 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>          To Report Vehicle Safety Defects          1-888-DASH-2-DOT          (1-888-327-4236)          INTERNET: www.nhtsa.dot.gov/hotline</p>				FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 16-OCT-2019 <b>MAR 03 2020</b>	
<b>OWNER INFORMATION (Type or Print)</b>				Repository <input type="checkbox"/> Reference No. 11268836	
Name [REDACTED]				Daytime Telephone Number [REDACTED]	
Address [REDACTED]				E-mail Address [REDACTED]	
City SUNNYVALE		State CA	Zip Code [REDACTED]		Evening Telephone Number [REDACTED]
<p><i>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).</i></p>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JTDKN3DP1D3 [REDACTED]			Make TOYOTA	Model PRIUS	Model Year 2013
Date Purchased 11/22/2016	Dealer's Name and Telephone Number Toyota Palo Alto 6504942100			Engine: No: Cylinders 4	Fuel Type: Gasoline
Original Owner <input type="checkbox"/>	Dealer's City Palo Alto		State CA	Zip Code 94306	
Transmission Type eCVT	<input checked="" type="checkbox"/> Antilock Brakes	<input checked="" type="checkbox"/> Cruise Control	Powertrain		Multiple Failure:
					Incident Date(s) 08-JUL-2019
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 140000 AIR BAGS				Failure Mileage 64800	Failure Speed
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make Kelly		Tire Model (Name or Number) EDGE		Tire Size (Example P215/65R15) 195/65R15	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y	
Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available). Tacoma					
TL* THE CONTACT OWNED A 2013 TOYOTA PRIUS. WHILE ACCELERATING FROM A STOP, A BUMP TRUCK CRASHED INTO THE DRIVER'S SIDE OF THE CONTACT'S VEHICLE. THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOTALED AND TOWED. THE CONTACT SUSTAINED INJURIES TO THE HEAD THAT REQUIRED MEDICAL ATTENTION. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND INFORMED THE CONTACT THAT THEIR INVESTIGATOR DID NOT HAVE A READING OF ANY FAILURES FOR THE VEHICLE. THE DEALER WAS NOT CONTACTED. THE APPROXIMATE FAILURE MILEAGE WAS 64,800.					
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)**

*Additional document Attached:*

- 1. Police Report*
- 2. Letter from Toyota*
- 3. DMV Letter as proof of registered owner.*

