



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

11-JAN-2017

MAR 06 2017

Repository ☐

Reference No.

10944376

OWNER INFORMATION (Type or Print)

Name

Address

City

DORCHESTER

State

MA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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. Your information will be shared with the public in the agency's Freedom of Information Act notice. See 49 FR 53971 (Sep. 3, 2004).

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

4T3BK3BB0CU

Make

TOYOTA

Model

VENZA

Model Year

2012

Date Purchased

12/7/2015

Dealer's Name and Telephone Number

HERB CHAMBERS TOYOTA OF BOSTON

Engine:

No. Cylinders

6/3.5L

Fuel Type:

GASOLINE

Original Owner

☐

Dealer's City

BOSTON

State

MA

Zip Code

Transmission Type

6 SPEED

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Multiple Failure:

DRIVER KNEE AIRBAG

Incident Date(s)

01-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS - HEAD AND - DRIVER KNEE AIR BAGS.

Failure Mileage
60000

Failure Speed
20

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: DOTM19ABC036)

☐ 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

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 2012 TOYOTA VENZA. WHILE DRIVING APPROXIMATELY 20 MPH, THE CONTACT'S VEHICLE CRASHED INTO A SECOND VEHICLE. THE DRIVER'S SIDE AIR BAG BURST OPEN AND BLACK SMOKE AND FRAGMENTS FLEW OUT. THE FRAGMENTS SEVERELY INJURED BOTH OF THE DRIVER'S LEGS. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT EXAMINER WHO CONCLUDED THAT THE AIR BAG FAILURE WAS CAUSED BY WATER DAMAGE. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 60,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

On 4/1/16 at around 5:20^{PM}, I was driving to work along Blue Hill Avenue towards Mattapan in Boston Massachusetts, when immediately after the traffic lights (about 200 meters), a fourth car ahead of me stopped abruptly, and two cars following it hit one after the other. I was the fourth car following in line, and realizing the car ahead of me wasn't moving, tried to escape to the left lane but was busy so as I moved back to my lane on the right, the tip of my front passenger side car hit on the tip right driver's side of the car ahead of me, that is when the

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

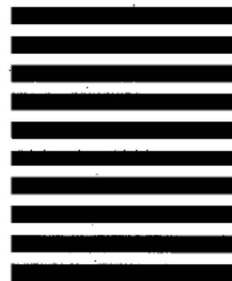
FIRST CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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 Owners Classification (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration

Conti... the driver's side airbags deployed bursting so hard like a bomb injuring mid-my legs by hitting with severely hot smoke behaving with thick black and white smoke, releasing black plastic like fragments causing bruises on both my shins which later became blisters on my shins. This has left big black scars on both my shins.

My chest was severely hit so hard that I had no hope my internal organs were spared. At the Emergency Unit, the x-ray and scan report showed no internal injuries.

The driver below knee airbags on bursting hard severely hitting and injuring both my legs, impacted both my knees causing Meniscal tear both knees. This made me immobile from the date of the accident on 4/1/16 to date. It has left me with severe excruciating pains, and has undergone knee surgery on one leg, awaiting to be done on the other leg. 1st Knee Surgery was on 11/23/16, 3 months ago - Healing Process.

That's all about the accident, just a slight hit on the passenger front side of the car.

These are the Documents which I sent
to Toyota Motor Sales USA.

Incident Report



Case Number	CAD Incident #
Report Type	Page 1 of 4
Incident Report	
Date / Time Occurred	Date / Time Reported
04/01/2016 17:29 to 04/01/2016 17:29	04/01/2016 17:29

Arrested Suspects	Additional Suspects	Unknown Suspects	Victims	Other Persons	Vehicles	Items	Evidence Count	Leads Count	File #
☐ Drugs	☐ DWI	☐ Juvenile	☐ Child Present	☐ Elderly	☐ Sexual Assault				
☐ CRU - Hate/Bias	☐ Licensed Premise	☐ Disabled	☐ Homeland Security	☐ Homeland Security - UASI	☐ Home Invasion				
☐ Car Jack	☐ Gun	☐ Gang	☐ Shots Fired	☐ Victim Shot	☐ Victim Stabbed				
☐ Other Agency/Unit Notified	☐ Warrant Arrest	☐ Search Warrant	☐ Licensed Premise Violation	☐ LPR	☐ Human Trafficking				
☐ Bicycle	☐ School	☐ Homeless	☐ Sex Offender	☐ NIDV	☐ Child Abuse				

