.0
120	**	S02	Repl A/M Rear insulator clip	9046706197	4	<u>5.80</u>	0.0	0.0
121	*	S02	Rpr Cowl panel		0	0.00	<u>2.5</u>	1.1
122		S02	Overlap Major Non-Adj. Panel		0	0.00	0.0	-0.2
123	<b>PILLARS, ROCKER &amp; FLOOR</b>							

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

124		R&I	RT Rocker molding SE model		0	0.00	Incl.	0.0	
125		R&I	LT Rocker molding SE model		0	0.00	Incl.	0.0	
126	*	Rpr	LT Windshield pillar		0	0.00 s	1.0	1.0	
127			Overlap Major Non-Adj. Panel		0	0.00	0.0	-0.2	
128			Add for Clear Coat		0	0.00	0.0	0.2	
129	**	S02	Repl A/M LT Rocker molding clip #2	7586706030	5	22.80	0.0	0.0	
130	**	S02	Repl A/M LT Rocker molding clip #1	75867AA010	6	27.96	0.0	0.0	
131	**	S02	Repl A/M RT Rocker molding clip #1	75867AA010	7	32.62	0.0	0.0	
132	**	S02	Repl A/M RT Rocker molding clip #2	7586706030	6	27.36	0.0	0.0	
133	<b>FRONT DOOR</b>								
134	*	Rpr	LT Outer panel		0	0.00	1.0	2.2	
135			Overlap Major Adj. Panel		0	0.00	0.0	-0.4	
136		S02	Clear Coat		0	0.00	0.0	2.5	
137	#		PARTIAL PAINT FULL CLEAR DEDUCT		1	0.00	0.0	-0.3	
138	#	S01	R&I WIRE HARNESS FRONT Note: REMOVE AND REINSTALL AS NEEDED		0	0.00	1.5	0.0	
139	#	S01	Rpr PULL BACK CARPET LT SIDE TO WELD RAIL		0	0.00	1.0	0.0	
140	#		thrust angle alignment		1	69.95	0.0	0.0	
141	#		DEXCOOL PER GAL		1	15.00	0.0	0.0	
142	#	Repl	RESTORE CORROS/PROT/RUST PROOF		1	10.00	0.1	0.0	
143	#	S02	Rpr ELECTRONICS RESET		0	0.00	1.0 M	0.0	
144	#	Repl	CAR COVER		1	10.00 T	0.2	0.0	
145	#		FLEX AGENT (PER PANEL)		1	12.00 T	0.0	0.0	
146	#	Rpr	FRAME/UNIBODY SET-UP & GUAGE		0	0.00	2.0 F	0.0	
147	#	S02	Rpr FRAME BODY PULL & SQUARE FRONT		0	0.00	3.5 F	0.0	
148	#		HAZARDOUS WASTE REMOVAL		1	5.00 T	0.0	0.0	
149	#		TIRE MOUNT & BALANCE		1	20.00 T	0.0	0.0	
150	#		EVACUATE & RECHARGE A/C R-134		1	30.00 T	0.0	0.0	
151	#		ESTIMATE COPY GIVEN TO THE VEHICLE OWNER.		1	0.00	0.0	0.0	
152			OTHER CHARGES						
153	#		Towing		1	510.00			
<b>SUBTOTALS</b>						<b>8,006.41</b>	<b>83.7</b>	<b>20.8</b>	

**NOTES**

Estimate Notes:  
 VEHICLE AT SHOP 12/9  
 REPAIR DAYS 14  
 PARTS DAYS 3  
 WEEKENDS 8

Preliminary Supplement 2 with Summary

Customer: [REDACTED]

Job Number:

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

HOLIDAY DAYS 3  
DRY 1  
NON DRIVE 10  
RENTAL DAYS 39

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			7,419.41
Body Labor	61.1 hrs @	\$ 48.00 /hr	2,932.80
Paint Labor	20.8 hrs @	\$ 48.00 /hr	998.40
Mechanical Labor	17.1 hrs @	\$ 52.00 /hr	889.20
Frame Labor	5.5 hrs @	\$ 52.00 /hr	286.00
Paint Supplies			550.00
Miscellaneous			77.00
Other Charges			510.00
Subtotal			13,662.81
Sales Tax	\$ 13,152.81 @	6.0000 %	789.17
<b>Grand Total</b>			<b>14,451.98</b>
Deductible			1,000.00
<b>CUSTOMER PAY</b>			<b>1,000.00</b>
<b>INSURANCE PAY</b>			<b>13,451.98</b>