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-6382

Official Business  
Penalty for Private Use \$300



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IN THE  
UNITED STATES**

**BUSINESS REPLY MAIL**  
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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 Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS		NUMBER INJURED <b>3</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>Sunnyvale</b>	JUDICIAL DISTRICT <b>Sunnyvale-Cupertino</b>	LOCAL R...	
		NUMBER KILLED <b>0</b>	HIT & RUN MISD. <input type="checkbox"/>	COUNTY <b>Santa Clara</b>	REPORTING DISTRICT <b>53</b>	BEAT <b>5</b>	
COLLISION OCCURRED ON		MO DAY YEAR <b>7/8/2019</b>		TIME (2400) <b>0815</b>		DAY OF WEEK <b>Monday</b>	
MILEPOST INFORMATION		GPS COORDINATES		NDC #		OFFICER I.D. <b>13481</b>	
LOCATION	Foot OF		LATITUDE		LONGITUDE		
	AT INTERSECTION WITH		STATE HAVY REL		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PARTY 1	DRIVER'S LICENSE NUMBER	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>N</b>	SAFETY EQUIP. <b>G</b>	VEH. YR. <b>2014</b>	
	NAME (FIRST, MIDDLE, LAST)	MAKE / MODEL / COLOR <b>TOYOTA TACOMA WHITE</b>		LICENSE NUMBER		STATE	
DRIVER	STREET ADDRESS		OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	CITY / STATE / ZIP <b>SUNNYVALE, CA</b>		OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	SEX <b>M</b>		HAIR <b>GRY</b>	EYES <b>BLU</b>	HEIGHT <b>5'08"</b>	WEIGHT <b>170</b>	
BICYCLIST	BIRTHDATE		RACE <b>W</b>		DISPOSITION OF VEHICLE ON ORDERS OF:		
OTHER	HOME PHONE		BUSINESS PHONE		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	INSURANCE CARRIER <b>FARMERS INSURANCE GROUP</b>		POLICY NUMBER		AAA TOW		
	DIR. OF TRAVEL <b>W</b>		ON STREET OR HIGHWAY		PRIOR MECHANICAL DEFECTS:		
	SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER: <b>5TFTX4CN9EX</b>		<input type="checkbox"/> NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>N</b>	SAFETY EQUIP. <b>G</b>	VEH. YR. <b>2014</b>	
	NAME (FIRST, MIDDLE, LAST)	MAKE / MODEL / COLOR <b>TOYOTA PRIUS GRAY</b>		LICENSE NUMBER		STATE	
DRIVER	STREET ADDRESS		OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	CITY / STATE / ZIP <b>SUNNYVALE, CA</b>		OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	SEX <b>M</b>		HAIR <b>BLK</b>	EYES <b>BRO</b>	HEIGHT <b>5'05"</b>	WEIGHT <b>120</b>	
BICYCLIST	BIRTHDATE		RACE <b>O</b>		DISPOSITION OF VEHICLE ON ORDERS OF:		
OTHER	HOME PHONE		BUSINESS PHONE		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	INSURANCE CARRIER <b>GEICO INSURANCE</b>		POLICY NUMBER		Sunnyvale Towing - 247 Commercial St., Sunnyvale,		
	DIR. OF TRAVEL <b>S</b>		ON STREET OR HIGHWAY		PRIOR MECHANICAL DEFECTS:		
	SPEED LIMIT <b>25</b>		VEHICLE IDENTIFICATION NUMBER: <b>JTDKN3DP1D3</b>		<input type="checkbox"/> NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YR.	
	NAME (FIRST, MIDDLE, LAST)	MAKE / MODEL / COLOR		LICENSE NUMBER		STATE	
DRIVER	STREET ADDRESS		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	CITY / STATE / ZIP		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	SEX		HAIR	EYES	HEIGHT	WEIGHT	
BICYCLIST	BIRTHDATE		RACE		DISPOSITION OF VEHICLE ON ORDERS OF:		
OTHER	HOME PHONE		BUSINESS PHONE		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	INSURANCE CARRIER		POLICY NUMBER		PRIOR MECHANICAL DEFECTS:		
	DIR. OF TRAVEL		ON STREET OR HIGHWAY		VEHICLE IDENTIFICATION NUMBER:		
	SPEED LIMIT		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		
PREPARER'S NAME <b>TARA, ANDREW 13481</b>		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME <b>CHONG, DAVID 14346</b>		DATE REVIEWED <b>7/19/2019</b>	

TRAFFIC COLLISION CODING

DATE OF COLLISION (MO. DAY YEAR) <b>7/8/2019</b>		TIME <b>0815</b>	NCIC # [REDACTED]	OFFICER I.D. <b>13481</b>	NUMBER [REDACTED]
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DAMAGE					
SEATING POSITION		OCCUPANTS		SAFETY EQUIPMENT	
		A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED		L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	
INATTENTION CODES					
A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER					