Unit Number	Clearance Disposition	Cleared by Exception	Exceptional Clearance Date
-------------	-----------------------	----------------------	----------------------------

Situation Found	Case Status
E911	

Location Given By Dispatcher

Street Address

City	State	Zip	District
BSTN	MASSACHUSETTS		DISTRICT B3

Reporting Officer	Employee Number	Approving Supervisor
MELVIN, DAVID	010429	HEGARTY, MICHAEL

Unit Type

☐ Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code
--	--------------------------------

☒ Primary Offense	Crime Description
	M/V ACCIDENT - PERSONAL INJURY

Offense Code Value	Attempted/Completed	Premise Type
03603	Completed	Highway/Road/Alley

Circumstances	Bias
	None - No Bias

Criminal Activity 1	Criminal Activity 2	Criminal Activity 3
---------------------	---------------------	---------------------

Offender Using 1	Offender Using 2	Offender Using 3
Not Applicable		

# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
-------------------	---------------	-------------------	---------------

Gang Type #1	Gang Name #1
--------------	--------------

Gang Type #2	Gang Name #2
--------------	--------------

Drug Related	Drug Type	Drug Origin	Drug Precursors
--------------	-----------	-------------	-----------------

MQ Panel	Entry Area	Entry Method
Entry Type		

Entry Point 1	Entry Point 2	Exit Point 1
---------------	---------------	--------------

Exit Point 2	Target Area	Property Target 1
--------------	-------------	-------------------

Property Target 2	Property Target 3	Victim Target
-------------------	-------------------	---------------

Time of Day	Victim Activity	Action 1 to Premises
-------------	-----------------	----------------------

Action 2 to Premises	Action 3 to Premises	Action 1 on Victim
----------------------	----------------------	--------------------

Action 2 on Victim	Action 3 on Victim	Other Action 1
--------------------	--------------------	----------------

Other Action 2	Other Action 3	Solicited Offered 1
----------------	----------------	---------------------

Solicited Offered 2	Solicited Offered 3	Weapon 1
---------------------	---------------------	----------

Weapon 1 Auto	Weapon 2	Weapon 2 Auto
---------------	----------	---------------

Weapon 3	Weapon 3 Auto	Arson
----------	---------------	-------



Incident Report

Case Number	CAD Incident #
Report Type Incident Report	Page 2 of 4
Date / Time Occurred 04/01/2016 17:29 to 04/01/2016 17:29	Date / Time Reported 04/01/2016 17:29

Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

Victim Type Person							
Name (Last, First Middle)							
Suffix	Nickname	Race Black	Gender Female	SSN	Date of Birth	Age	Age Range to
Infant Type	Height	Weight	Driver's License #	DL State			
Place of Birth		Citizenship US CITIZEN					
Ethnicity		Marital Status					
Not of Hispanic Origin Preferred		Contact #1	Contact #2	Email Address			
HOME PHONE							
Street Address							
City BOSTON	State MASSACHUSETTS	Zip					
☐ Student	Employer / School		Occupation				
College Name		☐ On Campus ☐ Yes ☐ No					
Street Address							
City	State	Zip	Work Phone		Hours of Employment		
Hair Color	Eye Color	Build	Resident RESIDENT				
Injury 1	Injury Description CHEST AND LEG PAIN						
Injury 2	Injury 3	Injury 4	Injury 5				
Victim Condition		Victim-Offender					
A. Assault/Homicide ☐ Yes ☐ No		A. Assault/Homicide Circumstance 1		A. Assault/Homicide Circumstance 2			
Justifiable Homicide ☐ Yes ☐ No		Justifiable Homicide Circumstance					
☒ Victim Hospitalized		Hospital Facility Carney Hospital		Hospital Description			
Under Influence Alcohol? ☐ Yes ☐ No ☐ Unknown		Under Influence Drugs? ☐ Yes ☐ No ☐ Unknown		Domestic Disturbance		Domestic Violence Victim Transported ☐ Yes ☐ No	
Violation of Protective Order ☐ Yes ☐ No		Cohabitant ☐ Yes ☐ No					
M/V ACCIDENT - PERSONAL INJURY							
Vehicle Year 2012		Make TOYOTA		Model VENZA		VIN	
				☒ VIN Validation Off		Tag Number	