**Preliminary Supplement 2 with Summary**

Customer: XXXXXXXXXX

Job Number:

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

**SUPPLEMENT SUMMARY**

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>Changed Items</b>							
138	#	Rpr	ELECTRONICS RESET	0	0.00	-0.5	0.0
143	#	S02 Rpr	ELECTRONICS RESET	0	0.00	1.0 M	0.0
<b>Deleted Items</b>							
40			Add for Clear Coat	0	0.00	0.0	-1.1
46			Add for Clear Coat	0	0.00	0.0	-0.3
51			Add for Clear Coat	0	0.00	0.0	-0.1
61	S01		Add for Clear Coat	0	0.00	0.0	-0.1
65			Add for Clear Coat	0	0.00	0.0	-0.1
68			Add for Clear Coat	0	0.00	0.0	-0.1
71			Add for Clear Coat	0	0.00	0.0	0.0
73			Add for Clear Coat	0	0.00	0.0	-0.1
81	S01		Add for Clear Coat	0	0.00	0.0	-0.1
			NOTE: WELDED SUPPORT				
132			Add for Clear Coat	0	0.00	0.0	-0.4
<b>Added Items</b>							
18	**	S02 Repl	A/M Bumper cover upper clip	5216102020	3	6.48	0.0
19	**	S02 Repl	A/M Grille assy upper clip	5216102020	3	6.48	0.0
20	**	S02 Repl	A/M bumper retainers		2	3.74	0.0
45	**	S02 Repl	A/M Insulator clip	90467A0003	7	<u>8.40</u>	0.0
58	**	S02 Repl	A/M LT Fender liner clip	9046707166	4	<u>4.76</u>	0.0
119		S02 R&I	Rear insulator		0	0.00	0.7
120	**	S02 Repl	A/M Rear insulator clip	9046706197	4	<u>5.80</u>	0.0
121	*	S02 Rpr	Cowl panel		0	0.00	<u>2.5</u>
122		S02	Overlap Major Non-Adj. Panel		0	0.00	0.0
129	**	S02 Repl	A/M LT Rocker molding clip #2	7586706030	5	22.80	0.0
130	**	S02 Repl	A/M LT Rocker molding clip #1	75867AA010	6	27.96	0.0
131	**	S02 Repl	A/M RT Rocker molding clip #1	75867AA010	7	32.62	0.0
132	**	S02 Repl	A/M RT Rocker molding clip #2	7586706030	6	27.36	0.0
136		S02	Clear Coat		0	0.00	0.0
147	#	S02 Rpr	FRAME BODY PULL & SQUARE FRONT		0	0.00	3.5 F
<b>SUBTOTALS</b>					<b>146.40</b>	<b>7.2</b>	<b>1.0</b>

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

**TOTALS SUMMARY**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			146.40
Body Labor	2.7 hrs @	\$ 48.00 /hr	129.60
Paint Labor	1.0 hrs @	\$ 48.00 /hr	48.00
Mechanical Labor	1.0 hrs @	\$ 52.00 /hr	52.00
Frame Labor	3.5 hrs @	\$ 52.00 /hr	182.00
Paint Supplies	1.0 hrs @	\$ 28.00 /hr	28.00
Additional Supplement Materials/Supplies			-28.00
<b>Subtotal</b>			<b>558.00</b>
Sales Tax	\$ 558.00 @	6.0000 %	33.48
<b>Total Supplement Amount</b>			<b>591.48</b>
<b>NET COST OF SUPPLEMENT</b>			<b>591.48</b>

**CUMULATIVE EFFECTS OF SUPPLEMENT(S)**

Estimate	11,949.01	Edward Megyesi
Supplement S01	1,911.49	Tony Reino
Supplement S02	591.48	Tony Reino
<b>Job Total:</b>	<b>\$ 14,451.98</b>	
<b>CUSTOMER PAY:</b>	<b>\$ 1,000.00</b>	
<b>INSURANCE PAY:</b>	<b>\$ 13,451.98</b>	

Preliminary Supplement 2 with Summary

Customer: [REDACTED]