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED [REDACTED] Cited No	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING:	B CONTROLS NOT FUNCTIONING				B CELL PHONE HANDHELD IN USE	◆	◆		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER	C CONTROLS OBSCURED		◆		C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN	D NO CONTROLS PRESENT/FACTOR	◆			D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD-ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDESWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
◆ A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE
F OTHER*:	A NON-COLLISION				O				O PARKED
G WIND	B PEDESTRIAN				OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)				P MERGING
	C OTHER MOTOR VEHICLE	1	2	3	A VC SECTION VIOLATION: Cited				Q TRAVELING WRONG WAY
LIGHTING	D MOTOR VEH ON OTHER ROADWAY				B VC SECTION VIOLATION: Cited				R OTHER*:
◆ A DAYLIGHT	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATION: Cited				
B DUSK - DAWN	F TRAIN								
C DARK - STREET LIGHTS	G BICYCLE								
D DARK - NO STREET LIGHTS	H ANIMAL:								
E DARK - STREET LIGHTS NOT FUNCTIONING	I FIXED OBJECT:								
ROADWAY SURFACE	J OTHER OBJECT:				D [REDACTED]				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
◆ A DRY					E VISION OBSCUREMENT				A HAD NOT BEEN DRINKING
B WET					F INATTENTION*:				B HBD - UNDER INFLUENCE
C SNOWY - ICY					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLU.*
D SLIPPERY (MUDDY, OILY, ETC.)					H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNK.*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTION				I PREVIOUS COLLISION				E UNDER DRUG INFLU.*
A HOLES, DEEP RUTS	◆ A NO PEDESTRIAN INVOLVED				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON RDWY	B CROSSING IN CROSSWALK AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: Cited	◆	◆		G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY	C CROSSING IN CROSSWALK NOT AT INTERSECTION								H NOT APPLICABLE
D CONSTRUCTION-REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
F FLOODED	F NOT IN ROAD	◆	◆		N NONE APPARENT				
G OTHER	G APPROACH/LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
