

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: 31-JUL-2015
Repository:
Reference No.: 10745280

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CANTON State: MI Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4T4BF1FK5ER [Redacted]
Make: TOYOTA Model: CAMRY Model Year: 2014
Date Purchased: 6/26/2014 Dealer's Name and Telephone Number: Victory Toyota 1-888-394-4001
Original Owner: Dealer's City: Canton State: MI Zip Code: 48188
Engine: No: Cylinders: 6 Fuel Type: Unleaded 87
Transmission Type: Automatic Antilock Brakes: Powertrain: Multiple Failure: yes Incident Date(s): 06-MAY-2015
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 180000 VEHICLE SPEED CONTROL, 140000 AIR BAGS
Sudden Acceleration while braking
Failure Mileage: 16000 Failure Speed: 15

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: DOTMAL9ABC036): _____ Original Equipment 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: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y

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. WHILE DRIVING 15 MPH, THE VEHICLE ACCELERATED AND CRASHED INTO THE REAR OF ANOTHER VEHICLE, CAUSING A THREE-VEHICLE CRASH. THE AIR BAGS FAILED TO DEPLOY. THE CONTRACT SUSTAINED A BACK INJURY THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED BY THE INSURANCE COMPANY AND REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 16,000.

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)

All information to support this failure is contained in the enclosed letter with attachments to the State of Michigan, Consumer Protection Division.



See Reverse side

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



September 22, 2015

Consumer Protection Division
P.O. Box 30213
Lansing, MI 48909

Consumer Protection Representative:

Please refer to Complaint ID 2015- [REDACTED] from [REDACTED] submitted online September 17, 2015.

On May 6, 2015, at 5:45 p.m., my 2014 Toyota Camry, Vehicle Identification Number 4T4BF1FK5ER [REDACTED] accelerated when I braked, causing a three car collision! (*This was the second time the car suddenly accelerated. The first time was on April 30, 2015 at approximately 5:10 a.m. on Ford Road in Canton, MI. I just figured there must have been oil in the road. There were no other cars around at this early hour so I did not worry about it.*) This sudden acceleration was reported to Victory Toyota in Canton, MI May 6, 2015. The service representative Steve advised that I should take the car to Knudson Brothers in Westland, MI for collision damage repair. The car would have to be repaired before Toyota could examine it.

It took 30 days to repair my car. The repairs were completed on Friday, June 5, 2015. After waiting for an appointment with Victory Toyota, On July 2, 2015, I took the Camry back to Victory Toyota and requested that they examine the car for "Sudden Acceleration." The service representative was Mr. Robert Riffle. After waiting for my car, Mr. Riffle advised that Toyota would have to keep the car for further examination. I was called to pick up my car on July 6, 2015. Mr. Riffle advised that Victory Toyota could not do anything. I would have to contact the Toyota Experience Center at 1 800-331-4331.

Mr. Daniel Castro, at the Toyota Customer Experience Center is the Case Manager, 1 800-331-4331 X72841. He requested that I sign for review of the Camry's Event Data Recorder. This was accomplished on July 23, 2015. On August 5, 2016, Mr. Ron Morese from Bosch examined the Event Data Recorder and provided the results to Toyota Headquarters in Torrence, CA and the undersigned. On August 25, 2015, Toyota furnished the enclosed letter basically stating there is nothing wrong with the Camry. Yet, on August 22, 2015, my Toyota Camry accelerated again on Greenfield Road in Oak Park, MI while braking for a red light! This incidence of sudden acceleration was reported to David Clay, Manager at Victory Toyota on August 25, 2015.

I am afraid to continue driving this car. I desire Toyota to buy back the car and reimburse Allstate Insurance Company for the \$10,233.33 that was paid for repairs. I have enclosed the following documents to support this Complaint:

Enclosure 1 – State of Michigan Traffic Crash Report and Ticket

Enclosure 2 – Victory Toyota Work Order for 15,000 mile check up on April 24, 2015

Enclosure 3 – Allstate Insurance Payments and Knudson Brothers Authorization to Repair

Enclosure 4 - Letter from Toyota and Event Data Recorder Results

Enclosure 5 – Copy of Complaint to Attorney General

Should you have any questions or need additional information feel free to call me at [REDACTED]
[REDACTED] mobile, [REDACTED] work; email: [REDACTED] or U.S. Mail: [REDACTED]
[REDACTED] Canton, MI [REDACTED]

Your expediency in this matter will be appreciated.

Sincerely,

[REDACTED]
[REDACTED]

Copy furnished: U. S. National Highway Traffic Safety Administration

ATTN: [Redacted]

Authority: 1949 PA 300, Sec 237.522
Compliance Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 10/2009)

Exempt # 0206687

Page 01 of 02
Incident # [Redacted] File Class [Redacted]
Incident Disposition: Closed
Reviewer: CHARLES BACHMEIER

STATE OF MICHIGAN TRAFFIC CRASH REPORT

OR# MI 4701200	Department Name MSP Brighton							
Crash Date 05/08/2015	Crash Time 17:45	No. of Units 03	Crash Type Rear End	Special Circumstances <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deer <input type="checkbox"/> Fire/Exp Pellet	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> Off/Incapacitate			
County 81 - Washtenaw	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Clear	Area 06 - All other freeway areas			
City/Twp 01 - Ann Arbor Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 03	Speed Limit 70	Posted Yes

Prefix NB US 23	Road Type	Subst	Divided Roadway
Distance 1,320 Feet N	Interchange 02 - Divided Hwy w/Barrier	Access Control 02 - Full access control	
Prefix PLYMOUTH	Road Type RD	Subst	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Other License Number [Redacted]	Date of Birth (Age) [Redacted]	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop
Unit Type MV	Driver Information CANTON, MI	Injury O	Position 01	Restraint 01	Hospital NONE				
Driver Condition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99	Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE				
Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Field <input type="checkbox"/> OPBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Test Results	Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Test Results	Collision Issued <input checked="" type="checkbox"/> Hazardous <input type="checkbox"/> Other					
Vehicle Registration [Redacted]	State MI	Insurance Policy # ALL STATE	Towed To/By	Special Vehicles 0	Private Trailer Type	Vehicle Detected			
VIN 4T4BF1FK5ER	Vehicle Description TOYT	Make	Model CAMRY	Color RED	Year 2014	Vehicle Type Passenger Car			
Location of Greatest Damage 01	Fast Broken 01	Extent of Damage 2	Direction No	Vehicle Operation N	Vehicle After 01 - Private	Action Prior 08 - Slowing/stop on roadway			
Sequence of Events (# in circles MOST harmful event)	First <input checked="" type="checkbox"/> 17 - Motor veh in transport	Second	Third	Fourth					

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	

Carrier Information	Carrier Source GYVR KCMC US001 MPSC						
Driver's COL Type	Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	COL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	COL Restrictions <input type="checkbox"/> 028 <input type="checkbox"/> 029 <input type="checkbox"/> 030 <input type="checkbox"/> 035 <input type="checkbox"/> 036				
Interstate/Intrastate	Vehicle Type	Type & Axle For Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Hazard <input type="checkbox"/> Cargo Sp-1	ID #	Class #
Owner Information	Owner Information						

Person Advised of Damaged Traffic Control	Damaged Property	Police
Contact Name:	Owner & Phone	
Contact Date:		
Contact Time:		

Unit Number 02	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Charter <input type="checkbox"/> Motorist	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex M	Total Occupants 01	Hazardous Action 00 - None	
Unit Type MV	[REDACTED] CANTON, MI			Injury 0	Position 01	Restraint 04	Hospital NONE			
Driver Condition • 1 02 03 04 05 06 07 08 09 080				Interlock No	Upset	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol 0 Yes • No Test Type <input type="checkbox"/> Fluid <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results		Drugs 0 Yes • No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
Vehicle Registration [REDACTED]	State MI	Insurance Policy # GEICO	Towed To By		Special Vehicles 0	Private Trailer Type	Vehicle Defect			
VIN 5NPEB4AC6DH	Year 2013	Make HYUNDAI	Model	Color GRY	Vehicle Type Passenger Car					
Location of Impact 05	First Impact 05	Entered Damage 1	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 04 - Stopped on roadway				
Sequence of Events • 17 - Motor veh in transport										

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance		

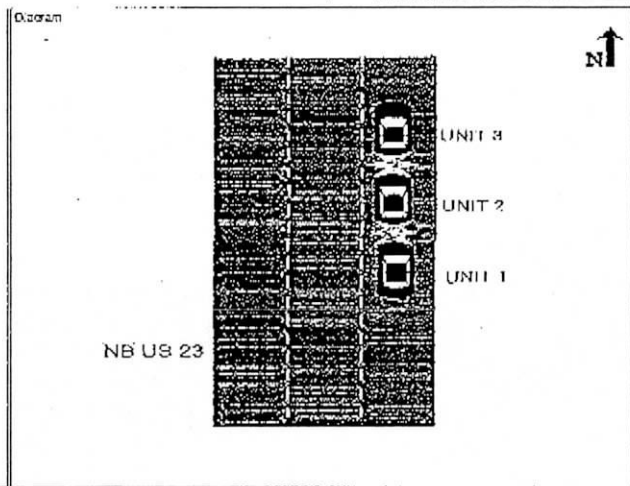
Carrier Information		Carrier Source	GVWR	LCMC	USDOT	MISC
Driver's CUL Type		Endorsements 0N 0P 0T 0N 0S 0X		CM Exempt 0 Farm 0 Other		CM Restrictions 020 029 030 035 038
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit Full Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material 0 Hazard 0 Cargo Spill	ID # Class 3

Owner Information	Owner Information
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Witness Information	Witness Information
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Investigated at Scene Yes	Reported Date (Time) 05/06/2015 (17:52)	Investigator Name (Badge) TY PURDY (1236)	Officer Name (Badge)	Photos By
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Narrative
 UNIT 1 STATED SHE WAS SLOWING FOR TRAFFIC AHEAD AND HER VEHICLE JUST ACCELERATED. UNIT'S 2 AND 3 BOTH STATED THEY WERE STOPPED ON THE ROADWAY. UNIT 2 WAS STRUCK BY UNIT 1 WHICH FORCED HIM TO COLLIDE WITH UNIT 3.