Job Number:

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED: D=DISCONTINUED PART A=APPROXIMATE PRICE B=BODY LABOR D=DIAGNOSTIC E=ELECTRICAL F=FRAME G=GLASS M=MECHANICAL P=PAINT LABOR S=STRUCTURAL T=TAXED MISCELLANEOUS X=NON TAXED MISCELLANEOUS ADJ=ADJACENT ALGN=ALIGN A/M=AFTERMARKET BLND=BLEND CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION D&R=DISCONNECT AND RECONNECT EST=ESTIMATE EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY INCL=INCLUDED MISC=MISCELLANEOUS NON-ADJ=NON ADJACENT O/H=OVERHAUL OP=OPERATION NO=LINE NUMBER QTY=QUANTITY RECOND=RECONDITION REFN=REFINISH REPL=REPLACE R&I=REMOVE AND INSTALL R&R=REMOVE AND REPLACE RPR=REPAIR RT=RIGHT SECT=SECTION SUBL=SUBLET LT=LEFT W/O=WITHOUT W/\_=WITH/\_ #=MANUAL LINE ENTRY \*=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED]. \*\*=DATABASE LINE WITH AFTERMARKET N=NOTES ATTACHED TO LINE NAGS=NATIONAL AUTO GLASS SPECIFICATIONS. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

THE ATTACHED ESTIMATE REPRESENTS AN APPRAISAL OF THE COST OF REPAIR FOR THE VISIBLE DAMAGE TO THE VEHICLE NOTED AT THE TIME OF INSPECTION NECESSARY TO RETURN THE VEHICLE TO ITS PREDAMAGED CONDITION. COSTS ABOVE THE APPRAISED AMOUNT MAY BE THE RESPONSIBILITY OF THE VEHICLE OWNER. THERE IS NO REQUIREMENT THAT THE VEHICLE OWNER USE ANY SPECIFIED REPAIR SHOP. INFORMATION REGARDING REPAIR FACILITIES WHICH WILL BE ABLE TO REPAIR THE VEHICLE FOR THE APPRAISED AMOUNT IS AVAILABLE FROM THE INSURANCE COMPANY. IF USED PARTS ARE SPECIFIED, THEY ARE REQUIRED TO BE OF LIKE KIND AND QUALITY TO THOSE BEING REPLACED. INCIDENTAL CHARGES SUCH AS TOWING, PROTECTIVE CARE, CUSTODY, STORAGE, DEPRECIATION, BATTERY AND TIRE REPLACEMENT ARE NOTED WHEN APPLICABLE.

Estimate calculated using a preset user threshold amount for the paint and material cost.

AFTERMARKET CRASH PART - A NONORIGINAL EQUIPMENT MANUFACTURER (NON-OEM) REPLACEMENT PART, EITHER NEW OR USED, FOR ANY OF THE NONMECHANICAL PARTS THAT GENERALLY CONSTITUTE THE EXTERIOR OF THE MOTOR VEHICLE, INCLUDING INNER AND OUTER PANELS. THIS APPRAISAL WILL INDICATE IF AFTERMARKET CRASH PARTS ARE SPECIFIED. IF THE USE OF SUCH PARTS VOIDS THE WARRANTY ON THE PART BEING REPLACED OR ON ANY OTHER PART, THE AFTER MARKET CRASH PART SHALL HAVE A WARRANTY EQUAL TO OR BETTER THAN THE REMAINDER OF THE EXISTING WARRANTY.

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARM8524, CCC Data Date 1/9/2015, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2015 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

**SYMBOLS FOLLOWING PART PRICE:**

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

**SYMBOLS FOLLOWING LABOR:**

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

**OTHER SYMBOLS AND ABBREVIATIONS:**

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

**ALTERNATE PARTS SUPPLIERS**

Line	Supplier	Description	Price
3	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5211906975  Bumper cover	\$ 281.76
7	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5253506130  RT Side support	\$ 32.70
8	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5253606120  LT Side support	\$ 32.70
9	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5261106232  Energy absorber	\$ 61.14
10	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5202106140  Reinf beam	\$ 155.64
12	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5212806290  LT Hole cover	\$ 72.78
15	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5212606200  LT Lamp bracket	\$ 16.41
17	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd	#5310106340C0  Grille assy black	\$ 256.16