Incident Report

Case Number	CAD Incident #
Report Type Incident Report	Page 3 of 4
Date / Time Occurred 04/01/2016 17:29 to 04/01/2016 17:29	Date / Time Reported 04/01/2016 17:29

State MASSACHUSETTS	Plate Type Passenger	Tag Month	Exp. Year	Body Style PASSENGER CAR	Top Color BLACK	Bottom Color BLACK
Vehicle Type Sedan				Status TOWED		
Decal #		NIC				
Other Identifiers						
Registered Owner Name (Last, First, MI) ☐ Business				Gender	Race	DOB
MCTIM						
Street Address						
City		State MASSACHUSETTS		Zip		
Insurance Company		Policy Number		Insurance Expiration	Financed By/Titleholder	
☐ Stolen ☐ Recovered						
Keys in Ignition ☐ Yes ☐ No	Doors Locked ☐ Yes ☐ No	Windows Closed ☐ Yes ☐ No	Ignition Locked ☐ Yes ☐ No	Trunk Locked ☐ Yes ☐ No	Radio in Car ☐ Yes ☐ No	Reps. Check ☐ Yes ☐ No
How Vehicle Entered		How Vehicle Taken				
Recovered By		Recovery Date		Recovered Value		Recovery Code
Street Address						
City		State MASSACHUSETTS		Zip		
☐ Impounded ☐ Towed		Tow Report Number		Wrecker Service	Time Wrecker Arrived	Time Wrecker Departed
Location Towed From		Location Towed To		Impounded By		Mileage
Wrecker Driver Name		Tow Truck Operator Signature				

Vehicle Year 2007	Make TOYOTA	Model COROLLA	VIN	☒ VIN Validation Off	Tag Number	
State MASSACHUSETTS	Plate Type Passenger	Tag Month	Exp. Year	Body Style PASSENGER CAR	Top Color GRAY	Bottom Color GRAY
Vehicle Type Sedan				Status TOWED		
Decal #		NIC				
Other Identifiers						
Registered Owner Name (Last, First, MI) ☐ Business				Gender Male	Race Unknown	DOB
Street Address						
City DEDHAM		State MASSACHUSETTS		Zip		
Insurance Company		Policy Number		Insurance Expiration	Financed By/Titleholder	



Incident Report

Case Number	CAD Incident #
Report Type Incident Report	Page 4 of 4
Date / Time Occurred 04/01/2016 17:29 to 04/01/2016 17:29	Date / Time Reported 04/01/2016 17:29

☐ Stolen ☐ Recovered										
Keys in Ignition ☐ Yes ☐ No	Doors Locked ☐ Yes ☐ No	Windows Closed ☐ Yes ☐ No	Ignition Locked ☐ Yes ☐ No	Trunk Locked ☐ Yes ☐ No	Radio In Car ☐ Yes ☐ No	Repo. Check ☐ Yes ☐ No	Tow List Check ☐ Yes ☐ No	Stolen Value		
How Vehicle Entered		How Vehicle Taken								
Recovered By	Recovery Date	Recovered Value	Recovery Code							
Street Address										
City		State MASSACHUSETTS			Zip					
☐ Impounded ☐ Towed	Tow Report Number		Wrecker Service		Date Wrecker Arrived		Time Wrecker Arrived			
Location Towed From		Location Towed To		Impounded By			Mileage			
Wrecker Driver Name		Tow Truck Operator Signature								

Public Narrative

About 1730, PO Melvin, the C426F, responded to a rc at Blue Hill Ave and Charlotte for a mv accident. On arrival, officer observed above victim's car had rear ended above mv #2. Victim's mv sustained major front end damage and the driver's airbag had deployed. Victim transported by A19 to Carney with complaints of chest and leg pain. Mv towed by Auto Service, cc# 40980. Mv #2 towed by MJ's, cc# 2308 with rear end damage. No items were removed from any mvs by officer. Towline (Smith) notified.

(P)

DORCHESTER, MA

7-20-16.

TO WHOM IT MAY CONCERN,
TOYOTA MOTOR SALES USA,
P.O. Box 19001,
SOUTH WESTERN AVENUE
TORRANCE, CA.

REF:- My up to today and going forward
Medical Report after of my
Knees, legs and feet after the
bombshell hit by defective air
bags on 4/1/16 car accident.

