


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (EOIA) 5 U.S.C. 552(B)(6)</p> <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>			<p>Date Received</p> <p>08-SEP-2015</p>	<p>Repository <input type="checkbox"/></p> <p>Reference No. 10762201</p>	
<p>Name [REDACTED]</p> <p>Address [REDACTED]</p> <p>City MODESTO State CA Zip Code [REDACTED]</p>			<p>Daytime Telephone Number [REDACTED]</p> <p>Evening Telephone Number [REDACTED]</p>	<p>E-mail Address [REDACTED]</p>	
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>JTDKDTB36E1 [REDACTED]</p>		<p>Make</p> <p>TOYOTA</p>	<p>Model</p> <p>PRIUS C</p>	<p>Model Year</p> <p>2014</p>	
<p>Date Purchased</p> <p>2-3-2015</p>	<p>Dealer's Name and Telephone Number</p> <p>Modesto Toyota</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>4</p>	<p>Fuel Type:</p> <p>Gas</p>	
<p>Original Owner</p> <p><input checked="" type="checkbox"/></p>	<p>Dealer's City</p> <p>Modesto</p>	<p>State</p> <p>CA</p>	<p>Zip Code</p> <p>95354</p>		
<p>Transmission Type</p> <p>Auto</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s)</p> <p>07-AUG-2015</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Codes: BRAKES (PWS), 140000 AIR BAGS, 180000 VEHICLE SPEED CONTROL</p>			<p>Failure Mileage</p> <p>2700</p>	<p>Failure Speed</p> <p>5</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p> <p>N/A</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p> <p>N/A</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>1</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>Y</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2014 TOYOTA PRIUS. WHILE DRIVING 5 MPH, THE VEHICLE ACCELERATED WHEN THE BRAKE PEDAL WAS DEPRESSED. AS A RESULT, THE CONTACT CRASHED THE VEHICLE INTO A BUILDING AND THE AIR BAGS FAILED TO DEPLOY. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC, BUT WAS NOT DIAGNOSED OR REPAIRED. THE CONTACT SUSTAINED CHEST INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 2,700.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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 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.</p>					

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

Here are the reports I have received regarding my accident on August 7 2015, involving an unintended acceleration. I have driven it home to California from Seattle without incident. My car seems to operate normally but my concern is having a repeat incident (and harming myself and others). I had no car for 2 months as repairs were being done. As you can see - TOYOTA accepts no responsibility. I am also concerned about a resale value in the future as the car was brand NEW - w/ 2700 mi. 1000 mi aquired on the trip to Seattle from my home in Modesto Calif.

