EQ-11244514-5588

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

From: Ann Marie L Ambrose
To: EVOQ (NHTSA); [redacted]
Cc: [redacted]
Subject: Copy of police report and accident photos I took at collision shop ODI#11244514
Date: Thursday, August 29, 2019 11:06:35 AM
Attachments: download (1).htm

Dear Representative
Based on our phone conversation here is a copy of the police report completed at the scene of the accident. I spoke briefly to one of the police officers at the scene explaining what I encountered leading up to the accident which is stated before being rushed to the hospital in an emergency ambulance while the police at the scene investigated the accident scene to complete the police report and arrange my car, Toyota Prius C towed to Cannon Collision.

The police report only included what was involved in the accident which was my car, the tree(s) and a fence. It didn't include my statement that I reacted instinctively to swerve to the right of the car in front of me as I encountered the accelerator problem as I had no way of bringing the car to a stop at its current speed. By swerving right of the vehicle in front of me I avoided a potentially catastrophic accident that could have resulted in my car colliding with the car in front of me and quite possibly the car behind me colliding into my car which is hypothetical in nature and why it wasn't included in the police report.

Also when I swerved to my right to avoid hitting car in front of me with my car out of control due to some form of mechanical mishap I had no idea where I was headed as I hit the curb, went slightly airborne in complete shock as I was literally bracing to die as an image of my son entered into my mind, thankfully he wasn't in the car with me, as I was about to make impact with the trees, bushes and a fence. Upon impact all my airbags deployed and my seatbelt kept me in place. I was in complete shock, dazed and confused and then I saw lots of people who seemingly pulled to the shoulder to rush to see if I was ok as I managed to retrieve my cell phone and exit the driver side of the vehicle and then fell to the ground on my knees as a group of women sat around me pulling me a safe distance from the car trying to console me before first responders came and even helped me to make a call to my wife and son but could only get voice mail. Also they had immediately placed the 911 call before they came in my direction because the police were on the scene in literally minutes even though I was in shock and trying to maintain composure. Luckily I only had superficial wounds but my mental state is still affected by this accident because my car just went out of control and I was unable to stop it because of an apparent stuck accelerator. I am under psychiatric and therapy care which I've been on for several years due to my transgender transition (male to female) but my frequency of visits have been increased due to the aftermath of the accident due to the trauma I've experienced.

[redacted]

Please confirm receipt.

Thank you

[redacted]

[redacted]

Sent from Yahoo Mail for iPhone

Ann-Marie Ambrose
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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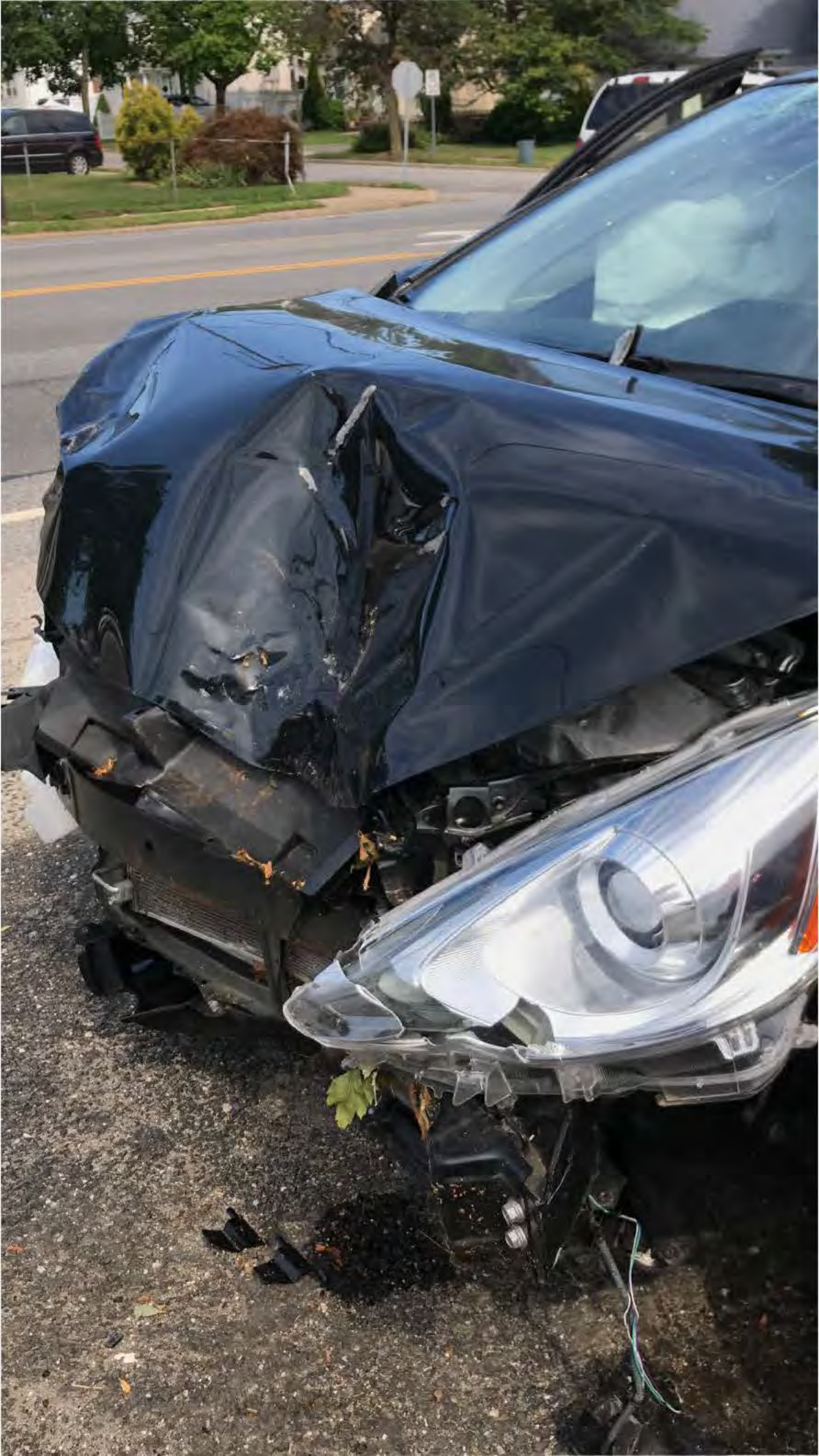