Enclosed please find some medical reports
of my progress after the car accident on
4/1/16 which almost paralyzed my feet after
when the airbags above my feet and those
on the steering wheel bursted like a
bomb releasing very thick burning black
smoke throwing black fragments which
all hit very hard on my feet causing a
very strong impact on my knees and legs
chest, and legs feet.

This is just but a follow up of my previous
letter I sent to you earlier with all the
explanations of the accident. So, after
all the Medical, physical, Aquatic, and

Family Medicine to try and treat the very severe, excruciating pains on my knees, legs and feet, "All the treatments ^{were} to no avail". I was referred to an Orthopedic Surgeon who decided to do an MRI, (Magnetic Resonance Imaging), which showed Torn Meniscus both Knees, plus other injuries. His Surgical opinion is now to do both Knee replacements.

The (R) Knee surgery is on 11/23/16, while the (L) Knee will be three months or more after the (R) Knee replacement, depending on the healing process if no infection.

Now, the "Fact of the MATTER" is:- I have been ① In severe, excruciating knees, feet and leg pains, not responding to strong pain medications, nor physical and Aquatic Managements, only to now end up being replaced both Knees.

② In a state of immobility due to severe pains that I can't stand or move without assist of one person, or hold onto furniture then walls plus a cane.

③ Out of work for the whole period up to now and to continue into next year for my (L) Knee replacement due to severe hit by bursted airbags.

- ④ Upto now with "NO INCOME" as I write this letter. My Insurance Bodily Injury all went to my medical bills and were not enough. Right now I have many pending bills, and collections have started to flow in, ie Medical bills, car Insurance, car loan, House rent, Utilities bills, credit card bills and many others.
 - ⑤ Subjected to a Knife to have my Knees replaced, something I had never dreamed of being done so soon in my life.
 - ⑥ Subjected to painful redundancy or idleness. Can't perform due to pain.
 - ⑦ Subjected to poverty - Below zero Bank Acc. Everything of mine is stagnant right now, safe for the food which I had some stock fading away as of now.
 - ⑧ Subjected my kids and family to stress and many unbelievable problems.
 - ⑨ Subjected to severe Mental, Physical and social pains which I had not thought of. Undergoing anaesthesia and the risks; to Knife, the wound & its outcome, this depends on the healing process; then the "SCAR". Permanent skin and body damage.
 - ⑩ Most of ALL, the "DISABILITY". Long Term
- Thanks in Advance, Awaiting Your Swift Action



Autosource

Market-Driven Valuation™

Administrative Data

Jessica Silva
LM General Insurance Company
3 LEAR JET LANE
11350 McCormick Road Ste 301
LATHAM NY 12110-

Claimant
Insured [REDACTED]
Claim [REDACTED]
Loss Date 04/01/2016
Loss Type Collision
Policy XXXXX
Other

Company Name LM General Insurance Company
Company Address 3 LEAR JET LANE
Company City LATHAM
Company State NY
Company Zip 12110-

VINSOURCE Analysis

VIN 4T3BK3BB0CU [REDACTED]
Decodes as 2012 Toyota Venza Limited V6 4WD 4D Wagon
Accuracy Decodes Correctly
History Activity was reported

- o Autosource activity: (NONE).
- o Autotrak activity: (NONE).
- o AudaExplore/Estimating activity: Reported by LIBERTY MUTUAL - HINGHAM on April 7, 2016. Call them at (617)298-7400 regarding Claim: [REDACTED]. DOL: 04/01/2016 with a primary impact point of *Right Front Corner*.
- o Sales history activity: (NONE)

Recall Bulletins

Nat'l. Highway Traffic Safety Admin (US) has issued a total of 3 recall bulletins that may apply to this vehicle.

NHTSA ID Number 13V014000

Date Issued 01/16/13

Quantity Affected 3,235

Defect Southeast Toyota Distributors, LLC (SET) is recalling certain models interspersed through model years 2009 through 2013 as follows: model year 2009-2012 Tacoma, 4Runner, Camry, Camry Hybrid, Prius, and RAV4; model year 2009-2010 Avalon, FJ Cruiser, and Highlander Hybrid; model year 2010-2013 model year Corolla, Sienna and Tundra; model year 2009-2013 Highlander and Venza; model year 2012 Prius V; and model year 2010-2012 Sequoia. During modification by SET to include accessories such as leather seat covers, seat heaters or headrest DVD systems, these vehicles may not have had the passenger seat occupant sensing system calibration tested. Without passing the calibration test, the occupant sensing system may not operate as designed. If the front passenger seat occupant sensing system is out of calibration, the front passenger airbags may not deploy or they may deploy inappropriately for the passenger's size and position. This could increase the risk of personal injury during the event of a vehicle crash necessitating airbag deployment. REMEDY: Southeast Toyota will notify owners, and dealers will test the sensitivity of the occupant detection sensors, and recalibrate them as