◆ H NO UNUSUAL CONDITIONS									

MISCELLANEOUS

**INJURED / WITNESSES / PASSENGERS**

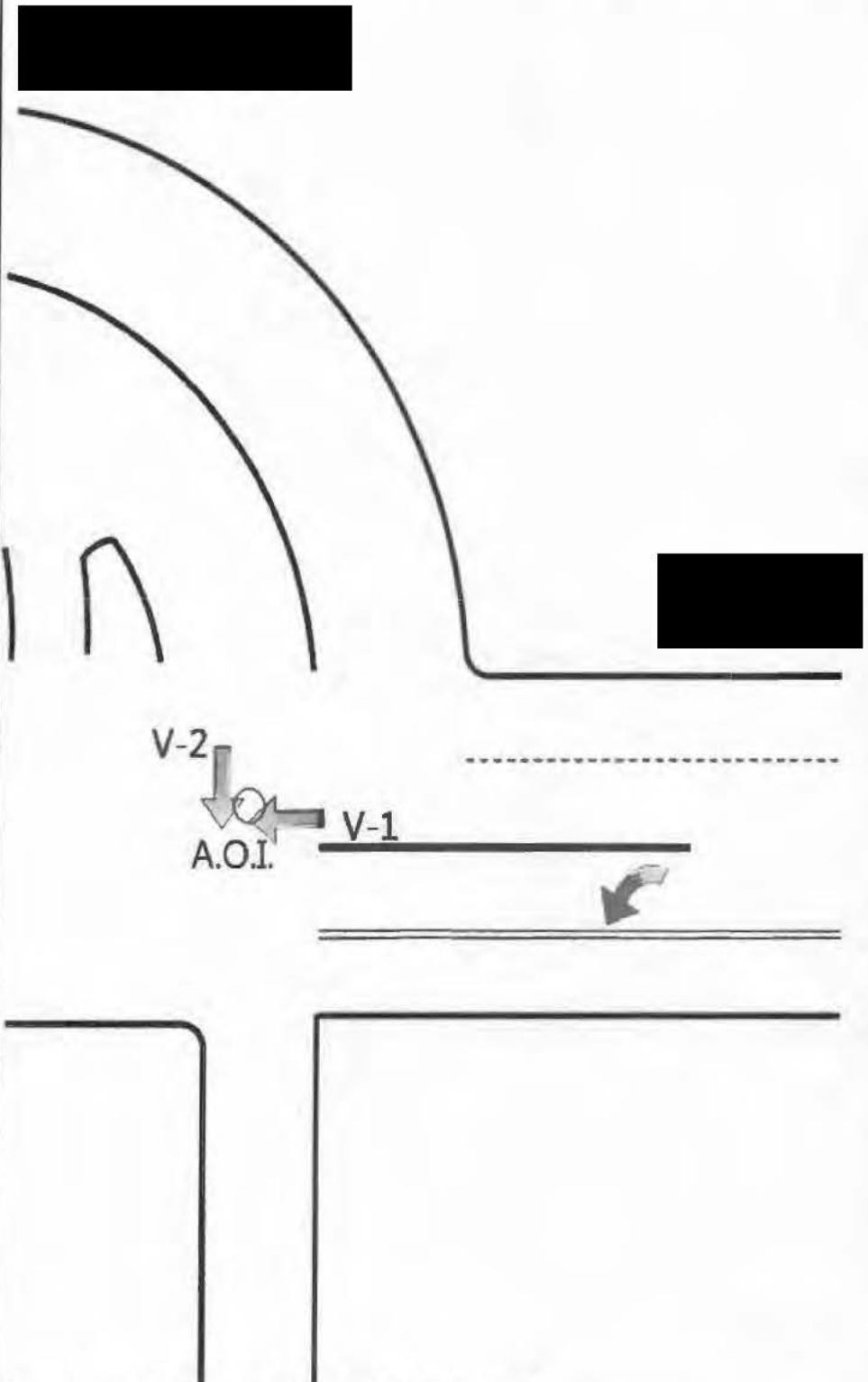
DATE OF COLLISION <b>7/8/2019</b>		TIME <b>0815</b>		NCIC NUMBER [REDACTED]		OFFICER ID <b>13481</b>		NUMBER [REDACTED]									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST						OTHER
<input type="checkbox"/> #	<input type="checkbox"/>	<b>77</b>	<b>M</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b>	<b>1</b>	<b>N</b>	<b>G</b>	<b>0</b>
NAME / D.O.B. / ADDRESS [REDACTED], SUNNYVALE, CA [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY: <b>Patient to seek care from personal physician</b>										TAKEN TO:							
DESCRIBE INJURIES <b>BLEEDING ABRASION ON TOP OF HEAD.</b>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b>	<b>1</b>	<b>N</b>	<b>G</b>	<b>0</b>
NAME / D.O.B. / ADDRESS [REDACTED], SUNNYVALE, CA, [REDACTED] USA [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY: <b>Rural/Metro Ambulance, 1345 Vander Way, San Jose, CA 95112</b>										TAKEN TO: <b>Santa Clara Valley Medical Center 751 South Bascom Ave. San Jose, CA 95128 (408) 885-5000</b>							
DESCRIBE INJURIES <b>LACERATION TO BACK OF HEAD.</b>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> #	<b>1</b>	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b>	<b>3</b>	<b>M</b>	<b>G</b>	<b>0</b>
NAME / D.O.B. / ADDRESS [REDACTED], SUNNYVALE, CA, [REDACTED] USA [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY: <b>Patient to seek care from personal physician</b>										TAKEN TO:							
DESCRIBE INJURIES <b>COMPLAINT OF ABDOMINAL PAIN.</b>																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> #	<b>2</b>	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS [REDACTED], SAN JOSE, CA, [REDACTED] USA [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS [REDACTED] TELEPHONE [REDACTED]																	
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME <b>TARA, ANDREW</b>		I.D. NUMBER <b>13481</b>		MO. DAY YEAR <b>7/8/2019</b>		REVIEWER'S NAME <b>CHONG, DAVID 14346</b>		MO. DAY YEAR <b>7/19/2019</b>									