Agency: 1043 PA 900, Box 257 822
Comp/Rev: Revised MSP/UD-10F
Family: \$100 million (01/01/06)

External # 0206887
Crash # [redacted]

Page 02 of 02
Incident # [redacted] File Class [redacted]

STATE OF MICHIGAN TRAFFIC CRASH REPORT

CRASH MI 4701200	Department Name MSP Brighton	Responsible CHARLES BACHMAYER
Crash Date 05/08/2015	Crash Time 17:45	No. of Units 03
Crash Type Rear End	Special Circumstances <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> Non-Occupant and Run <input type="checkbox"/> Other	Special Checks <input type="checkbox"/> Field <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> OVI/Serum/Alc
County 81 - Washtenaw	Traffic Control None	Relation to Roadway On Road
City/Town 01 - Ann Arbor Twp	Construction Zone (Left/Right) Type None	Weather Clear
Area 00 - All other freeway areas	Light Daylight	Road Condition Dry
Total Lanes 03	Speed Limit 70	Posted Yes

Prefix 1,320 Feet N	Road Name NB US 23	Road Type RD	Surface Divided Roadway
Distance 1,320 Feet N	Traffic Way 02 - Divided Hwy w/ barrier	Access Control 02 - Full access control	
Prefix PLYMOUTH	Intersecting Road RD	Road Type RD	Surface Divided Roadway

Unit Number 03	Unit Status Yes	State MI	Driver License Number [redacted]	Vehicle Make (Age) [redacted]	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex F	Total Occupants 01	Hazardous Action 00 - None
Unit Type MIV	Unit Information [redacted]	Injury 0	Position 01	Restraint 04	Hospital NONE	Interlock No	Ejected No	Trapped No	Airbag Deployed No
Drive Creation 01 02 03 04 05 06 07 08 09 10	Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT	Test Results 0 Refused 0 PBT 0 Breath 0 Blood 0 Urine	Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Test Results <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other	Special Vehicles 0	Private Trailer Type	Vehicle Defect
Vehicle Registration [redacted]	State MI	Insurance / Policy # ALLIED	Tenured Tally	VIN 1C3BC2FG2BN [redacted]	Year 2011	Vehicle Type Passenger Car	Color GRY	Location of Greatest Damage 05	First Impact 05
Extent of Damage 1	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 04 - Stopped on roadway	Sequence of Events 1st: 17 - Motor veh in transport	Second	Third	Fourth	(● Indicates MOST harmful event)

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Injury	Airbag Deployed	Ejected	Trapped	Ambulance	

Carrier Information	Carrier Service GWR	ICCMC	USUOT	MVSC
Driver's CUL Type	Endorsements OH OP OT OS OX	CUL Exempt Of Firm Of Other	CUL Restrictions 028 029 030 033 036	
Interstate/Intrastate	Vehicle Type	Type & Axle Pw (Ltr) (Weight)	Third	Fourth
Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive	ID #	Class #

Owner Information	Owner Information
Person Advised of Damaged Traffic Control	Damaged Property
Contact Name:	Owner's Phone:
Contact Date:	
Contact Time:	

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Mixed	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Total Occupants	Hazardous Action
Unit type	Driver Information			Injury	Position	Restraint	Hospital		
Driver Condition				Wrecked	Lifted	Trapped	Airbag Deployed	Ambulance	
Alcohol				Test Results		Drug		Crash Issued	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered				<input type="checkbox"/> Blood <input type="checkbox"/> Urine		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Hazardous <input type="checkbox"/> Other	
Vehicle Registration				State	Insurance / Policy #	Towed To By		Special Vehicle	Trailer / Trailer Type
VIN		Vehicle Description		Make	Model	Color	Year	Vehicle Type	
Location of Greatest Damage		First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior		
Sequence of Events		First	Second	Third	Fourth				

PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	

BUSINESS	Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPEC
	Driver's UOL Type	Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	COL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	COL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 58		
BUSINESS	Interstate/Instate	Vehicle Type	Type & Axle Pw Unit		Cargo Body Type	Medical Card
	First	Second	Third	Fourth	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID # Class #

BUSINESS	Owner Information	Owner Information
	Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
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Narrative	Diagram
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**State of Michigan
Uniform Law Citation**

Ticket No. [REDACTED] Victim Involved
 Dept. No. **12**
 The People of: The State of Michigan Township City Village County
 Local Arrest No. [REDACTED] Detection Device [REDACTED]
 Of BAC [REDACTED] Detected Speed [REDACTED]
 THE UNDERSIGNED Month Day Year At Approx. Date Month Day Year
 SAYS THAT ON **5/6/2015** **6:03 PM** Of Birth [REDACTED]
 State Oper CDL Driver's License Number [REDACTED] SSN (Last 4 Digits) [REDACTED]
 MI Chauff. [REDACTED]
 Race **Black** Sex **F** Height **185** Hair **HAZ**
 Occupation/Employer [REDACTED]

Name (First, Middle, Last) [REDACTED]
 Street [REDACTED]
 City **CANTON** State **MI** Zip Code [REDACTED]

Vehicle Plate No. [REDACTED] Year **2015** State **MI** Vehicle Description (Year, Make, Color) **2014 TOYT MAR** Veh. Type **PA**
 THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law
 Admin. Rule

UPON **NB US 23**
 AT OR NEAR **PLYMOUTH**
 Within City Village Township OF **ANN ARBOR TWP**
 COUNTY OF: **WASHTENAW** DID THE FOLLOWING

Type	MCL Cite/PACC Code/ Ordinance	Description	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization Pend. 257.627(1)	Fail to Stop w/in Assured Clear. Dist. -Accident	1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization Pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization Pend.		3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed
 SEE DATE BELOW SEE RIGHT SIDE OF CITATION FOR EXPLANATION AND INSTRUCTIONS
 Offense Code(s)
 1 8954 2 3

Remarks
 UD [REDACTED]

VIN: **4T4BF1FK5ER** Distance: ft [REDACTED]
 CHECK IF APPROPRIATE
 Construction Zone Damage to Property Local Court Bond **\$0.00**
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
 Person in Active Military Service None

Appearance Date on or before: **10 days**
 Hearing Date (if applicable) on: Contact Court
 Juvenile Traffic Misd Formal Hearing Required (Court will Notify)

14A-2 District Court M1810035J
 Court Address & Phone Number
**14A-2 District Court
 415 W. Michigan Ave.
 Ypsilanti, MI 48197
 (734)484-6690**
 Office Hours: Monday-Friday 8:00 AM - 4:00 PM

I served a copy of the citation/complaint upon the defendant(s) or owner/occupant by posting (if applicable)
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.
 Complainer's Signature and receipt if applicable: **TY PURDY** Month Day Year **5/6/2015**
 Officer's Name (printed): **TY PURDY** Officer's ID No. **1236**
 Agency ORI: **MI4701200** Agency Name: **Michigan State Police Brighton**

Authority: 1949 PA 300 Compliance: Voluntary

CIVIL INFRACTION - READ CAREFULLY

WARNING If you fail to appear by the date specified on the front of this citation or the date and time scheduled for hearing, a default judgement will be entered against you, and, if this is a traffic violation, your driver license will be suspended. A person who fails to answer a citation is guilty of a misdemeanor. Timely application to the court for a hearing or return of the citation with an admission of responsibility and with full payment of applicable civil fines and costs constitutes a timely appearance.
 Unless this is a municipal civil infraction, if you fail to answer this citation or a notice to appear in court or to comply with a judgment, the court will notify the Secretary of State of that failure and the Secretary of State will suspend your driver license. If this is a municipal civil infraction, the municipal agency that alleged the violation and the prosecutor may try to collect the judgment through civil post-judgment collection procedures. You are alleged to be responsible for a civil infraction. For each charge listed on the front of this ticket, you must either: 1) admit responsibility, or 2) admit responsibility with explanation of 30 day responsibility. Check the appropriate box for each charge and sign your name.

ADMIT RESPONSIBILITY by mail, in person, or by representation.
By MAIL: Contact the court indicated on the front of this citation and obtain the amount of your fine and costs. Sign below. Mail this copy with your certified check or money order to the court clerk, on or before the date specified on the front of this citation.

IN PERSON OR BY REPRESENTATION. Sign below. You or your representative must bring this copy to the court clerk at the address indicated on the front of this citation on or before the date specified on the front of this citation in person.

I enter my appearance, waive my right to a hearing, and I admit responsibility for the civil infraction alleged on the front of this citation.

Charge 1 Signature _____ Date _____
 Charge 2 Signature _____ Date _____
 Charge 3 Signature _____ Date _____

ADMIT RESPONSIBILITY WITH EXPLANATION. You may admit responsibility with explanation of the circumstances of the violation which the court may consider in determining the amount of your fine and costs. You may admit responsibility with explanation by mail, in person, or by representation.

IN PERSON OR BY REPRESENTATION. Contact the court on or before the date specified on the front of this citation in person, by mail, by telephone, or by telephone to obtain a time to appear in court to give your explanation.
By MAIL: Sign below. Mail this copy and your explanation on a separate sheet of paper to the court clerk at the address indicated on or before the date specified on the front of this citation. The court will determine the amount of applicable fine and costs to be paid by you.

I enter my appearance by mail, waive my right to a hearing, and admit responsibility with explanation for the civil infraction alleged on the front of this citation.

Charge 1 Signature _____ Date _____
 Charge 2 Signature _____ Date _____
 Charge 3 Signature _____ Date _____

DENY RESPONSIBILITY. To deny responsibility you must either:
 Appear in person in court for an informal hearing before a magistrate, referee, or judge, neither side may have an attorney, OR
 Appear in court for a formal hearing before a judge. An attorney will be with the officer. You may be represented by an attorney.

If a **hearing date** is specified on the front of this citation, you must appear on that date for an informal hearing unless you contact the court at least 10 days before the date by mail, telephone, representation, or in person to request a formal hearing.

If an **appearance date** is specified on the front of this citation, you must contact the court on or before that date by mail, telephone, representation, or in person to obtain a hearing date. The court will schedule an informal hearing unless you request a formal hearing. A municipal agency may also request a formal hearing.

