From: [redacted]
To: EVOQ (NHTSA) [redacted]
Cc: [redacted]
Subject: Some car accident photos I took at collision shop as I was emptying my personal belongings. ODI# 11244514
Date: Monday, August 26, 2019 2:31:01 PM

Dear Representatives

I am submitting these photos taken at the collision shop as I was emptying car for my personal belongings.

I'm sure photos were taken by a representative from Esurance and possibly a representative with Toyota but you would need to verify that with them.

I'm in touch with my personal claims manager, Mr. Thomas Opatz at Esurance and Customer Experience at Toyota who I sent my permission to have my car inspected because I encountered a problem with my accelerator which apparently became stuck and in my desperate attempt to stop the car by applying extreme pressure to my brakes and I could not stop my out of control car so i had to swerve to my right to avoid catastrophic accident. I swerved into trees which brought my car to a complete stop. All my airbags deployed and my seatbelt protected me.

My customer experience representative at Toyota Customer Experience is John Ashby who has not really been in touch with me.

My case number with National Highway Traffic Safety Board I believe is

11244514 (Office of Defect)

I will be unavailable from September 10 - September 15, 2019 as I'm undergoing male to female transgender surgery and have already discussed this with my representative at Esurance and someone who's an associate of Mr. John Ashby.

I will be recovering at home with cellphone by my side for approximately 2 months but will be able to have conversations on my cell phone.

This unexpected accident has been very traumatizing to me and I'm deeply affected mentally by it because I thought I was going to die on impact. It was terrifying and I was afraid that I could have hit other cars if I didn't swerve to avoid hitting the car ahead of me.

Please confirm receipt and reach out to me and my representatives as needed. I will not be available during the week of my surgery on September 10, 2019.

Thank you.

[redacted]

Sent from Yahoo Mail for iPhone
IMG_0790.JPG1.6MB
IMG_0779.JPG3.7MB
IMG_0791.JPG1.7MB

IMG_0802.JPG3.4MB
IMG_0805.JPG3.7MB
IMG_0809.JPG3.5MB

[redacted]
Customer Service Representative

telesis
8300 Greensboro Drive, Suite 600, McLean, VA 22102
240-247-8812 (Desk) | 240-241-5625 (Fax) | www.telesishq.com

Contracting Vehicles: GSA FSS 70, GSA 8(a) STARS II, CIO SP3 (SB), Seaport-e, ITES-3S, RS3

Certifications: CMMI-DEV2; CMMI-SVC3; ISO20000; ISO9001; ISO27001

Partnerships: MS SILVER-Devices & Deployment; AWS Standard Consulting Partner; Blackberry Authorized Reseller Partner

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ONE
NO


Hassle Free Full Service A

Page 1 of 3 Pages

Local Codes: [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

☐ AMENDED REPORT [redacted]

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
7	28	2019	SUNDAY	17:35	1	1	0	☐ / ☐	☐	☐ Yes ☑ No

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1

VEHICLE 1- Driver License ID Number: [redacted] State of Lic: NY

Driver Name - exactly as printed on license: [redacted]

Address (Include Number and Street): [redacted] Apt. No:

City or Town: LEVITTOWN State: NY Zip Code: [redacted]

Date of Birth: [redacted] Sex: F Unlicensed: ☐ No. of Occupants: 01 Public Property Damaged: ☐

Name - exactly as printed on registration: [redacted] Sex: F Date of Birth: Month 1 Day 18 Year 1961

Address (Include Number and Street): [redacted] Apt. No: Haz Mat Code: - Released: ☐

City or Town: LEVITTOWN State: NY Zip Code: [redacted]

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	2017 TOYT	4DSD	069

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

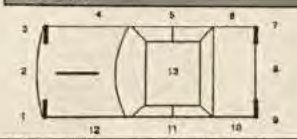
	1	2
Box 1 - Point of Impact		
Box 2 - Most Damage		
Enter up to three more damage codes	3	4	5
	1	3	4	5

Vehicle By: CANNON
Towed To: CANNON

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



VEHICLE

VEHICLE Driver License ID Number: State of Lic:

Driver Name - exactly as printed on license:

Address (Include Number and Street): Apt. No:

City or Town: State: Zip Code:

Date of Birth: Month Day Year Sex: Unlicensed: ☐ No. of Occupants: Public Property Damaged: ☐

Name - exactly as printed on registration: Sex: Date of Birth: Month Day Year

Address (Include Number and Street): Apt. No: Haz Mat Code: Released: ☐

City or Town: State: Zip Code:

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE DAMAGE CODES

	1	2
Box 1 - Point of Impact		
Box 2 - Most Damage		
Enter up to three more damage codes	3	4	5

Vehicle By:
Towed To:

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1.	Left Turn 3.	Right Angle	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.		Right Turn 8.	Sideswipe (opposite direction) 9.

ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9

Cost of repairs to any one vehicle will be more than $1000:
☐ Unknown/Unable to determine ☑ Yes ☐ No

Reference Marker	Coordinates (if available)
	Latitude/Northing
	Longitude/Easting

Place Where Accident Occurred:

County NASSAU ☐ City ☐ Village ☑ Town of HEMPSTEAD

Road on which accident occurred [redacted] LEVITTOWN (Route Number or Street Name)

at 1) intersecting street (Route Number or Street Name)

or 2) 100 feet miles ☐ N ☐ S ☐ E ☑ W of [redacted] LEVITTOWN (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes:

MV1 was in a collision with a tree and fence. Operator of MV1 stated her accelerator got stuck and was unable to stop her vehicle. Operator of MV1 was conscious and alert upon police arrival and stated she was experiencing pain to her neck and upper shoulders. Operator of MV1 was evaluated at scene by Wantagh Levittown Ambulance 293 and transported to NUMC for further evaluation and treatment. MV1 was towed to Cannon Collision. Post

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY		
A	1	1	A	1	58	F	04	12	6	9997	2909	[redacted]
B												
C												
D												
E												
F												

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PO T Fagan	9589	02900	0808	B13	PUGLIA, P	7/28/2019 23:14

Print Name in Full: T FAGAN

Page 2 of 3 Pages

Local Codes [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

☐ AMENDED REPORT [redacted]

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not investigated at Scene ☐ Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☑ No
7	28	2019	SUNDAY	17:35	1	1	0			

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE

VEHICLE – Driver License ID Number | State of Lic

Driver Name – exactly as printed on license

Address (Include Number and Street) | Apt. No

City or Town | State | Zip Code

Date of Birth Month Day Year | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name – exactly as printed on registration | Sex | Date of Birth Month Day Year

Address (Include Number and Street) | Apt. No | Haz. Mat. Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE

VEHICLE – Driver License ID Number | State of Lic

Driver Name – exactly as printed on license

Address (Include Number and Street) | Apt. No

City or Town | State | Zip Code

Date of Birth Month Day Year | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name – exactly as printed on registration | Sex | Date of Birth Month Day Year

Address (Include Number and Street) | Apt. No | Haz. Mat. Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE

Check if involved vehicle is:
- ☐ more than 95 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

VEHICLE DAMAGE CODES	1	2
Box 1 - Point of Impact		
Box 2 - Most Damage		
Enter up to three more damage codes	3	4	5

Vehicle By:
Towed To:

VEHICLE

Check if involved vehicle is:
- ☐ more than 95 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

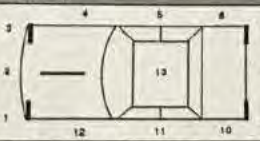
VEHICLE DAMAGE CODES	1	2
Box 1 - Point of Impact		
Box 2 - Most Damage		
Enter up to three more damage codes	3	4	5

Vehicle By:
Towed To:

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1	Left Turn 3.	Right Angle 4.	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

ACCIDENT DIAGRAM

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☐ Yes ☐ No

Reference Marker	Coordinates (if available)
	Latitude/Northing
	Longitude/Easting

Place Where Accident Occurred:

County NASSAU ☐ City ☐ Village ☐ Town of

Road on which accident occurred (Route Number or Street Name)

at 1) intersecting street (Route Number or Street Name)

or 2) ____ feet ____ miles ☐ N ☐ S ☐ E ☐ W of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

813 RMP 813 PROPERTY DAMAGED BY VEHICLE #01- FENCE [redacted] LEVITTOWN, NY [redacted] WITNESS #1 [redacted]

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY
A										
B										
C										
D										
E										
F										

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PO T FAGAN	9589	02900	0808	813	PUGLIA, P	7/28/2019 23:14

Print Name in Full

Local Code: [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

☐ AMENDED REPORT [redacted]

Accident Date: Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
7	28	2019	SUNDAY	17:35	1	1	0	☐ / ☐	☐	☐ Yes ☑ No

[redacted]

(eastbound)

[redacted]

[redacted]