State of California  
Sketch Diagram

CHP 555

DATE OF INCIDENT 7/8/2019	TIME 0815	NCIC NUMBER [REDACTED]	OFFICER I.D. 13481	CI CI
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SC)



On-Ramp to Hwy 85 Northbound

PREPARED BY TARA, ANDREW	I.D. NUMBER 13481	DATE 7/8/2019	REVIEWER'S NAME *****
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Date of Incident/Occurrence	Time(2400)	NCIC NUMBER	OFFICER ID #	NUMBER
7/8/2019	0815		13481	

1 NOTIFICATION:

2  
3 On 7/8/19 at approximately 0853 hours, I was dispatched to [REDACTED] and [REDACTED] in  
4 Sunnyvale for a report of a collision that involved two vehicles. All times, speeds, and measurements were  
5 approximate. All measurements were taken by estimation or pacing.

6  
7 SCENE:

8  
9 At the scene of this collision, westbound [REDACTED] was an eastbound/westbound city street consisting  
10 of two lanes of traffic in the westbound direction and one dedicated left turn lane. The roadway was relatively  
11 straight and level and was composed primarily of asphalt. [REDACTED] intersected with [REDACTED]  
12 Road at the scene of the collision. Southbound [REDACTED] was a northbound/southbound city street,  
13 consisting of one through lane of traffic in the southbound direction and one right turn lane. Just prior to the  
14 intersection, the roadway was relatively straight and level and was composed primarily of asphalt. Traffic  
15 signals were functioning at the time of the collision.

16  
17 PARTIES:

18  
19 Party 1 [REDACTED] was contacted by CSO Hoffman at the scene of the collision. P-2 was determined to be the  
20 driver of V-2 at the time of the collision by his own admission.

21  
22 Party 2 [REDACTED] was contacted in the back of the ambulance at the scene of the collision. P-2 identified himself  
23 to me with his valid California Driver License and was determined to be the driver of V-2 at the time of the  
24 collision by his own admission.

25  
26 Physical Evidence:

27  
28 DVD containing "Aukey" dashboard camera footage from V-2.

29  
30 Vehicle Damage

31  
32 (V-1, Tacoma) sustained major front end damage.

33  
34 (V-2, Prius) sustained major damage to the front end and driver's side of the vehicle.

35 STATEMENTS:

36  
37 Party #1 (P-1 [REDACTED]) was interviewed at the scene by CSO Hoffman. CSO Hoffman later provided me with  
38 Griffin's summarized statement. P-1 was interviewed on the north curb of [REDACTED] and provided the  
39 following summarized statement. P-1 stated that he was driving V-1 in the number two westbound through lane  
40 of [REDACTED] east of [REDACTED] and was planning to continue straight. P-1 stated that the light was  
41 green and as he continued through the intersection, P-2 approached from southbound [REDACTED] and  
42 collided with V-1. P-1 stated that he was traveling at approximately 25 miles per hour at the time of the  
43 collision. P-2 had a head injury as a result of the collision but refused medical transport. P-1 stated that he  
44 would go to the hospital later in the day.

45

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
TARA, ANDREW 13481	07/10/2019	CHONG, DAVID 14346	07/19/2019

Date of Incident/Occurrence 7/8/2019	Time(2400) 0815	NCIC NUMBER [REDACTED]	OFFICER ID # 13481	NUMBER [REDACTED]
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46 Party #2 (P-2, [REDACTED]) was interviewed in the back of the ambulance at the scene of the collision. He told me he  
47 was driving V-2 southbound on [REDACTED] when he approached a red light at the [REDACTED]  
48 intersection. He came to a complete stop at the red light in the #1 through lane and waited for it to turn green.  
49 When the light turned green, he proceeded through the intersection at approximately 4-5 miles per hour, towards  
50 the on-ramp to Highway 85 northbound. In the middle of the intersection, his vehicle was struck on the  
51 passenger side by V-1. He said V-1 must have ran the red light because he had a green light on his side. He did  
52 not see V-1 approaching the intersection prior to the collision. He did not see the vehicle until it struck his but  
53 approximated it was travelling at least 20-25 miles per hour. He advised he was on the phone during the  
54 collision but was utilizing hands-free Bluetooth. He advised he had dashboard camera footage of the collision.  
55 He complained of pain to the back of his head where he felt blood.

56  
57 Witness #1 (W-1, [REDACTED]) was interviewed on the north curb of [REDACTED] and provided the following  
58 summarized statement. W-1 stated that he was driving his own vehicle directly behind P-1 in the number two  
59 westbound through lane of [REDACTED] east of [REDACTED]. W-1 stated that P-1 was his boss and that he was  
60 following P-1 closely. W-1 stated that P-1 had a green light as he was traveling through the intersection of  
61 [REDACTED]. W-1 stated that when P-1 was in the middle of the intersection, P-2 approached from  
62 southbound [REDACTED] and collided with V-1. W-1 stated that he was not sure if P-2 ran a red light.