Charge 1 Charge 2 Charge 3

VIOLATION FOR WHICH THE COURT MAY WAIVE FINE/COSTS:
 Correct the violation. Present the citation(s) any law enforcement officer to certify the correct on. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

OFFICER CERTIFICATION I certify that the violation described on the front of this citation has been corrected.
 Charge 1 _____ on front of ticket
 Charge 2 _____ on front of ticket
 Charge 3 _____ on front of ticket

Officer's Signature _____ Officer's ID No. _____ Date _____
 Agency Name _____ Agency ORI _____

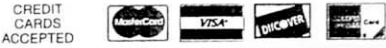
Notify the court and the Secretary of State immediately if you change your address.
PLEASE NOTE: If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

Enclosure 1



Victory Toyota

46352 MICHIGAN AVE.
 CANTON, MI 48188
 (734) 495-3500 • FAX (734) 495-3535
 www.victorytoyotaofcanton.com



STATE REGISTRATION F-158143

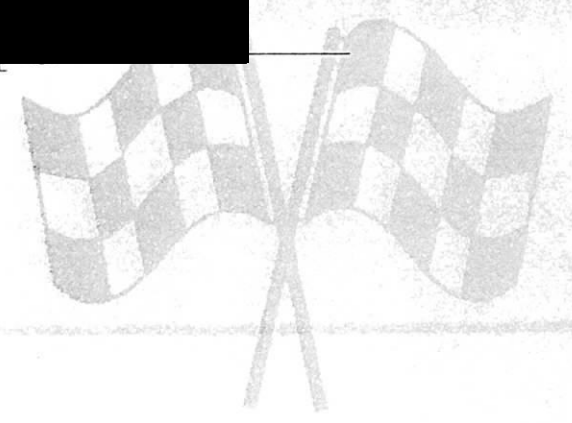
IDENTIFICATION #	REPAIRS PROPERLY COMPLETED & CHECK BY AMEE ZADINA	TAG NO. 19787	INVOICE DATE 04/24/15	INVOICE NO.
	LABOR RATE	PLATE #	CURRENT MILEAGE 14,946	EXTERIOR COLOR BARCELONA R
CANTON, MI	VEHICLE DESCRIPTION 14/TOYOTA/CAMRY/4DR SDN I4 LE AT		DELIVERY DATE 06/28/14	DELIVERY MILES 263
	SERIAL # 4 T 4 B F 1 F K 5 E R		DLR MFG. #	PRODUCTION DATE
HOME PHONE	FEDERAL TAX EXEMPT #	PURCHASE ORDER #	WORK ORDER DATE 04/24/15	ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE
OFFICE PHONE	CHASSIS # / ENGINE # / NOTES			MILEAGE OUT MO: 14946

TOTALS.....

*****	TOTAL LABOR....	44.50
* [] CASH [] CHECK CK NO. [] *	TOTAL PARTS....	0.00
* [] VISA [] MASTERCARD [] DISCOVER *	TOTAL SUBLET...	0.00
* [] AMER XPRESS [] OTHER [] CHARGE *	TOTAL G.O.G....	0.00
*****	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	-44.50
	TOTAL TAX.....	0.00
	TOTAL INVOICE \$	0.00

IMPORTANT INFORMATION FOR RECALL/WARRANTY NOTICE
 CHECK DRIVER'S FLOOR MAT
 ONLY ONE MAT!!! NEVER DOUBLE STACK FLOOR MATS!!!
 ** PROPER MAT INSTALLED? INSTALL ONLY THE SPECIFIED MATS**
 MAT SECURED PROPERLY? MATS SECURED BY FACTORY RETENTION DEVICE (CLIP OR GROMMET STYLE) ***

CUSTOMER SIGNATURE



INSURANCE CO

APPROVED BY

CLAIM NO

ATTENTION CASHIER

DEDUCTIBLE	BETTERMENT
\$	
OTHER AMOUNT	RELEASES
\$	

SIGNATURES

TERMS are cash on delivery, ESTIMATES ARE FOR LABOR ONLY, MATERIAL IS EXTRA. Storage will be charged 48 hours after repairs are completed. Not responsible for loss or damage to cars or articles left in cars in case of fire, theft, freezing, accident or any other cause beyond our control. An express garagekeeper's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

POWER OF ATTORNEY - KNOW ALL MEN THESE PRESENTS That the undersigned does hereby constitute and appoint VICTORY TOYOTA OF CANTON my (our) true and lawful attorney to sign name, place and stead of the undersigned on any insurance Checks or Drafts issued by Insurance Company covering any repairs to my (our) automobile authorized by myself (ourselves) in whatever manner is necessary to place check or draft in a cashable position.

I (we) hereby ratify and confirm whatever action said attorney shall or may take by virtue hereof in the premises.
THE ABOVE WORK HEREBY AUTHORIZED AND CONDITION: AGREED TO AS OUTLINED ABOVE:

Signed _____
 All repairs and parts listed were furnished in compliance with the Michigan Motor Vehicle Service and Repair Act.

X

THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR 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 THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.



Allstate.

You're in good hands.

Metro Detroit Casualty
P.O. BOX 9231
FARMINGTON HILLS MI 48333

[REDACTED]

CANTON MI [REDACTED]

July 01, 2015

INSURED: [REDACTED]
DATE OF LOSS: May 06, 2015
CLAIM NUMBER: [REDACTED]

PHONE NUMBER: 866-235-4274
FAX NUMBER: 866-447-4293
OFFICE HOURS: Mon - Fri 8:00 am - 7:00 pm,
Sat 8:00 am - 4:30 pm

Dear [REDACTED]

Per our conversation of July 1, 2015, per your request the amount of funds paid out on the above captioned claim to date are as follows: \$8,8876.83 for damages to your vehicle. \$842.70 for your rental vehicle while your vehicle was under repair, and \$13.80 for medical mileage. Total amount paid \$9,733.33, this amount is less your \$500.00 collision deductible.

If you have any other questions, please let me know.

Sincerely,

PAULA ZIMMER

PAULA ZIMMER
866-235-4274 Ext. 9949841
Allstate Property and Casualty Insurance Company



Allstate

Metro Detroit Casualty
P.O. BOX 9231
*FARMINGTON HILLS MI 48333

You're in good hands.



[REDACTED]

CANTON MI [REDACTED]

June 08, 2015

INSURED: [REDACTED]
DATE OF LOSS: May 06, 2015
CLAIM NUMBER: [REDACTED]

PHONE NUMBER: 866-235-4274
FAX NUMBER: 866-447-4293
OFFICE HOURS: Mon - Fri 8:00 am - 7:00 pm,
Sat 8:00 am - 4:30 pm

Dear [REDACTED]

Per our conversation of June 8, 2015, please be advised that our information on the above captioned auto accident show this auto accident occurred on May 6, at 6:05 pm as reported by you. I also reviewed the police report which indicates loss occurred at 17:45 military time or (5:45 pm). Should you have any other questions, please feel free to contact me.

Sincerely,

PAULA ZIMMER

PAULA ZIMMER
866-235-4274 Ext. 9949841
Allstate Property and Casualty Insurance Company



MICHIGAN, 510 ANN ARBOR RD W, PLYMOUTH, MI 481702228 (734) 451-2499

RENTAL AGREEMENT REF#

RENTER

SUMMARY OF CHARGES

DATE & TIME OUT
05/07/2015 08:53 AM
DATE & TIME IN
06/05/2015 05:51 PM

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	05/07 - 06/05	30	DAY	\$25.84	\$775.20
REFUELING CHARGE	05/07 - 06/05				\$0.00
				Subtotal:	\$775.20

BILLING CYCLE
CALENDAR DAY

Taxes & Surcharges					
MICHIGAN STATE SALES TAX	05/07 - 06/05			6%	\$47.70
VEHICLE LICENSE RECOVERY FEE	05/07 - 06/05	30	DAY	\$0.66	\$19.80
				Total Charges:	\$842.70

VEH #1 2014 VOLK JETT SE
VIN# 3VWD17AJ2EM
LIC#
MILES DRIVEN 116

Bill-To / Deposits

ALLSTATE INS-METRO DETROIT CAS**

BILL TO ACCOUNT
ALLSTATE INS-METRO DETROIT CAS**
ATTN: ALITI, JETMIRA
PO BOX 9229
FARMINGTON HILLS, MI 48333

TIME & DISTANCE	05/07 - 06/05	30	DAY		
REFUELING CHARGE	05/07 - 06/05				
MICHIGAN STATE SALES TAX	05/07 - 06/05	1	PERCENT	6%	
VEHICLE LICENSE RECOVERY FEE	05/07 - 06/05	30	DAY		
				Subtotal:	(\$842.70)

Total Amount Due

\$0.00

CLAIM INFO

INSURED:
LOSS DATE: 05/06/2015
INSURED
SHOP: KNUDSEN BROS.**
PHONE: (734) 721-1980
ATTN: UNKNOWN

PAYMENT INFORMATION
AMOUNT PAID TYPE

CREDIT CARD NUMBER



Allstate Property & Casualty Ins.



COPY

CUSTOMER COPY
MUST BE RETAINED
FOR ALL WARRANTIES

METRO DETROIT AUTO
"YOU'RE IN GOOD HANDS WITH ALLSTATE"
27555 EXECUTIVE DRIVE STE 225
FARMINGTON HILLS, MI 48331
Phone: (866) 235-4274

Claim #: [REDACTED]
Workfile ID: [REDACTED]

Supplement of Record 1 Summary

Written By: LARRY PIETTE, License Number: 113395, 5/21/2015 12:17:35 PM
Adjuster: HARRIS, STACEY, (248) 971-8165 Business

Insured: [REDACTED] Owner Policy #: [REDACTED] Claim #: [REDACTED]
Type of Loss: Collision Date of Loss: 05/06/2015 12:00 PM Days to Repair: 26
Point of Impact: 12 Front Deductible: 500.00

Owner (Insured):

[REDACTED]
CANTON, MI
[REDACTED] Other
[REDACTED]

Inspection Location:

KNUDSEN BROTHER
COLLISION
38033 FORD RD
WESTLAND, MI 48185
Repair Facility

Appraiser Information:

lpiet@allstate.com
(734) 250-5884

Repair Facility:

KNUDSEN BROTHER COLLISION
38033 FORD RD
WESTLAND, MI 48185

VEHICLE

Year: 2014 Color: RED Int: TAN License: [REDACTED] Production Date:
Make: TOYO Body Style: 4D SED State: MI Odometer: 15443
Model: CAMRY LE Engine: 4-2.5L-FI VIN: 4T4BF1FK5ER [REDACTED] Condition:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power 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

Cloth Seats
Bucket Seats

WHEELS

Wheel Covers

PAINT

Three Stage Paint

OTHER

Traction Control
Stability Control
Power Trunk/Gate Release

Claim #:

Workfile ID:

Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	S01 Rpr ROUGH PULL FRONT				8.0 F	
2	#	Rpr Set Up & Measure				1.5	
3		INFORMATION LABELS					
4		S01 Repl AC label	8872307030	1	0.58	0.2	
5	#	S01 Repl Emission Label		1	7.93	0.1	
6		FRONT BUMPER & GRILLE					
7		O/H front bumper				2.4	
8	** <>	Repl A/M CAPA Bumper cover	7118422Q	1	177.00	Incl.	2.6
9		Add for Three Stage					1.8
10		Repl Energy absorber	5261106121	1	60.05	Incl.	
11		Repl Impact bar	5202107020	1	211.26	0.4	
12	**	Repl A/M Lower grille	7118314	1	38.00	Incl.	
13	**	Repl A/M CAPA Grille assy	7118311Q	1	207.69	Incl.	
14		S01 Repl RT Side support	5253506130	1	33.01	0.1	
15	*	R&I LT Side support				<u>0.1</u>	
16		S01 Repl Bumper cover fastener	9046705090B1	2	3.50		
17		S01 Repl Bumper cover retainer plate	5387930040	2	15.00		
18		S01 Repl Bumper cover upper clip	5216102020	5	11.80		
19		FRONT LAMPS					
20	**	Repl A/M CAPA RT Headlamp assy L, LE, XLE models	TO2503211	1	225.00	Incl.	
21		Aim headlamps				0.5	
22	**	Repl A/M CAPA LT Headlamp assy L, LE, XLE models	TO2502211	1	225.00	Incl.	
23	*	S01 R&I RT Fog lamp assy				<u>Incl.</u>	
24	*	S01 R&I LT Fog lamp assy				<u>Incl.</u>	
25		S01 Repl Aim fog lamps		1		0.3	
26		RADIATOR SUPPORT					
27		Refinish Components					1.8
28		Repl Radiator support	5321006281	1	514.27 s	8.6	Incl.
29		Repl RT Deflector L, LE, XLE models	5329306200	1	60.05	Incl.	
30		Repl LT Deflector L, LE, XLE models	5329406190	1	60.40	Incl.	
31		COOLING					
32	**	S01 Repl A/M Radiator assy	CUC13270	1	177.15 m	Incl.	
33	**	S01 Repl A/M Coolant OEM Pink		1	34.60		
34		AIR CONDITIONER & HEATER					
35	**	Repl A/M Condenser assy	AC3995	1	160.00 m	Incl.	
36		S01 Repl AC Service evacuate & recharge		1		m	1.4
37		S01 Repl AC Service refrigerant recovery		1		m	0.4
38		HOOD					
39	**	Repl A/M CAPA Hood	7118211Q	1	293.00	1.8	2.8
40		Overlap Major Non-Adj. Panel					-0.2



Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

41			Add for Three Stage						1.0	
42			Add for Underside(Complete)						1.4	
43		R&I	Insulator 2.5 liter					Incl.		
44		R&I	Front seal					Incl.		
45	S01	Repl	RT Hinge	5341006190	1	36.92		0.5	0.5	
46	S01		Overlap Minor Panel						-0.2	
47	S01	Repl	LT Hinge	5342006160	1	36.92		0.5	0.5	
48	S01		Overlap Minor Panel						-0.2	
49	FENDER									
50	*	S01	Rpr	LT Fender				<u>1.5</u>	2.0	
51		S01		Overlap Major Adj. Panel					-0.4	
52		S01		Add for Three Stage					0.6	
53		R&I	LT Protector					Incl.		
54		R&I	LT Fender liner L, LE, XLE models					Incl.		
55		R&I	RT Protector					Incl.		
56	*	Rpr	RT Fender					<u>2.0</u>	2.0	
			NOTE: REFINISH WITH IN PANEL NO BLEND NEEDED							
57			Overlap Major Adj. Panel						-0.4	
58			Add for Three Stage						0.6	
59		R&I	RT Fender liner L, LE, XLE models					Incl.		
60		Repl	RT Rail extn (HSS)	5710706011	1	60.05	s	1.5	0.4	
61			Add for Three Stage						0.2	
62		Repl	LT Rail extn (HSS)	5710806011	1	60.05	s	1.5	0.4	
63			Add for Three Stage						0.2	
64		Repl	RT Rail end (HSS)	5711706030	1	60.40	s	1.0		
65		Repl	LT Rail end (HSS)	5711806030	1	60.40	s	1.0		
66	S01	R&I	RT R&I fender assy					1.6		
67	S01		Deduct for Overlap					-0.2		
68	S01	R&I	LT R&I fender assy					1.6		
69	S01		Deduct for Overlap					-0.2		
70	S01	Blnd	RT Apron assy				s		1.1	
71	S01	Repl	RT Fender liner clip	9046707166	6	7.26				
72	S01	Repl	LT Fender liner clip	9046707166	6	7.26				
73	S01	Blnd	LT Apron assy				s		1.1	
74	S01	Repl	RT Inner rail (HSS)	5711106021	1	325.05				
75	S01	Repl	LT Inner rail (HSS)	5711206031	1	325.05				
76	#	S01	Color Tint - major		1			1.0		
77	#	S01	R&I MISC COMPONENTS					1.5		
78	ELECTRICAL									
79		S01	R&I Battery				m	Incl.		
80		S01	Repl Hold down	7440406130	1	18.73				
81	ENGINE / TRANSAXLE									
82		S01	Repl R&I engine/trans assy		1		m	11.4	M	
83	#	S01	Rpr TEST DRIVE					1.0	M	

Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

84	FRONT SUSPENSION					
85	S01	R&I	R&I engine cradle		m	4.8 M
86	S01		Deduct for Overlap			-4.3 M
87	S01	Repl	Bleed brake system two wheel	1	m	0.9 M
88	#	S01	Rpr	Pinch Welds		1.0
89	**	S01	Repl	A/M Brake Fluid	1	14.00
90	#	S01	Subl	Two/Thrust Wheel Alignment	1	59.95 X
91	WINDSHIELD					
92		R&I	Washer reservoir			Incl.
93	COWL					
94	S01	R&I	Cowl grille w/o cold specs			0.8
95	CONSOLE					
96	*	S01	R&I	Center console L, LE, SE models ash		<u>1.4</u>
97	RESTRAINT SYSTEMS					
98	S01	Repl	RT Ft impact sensor	8917309820	1	81.55 m Incl.
99	S01	Repl	LT Ft impact sensor	8917309820	1	81.55 m Incl.
100	#	S01	Rpr	CLEAR CODES		1.0 M
101	#	S01	Rpr	Disarm SRS		0.3 M
102	PILLARS, ROCKER & FLOOR					
103		R&I	RT Rocker molding LE, XLE models			Incl.
104		R&I	LT Rocker molding LE, XLE models			Incl.
105	**	S01	Repl	A/M Corrosion Protection	3	15.00
106		S01	Repl	LT Rocker molding clip #2	7586706030	4 19.76
107		S01	Repl	RT Rocker molding clip #2	7586706030	4 19.76
108		S01	Repl	LT Rocker molding clip #1	75867AA010	6 30.54
109		S01	Repl	RT Rocker molding clip #1	75867AA010	6 30.54
110	FRONT DOOR					
111	*	S01	Rpr	LT Outer panel		<u>5.0</u> 2.2
112		S01		Overlap Major Adj. Panel		-0.4
113		S01		Add for Three Stage		0.7
114	#	S01	Refn	Partial Refinish w/ Full Clear		-0.2
115		S01	R&I	LT Surround w'strip		0.6
116		S01	R&I	LT Water shield		0.1
117		S01	R&I	LT Belt molding		0.3
118		S01	R&I	LT R&I mirror		0.3
119		S01	R&I	LT Door glass Toyota		0.6
120		S01	R&I	LT R&I outside handle		0.4
121		S01	R&I	LT R&I trim panel		0.6
122	#	S01	Refn	Pinch Welds		1.0
123	**	S01	Repl	A/M Auto Trans Fluid - qt	3	66.39
124	#	S01	Repl	Misc Hardware	1	26.00
125	**	S01	Repl	A/M Seam Sealer/Caulking	1	20.00

Claim #:
 Workfile ID:

Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

126	MISCELLANEOUS OPERATIONS				
127	* S01 Repl Cover car/bag				
128	OTHER CHARGES				
129	# Towing	1	5.00	0.2	
130	# E.P.C.	1	210.00		
		1	3.00		
SUBTOTALS			4,196.42	67.0	22.9

NOTES

Prior Damage Notes:
 NONE

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			
Body Labor	43.9 hrs @	\$ 40.00 /hr	3,923.47
Paint Labor	22.9 hrs @	\$ 40.00 /hr	1,756.00
Mechanical Labor	15.1 hrs @	\$ 90.00 /hr	1,359.00
Paint Supplies	8.0 hrs @	\$ 48.00 /hr	384.00
Miscellaneous			500.00
Other Charges			59.95
Subtotal			213.00
Sales Tax			9,111.42
Total Cost of Repairs	\$ 4,423.47 @	6.0000 %	265.41
Deductible			9,376.83
Total Adjustments			500.00
Net Cost of Repairs			500.00
			8,876.83



Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

18		S01	Repl	Bumper cover upper clip	5216102020	5	11.80		
23	*	S01	R&I	RT Fog lamp assy					Incl.
24	*	S01	R&I	LT Fog lamp assy					Incl.
25		S01	Repl	Aim fog lamps		1			0.3
31		COOLING							
32	**	S01	Repl	A/M Radiator assy	CUC13270	1	177.15	m	Incl.
33	**	S01	Repl	A/M Coolant OEM Pink		1	34.60		
36		S01	Repl	AC Service evacuate & recharge		1		m	1.4
37		S01	Repl	AC Service refrigerant recovery		1		m	0.4
45		S01	Repl	RT Hinge	5341006190	1	36.92		0.5
46		S01		Overlap Minor Panel					0.5
47		S01	Repl	LT Hinge	5342006160	1	36.92		-0.2
48		S01		Overlap Minor Panel					0.5
50	*	S01	Rpr	LT Fender					-0.2
51		S01		Overlap Major Adj. Panel					1.5
52		S01		Add for Three Stage					2.0
66		S01	R&I	RT R&I fender assy					-0.4
67		S01		Deduct for Overlap					0.6
68		S01	R&I	LT R&I fender assy					1.6
69		S01		Deduct for Overlap					-0.2
70		S01	Blnd	RT Apron assy				s	1.1
71		S01	Repl	RT Fender liner clip	9046707166	6	7.26		
72		S01	Repl	LT Fender liner clip	9046707166	6	7.26		
73		S01	Blnd	LT Apron assy				s	1.1
74		S01	Repl	RT Inner rail (HSS)	5711106021	1	325.05		
75		S01	Repl	LT Inner rail (HSS)	5711206031	1	325.05		
76	#	S01		Color Tint - major		1			1.0
77	#	S01	R&I	MISC COMPONENTS					1.5
78		ELECTRICAL							
79		S01	R&I	Battery				m	Incl.
80		S01	Repl	Hold down	7440406130	1	18.73		
81		ENGINE / TRANSAXLE							
82		S01	Repl	R&I engine/trans assy		1		m	11.4 M
83	#	S01	Rpr	TEST DRIVE					1.0 M
84		FRONT SUSPENSION							
85		S01	R&I	R&I engine cradle				m	4.8 M
86		S01		Deduct for Overlap					-4.3 M
87		S01	Repl	Bleed brake system two wheel		1		m	0.9 M
88	#	S01	Rpr	Pinch Welds					1.0
89	**	S01	Repl	A/M Brake Fluid		1	14.00		
90	#	S01	Subl	Two/Thrust Wheel Alignment		1	59.95	X	
93		COWL							
94		S01	R&I	Cowl grille w/o cold specs					0.8
95		CONSOLE							

Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

96	*	S01	R&I	Center console L, LE, SE models ash					<u>1.4</u>	
97		RESTRAINT SYSTEMS								
98		S01	Repl	RT Ft impact sensor	8917309820	1	81.55	m	Incl.	
99		S01	Repl	LT Ft impact sensor	8917309820	1	81.55	m	Incl.	
100	#	S01	Rpr	CLEAR CODES						1.0 M
101	#	S01	Rpr	Disarm SRS						0.3 M
106		S01	Repl	LT Rocker molding clip #2	7586706030	4	19.76			
107		S01	Repl	RT Rocker molding clip #2	7586706030	4	19.76			
108		S01	Repl	LT Rocker molding clip #1	75867AA010	6	30.54			
109		S01	Repl	RT Rocker molding clip #1	75867AA010	6	30.54			
110		FRONT DOOR								
111	*	S01	Rpr	LT Outer panel					<u>5.0</u>	2.2
112		S01		Overlap Major Adj. Panel						-0.4
113		S01		Add for Three Stage						0.7
114	#	S01	Refn	Partial Refinish w/ Full Clear						-0.2
115		S01	R&I	LT Surround w/strip					0.6	
116		S01	R&I	LT Water shield					0.1	
117		S01	R&I	LT Belt molding					0.3	
118		S01	R&I	LT R&I mirror					0.3	
119		S01	R&I	LT Door glass Toyota					0.6	
120		S01	R&I	LT R&I outside handle					0.4	
121		S01	R&I	LT R&I trim panel					0.6	
122	#	S01	Refn	Pinch Welds						1.0
123	**	S01	Repl	A/M Auto Trans Fluid - qt		3	66.39			
124	#	S01	Repl	Misc Hardware		1	26.00			
125	**	S01	Repl	A/M Seam Sealer/Caulking		1	20.00			
126		MISCELLANEOUS OPERATIONS								
127	*	S01	Repl	Cover car/bag		1	<u>5.00</u>		0.2	
					SUBTOTALS		1,395.80		38.4	7.1

NOTES

Prior Damage Notes:
 NONE

Claim #:

Workfile ID:



Supplement of Record 1 Summary

2014 TOYO CAMRY LE 4D SED 4-2.5L-FI RED

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			1,445.85
Body Labor	18.3 hrs @	\$ 40.00 /hr	732.00
Paint Labor	7.1 hrs @	\$ 40.00 /hr	284.00
Mechanical Labor	15.1 hrs @	\$ 90.00 /hr	1,359.00
Frame Labor	5.0 hrs @	\$ 48.00 /hr	240.00
Paint Supplies	7.1 hrs @	\$ 24.00 /hr	170.40
Additional Supplement Materials/Supplies			-49.60
Miscellaneous			-50.05
Subtotal			4,131.60
Sales Tax	\$ 1,566.65 @	6.0000 %	94.00
Total Supplement Amount			4,225.60
NET COST OF SUPPLEMENT			4,225.60

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	5,151.23	STACEY HARRIS
Supplement S01	4,225.60	LARRY PIETTE
Workfile Total:	\$ 9,376.83	
TOTAL ADJUSTMENTS:	\$ 500.00	
NET COST OF REPAIRS:	\$ 8,876.83	

SUPPLEMENT REQUEST PROCESS INSTRUCTIONS:

BODY SHOPS ONLY - FOR SUPPLEMENTS, PLEASE COMPLETE THE ATTACHED SUPPLEMENT REQUEST SHEET AND EMAIL TO: MOISUPPLEMENTS@ALLSTATE.COM

OR FAX SUPPLEMENT ESTIMATE TO 866-219-9319

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

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES THAT APPLY TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER, DISTRIBUTOR, OR INSURER OF THESE PARTS.

KNUDSEN BROS. COLLISION, INC.
38033 FORD ROAD; WESTLAND, MI 48185
734-721-1980 KNUDSENBROS@COMCAST.NET

AUTHORIZATION TO REPAIR

[REDACTED]
CANTON, MI [REDACTED]

2014 TOYOTA CAMRY

FIRST AND FOREMOST THANK YOU FOR BRINGING YOUR VEHICLE TO KNUDSEN BROS. COLLISION. WE APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO EXCEEDING YOUR EXPECTATIONS FOR YOUR REPAIR.

ALL DEDUCTIBLES, CUSTOMER PAID REPAIRS, BETTERMENTS AND INSURANCE REPAIRS MUST BE PAID IN FULL BY THE FOLLOWING MEANS:

1. CASH OR CHECK – DUE TO RISING COSTS OF MERCHANT SERVICES CREDIT/DEBIT CARDS ARE NOT ACCEPTED
2. INSURANCE CHECK. YOUR INSURANCE COMPANY WILL EITHER SEND A CHECK TO YOUR HOME OR TO KNUDSEN BROTHERS. DON'T CASH THAT CHECK, JUST BRING IT IN WHEN YOUR CAR IS FINISHED AND ENDORSE IT TO US.
3. IF YOUR DEDUCTIBLE IS NOT WAIVED AT THE TIME OF DELIVERY, YOU WILL BE REQUIRED TO PAY THE DEDUCTIBLE TO KNUDSEN BROS COLLISION AND AWAIT REIMBURSEMENT FROM YOUR INSURANCE COMPANY.
4. WE CANNOT GUARANTEE THAT THE REPAIRS WILL BE COMPLETED WITHIN YOUR RENTAL CAR ALLOWANCE. WE DO NOT REIMBURSE FOR ANY ADDITIONAL RENTAL CAR EXPENSES.

AUTHORIZED AND ACCEPTED:.

I UNDERSTAND THE INITIAL ESTIMATE IS BASED ON AN INITIAL INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORN, DAMAGED OR RUSTED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES AND REPAIR COSTS MAY INCREASE.

I AM THE VEHICLE OWNER OR HAVE THE OWNERS PERMISSION TO AUTHORIZE KNUDSEN BROS COLLISION, INC TO REPAIR THE ABOVE VEHICLE. I AUTHORIZE A TEARDOWN OF THE VEHICLE, UP TO 3 HOURS LABOR, FOR AN ACCURATE ESTIMATE. I AUTHORIZE THE USE OF AFTERMARKET AND/OR SALVAGE PARTS IN THE REPAIR AND UNDERSTAND THAT KNUDSEN BROS COLLISION DOES NOT WARRANTY THE PERFORMANCE, FIT, PAINT FINISH OR CORROSION RESISTANCE OF THESE PARTS. WARRANTIES THAT APPLY TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER, DISTRIBUTOR OR INSURER OF THESE PARTS. NO WARRANTY ON PREVIOUSLY REPAIRED OR REFINISHED AREAS BY ANOTHER REPAIR FACILITY.

ALL ARTICLES OF VALUE HAVE BEEN REMOVED FROM THE VEHICLE.

I UNDERSTAND THAT I AM ENTITLED BY LAW TO THE RETURN OR INSPECTION OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR FOR WARRANTY OR EXCHANGE. ALL PARTS WILL BE DISCARDED BY KNUDSEN BROS. COLLISION, INC UNLESS OTHERWISE NOTIFIED BEFORE REPAIRS BEGIN AND NOTED HERE.

PLEASE LEAVE ALL KEYS NECESSARY, INCLUDING WHEEL LOCKS, FOR FULL ACCESS TO YOUR VEHICLE AND DISARM ALARM IF EQUIPPED.

VEHICLE OWNER: X [REDACTED]
OR [REDACTED]

DATE: 05-11-15

AUTHORIZED SIGNER: X _____

DATE: _____

PRINTED NAME: _____

Enclosure 3

IMPORTANT NOTICE: Robert Bosch LLC and the manufacturers whose vehicles are accessible using the CDR System urge end users to use the latest production release of the Crash Data Retrieval system software when viewing, printing or exporting any retrieved data from within the CDR program. Using the latest version of the CDR software is the best way to ensure that retrieved data has been translated using the most current information provided by the manufacturers of the vehicles supported by this product.

CDR File Information

User Entered VIN/Frame Number	4T4BF1FK5ER [REDACTED]
User	Ronald M. Marrese
Case Number	[REDACTED]
EDR Data Imaging Date	08/05/2015
Crash Date	05/06/2015
Filename	4T4BF1FK5ER [REDACTED]_08052015_EDR_ACM.CDRX
Saved on	Wednesday, August 5 2015 at 16:02:34
Collected with CDR version	Crash Data Retrieval Tool 16.1.1
Reported with CDR version	Crash Data Retrieval Tool 16.1.1
EDR Device Type	Airbag Control Module
Event(s) recovered	Front/Rear (1)

Comments

No comments entered.

Data Limitations

CDR Record Information:

- Due to limitations of the data recorded by the airbag ECU, such as the resolution, data range, sampling interval, time period of the recording, and the items recorded, the information provided by this data may not be sufficient to capture the entire crash.
- Pre-Crash data is recorded in discrete intervals. Due to different refresh rates within the vehicle's electronics, the data recorded may not be synchronous to each other.
- Airbag ECU data should be used in conjunction with other physical evidence obtained from the vehicle and the surrounding circumstances.
- If any of the front passenger seat airbags, side airbags, or Curtain Shield Airbags have deployed, data will not be overwritten or deleted by the airbag ECU following that event. If none of the airbags have deployed, the data of that event may be overwritten by a following event even if other airbags (pretensioner, rear seat airbag, etc.) have deployed.
- If power supply to the airbag ECU is lost during an event, all or part of the data may not be recorded.
- "Diagnostic Trouble Codes" are information about faults when a recording trigger is established. Various diagnostic trouble codes could be set and recorded due to component or system damage during an accident.
- The airbag ECU records only diagnostic information related to the airbag system. It does not record diagnostic information related to other vehicle systems.
- The TaSCAN, Global TechStream, or Intelligent Tester II devices (or any other Toyota genuine diagnostic tool) can be used to obtain detailed information on the diagnostic trouble codes from the airbag system, as well as diagnostic information from other systems. However, in some cases, the diagnostic trouble codes of the airbag system recorded by the airbag ECU when the event occurred may not match the diagnostic trouble codes read out when the diagnostic tool is used.

