From: [redacted]
To: EVOQ (NHTSA); [redacted]
Cc: NHTSA ODI CRD; [redacted]
Subject: ODI-11427932
Date: Wednesday, February 9, 2022 7:06:59 PM
Attachments: [redacted]

[redacted]
Subject: Accident please 05242021
To: nhtsa.webmaster@dot.gov

I got sent to the hospital in an ambulance because the airbags did not work!!
Front or back airbags malfunction. I got 3 bone fractures in my face.
All the lawyers in Texas tell me the same story!!!
No sir I cannot go after Toyota Manufacturer because you didn't have a catastrophic accident or you are not DEAD!!!
So I ask myself: a senior citizen which has been disable for 11 years should I stay .

Truly,
[redacted]
Victim of Airbag malfunction (Toyota Manufacturer)
[redacted]

[redacted]
ASRC Federal Holding Company
Quality Control Analyst
[redacted]
7000 Muirkirk Meadows Drive, Beltsville, MD 20705
[redacted] Purpose Driven. Enduring Commitment.


RAV4


RAV4
LE
HYBRID


RAV4


RAV4
LE
HYBRID

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
2	2	18280806.1

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use
05/24/2021	1908	[redacted]	

*County Name	*City Name	Outside City Limit
JOHNSON	ALVARADO	☐

In your opinion, did this crash result in at least $1,000 damage to any one person's property?	Latitude (decimal degrees)	Longitude — (decimal degrees)
☒ Yes ☐ No		

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
US	[redacted]	1	5600	E	[redacted]	HWY

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Street Desc.
		60	☐ Yes ☒ No	☐ Yes ☒ No	

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☒ Yes ☐ No	CR	[redacted]	1	[redacted]	S	[redacted]	RD

Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VIN
1	1			TX	[redacted]	1FTEW1CM2DK[redacted]

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
2013	WHI	FORD	F150	PK	☐

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZIP): [redacted] Hubbert, TX [redacted]

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[redacted]	N	[redacted]	W	1	1	1	2	97	N	96		96	97	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee	Owner/Lessee Name & Address
	[redacted] Godley, TX [redacted]

Proof of Fin. Resp.	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	GEICO - GOVERNMENT EMPLOYEES INS. CO.	[redacted]

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
(800) 841-3000	12-FD-4	- -	☐ Yes ☒ No

Towed By	Towed To
Tobys	100 FM 3136, Alvarado, TX

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VIN
2	1			TX	[redacted]	2T3LWRFV6LW[redacted]

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
2020	WHI	TOYOTA	RAV4	SV	☐

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	A	[redacted]

Address (Street, City, State, ZIP): [redacted] BELLMEAD, RI [redacted]

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[redacted]	A	[redacted]	H	1	1	1	1	97	N	96		96	97	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee	Owner/Lessee Name & Address
	[redacted] BELLMEAD, RI [redacted]

Proof of Fin. Resp.	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	COLONIAL COUNTY MUTUAL INS. CO.	[redacted]

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
(800) 421-3535	6-BC-4	- -	☐ Yes ☒ No

Towed By	Towed To
Tobys	100 FM 3136, Alvarado, TX

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
2	1	HARRIS JPS	AMR		

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV

Unit Num.	☐ 10,001+ LBS.	☐ TRANSPORTING HAZARDOUS MATERIAL	☐ 9+ CAPACITY	CMV Disabling Damage? ☐ Yes ☐ No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type
31 Bus Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit ☐ Yes ☐ No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS

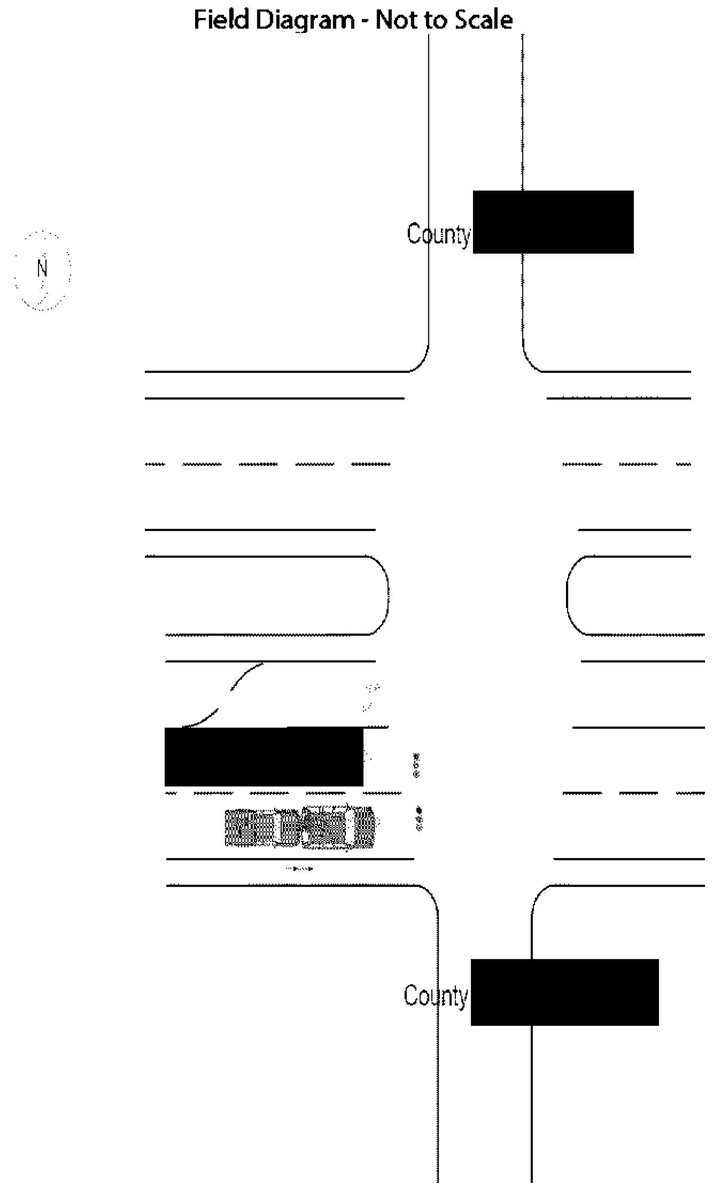
36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)					38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		Environmental and Roadway Conditions						
1	20																
											3	1	4	3	1	2	5

NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

UNIT 1 AND 2 WERE TRAVELING WESTBOUND ON [redacted]
APPROACHING A RED TRAFFIC SIGNAL AT THE INTERSECTION OF [redacted]
WHEN UNIT 1 FAILED TO CONTROL SPEEDS IN RAINY CONDITIONS AND
COLLIDED WITH THE REAR OF UNIT 2.

Field Diagram - Not to Scale



INVESTIGATOR

Time Notified (24HR:MM) 1909	How Notified Dispatched	Time Arrived (24HRMM) 1913	Report Date (MM/DD/YYYY) 05/24/2021
Invest. Comp. ☒ Yes ☐ No	Investigator Name (Printed) Guy, TJ		ID Num. 164
ORI Num. TX1260100	*Agency ALVARADO POLICE DEPARTMENT		Service/ Region/DA 01