ATTACH ADDITIONAL SHEETS IF NECESSARY

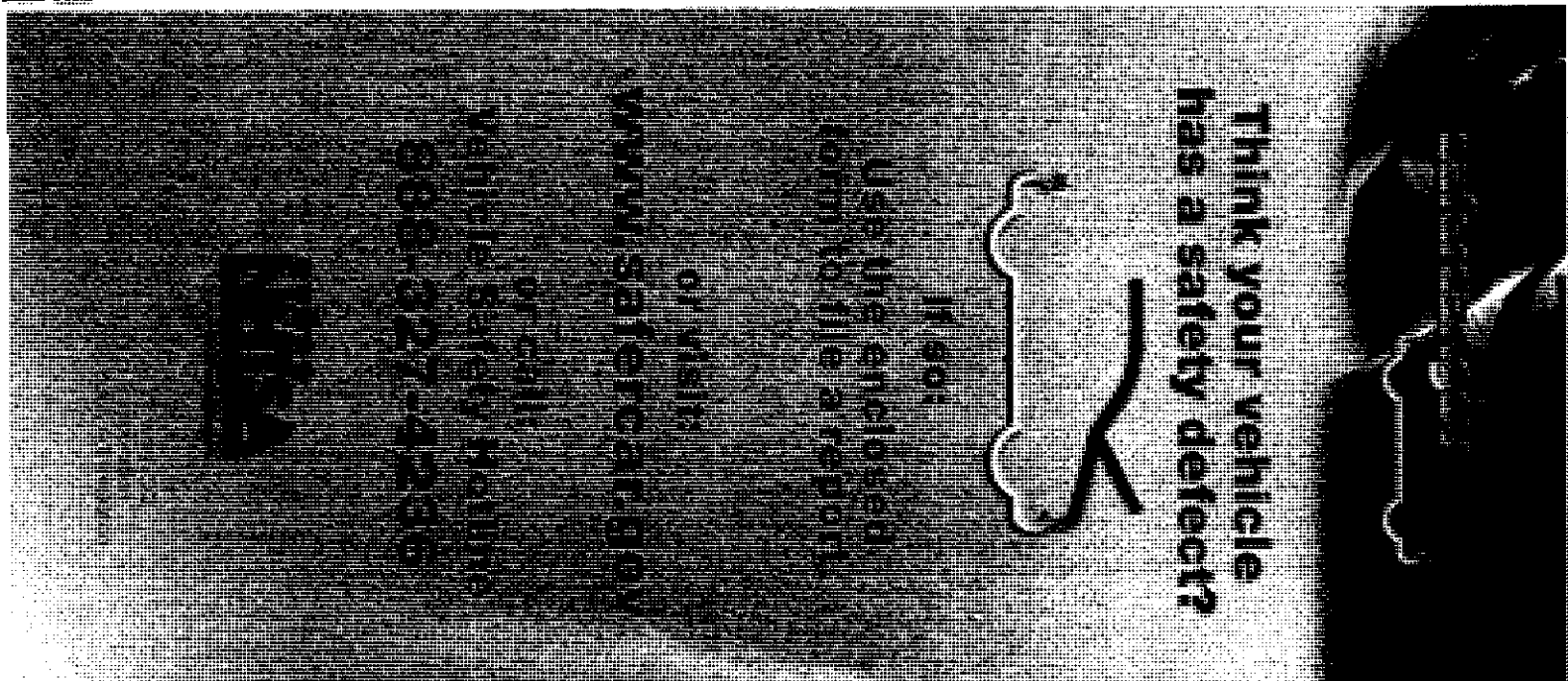
U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300

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**



TOYOTA

Nick Rojas
Direct Phone (310) 468-1456
Fax (310) 381-8690

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
Torrance, CA 90501
310 468-4000

October 23, 2015

[REDACTED]
Modesto, CA [REDACTED]

RE: Date of Loss: August 7, 2015
Vehicle: 2014 Prius C
VIN: JTDKDTB36E1 [REDACTED]

Dear [REDACTED]

Thank you for contacting Toyota's Customer Experience Center in regards to the above-mentioned incident. You reported an unintended acceleration event. You state that you were pulling into a parking space at local restaurant when your vehicle suddenly accelerated forward into a brick wall.

In regards to your concerns, we completed an inspection of your vehicle on September 30, 2015 at Magic Toyota-Scion in Edmonds, WA. Toyota Motor Sales, USA, Inc. (TMS) assigned Engineering Analysis Associates (EAA) to perform the inspection of your vehicle and Event Data Recorder (EDR) readout. We found no evidence of a manufacturing or design defect.

The inspection revealed that the accelerator pedal moved smoothly from idle to wide open throttle and back to the idle position without sticking or binding. The brake system was in good condition and showed no signs of damage or leakage. During the test drive, a Speed Stall Test was performed and it held the vehicle stationary. When tested the vehicle operated as designed and had no issues.

We are very sorry to hear about this unfortunate incident that occurred. We do appreciate the opportunity to address any concerns you may have.

Sincerely,



Nick Rojas
Legal Claims Administrator
Toyota Motor Sales, U.S.A., Inc.

15-2964



Edmonds Police Department

Case Routing and Assignment Form

BOOKING: (Circle Type) **Felony / Misdemeanor / Juvenile**

NG # [REDACTED] NW # _____ Officer: 1619 Date: 8-7-15

Hold Report: Yes / No Completion Date: 8-8-15 Supervisor/Date: _____

Notes: _____

Supplemental Reports Complete by Officer(s): _____

Distribution (Officer/ Patrol Supervisor)