Necessary. The Recall Is necessary. The recall is expected to begin during February 2013. Owners may contact Southeast Toyota at 1-800-301-6859. Owners may also contact the National Highway Traffic Safety Administration Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or go to www.safercar.gov.

NHTSA ID Number 13V123000

Date Issued 04/09/13

Quantity Affected 7,389

Defect Southeast Toyota is recalling certain model year 2008 and 2010-2013 Toyota Tundra, 2010-2012 Rav4, 2012 Toyota Sequoia, 2010-2011 Toyota Corolla, 2010-2011 Toyota Camry and Camry Hybrid, 2010-2013 Toyota Highlander and Highlander Hybrid, 2010-2013 Toyota FJ Cruiser, 2011 Toyota Land Cruiser, 2010-2013 Toyota Venza, 2010-2011 Toyota 4Runner, 2010-2013 Toyota Tacoma, 2011-2012 Toyota Sienna, 2012 Toyota Prius, 2013 Scion FR-S, 2011 Scion XD, 2011 Scion XB, and 2012 Scion TC vehicles. These vehicles were sold with labels that were outside the allowable one percent of accuracy of actual weight added. Thus, these vehicles fail to comply with the requirements of Federal Motor Vehicle Safety Standard (FMVSS) Number 110, "Tire Selection and Rims." An inaccurate label could lead to owners overloading their vehicles and tires. An overloaded vehicle can result in a tire failure which may result in a vehicle crash, personal injury, or property damage.

Remedy Southeast Toyota will notify owners and provide a corrected label with instructions concerning its installation. A small group of the affected

Vehicles Will Need Additional Remedies Which Are Still Being Developed. The vehicles will need additional remedies which are still being developed. The recall is planned to begin during May 2013. Owners may contact Southeast Toyota at 1-800-301-6859. Owners may also contact the National Highway Traffic Safety Administration Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or go to www.safercar.gov.

NHTSA ID Number 13V442000

Date Issued 10/17/13

Quantity Affected 802,769

Defect Toyota is recalling certain model year 2012-2013 Avalon, Avalon HV, Venza, Camry, and Camry HV vehicles. In the affected vehicles, the drain hose for the air conditioning condenser may become clogged causing water to accumulate at the bottom of the air conditioning condenser unit housing. The accumulated water may then leak through a seam in the housing onto the air bag control module potentially resulting in a short circuit of the module. A short circuit may cause the air bags to become disabled or inadvertently deploy. An inadvertent airbag deployment can increase the risk of injury or the possibility of a crash. An inoperative airbag can increase the risk of injury in a severe crash. The power steering assist could also become inoperable resulting in increased steering effort and can increase the risk of a crash at low speeds.

Remedy Toyota will notify owners, and dealers will seal the air conditioning condenser unit housing and install a protective cover on the airbag control module, free of charge. The recall is expected to begin during December 2013.

Owners May Contact Toyota At Owners may contact Toyota at 1-800-331-4331. Owners may also contact the National Highway Traffic Safety Administration Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or **Also Contact The** go to www.safercar.gov.

Vehicle Locator Service

After your claim is settled, Autosource provides free assistance in locating your next vehicle. Your request can be submitted online 24hrs. per day at <http://www.support.audatex.us>. Under Additional Services click the Autosource Vehicle Locator Service Form link to complete the VLS form. Or you can call us Monday through Friday, between 8:00 AM and 5:00 PM, Pacific time at (800)351-3133, ext 7428. Our specialists will work with you to find a new or used vehicle in your area.

Typical Condition Statement

Odometer, equipment, trim level and condition must all be carefully considered on this vehicle. The vehicle's typical mileage and condition is based on comparison of dealer and private party vehicles of the same year, vehicle type and state/province. The average miles driven for this vehicle is 46,656. Numerous descriptions have been described within each condition sub-category rating and are separated by a period. Each description is meant to be independent, but can also be interpreted as an "and/or" statement.