ONE
NO


Carson St
Hassle Free Full Service A


ONE WAY
NO EXIT


ONE WAY
NO EXIT

Local Codes [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

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

19: 41 | 20: –

VEHICLE 1

2 – 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

3 1 – City or Town LEVITTOWN | State NY | Zip Code [redacted]

Date of Birth Month | Day | Year [redacted] | Sex F | Unlicensed ☐ | No. of Occupants 01 | Public Property Damaged ☐

4 1 – Name - exactly as printed on registration [redacted] | Sex F | Date of Birth Month | Day | Year [redacted]

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

5 1 – City or Town LEVITTOWN | State NY | Zip Code [redacted]

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

Ticket/Arrest Number(s)

6 1 – Violation Section(s)

7 1 – VEHICLE 1

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	2	2
Enter up to three more damage codes	1 (3)	3 (4)	4 (5)

Vehicle By: CANNON
Towed To: CANNON

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

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

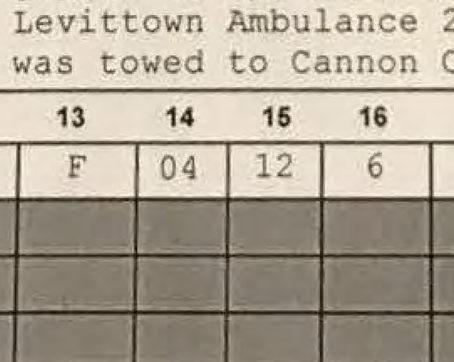
VEHICLE

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:



OCCUPANTS

	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
	1	0	☐	☐	☐ Yes ☑ No

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

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)

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.
Sideswipe (same direction) 2.	Left Turn 0.	
Right Turn 5.	Head On 7.	
Right Turn 6.	Sideswipe (opposite direction) 8.	

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] (Route Number or Street Name)

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

or 2) 100 feet ____ miles ☐ N ☐ S ☐ E ☑ W of SILVER LANE 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	813	PUGLIA, P	7/28/2019 23:14
Print Name in Full						

Local Codes [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

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

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 ☐	
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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			
Box 1 - Point of Impact		1	2
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.

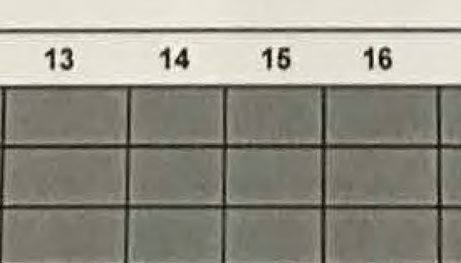
VEHICLE DAMAGE CODES			
Box 1 - Point of Impact		1	2
Box 2 - Most Damage			
Enter up to three more damage codes	3	4	5

Vehicle By:
Towed To:

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

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

[redacted] 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.	Precint/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 Codes [redacted]