<input type="checkbox"/> CPS	<input type="checkbox"/> FBI	<input type="checkbox"/> DOC	<input type="checkbox"/> DV	<input type="checkbox"/> Admin
<input type="checkbox"/> DSHS	<input type="checkbox"/> IRS	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Animal Control	
<input type="checkbox"/> APS	<input type="checkbox"/> Secret Svc	<input type="checkbox"/> Narcotics	<input type="checkbox"/> PIO	
<input type="checkbox"/> Prosecutor (Edmonds)	<input type="checkbox"/> Prosecutor (County)	<input type="checkbox"/> Other:		
<input type="checkbox"/> Court (Edmonds)	<input type="checkbox"/> Court (South Dist)	<input type="checkbox"/> Woodway		

Initial Routing (Patrol Supervisor)

Case Closed-No Leads

Referred to Detective Sergeant Information Only

Referred to Detective Sergeant

Referred to Traffic Sergeant

Patrol Supervisor: A 1100 Date: 8-8-15

Notes: _____

Records Unit

Merged

Distribution

Closed

Detective or Traffic Sergeant

Staff Assistant: _____ Date: _____

Notes: _____

Detective/Traffic Unit

Case Closed-No assignment

Case Assigned to (Officer/Detective): _____

PCME and LERMS Entry Made

Sergeant: _____ Date: _____

Notes: _____



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

ED 2011 REPORT NO.

1

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # [REDACTED]

LOCAL AGENCY CODING: LG CPY DENT QC SC

TOTAL # OF UNITS: 02 OBJECT STRUCK: BUILDING

2

TRIBAL RESERVATION

3

DATE OF COLLISION: 08 - 07 - 2015 TIME (2400): 1730 COUNTY #: 31 MILES: CITY #: 0385

N S E W IN OF

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

4a

PARKING LOT: BLOCK NO. 458 MILE POST

5

DISTANCE: 10 00 MILES OF (REFERENCE OR CROSS STREET): ADMIRAL WAY

FEET N E S W

6

UNIT 01 MOTOR VEHICLE PEDAL CYCLE DAMAGE THRESHOLD MET YES NO PH D

7

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] MIDDLE INITIAL: [REDACTED]

8

STREET NEW ADDRESS: [REDACTED]

9

CITY: MODESTO ST: CA ZIP: [REDACTED]

9a

CDL: C RESTRICTIONS: 0, 1 ENDORSEMENTS:

9b

DRIVER'S LICENSE #: 1 - Right to ... STATE: CA SEX: F D.O.B. MMDDYYYY

10

ON DUTY STATUS: AIRBAG: 2 RESTR.: 4 EJECT: 1 HELMET USE: INJURY CLASS: 1 NATURE OF INJURIES:

11

LICENSE PLATE #: [REDACTED] STATE: CA VIN#: JTDKDTB36E

12

TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:

13

VEH. YEAR: 2014 MAKE: TOYT MODEL: PRIUS C STYLE: 4H VEHICLE TOWED YES NO TOWED BY: WALLY'S GOVT. VEHICLE YES NO

14

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #: MERCURY

15

VEHICLE LEGALLY STANDING YES NO CITATION #: CHARGE:

16

UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE: D

17

LAST NAME: PORT OF EDMONDS FIRST NAME: MIDDLE INITIAL:

18

STREET NEW ADDRESS: 458 ADMIRAL WAY

19

CITY: EDMONDS ST: WA ZIP: 98020

20

CDL: RESTRICTIONS: ENDORSEMENTS:

21

DRIVER'S LICENSE #: STATE: SEX: U D.O.B. MMDDYYYY

22

ON DUTY STATUS: AIRBAG: RESTR.: EJECT: HELMET USE: INJURY CLASS: NATURE OF INJURIES:

23

LICENSE PLATE #: STATE: VIN#:

24

TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:

25

VEH. YEAR: MAKE: MODEL: STYLE: VEHICLE TOWED YES NO TOWED BY: GOVT. VEHICLE YES NO

26

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #:

VEHICLE LEGALLY STANDING YES NO CITATION #: CHARGE:

OFFICER'S NAME (PRINT): RICHARD SMITH BADGE OR ID #: 1819 AGENCY: WA0310200

1 1 7 27
2 0 4
3 5 1
1 28
2
3
0 1 29
30
1 1 2 31
2
3
1 32
2
3
FROM TO 5 1 33
FROM TO
4 35
36
37
38
39
40
1 41
42

NARRATIVE

On 08/07/2015 at 1731 hours, witnesses called 911 after [redacted] driver of unit 1, hit the side of the Port of Edmonds building, unit 2, as she was attempting to park her car. Unit 2 is a building located at [redacted] this building is in the City of Edmonds in Snohomish County.