63  
64  
65 OPINIONS AND CONCLUSIONS

66  
67 SUMMARY:

68  
69 P-1 ([REDACTED]) was driving V-1 (Tacoma) westbound on [REDACTED] just east of [REDACTED] at  
70 approximately 25 miles per hour in the #2 through lane. V-2 was stopped at a red light in the #1 through lane of  
71 southbound [REDACTED]. After the light turned green, V-2 proceeded southbound in the #1 lane at  
72 approximately 4-5 miles per hour. While V-2 proceeded through [REDACTED] the front of V-1 collided  
73 with the passenger side of V-2, causing major damage to both vehicles. Both drivers suffered injuries as well as  
74 the passenger in vehicle 2 ([REDACTED]), who refused any medical attention and advised she would seek her  
75 own medical care. Ultimately, P-2 was transported to Valley Medical Center by ambulance. V-2 was towed on  
76 scene by Sunnyvale Towing and V-1 was towed by AAA. P-2's wife, [REDACTED] provided me with the "Aukey"  
77 dashboard camera from V-2 and allowed me to remove the Micro SD card to take for review. I later transported  
78 the SD card to Sunnyvale DPS headquarters and reviewed the footage. I observed V-2 proceeding westbound on  
79 [REDACTED] through a green light and made a right hand turn into the parking lot located at [REDACTED]  
80 [REDACTED]. He then made a right turn onto southbound [REDACTED] and was stopped at a red  
81 traffic signal just prior to [REDACTED]. When the signal turned green, V-2 proceeded through the  
82 intersection until V-2 was struck by V-1, traveling from westbound [REDACTED]. After reviewing the  
83 video, I copied the footage of the collision onto a DVD, so the Micro SD card could be returned to P-1. I later  
84 booked the DVD into evidence at Sunnyvale Department of Public Safety headquarters. See supplemental ARS  
85 report for evidence.

86  
87 AREA OF IMPACT:

88  
89 The area of impact was approximately 30-feet south of the north curb line prolongation of [REDACTED]  
90 and 15-feet east of the west curb line prolongation of [REDACTED]. The area of impact was determined

PREPARER'S NAME AND I.D. NUMBER TARA, ANDREW 13481	DATE 07/10/2019	REVIEWER'S NAME CHONG, DAVID 14346	DATE 07/19/2019
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Date of Incident/Occurrence 7/8/2019	Time(2400) 0815	NCIC NUMBER [REDACTED]	OFFICER ID # 13481	NUMBER [REDACTED]
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91 by the statements of the involved parties, the damage to the vehicles, debris on the ground and the video footage  
92 from the dashboard camera of V-2.

93

94 CAUSE:

95

96 P-1 [REDACTED] caused the collision by driving V-1 in violation of section [REDACTED] a) VC Red Signal Violation, as he  
97 failed to stop for the red signal and continued through the intersection, colliding with V-2, who was facing a  
98 green signal.

99

100 [REDACTED] VC reads:

101

102 *A driver facing a steady circular red signal alone shall stop at a marked limit line, but if none, before entering*  
103 *the crosswalk on the near side of the intersection or, if none, then before entering the intersection, and shall*  
104 *remain stopped until an indication to proceed is shown, except as provided in subdivision.*

105

106 The cause was determined by statements from the involved parties, damage to the vehicles, debris in the  
107 roadway and the dashboard camera footage evidence from V-2.

PREPARER'S NAME AND I.D. NUMBER TARA, ANDREW 13481	DATE 07/10/2019	REVIEWER'S NAME CHONG, DAVID 14346	DATE 07/19/2019
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# TOYOTA

Ronald I. Inton  
Direct Phone (469)292-6504

Toyota Motor North America, Inc.  
6565 Headquarters Drive  
Plano, TX 75024

August 29, 2019

Via Email a [REDACTED] and U.S. Mail

[REDACTED]  
Sunnyvale, CA [REDACTED]

RE:      Date of Incident:      July 8, 2019  
            Vehicle:                      2013 Toyota Prius  
            VIN:                              JTDKN3DP1D3 [REDACTED]

Dear [REDACTED]

Thank you for contacting Toyota's Customer Experience Center regarding the above-referenced incident. It was reported that the 2013 Toyota Prius was involved in a motor vehicle incident wherein the airbags did not deploy. A vehicle inspection was requested.