☐ AMENDED REPORT

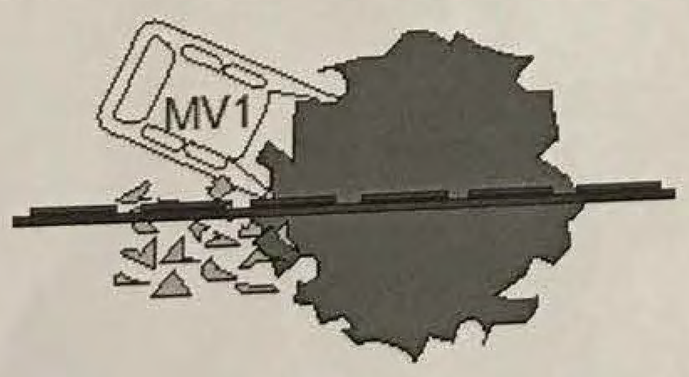
New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

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]



[redacted]

[redacted]

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION — 1
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION — 2
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)*

TRAFFIC CONTROL — 3
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*

LIGHT CONDITIONS — 4
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER — 5
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

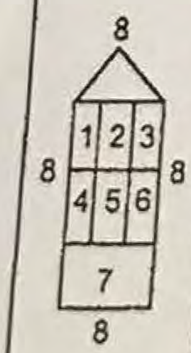
ROADWAY SURFACE CONDITION — 6
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other*

WEATHER — 7
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*

WHICH VEHICLE OCCUPIED — 8
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 — 9
1. Driver
2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED — 10
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



In-Line Skater/ Bicyclist — 10
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only
0. Other*

EJECTION FROM VEHICLE — 11
1. Not Ejected
2. Partially Ejected
3. Ejected

AGE — 12

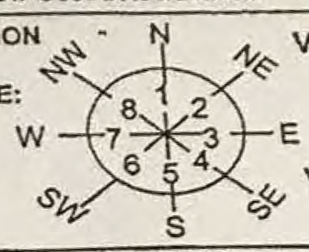
SEX M/F — 13

APPARENT CONTRIBUTING FACTORS — 14, 15
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

DIRECTION OF VEHICLE: — 23, 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".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT — 16
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 PHYSICAL COMPLAINT — 17
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 — 18
1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN BY — 19

TO — 20

PRE-ACCIDENT VEHICLE ACTION — 21, 22
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*

LOCATION OF FIRST EVENT — 27
1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT – COLLISION WITH — 28, 29, 30
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

SECOND EVENT — 29

Vehicle 2 — 30

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	[redacted]

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

VEHICLE # 001

Operator's Name	Date of Birth	Address	License Plate # and State
[redacted]	[redacted]	[redacted]	[redacted] NY

City/State/Zip	Motorist I.D.#	Vehicle Year and Make	Vehicle Owner
LEVITTOWN NY [redacted]	[redacted]	2017 TOYT	[redacted]

Vehicle Type	Insurance Code and Company	Vehicle Towed To
4DSD	[redacted]	CANNON

Vehicle Towed By
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

[redacted]

LEVITTOWN NY [redacted]

[redacted]

CERTIFICATE OF TITLE

NEW YORK STATE

dmv.ny.gov

Title and Identification No.	Year	Make	Model Code	Body/Hull	* * LIENS * * Document No.
[redacted]	2017	TOYOT	PRI	4DSD	[redacted]

Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop.	New or Used	Type of Title	Date Issued
BK	2479	GAS	4	NEW	VEHICLE	11/06/17

ODOMETER READING: 00039
00039
ACTUAL MILEAGE

Name and Address of Owner(s)

[redacted]

LEVITTOWN NY [redacted]

VOID IF ALTERED

VOID IF ALTERED

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

TOYOTA MOTOR CREDIT CORP
PO BOX 105386
ATLANTA GA 30348

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* ONE LIEN RECORDED *

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MV-999 (1/15)

DEPARTMENT OF MOTOR VEHICLES

ANY CHANGE OR ERASURE WILL VOID THIS TITLE -- ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

***Note:** This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed.*
Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading *(check one)*:

☐ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)
☐ Five Digits, *excluding tenths*
☐ Six Digits, *excluding tenths*

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☐ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature ♦		Seller's Name *(Print in Full)*		
	Street Address	City	State	ZIP code	Date of Statement
Buyer	Buyer's Signature ♦		Buyer's Name *(Print in Full)*		
	Street Address	City	State	ZIP code	Date of Statement

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

***Note:** This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed.*
Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading *(check one)*:

☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (*Check one*)
☐ Five Digits, *excluding tenths*
☐ Six Digits, *excluding tenths*

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature ♦		Seller's Name *(Print in Full)*		
	Street Address	City	State	ZIP code	Date of Statement
Buyer	Buyer's Signature ♦		Buyer's Name *(Print in Full)*		
	Street Address	City	State	ZIP code	Date of Statement

MV-999 (1/15) [redacted]

Boat Dealer's Facility #