I arrived and talked with witnesses and driver [redacted]. Based on statements, damage to the vehicle, and damage to the building; unit 1 hit unit 2 as it was attempting to park. Witness [redacted] gave a written statement that unit 1 was moving northbound slowly into a handicap parking space just south of unit 2. She said unit 1 then quick increased speed and hit the south side of unit 2.

[redacted] driver of unit 1, told me her vehicle accelerated as she was parking. She told me she did not have her foot on the gas. She told me the car "accelerated on its own". She told me this is the third time the vehicle has accelerated without her manipulating the controls.

As I talked with [redacted] I was unable to detect any evidence of intoxication. [redacted] also provided a voluntary PBT sample showing .000. An Aid Crew also checked [redacted] and said there was no evidence she had a medical event. The front of unit 1 had damaged consistent with it having hit unit 2. Unit 2 had damage (small cracks in the brick work) consistent with unit 1 having hit the side of the building. I photographed the damage.

I suggested to [redacted] that she not continue to operate her vehicle based on her statement of it accelerating without her manipulating the controls. She had her vehicle towed to a Toyota Dealership for an inspection.

Based on the information at this point I was unable to determine if the collision was mechanical or human error.

[redacted] and Port of Edmonds staff was provided with an exchange of information form. Officer Richard T. Smith EP1619



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



CORRECTION

REPORT NO.

CASE #

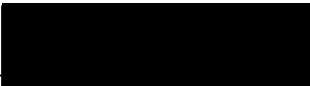
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)												
NAME (LAST, FIRST, MIDDLE INITIAL)		[redacted]						SEX	F	D.O.B. (MM/DD/YYYY)	[redacted]	
ADDRESS & PHONE #		[redacted] OLYMPIA WA [redacted]						SEX	F	D.O.B. (MM/DD/YYYY)	[redacted]	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		[redacted]						SEX		D.O.B. (MM/DD/YYYY)	[redacted]	
ADDRESS & PHONE #		[redacted]						SEX		D.O.B. (MM/DD/YYYY)	[redacted]	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		[redacted]						SEX		D.O.B. (MM/DD/YYYY)	[redacted]	
ADDRESS & PHONE #		[redacted]						SEX		D.O.B. (MM/DD/YYYY)	[redacted]	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	

NARRATIVE

Please see subsequent narrative pages

EDMONDS POLICE DEPARTMENT
250 5TH AVE. N., EDMONDS, WA 98020
425 771-0200

Case #



INCIDENT STATEMENT

Name



Date of Birth



Last

First

Middle Initial

dd yyyy

Address



Oly WA
Social Security #



Number

Street

City

St

Zip

Res. Phone ()

Wk. Phone ()

Cell Phone



Email Address

The following is my voluntary statement regarding this police report:

I saw the vehicle slowing to a stop in parking space then it increase speed and hit the building.

For Burglaries, Thefts, and Vehicle Theft reports:

I did not give anyone permission to enter my premises and/or take/remove my property/vehicle.

Making false reports to public officers:

A person commits the crime of making a false report if he/she willfully makes any untrue, misleading or exaggerated statement in any report to a Police or Fire Department. Making a false report is a misdemeanor.

I certify (or declare) under penalty of perjury that I am the person named above and that I am of the State of Washington, the above statement is true and correct.