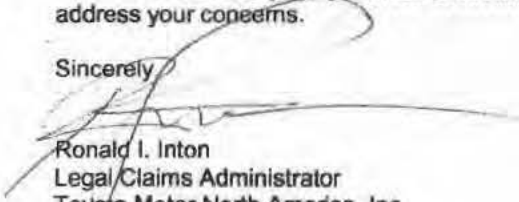
In response to your concern, Toyota Motor North America, Inc. (TMNA) assigned Engineering Analysis Associates (EAA) to perform an inspection and the readout of the electronic data of your vehicle. The vehicle was inspected at the Insurance Auto Auction salvage yard in Fremont, California on July 30, 2019.

The vehicle had an odometer reading of 64,812 miles when it was inspected. There was observed impact localized towards the left front area of the vehicles with visible damage to the left front fender, left front wheel and left front door. The front bumper support bar, grille and hood appear largely intact. The inspection of the vehicle shows that there was a lack of significant rearward deformation to the front of the vehicle and a lack of significant lateral deformation to the left and right doors. There was also a lack of significant passenger cabin intrusion observed in the interior of the vehicle. The event data recorder (EDR) recorded that the airbag system was operating properly at the time of the incident; i.e. there were no diagnostic trouble codes (DTCs) at the time of the incident. The EDR also recorded that the front and side airbags were not commanded to deploy.

Please understand that the Supplemental Restraint System (SRS) front airbags are designed to deploy in response to abrupt deceleration from severe frontal impacts and are designed to help prevent fatal injuries or reduce the extent of serious head or chest injuries. The SRS side seat and side curtain shield airbags are not designed to activate in all impacts. Based on our understanding of the crash and the EDR readout, there was insufficient deceleration in the crash to require the deployment of the front and side airbags. Our inspection found no evidence of a defect with your vehicle's SRS airbags.

We are very sorry to hear about this unfortunate incident and we do appreciate the opportunity to address your concerns.

Sincerely,

  
Ronald I. Inton  
Legal Claims Administrator  
Toyota Motor North America, Inc.

**AUTOMOBILE  
 REGISTRATION  
 CARD  
 VALID FROM**

**11/22/2018 TO 11/22/2019**

REGISTERED OWNER

[REDACTED]  
 SUNNYVALE CA [REDACTED]

LEGAL OWNER

GEICO  
 11535 DOUGLAS RD  
 RANCHO CRDOVA CA 95742



LICENSE NUMBER	
[REDACTED]	
YEAR MODEL	MAKE
2013	TOYT

Vehicle Identification Number		
JTDDN3DP1D3 [REDACTED]		
Body Type	Type Veh	Type Lic
4H	17	11
MP	Axes	UNLADEN/G/CGW
Q		WC

Year First Sold	VLF Class
	DN
Date Issued	* Year
08/20/2019	2016
County Code	Fees Paid
43	NO FEE

**IMPORTANT:** This card or facsimile copy shall be kept in the vehicle for which it is issued. This requirement does not apply when the vehicle is left unattended. It need not be displayed, however, it must be presented to any peace officer upon demand.



MO	Clearance #	PC
AH	[REDACTED]	L

1. You should already have a current year sticker on your vehicle. However, if you have not received your sticker within 30 days of paying your renewal fees, please contact DMV at 1-800-777-0133.

**IMPORTANT:** California law requires that every driver or owner of a vehicle shall maintain liability insurance or another form of financial responsibility at all times. Written evidence of liability insurance must be carried in each vehicle and presented upon request to a peace officer or if you are involved in an automobile accident.

2. If you do not receive a renewal notice, contact DMV. You must do this on or before the vehicle expiration date or penalties will be due in accordance with Vehicle Code Sections 9552-9554. If you are cited for not registering your vehicle, the court may impose a fine.

3. When writing to DMV, always give your full name, present address, vehicle make, license plate and vehicle identification numbers.

4. Immediately notify DMV by mail or in person on the proper forms when:  
 You change your address.  
 You sell your vehicle.  
 You are involved in an accident (whether or not it was your fault) when the damage is over \$750, any bodily injury or death.

For more information, visit our website at [www.dmv.ca.gov](http://www.dmv.ca.gov) or call 1-800-777-0133.

[REDACTED]  
 SUNNYVALE CA [REDACTED]