General Information:

- The data recording specifications of Toyota's airbag ECUs are divided into the following seven categories. The specifications for 12EDR or later are designed to be compatible with NHTSA's 49CFR Part 563 rule.
 - 00EDR / 02EDR / 04EDR / 06EDR / 10EDR / 12EDR / 13EDR
- The airbag ECU records data for all or some of the following accident types: frontal crash, rear crash, side crash, and rollover events. Depending on the installed airbag ECU, data for side crash and/or rollover events may not be recorded.
- This airbag ECU records record pre-crash data and post-crash data.
 - If a single event occurs independently, the data for that event is recorded on a one-to-one basis.
 - If multiple events occur successively (within a period of approximately 500ms), the establishment of the recording trigger for the first event is defined as the "pre-crash recording trigger". Pre-crash data for the first event and post-crash data for each successive event is then recorded.
- The airbag ECU has two recording pages (memory maps) to store pre-crash data. Additionally, to store post-crash data, the airbag ECU has two recording pages for each accident type: two pages for frontal and rear crash, two pages for a side crash, and two pages for rollover event.
- The data recorded by the airbag ECU includes correlating information between each previously occurring event (i.e., information that clarifies the collision event sequence. This correlation information consists of the following items.
 - Time from Previous Pre-Crash TRG
 - Linked Pre-Crash Page
 - Time from Pre-Crash TRG
 - TRG Count
 - Previous Crash Type
- In frontal and rear collision events, the first point where a longitudinal cumulative delta-V of over 0.8 km/h (0.5 mph) is reached is regarded as time zero for the recorded data. In side impact collision and rollover events, the point in time at which the recording trigger is established is regarded as time zero for the recorded data.
- The recording trigger judgment threshold value differs depending on the collision type (i.e., frontal crash, rear crash, side crash, or rollover event).

- Some of the data recorded by the airbag ECU is transmitted to the airbag ECU from various vehicle control modules by the vehicle's Controller Area Network (CAN).
- In some cases, the airbag ECU part number printed on the ECU label may not match the airbag ECU part number that the CDR tool reports. The part number retrieved by the CDR tool should be considered as the official ECU part number.
- In frontal and rear collision events, the record time varies depending on the period during which a longitudinal cumulative delta-V of over 0.8 km/h (0.5 mph) is reached, and time series data is recorded for up to 250 ms. The record time described above is indicated as "Length of Delta-V". "Delta-V, Longitudinal" outside the record time is indicated by area shaded in the table, and not indicated in the graph.

Data Element Sign Convention:

The following table provides an explanation of the sign notation for data elements that may be included in this CDR report.

Data Element Name	Positive Sign Notation Indicates
Maximum Delta-V, Longitudinal	Forward
Delta-V, Longitudinal	Forward
Lateral Acceleration for Frontal/Rear Crash, Floor Sensor	Left to Right
Lateral Acceleration, Side Satellite Sensor 1	Left to Right
Lateral Acceleration, Side Satellite Sensor 2	Left to Right
Lateral Acceleration, Side Satellite Sensor 3	Left to Right
Lateral Acceleration, Side Satellite Sensor 4	Left to Right
Lateral Acceleration for Side Crash, Floor Sensor	Left to Right
Roll Angle Peak	Clockwise Rotation
Roll Angle at the Time of TRG	Clockwise Rotation
Roll Rate	Clockwise Rotation
Lateral Acceleration for Rollover, Floor Sensor	Left to Right
Longitudinal Acceleration, VSC Sensor	Forward
Yaw Rate	Left Turn
Steering Input	Left Turn

Data Definitions:

- 1)
 - The "ON" setting for the "Freeze Signal" indicates a state in which the non-volatile memory can not be overwritten or deleted by the airbag ECU. After "Freeze Signal" has been turned ON, subsequent events will not be recorded.
 - "Recording Status" indicates a state in which all recorded event data has been written into the non-volatile memory, or a state in which this process was interrupted and not fully written into the non-volatile memory. If "Recording Status" is "Incomplete", recorded event data may not be valid.
 - If the "Occupant Size Classification, Front Passenger" displays "Child" or "Not Occupied", "Side Air Bag Deployment, Time to Deploy" and "Pretensioner Deployment, Time to Fire" may indicate a time even if deployment did not occur on the for following part no's: - 89170-07280, 35400, 35410, 35470, 42660, 0R120, 0R080, 0R081, 0R150
 - "Engine RPM" indicates the number of engine revolutions, not the number of motor revolutions. The recorded value has an upper limit of 12,800 rpm. Resolution is 100 rpm and the value is rounded down and recorded. For example, if the actual engine speed is 799 rpm, the recorded value will be 700 rpm.
 - If the electric vehicle is using a calculated/virtual engine RPM for drivetrain control, "Engine RPM" may be recorded, but should not be used during data analysis.
 - The upper limit for the recorded "Vehicle Speed" value is 200 km/h (125mph). Resolution is 1km/h (0.6mph) and the value is rounded down and recorded. The accuracy of the "Vehicle Speed" value can be affected by various factors. These include, but not limited, to the following.
 - Significant changes in the tire's rolling radius
 - Wheel lock and wheel slip
 - "Accelerator Pedal" has two recording specifications. Both the recorded value increases as the driver depresses the accelerator.
 - Percentage of accelerator pedal depressed (recorded as 0-100(%)).
 - Output voltage of accelerator pedal module (recorded as 0-5(V)).
 - If M/T transmission vehicle of some limited model, "Shift Position" may display "Drive" regardless of the actual shift position.
 - Depending on the type of occupant sensor installed in the vehicle, one of the following three recording formats for "Occupant Size Classification, Front Passenger" will be utilized.
 - Occupied / Not Occupied
 - AM50 / AF05 / Child / Not Occupied
 - AM50 / AF05 / Child or Not Occupied
 - "Cruise Control Status" indicates whether the cruise control system is actuated or not. OFF indicates that the cruise control system is not actuated, but can also indicate that the vehicle is not equipped with the system.
 - "Air Bag Warning Lamp, On/Off", "Ignition Cycle, Crash", "Seat Track Position Switch, Foremost, Status, Driver", "Occupant Size Classification, Front Passenger", "Safety Belt Status, Driver", "Safety Belt Status, Front Passenger", "Frontal Air Bag Suppression Switch Status, Front Passenger", and "RSCA Disable Switch" indicate the state approximately 1 second before time zero. They may not always indicate the state at the moment of collision.
 - The upper and lower limits for the recorded value of "Motor RPM" is 17,500 rpm and -7,500 rpm respectively. Resolution is 100 rpm and the value is rounded down and recorded.
 - "Brake Oil Pressure" has an upper limit of 12.14 Mpa. In the case of the vehicle that has not VSC system, "0 Mpa" or "Invalid" may be displayed.
 - "Longitudinal Acceleration, VSC Sensor" has upper and lower limits for the recorded value of 8.973 m/s² and -8.973 m/s² respectively. This acceleration sensor does not sense collisions.
 - "Sequential Shift Range" displaying "Undetermined" indicates the shift range is undetermined or was not being used.
 - Some vehicles will not be equipped with all "Drive Mode" types indicated in the "Drive Mode" table. If some or all drive modes are not applicable to vehicle, "OFF" or "Invalid" may be displayed. The item in the "Drive Mode" table may not match the name of switch or indicator that equipped the vehicle.
 - The upper and lower limits for the recorded value of "Steering Input" is 375 deg and -375 deg respectively. Resolution is 1.5 deg and the value is rounded down and recorded.

- Resolution of the "Air Bag Warning Lamp ON Time Since DTC was Set" is 15 minutes, and the value is rounded down and recorded.
- "Delta-V, Longitudinal" indicates the change in forward speed after time zero. This does not refer to vehicle speed, and it does not include the change in speed during the period from the start of the actual collision to establishment of the time zero.
- "Location of Side Satellite Sensor" shows the outline of a typical sensor position. Sensory location can be confirmed using the repair manual.
- "Time from Previous Pre-Crash TRG" indicates the time between the establishment of an event's pre-crash recording trigger to the establishment of a more recent event's pre-crash recording trigger. The upper limit for the recorded value is 16,381 milliseconds. In the event of establishment of the first pre-crash recording trigger after the ignition is switched ON, the upper limit value(max value) is recorded.
- "TRG Count" indicates a calculated value of the number of times recording triggers have been established for all crash types. The sequence in which each event occurred can be verified from the "TRG Count". The smaller the "TRG Count" value, the older the data. The upper limit for the recorded value is 65,533 times. When more than one event reaches the upper limit, the actual "TRG Count" may be greater than what is displayed for that event.
- "Linked Pre-Crash Page" is used to link 'paged" pre-crash data with 'paged" post-crash data. When old pre-crash data is overwritten by new pre-crash data, the "Linked Pre-Crash Page" value may record a page number that is not actually linked.
- Resolution of the "Time from Pre-Crash to TRG" is 50 [ms], and the value is rounded up and recorded.
- "Roll Angle at the Time of TRG" and "Roll Angle Peak" do not represent the actual roll angle of the vehicle. These values are used internally by the airbag ECU for sensing a rollover.

05013_ToyotaS00std_r024

System Status at Time of Retrieval

ECU Part Number	89170-06770
EDR Generation	13EDR
Complete File Recorded	Yes
Freeze Signal	OFF
Freeze Signal Factor	None
Diagnostic Trouble Codes Exist	No
Ignition Cycle ,Download (times)	3413
Multi-event, number of events (times)	1
Time from event 1 to 2 (s)	N/A
Time from Previous Pre Crash TRG (msec)	16381 or greater
Latest Pre-Crash Page	0
Contains Unlinked Pre-Crash Data	No

Event Record Summary at Retrieval

Events Recorded	TRG Count	Crash Type	Time (msec)	Pre-Crash & DTC Data Recording Status	Event & Crash Pulse Data Recording Status
Most Recent Event	1	Front/Rear Crash	0	Complete (Page 0)	Complete (Front/Rear Page 0)