Signature



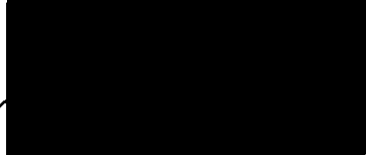
Date

8-7-15

Location

Marina Edmonds WA
City State

Signature Witness



Date

8-7-15

Location

Edmonds WA
City State

Page 1 of 1

Estimate Totals

i. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	T	ii. Part Replacement Summary	Amount
Body	32.0	52.00	5.00	368.00	2,037.00	T	Taxable Parts	3,564.25
Refinish	16.5	52.00	0.00	0.00	858.00	T	Sales Tax @ 9.500%	338.60
Frame	2.0	55.00	0.00	0.00	110.00	T	Total Replacement Parts Amount	3,902.85
Mechanical	4.3	150.00	0.00	4,800.00	5,445.00	T		
					8,450.00			
					802.75			
Labor Summary	54.8				9,252.75			
iii. Additional Costs							iv. Adjustments	
					Amount			Amount
Taxable Costs					753.00		Insurance Deductible	500.00-
Sales Tax			@ 9.500%		71.54		Customer Responsibility	500.00-
Total Additional Costs					824.54			
Paint Material Method: Rates								
Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00								
							i. Total Labor:	9,252.75
							ii. Total Replacement Parts:	3,902.85
							iii. Total Additional Costs:	824.54
							Gross Total:	13,980.14
							iv. Total Adjustments:	500.00-
							Net Total:	13,480.14
							Less Original Net Total:	3,609.16
							Net Supplement Amount:	9,870.98
							S1: SHAUN MESSER	4,974.07
							S2: MATT MATLOCK	4,909.68
							S3: JEANETTE CARTER	12.77-

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact
 12 Front Center (P)

Insurance Co: MERCURY INS. CO.

ALDERCREST AUTO REBUILD, INC. WILL NEGOTIATE ALL COLLISION REPAIR CHARGES WITH INSURANCE REPRESENTATIVE ON VEHICLE OWNERS BEHALF.

ALL VEHICLES MAY HAVE HIDDEN DAMAGES. WE ARE UNABLE TO ESTIMATE

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 08/18/2015 06:41:57 [REDACTED]
 Mitchell Data Version: OEM: AUG_15_V

Software Version: 7.1.180

Copyright (C) 1994 - 2015 Mitchell International
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Date: 10/1/2015 01:58 PM
 Estimate ID: [REDACTED]
 Estimate Version: 3
 Supplement: 3 (P F) 10/1/2015 01:58:08 PM
 Preliminary
 Profile ID: * ALDERCREST