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection
1
PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION
1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate)*
2
TRAFFIC CONTROL
1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing Flashing Light
10. RR Crossing Gates
11. Stopped School Bus-Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
15. Police/Fire Emergency
16. School Zone
20. Other*
3
LIGHT CONDITIONS
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted
4
ROADWAY CHARACTER
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest
5
ROADWAY SURFACE CONDITION
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other*
6
WEATHER
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*
7
APPARENT CONTRIBUTING FACTORS
Human
2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distraction*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
21. Fatigued/Drowsy
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Uninvolved Vehicle
27. Failure to Keep Right
28. Aggressive Driving/Road Rage*
29. Passing Too Closely
30. Vehicle Vandalism
31. Texting
32. Using On Board Navigation Device
33. Eating or Drinking
34. Listening/Using Headphones
Vehicular
41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
51. Tinted Windows
60. Other Vehicular*
Environmental
61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited
Vehicle 1 19
Vehicle 1 20
Vehicle 2 21
Vehicle 2 22
DIRECTION OF VEHICLE:
N NE E SE S SW W NW
1 2 3 4 5 6 7 8
Vehicle 1 23
Vehicle 2 24
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104AC (2/11)
*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (–).
If an answer is UNKNOWN, enter an "X".
PRE-ACCIDENT VEHICLE ACTION
1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other*
Vehicle 1 25
Vehicle 2 26
LOCATION OF FIRST EVENT
1. On Roadway 2. Off Roadway 27
LOCATION OF MOST SEVERE PHYSICAL COMPLAINT
1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body
TYPE OF ACCIDENT – COLLISION WITH
1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
6. In-Line Skater
7. Deer
8. Other Pedestrian
10. Other Object (Not Fixed)*
COLLISION WITH FIXED OBJECT
11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*
NO COLLISION
31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*
First Event 28
Vehicle 1 29
SECOND EVENT
Vehicle 2 30
WHICH VEHICLE OCCUPIED
1. Vehicle No. 1
2. Vehicle No. 2
A. All-Terrain Vehicle (ATV)
B. Bicyclist
I. In-Line Skater
O. Other*
P. Pedestrian
S. Snowmobiler
POSITION IN/ON VEHICLE
1. Driver
2-7. Passengers
8. Riding/Hanging on Outside
SAFETY EQUIPMENT USED
1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
A. Air Bag Deployed/Lap Belt/Harness
B. Air Bag Deployed/Child Restraint
8
8 1 2 3 8
4 5 6
7
8
In-Line Skater/Bicyclist
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only
0. Other*
EJECTION FROM VEHICLE
1. Not Ejected
2. Partially Ejected
3. Ejected
TYPE OF PHYSICAL COMPLAINT
1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash
VICTIM'S PHYSICAL AND EMOTIONAL STATUS
1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious
AGE
SEX M/F
INJURED TAKEN
17 BY | TO 18
8 9 10 11 12 13 14 15 16
COVER SHEET
N

ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over $1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating priviledge in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Accident Report #	Local Codes	Date	Time	# of Veh.	Town, City, Road Name	
[redacted]	[redacted]	07/28/2019	5:35 PM	1	HEMPSTEAD, TOWN OF - 3050	[redacted] LEVITTOWN

Police Agency	Officer's Name/Badge ID#	
NASSAU COUNTY PD - 02900	FAGAN T	9589

VEHICLE # 001

Operator's Name	Date of Birth	Address	
[redacted]	[redacted]	[redacted]	License Plate # and State: [redacted] NY
City/State/Zip	**Motorist I.D.#**	**Vehicle Year and Make**	
LEVITTOWN NY [redacted]	[redacted]	2017 TOYT	
Vehicle Type	**Insurance Code and Company**	**Vehicle Owner**	
4DSD	069 - ESURANCE INS CO	[redacted]	[redacted] [redacted]
Vehicle Towed By		**Vehicle Towed To**	
CANNON		CANNON	

Miscellaneous Notes

Please wait 14 days before contacting DMV to request a copy of your accident report.

If you want to purchase a copy of the police accident report, form MV-104A,
complete DMV's "REQUEST FOR COPY OF ACCIDENT REPORT" form MV-198C and send it to DMV.
The form and instructions are available at www.dmv.ny.gov or at your local DMV office.

THE FORM MV-104A MAY ALSO BE PURCHASED BY CONTACTING THE INVESTIGATING POLICE AGENCY.
NASSAU COUNTY PD ONLINE AT WWW.POLICEREPORTS.LEXISNEXIS.COM PHONE 1-866-215-2771

To obtain a blank civilian Accident Report (Form MV-104),
visit the DMV office nearest you
or
access forms online at www.dmv.ny.gov

CANNON COLLISION
414 NORTH WANTAGH AVE.
BETHPAGE, NY 11714
516 822-9500