Preliminary Supplement 2 with Summary

Customer [REDACTED]

Job Number:

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

New Castle PA 16105  
(724) 658-6500

18	Kent Automotive 1666 EAST TOUHY AVENUE DES PLAINES, IL 60018 (847) 827-9666 (847) 827-1525	#KT11709 A/M Bumper cover upper clip	\$ 2.16
19	Kent Automotive 1666 EAST TOUHY AVENUE DES PLAINES, IL 60018 (847) 827-9666 (847) 827-1525	#P23263 A/M Grille assy upper clip	\$ 2.16
22	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#8111006800 RT Headlamp assy SE model	\$ 364.25
23	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#8115006800 LT Headlamp assy SE model	\$ 364.25
26	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#8122006071 LT Fog lamp assy	\$ 166.45
30	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5321006281 Radiator support	\$ 509.15
33	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5329506071 Sight shield	\$ 110.33
34	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5329306330 RT Deflector SE model	\$ 52.61

**Preliminary Supplement 2 with Summary**

**Customer** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

35	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5329406320  LT Deflector SE model	\$ 54.33
37	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#164000V110  Radiator assy	\$ 318.79
40	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#8846006230  Condenser assy	\$ 944.69
47	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5381206150  LT Fender	\$ 232.11
52	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5380433030  LT Front bracket	\$ 31.81
54	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5387606170  LT Fender liner SE model	\$ 104.53
55	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5385206040  LT Fender liner pad	\$ 28.19
61	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5711606020  LT Outer rail (HSS)	\$ 158.52
64	Preston Motors -Toyota Scion Buick GMC	#5716806010	\$ 6.67

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

	Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	LT Gusset	
65	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5710806011 LT Rail extrn (HSS)	\$ 59.45
66	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5711806030 LT Rail end (HSS)	\$ 59.79
67	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#5168206020 LT Outer rail bracket flex hose	\$ 11.95
81	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#7440406130 Hold down	\$ 18.56
94	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#4261106750 LT/Front Wheel, alloy 5 spoke 17"	\$ 382.25
97	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#4321206240 LT Knuckle SE model	\$ 285.57
98	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#4852009240 LT Strut SE model	\$ 130.96
99	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd	#4806907040 LT Control arm SE model	\$ 185.35

**Preliminary Supplement 2 with Summary**

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

New Castle PA 16105  
(724) 658-6500

101	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#9008036193  LT Wheel bearing	\$ 78.58
102	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#9052077001  LT Wheel bearing snap ring	\$ 6.03
113	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#8463208021  Cruise switch	\$ 108.64
115	Preston Motors -Toyota Scion Buick GMC Cadillac 1500 Wilmington Rd New Castle PA 16105 (724) 658-6500	#8531506220  Washer reservoir	\$ 103.18
129	Kent Automotive 1666 EAST TOUHY AVENUE DES PLAINES IL 60018 (847) 827-9666 (847) 827-1525	#1365428  A/M LT Rocker molding clip #2	\$ 4.56
130	Kent Automotive 1666 EAST TOUHY AVENUE DES PLAINES IL 60018 (847) 827-9666 (847) 827-1525	#P85028  A/M LT Rocker molding clip #1	\$ 4.66
131	Kent Automotive 1666 EAST TOUHY AVENUE DES PLAINES IL 60018 (847) 827-9666 (847) 827-1525	#P85028  A/M RT Rocker molding clip #1	\$ 4.66
132	Kent Automotive 1666 EAST TOUHY AVENUE DES PLAINES IL 60018 (847) 827-9666	#1365428  A/M RT Rocker molding clip #2	\$ 4.56

**Preliminary Supplement 2 with Summary**

---

**Customer:** [REDACTED]

**Job Number:**

Vehicle: 2014 TOYO CAMRY SE 4D SED 4-2.5L-FI BLACK METALIC

(847) 827-1525

[REDACTED]  
NEW WILMINGTON, PA [REDACTED]

RANDY REID CHIEF  
OFFICE OF DEFECTS INVESTIGATION  
US DEPT OF TRANSPORTATION  
N.H. TRAFFIC SAFETY ADM  
1200 NEW JERSEY AVENUE SE  
WASHINGTON, DC 20590

83880825

USPS  
Stamps

\$2  
US PO  
FIRST-  
062S0007