51	101888	BDY	REMOVE/REPLACE	Frnt Body Clip 4@1.15	90467-07214	4.60	
S2 52	101893	BDY	REMOVE/REPLACE	R Upr Frnt Body Support	53202-52230	31.97 *	
S2 53	101894	BDY	REMOVE/REPLACE	L Upr Frnt Body Support	53203-52220	31.97 *	
S2 54	101889	BDY	REMOVE/REPLACE	R Frnt Body Headlamp Seal	53285-52410	27.04 *	INC
S2 55	101890	BDY	REMOVE/REPLACE	L Frnt Body Headlamp Seal	53286-52330	27.04 *	INC
S2 56	102017	BDY	REMOVE/REPLACE	Frnt Body Hood Latch Support	53208-52901	94.72 *	INC
S2 57	101791	BDY	REMOVE/REPLACE	R Frnt Body Sidemember Extension (HSS) -S	57201-52020	119.44 *	3.5
S1 58		REF	REFINISH	R Sidemember Extension			0.5
S2 59	101792	BDY	REMOVE/REPLACE	L Frnt Body Sidemember Extension (HSS) -S	57202-52020	102.26 *	3.5
S1 60		REF	REFINISH	L Sidemember Extension			0.5
S2 61	101797	BDY	REMOVE/REPLACE	R Frnt Body Front Reinf (HSS) -S	57188-52020	17.33 *	0.5
S2 62	101795	BDY	REMOVE/REPLACE	R Frnt Body Rail Extension (HSS) -S	57113-52010	35.02 *	INC #
S2 63	101796	BDY	REMOVE/REPLACE	L Frnt Body Rail Extension (HSS) -S	57114-52010	35.71 *	INC #
S2 64	100602	MCH	REMOVE/INSTALL	Inverter Assembly -M			INC*
				<u>Air Bag System</u>			
S1 65	100275	MCH	REMOVE/REPLACE	Disable & Enable Air Bag System -M			0.3
				<u>Engine/Trans</u>			
S2 66	100034	MCH	REMOVE/INSTALL	Engine/Trans & Crossmember -M			INC#
				<u>MANUAL ENTRIES</u>			
S2 67	900500	MCH*	ADD'L LABOR OP	R&I Engine/Trans & Crossmember	Sublet	4,800.00 *	INC*
				<u>Windshield</u>			
S2 68	101054	BDY	REMOVE/REPLACE	W/Shield Washer Reservoir Assy	85315-52440	105.76 *	0.4 #
				<u>Cowl & Dash</u>			
S1 69	101061	BDY	REMOVE/INSTALL	R Cowl/Dash Seal	Existing		0.2 r
S1 70	101064	BDY	REMOVE/INSTALL	L Cowl/Dash Seal	Existing		0.2 r
				<u>Rocker/Pillars/Floor</u>			
71	101401	BDY	REMOVE/INSTALL	R Rocker Moulding			0.3
72	101402	BDY	REMOVE/INSTALL	L Rocker Moulding			0.3
S2 73	936001		ADD'L COST	TOWING		249.00 *	
				<u>Additional Costs & Materials</u>			
S1 74	936014		ADD'L COST	Flex Additive		6.00 *	
				<u>Additional Operations</u>			
S1 75	933006	BDY *	ADD'L OPR	Frame/Rack Set Up			2.0*
S2 76	933031	FRM	ADD'L OPR	Pull For Mash			2.0*
S1 77	933036	BDY *	ADD'L OPR	Sheetmetal Pull			3.0*
78	933003	BDY *	ADD'L OPR	TINT COLOR			0.5*
				<u>MANUAL ENTRIES</u>			
S2 79	900500	BDY *	ADD'L LABOR OP	Tow From Aldercrest To Magic Toyota	Sublet	92.00 *	INC*
S2 80	900500	BDY *	ADD'L LABOR OP	Tow From Magic Toyota To Aldercrest	Sublet	92.00 *	INC*
S2 81	900500	BDY *	ADD'L LABOR OP	Tow From Aldercrest To Magic Toyota	Sublet	92.00 *	INC*
S2 82	900500	BDY *	ADD'L LABOR OP	Tow From Magic Toyota To Aldercrest	Sublet	92.00 *	INC*
S1 83		REF	ADD'L OPR	THREE STAGE			5.0
84	933018	BDY *	ADD'L OPR	MASK FOR OVERSPRAY		5.00 *	0.2*
				<u>Additional Costs & Materials</u>			
85			ADD'L COST	Paint/Materials		495.00 *	
86			ADD'L COST	Hazardous Waste Disposal		3.00 *	

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat / Three Stage Calc
 r - CEG R&R Time Used For This Labor Operation

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 08/18/2015 06:41:57 [REDACTED]
 Mitchell Data Version: OEM: AUG_15_V

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Page 3 of 5

Software Version: 7.1.180

FINAL

Date: 10/1/2015 01:58 PM
 Estimate ID: [REDACTED]
 Estimate Version: 3
 Supplement: 3 (P F) 10/1/2015 01:58:08 PM
 Preliminary
 Profile ID: * ALDERCREST

ALDERCREST AUTO REBUILD, INC.

2415 196TH ST SW, LYNNWOOD, WA 98036
 (425) 775-2424
 Fax: (425) 776-4229

aldercrest.autorebuild@frontier.com
 please visit our website at www.aldercrestautorebuild.com

COMPLETE COLLISION REPAIR SERVICES SINCE 1972

* HOURS: MONDAY - FRIDAY 7:30AM - 5:30PM SAT 8 AM - 1PM *

WE CLEAN, VACUUM AND HAND-WASH YOUR VEHICLE WITH REPAIRS

Damage Assessed By: SHAUN MESSER
 Supplemented By: JEANETTE CARTER
 Classification: Field

Type of Loss: Collision
 Date of Loss: 8/7/2015
 Payer: Insurance
 Deductible: 500.00
 Claim Number: [REDACTED]
 Insured: [REDACTED]
 Owner: [REDACTED]
 Telephone: Home Phone: [REDACTED]