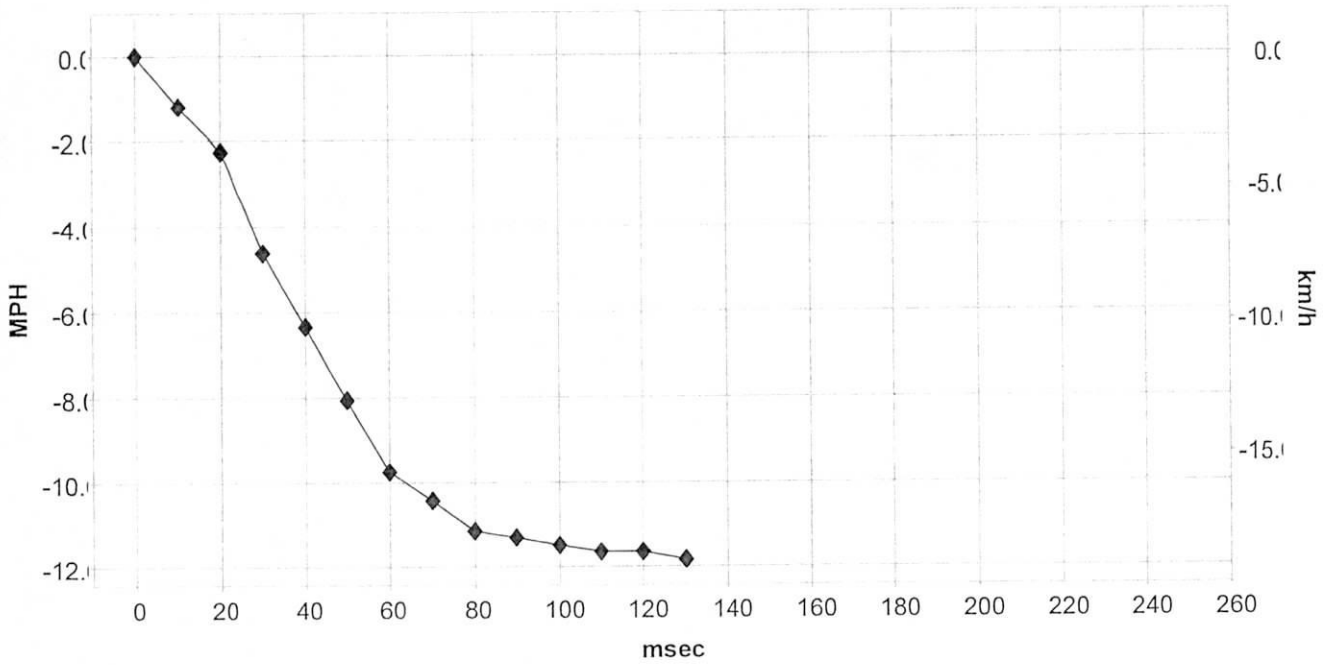
System Status at Event (Most Recent Event, TRG 1)

Recording Status, Front/Rear Crash Info.	Complete
Crash Type	Front/Rear Crash
TRG Count (times)	1
Previous Crash Type	No Event
Time from Pre-Crash TRG (msec)	0
Linked Pre-Crash Page	0
Frontal Airbag Deployment, Time to 1st Stage Deployment, Driver (msec)	No
Frontal Airbag Deployment, Time to 1st Stage Deployment, Front Passenger (msec)	No
Pretensioner Deployment, Time to Fire, Driver (msec)	No
Pretensioner Deployment, Time to Fire, Front Passenger (msec)	No
Frontal Airbag Deployment, Time to 2nd Stage, Driver (msec)	N/A
Frontal Airbag Deployment, Time to 2nd Stage, Front Passenger (msec)	N/A
Active Head Restraint, Time to Deploy, Driver (msec)	SNA
Active Head Restraint, Time to Deploy, Front Passenger (msec)	SNA
Side Curtain Airbag Deployment, Time to Deploy, Driver (msec)	No
Side Curtain Airbag Deployment, Time to Deploy, Passenger (msec)	No
Side Airbag Deployment, Time to Deploy, Driver (msec)	SNA
Side Airbag Deployment, Time to Deploy, Passenger (msec)	SNA
Rear Window Airbag Deployment, Time to Deploy (msec)	SNA

Longitudinal/Lateral Crash Pulse (Most Recent Event, TRG 1 - table 1 of 2)

Recording Status, Time Series Data	Complete
Time from Time Zero to TRG (msec)	31.0
Length of Delta-V (msec)	130
Max. Longitudinal Delta-V (MPH [km/h])	-11.8 [-19.0]
Time, Maximum Delta-V, Longitudinal (msec)	124.5
Power Supply Status at Max. Delta-V	ON
Clipping Time of Longitudinal Delta-V (msec)	No
Clipping Time of Lateral Acceleration, Floor Sensor (msec)	No

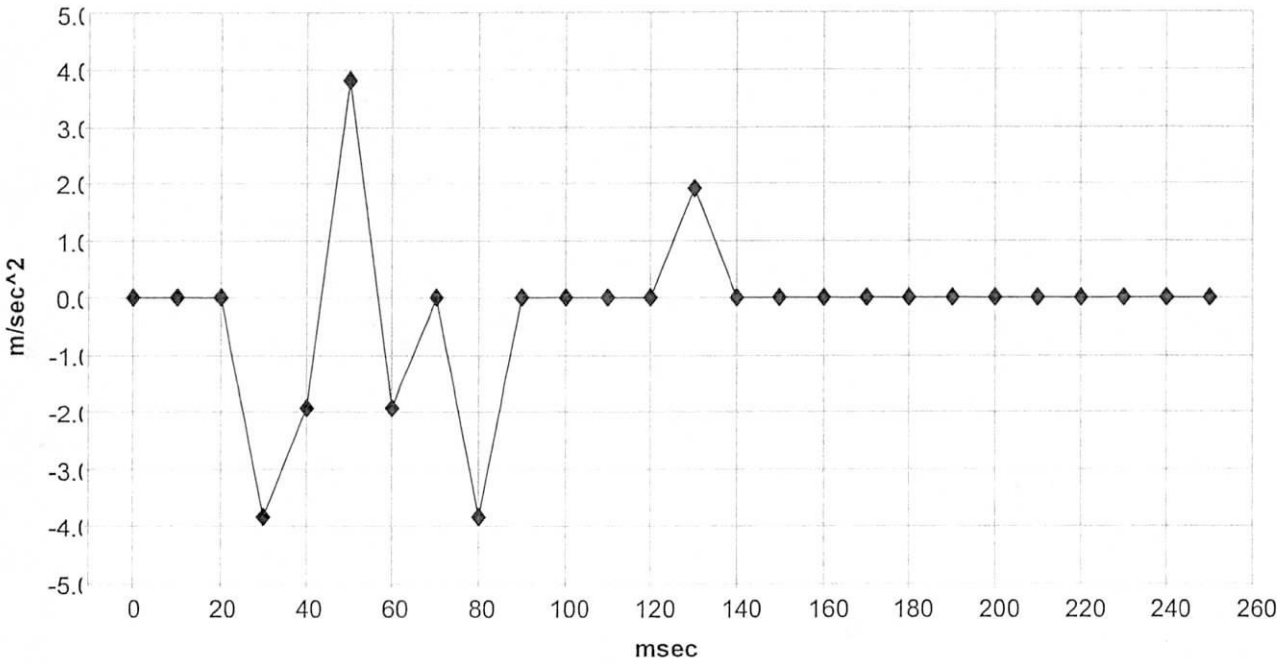
Longitudinal Delta-V



Deployment Time Marker Key

- 1 Driver Airbag Deployment Time
- 2 Passenger Airbag Deployment Time
- 3 Driver/Passenger Pretensioner
- 4 Driver 2nd Stage Airbag Deployment Time
- 5 Passenger 2nd Stage Airbag Deployment
- 6 Driver/Passenger AHR
- 7 Driver CSA
- 8 Passenger CSA
- 9 Rear Window Airbag Deployment Time
- 10 Driver SAB
- 11 Passenger SAB

Lateral Acceleration for frontal/rear crash, Floor Sensor



Deployment Time Marker Key

- 1 Driver Airbag Deployment Time
- 2 Passenger Airbag Deployment Time
- 3 Driver/Passenger Pretensioner
- 4 Driver 2nd Stage Airbag Deployment Time
- 5 Passenger 2nd Stage Airbag Deployment
- 6 Driver/Passenger AHR
- 7 Driver CSA
- 8 Passenger CSA
- 9 Rear Window Airbag Deployment Time
- 10 Driver SAB
- 11 Passenger SAB

Longitudinal/Lateral Crash Pulse (Most Recent Event, TRG 1 - table 2 of 2)

Time (msec)	Longitudinal Delta-V (MPH [km/h])	Lateral Acceleration for Frontal/Rear Crash, Floor Sensor (m/sec^2)	Power Supply Status
0	0.0 [0.0]	0.0	ON
10	-1.2 [-1.9]	0.0	ON
20	-2.2 [-3.6]	0.0	ON
30	-4.6 [-7.4]	-3.8	ON
40	-6.3 [-10.2]	-1.9	ON
50	-8.1 [-13.0]	3.8	ON
60	-9.8 [-15.7]	-1.9	ON
70	-10.5 [-16.8]	0.0	ON
80	-11.1 [-17.9]	-3.8	ON
90	-11.3 [-18.2]	0.0	ON
100	-11.5 [-18.5]	0.0	ON
110	-11.7 [-18.8]	0.0	ON
120	-11.7 [-18.8]	0.0	ON
130	-11.8 [-19.0]	1.9	ON
140	0.0 [0.0]	0.0	ON
150	0.0 [0.0]	0.0	ON
160	0.0 [0.0]	0.0	ON
170	0.0 [0.0]	0.0	ON
180	0.0 [0.0]	0.0	ON
190	0.0 [0.0]	0.0	ON
200	0.0 [0.0]	0.0	ON
210	0.0 [0.0]	0.0	ON
220	0.0 [0.0]	0.0	ON
230	0.0 [0.0]	0.0	ON
240	0.0 [0.0]	0.0	ON
250	0.0 [0.0]	0.0	ON

Pre-Crash Data, -5 to 0 seconds (Most Recent Event, TRG 1)

Time (sec)	-4.7	-4.2	-3.7	-3.2	-2.7	-2.2	-1.7	-1.2	-0.7	-0.2	0 (TRG)
Vehicle Speed (MPH [km/h])	11.8 [19]	13 [21]	14.3 [23]	15.5 [25]	16.2 [26]	17.4 [28]	19.3 [31]	20.5 [33]	21.1 [34]	21.7 [35]	18.6 [30]
Accelerator Pedal, % Full (%)	31.5	31.0	23.5	20.5	33.5	35.5	29.0	23.0	23.5	0.0	0.0
Percentage of Engine Throttle	15.5	15.0	11.0	8.5	14.0	19.5	15.0	9.5	9.5	0.0	0.0
Engine RPM (RPM)	1,800	1,900	1,800	1,600	1,600	2,000	2,000	1,800	1,600	1,500	1,300
Motor RPM (RPM)	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid
Service Brake, ON/OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	ON	ON
Brake Oil Pressure (Mpa)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.18	8.64
Longitudinal Acceleration ,	1.364	1.507	1.292	0.861	0.790	1.651	1.436	0.861	0.718	0.072	-8.973
Yaw Rate (deg/sec)	0.00	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.49	-3.42	-1.46
Steering Input (degrees)	-1.5	1.5	4.5	4.5	4.5	4.5	4.5	3.0	3.0	-16.5	10.5
Shift Position	D	D	D	D	D	D	D	D	D	D	D
Sequential Shift Range	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined
Cruise Control Status	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, PWR	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, ECO	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, Sport	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, Snow	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, EV	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid
Fuel Injection Quantity (mm3/st)	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid

Pre-Crash Data, -5 to 0 seconds (Most Recent Event, TRG 1)

Time (sec)	-4.7	-4.2	-3.7	-3.2	-2.7	-2.2	-1.7	-1.2	-0.7	-0.2	0 (TRG)
Vehicle Speed (MPH [km/h])	11.8 [19]	13 [21]	14.3 [23]	15.5 [25]	16.2 [26]	17.4 [28]	19.3 [31]	20.5 [33]	21.1 [34]	21.7 [35]	18.6 [30]
Accelerator Pedal, % Full (%)	31.5	31.0	23.5	20.5	33.5	35.5	29.0	23.0	23.5	0.0	0.0
Percentage of Engine Throttle	15.5	15.0	11.0	8.5	14.0	19.5	15.0	9.5	9.5	0.0	0.0
Engine RPM (RPM)	1,800	1,900	1,800	1,600	1,600	2,000	2,000	1,800	1,600	1,500	1,300
Motor RPM (RPM)	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid
Service Brake, ON/OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	ON	ON
Brake Oil Pressure (Mpa)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.18	8.64
Longitudinal Acceleration	1.364	1.507	1.292	0.861	0.790	1.651	1.436	0.861	0.718	0.072	-8.973
Yaw Rate (deg/sec)	0.00	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.49	-3.42	-1.46
Steering Input (degrees)	-1.5	1.5	4.5	4.5	4.5	4.5	4.5	3.0	3.0	-16.5	10.5
Shift Position	D	D	D	D	D	D	D	D	D	D	D
Sequential Shift Range	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined	Undetermined
Cruise Control Status	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, PWR	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, ECO	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, Sport	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, Snow	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Drive Mode, EV	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid
Fuel Injection Quantity (mm3/st)	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid	Invalid

Hexadecimal Data

Data that the vehicle manufacturer has specified for data retrieval is shown in the hexadecimal data section of the CDR report. The hexadecimal data section of the CDR report may contain data that is not translated by the CDR program. The control module contains additional data that is not retrievable by the CDR system.

PIDs	PID	Data
	00	BC 60 00 01
	01	00
	03	30 36 37 37 30 30 30 30 42 38 30 30 30 42 38 30 30 30 42 38 30 30 30 42 38 30 30 30 42 45 30 30 30 42 45 30 30 30 44 38 30 30 30 44 38
	04	03 01 01
	05	01
	06	00
	0A	01
	0B	00
	20	80 00 00 01
	21	02 9F
	40	00 00 00 01
	60	FF FF F0 01
	61	02 05 C8 00 C8 C0 05 00 01 AB 01 AB 03 55 03 55 00 00 00 00 03 55 03 55 19 00 00 00 00 00 C0 00
	62	00 00 3F FD 0D 55 00 00 00 00
	63	55 0C 0B 2B 01 10 00 00 11 11 11 11 11 10 13 15 17 19 1A 1C 1F 21 22 23 1E 3F 3E 2F 29 43 47 3A 2E 2F 00 00 00 00 14 12 13 12 10 10 14 14 12 10 0F 0D 00 00 00 00 00 00 00 01
	64	00 00
	65	55 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
	66	00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
	67	55 E0 00 00 01 FE FE FE FE FE 55 FD FD FF FE FF FE FF FE FF FE 03 FE
	68	00 00
	69	00 3E 0E 00 00 00 07 00 0D 00 1B 00 25 00 2F 00 39 00 3D 00 41 00 42 00 43 00 44 00 44 00 45 00 45 00 F9
	6A	00 00
	6B	00 00
	6C	00 00
	6D	00 00
	6E	00 00
	6F	00 00
	70	00 00
	71	00 00
	72	00 00
	73	00 00 00 00 00 00 00 00 00 00 57 B4 00 00 00 00 00 00 00 00 00 00 00 00 01 01 01 01 01 01 01 01 F9 FD 13 15 12 0C 0B 17 14 0C 0A 01 83 1F 1E 16 11 1C 27 1E 13 13 00 00 00 00 00
	74	00 00

Disclaimer of Liability

The users of the CDR product and reviewers of the CDR reports and exported data shall ensure that data and information supplied is applicable to the vehicle, vehicle's system(s) and the vehicle ECU. Robert Bosch LLC and all its directors, officers, employees and members shall not be liable for damages arising out of or related to incorrect, incomplete or misinterpreted software and/or data. Robert Bosch LLC expressly excludes all liability for incidental, consequential, special or punitive damages arising from or related to the CDR data, CDR software or use thereof.



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Thank you for your Complaint / Inquiry

Your complaint has been successfully submitted. Please print and/or save this confirmation for your records.

The Attorney General's Consumer Protection Division has received and will be reviewing your correspondence. Please retain this confirmation as it includes the Attorney General number assigned to your correspondence. If your correspondence involves a consumer complaint, the Attorney General's office will likely contact the company on your behalf and provide you with a copy of the response we receive. If your correspondence involves a question or a request for information, we will respond to your inquiry as soon as possible.

The Attorney General's office helps thousands of consumers each year. We want to help you resolve your complaint to your satisfaction. Because of the enormous volume of complaints we receive, however, the Attorney General's office cannot file lawsuits on behalf of individual consumers. Rather, the Attorney General will sue a company only when the general public interest is involved or in certain cases involving a large number of consumers. Accordingly, if you feel that a lawsuit may be necessary in your case, you may wish to file a complaint in Small Claims Court or hire your own attorney.

If your correspondence is just to give us information and you indicated that you do not need us to respond, thank you. The material you provided will remain part of our public database. You will not hear from us again unless we have questions.

If you need to supply additional information and/or documents, please include in the subject line the following **Complaint Identification Number: 2015-██████████**

- Email: cp_ocs@michigan.gov
- Fax: (517) 241-3771
- Mail: P.O. Box 30213, Lansing, MI 48909

Sincerely yours,
 Consumer Protection
 Division
 (877) 765-8388
 (517) 373-1140

Web Complaint Number: 2015-██████████

Submitted: 9/17/2015 4:39:15 PM

Consumer Information

Your Last Name: ██████████
 Your Street Address: ██████████
 Your State: MI
 Your County: Wayne
 Your Home Phone: ██████████
 Fax Number: ██████████

First Name: ██████████ M.I.: ██████████
 City: Canton
 Zip Code: ██████████
 Your Work Phone: ██████████ Ext.: 0000
 E-mail Address: ██████████

Are you a veteran or active-duty service member? Yes No

Primary Company Or Person Your Complaint Is About

Company or Person? Company
 Complainee Last Name:
 Company Name: Toyota Motor Sales, Usa
 Street Address: 19001 South Western Avenue
 State: CA
 County:
 Fax Number: 3103818690
 Web Site Address:
 Special Jurisdiction: (none)

Complainee First Name:
 City: Torrence
 Zip Code: 90501
 Phone: 3104684000
 E-mail Address:
 Product Offered: Toyota Camry

Secondary Company Or Person Your Complaint Is About

Company or Person? Company
 Complainee Last Name:
 Company Name:
 Street Address:
 State: MI
 County:

Complainee First Name:
 City:
 Zip Code:
 Phone:

Fax Number:
Web Site Address:

E-mail Address:

Motor Vehicle Warranty Complaint Information

If your complaint involves motor vehicle manufacturer warranties or non-dealer service contracts, please fill out this section. Most other auto-related complaints, including dealer complaints and complaints concerning automotive repairs and repair facilities, must be filed with the Department of State's [Bureau of Automotive Regulation](#): 1-800-292-4204

Vehicle Make, Model, and Year: Toyota Camry, 2014
Vehicle VIN No.: 4T4BF1FK5ER [REDACTED]

Complaint Information

Incident Date: 05/06/2015
Incident Time: 5:45:00 PM

Incident Location: 123 North in Ann Arbor, MI

Approximate Monetary Value: \$22,000.00

Did you sign a contract? Yes No

Where did you sign this contract? Victory Toyota in Canton, MI

Is a court action pending? Yes No

Do you have an attorney representing you on this matter? Yes No

Are you willing to testify in court regarding this complaint? Yes No

Did you complain directly to the business? Yes No

What was the response from the business? The Toyota is fine.
If no complaint was given to the business directly, why? Not applicable

Was this complaint filed with any other agencies? Yes No

Do you think you were targeted for unfair treatment due to your status as a veteran or active-duty servicemember? Yes No

If so, who? Robert Rifle And David Clay

If so, who? National Highway Safety Traffic Admin
If so, please provide more information in the Complaint Detail/Inquiry Information section below.

Complaint Detail/Inquiry Information

Describe your problem, what attempts you have made to correct it, and how you would like to have the problem resolved. You have approximately 8-10 typed pages and you may paste text from word processing documents.

Sudden acceleration documentation is too voluminous to submit here. I will gladly mail it.

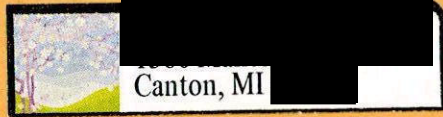
- Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.
- Check if this referral is just to give us information and you do not need us to respond to you directly.
- Check if you want to sign up for the Consumer Protection Listserv.
- Check if you want to sign up for the AG Press Release Listserv.
- Check if you want to sign up for the Attorney General Opinions Listserv.

- I certify that the information on this form is true and accurate to the best of my knowledge.
- I consent to releasing to the Michigan Attorney General any information or document relative to the investigation of this complaint. By checking this box, I also certify that I have had the opportunity to review the Michigan Attorney General Privacy Policy before submitting this complaint.

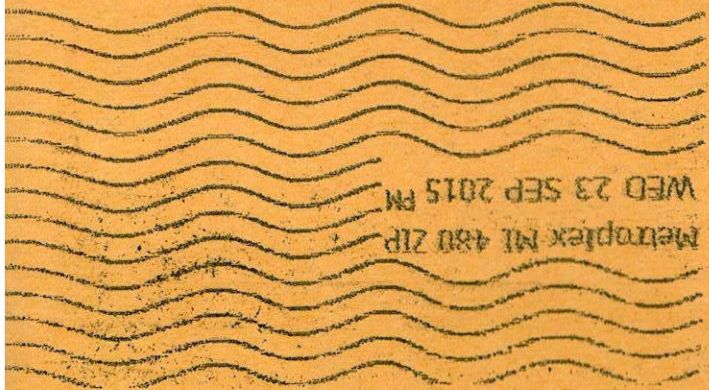
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U. S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue, SE.
Washington, D.C. 200 77- 93 82



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