Mitchell Service: 911345

Description: 2014 Toyota Prius c Four
 Body Style: 4D HB
 VIN: JTDKDTB36E1 [REDACTED]
 Mileage: 2,767
 OEM/ALT: O
 Color: MOONGLOW PEARL TRI
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
 AIR CONDITIONING, REAR WINDOW WIPER, CRUISE CONTROL, TILT STEERING COLUMN
 AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 FOG LIGHTS, ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR
 NAVIGATION SYSTEM, AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, HD RADIO
 SATELLITE RADIO, CD PLAYER, POWER ADJUSTABLE EXTERIOR MIRROR, AUTO AIR CONDITION
 TRIP COMPUTER, FIRST ROW BUCKET SEAT, SIDE AIRBAGS
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, MP3 PLAYER, DAYTIME RUNNING LIGHTS
 ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS, KEYLESS ENTRY SYSTEM
 REAR BENCH SEAT, REAR SPOILER, STEERING WHEEL AUDIO CONTROLS

Vehicle Production Date: 11/14
 Drive Train: 1.5L Inj 4 Cyl AT FWD
 License: [REDACTED] CA
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
					Front Bumper		
1	100927	BDY	OVERHAUL	Frnt Bumper Cover Assy			1.9 #
S2 2	101824	BDY	REMOVE/REPLACE	Frnt Bumper Cover	52119-52980	223.27	* INC #

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 08/18/2015 06:41:57 [REDACTED]
 Mitchell Data Version: OEM: AUG_15_V

Software Version: 7.1.180

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3		REF	REFINISH	Frnt Bumper Cover			C 2.8
S2 4	101826	BDY	REMOVE/REPLACE	R Frt Otr Bumper Cover Retainer	52535-52150	33.47 *	0.1 #
5		BDY	REMOVE/INSTALL	Frnt Bumper Cover			INC #
S2 6	101827	BDY	REMOVE/REPLACE	L Frt Otr Bumper Cover Retainer	52536-52110	33.47 *	0.1 #
S2 7	101850	BDY	REMOVE/REPLACE	Frnt Ctr Bumper Cover Retainer	52521-52040	45.54 *	0.2 #
S2 8	101829	BDY	REMOVE/REPLACE	Frnt Bumper Adhesive Emblem	75310-52010	47.29 *	0.1
S2 9	101828	BDY	REMOVE/REPLACE	R Frt Bumper Tow Hook Cover	52127-52941	15.03 *	INC
10		REF	REFINISH	R Frt Tow Hook Cover			INC
S2 11	101834	BDY	REMOVE/REPLACE	Frnt Bumper Seal	53395-52050	13.53 *	INC
S2 12	101836	BDY	REMOVE/REPLACE	Frnt Lwr Bumper Grille	53112-52370	80.94 *	INC #
S2 13	101837	BDY	REMOVE/REPLACE	Frnt Bumper Impact Absorber	52611-52180	64.13 *	INC
S2 14	101838	BDY	REMOVE/REPLACE	Frnt Bumper Reinforcement Bar (HSS) Grille	52131-52280	163.71 *	INC #
S2 15	101679	BDY	REMOVE/REPLACE	Grille	53111-52570	91.47 *	INC #
S2 16	101680	BDY	REMOVE/REPLACE	Grille Clip 4@2.38	52161-02020	9.52 *	
<u>Front Lamps</u>							
17	101681	BDY	CHECK/ADJUST	Headlamps			0.4
18	101682	BDY	REMOVE/INSTALL	R Front Combination Lamp			INC #
19	101683	BDY	REMOVE/INSTALL	L Front Combination Lamp			INC #
S2 20	101684	BDY	REMOVE/REPLACE	R Frnt Combination Lamp Assembly	81110-52E81	333.23	INC #
<u>Hood</u>							
S2 21	101462	BDY	REMOVE/REPLACE	Hood Panel (HSS)	53301-52370	258.34 *	1.4
22		REF	REFINISH	Hood Outside			C 2.3
23		REF	REFINISH	Add For Hood Underside			C 1.3
24	101463	BDY	REMOVE/INSTALL	Hood Insulator	Existing		INC r
S2 25	101464	BDY	REMOVE/REPLACE	Hood Insulator Retainer 5@1.58	90467-A0003	7.90 *	
S2 26	101465	BDY	REMOVE/REPLACE	Hood Latch	53510-52640	52.18 *	INC
S2 27	101472	BDY	REMOVE/REPLACE	R Hood Hinge	53410-52350	32.75 *	0.5 #
28		BDY	REMOVE/INSTALL	Hood Assy			INC
29		REF	REFINISH	R Hinge			C 0.5
S2 30	101473	BDY	REMOVE/REPLACE	L Hood Hinge	53420-52360	32.75 *	0.5 #
31		REF	REFINISH	L Hinge			C 0.5
<u>Cooling</u>							
S1 32	101903	BDY	REMOVE/INSTALL	Radiator			INC #
<u>MANUAL ENTRIES</u>							
S2 33	900500	BDY *	REMOVE/REPLACE	OEM Coolant (2 Gallons)	ORDER FROM DEALER	49.98 *	0.0*
<u>A/C /Heater/Ventilation</u>							
34	101573	MCH	REMOVE/REPLACE	Evacuate & Recharge A/C	-M		1.4
35	101574	MCH	REMOVE/REPLACE	A/C Refrigerant Recovery	-M		0.3
S2 36	102065	MCH	REMOVE/REPLACE	A/C Condenser	-M	88460-52170	670.27 * INC #
<u>Front Fender</u>							
37	100925	REF	BLEND	R Fender Outside			C 0.8
S1 38	100929	REF	BLEND	L Fender Outside			C 0.8
S1 39	101853	BDY	ALIGN	R Fender Panel	Existing		1.0* #
S1 40	101854	BDY	ALIGN	L Fender Panel	Existing		1.0* #
41	101859	BDY	REMOVE/INSTALL	R Fender Liner	Existing		0.4 r
42	101860	BDY	REMOVE/INSTALL	L Fender Liner	Existing		0.4 r
43	100201	BDY	REMOVE/INSTALL	R Fender Garnish			0.2
44	100200	BDY	REMOVE/INSTALL	L Fender Garnish			0.2
S2 45	101867	BDY	REMOVE/REPLACE	R Fender Adhesive Nameplate	75374-52010	51.49 *	0.2
S2 46	101868	BDY	REMOVE/REPLACE	L Fender Adhesive Nameplate	75374-52020	51.49 *	0.2
<u>Front Inner Structure</u>							
S2 47	101880	BDY	REMOVE/REPLACE	Frnt Body Radiator Support	53210-52917	483.82 *	8.6 #
S1 48		REF	REFINISH	Radiator Support Complete			1.5
S1 49		MCH	REMOVE/REPLACE	Add To R&R Mechanical Components	-M		2.3 #
S2 50	101887	BDY	REMOVE/REPLACE	Frnt Body Cover	53289-52080	85.82 *	INC

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Page 2 of 5

"Bay" [Handwritten]

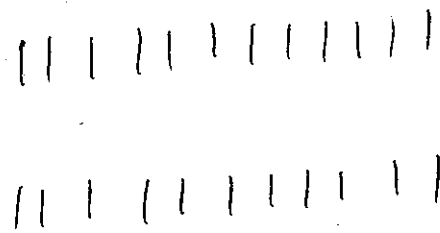
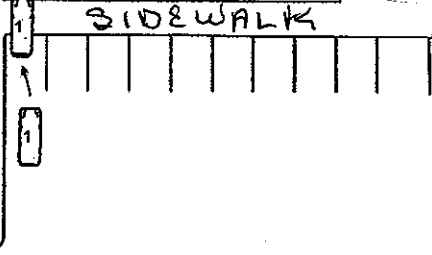
PORT [Handwritten]

PORT OF EDMONDS
458 Admiral Way Building

Restaurant [Handwritten]



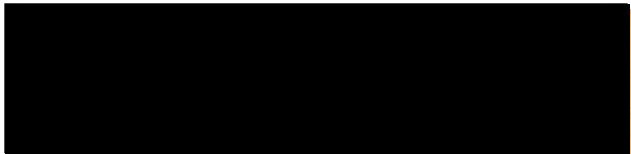
SIDEWALK



Parking lot

STREET [Handwritten]

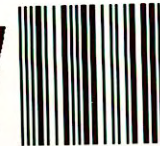
To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.



MODESTO, CA



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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

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