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April 21, 2025

VIA CERTIFIED MAIL
Toyota Motor Sales, USA, Inc.
P.O. Box 259001
Plano, TX 75025-9001

Re: Our Client: [redacted]
Date of Occurrence: [redacted]

Dear Sir or Madam:

My office represents [redacted] for injuries she sustained in an automobile crash on [redacted]. I am including the police report for your reference. Per the report, [redacted] vehicle, a 2021 Toyota Corolla, was hit at a high rate of speed on the front and passenger side of the vehicle. The vehicle was incapacitated and was towed from the scene of the occurrence. Notwithstanding all of the foregoing, the air bags on [redacted] vehicle did not deploy leading to serious injury.

The vehicle is currently being stored at [redacted], Elgin, IL [redacted]. The car is in lot number [redacted]. Additionally, [redacted] has Geico Insurance coverage. The claim number is [redacted]. The adjuster is Destiny Arrington and she can be reached at (478)744-5078.

If you have any questions or concerns, please feel free to contact our office.

Very truly yours,

James P. Costello

James P. Costello

JPC/cd
enclosure
CC: **VIA CERTIFIED MAIL**
NHTSA
1200 New Jersey Avenue, SE
Washington, DC 20590

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets

[redacted]

DRAC	TRFD	TRFC	WEAT	DRVA		VIS		VEHD		LGHT	COLL	MANV	
04	01	01	01	01	99	99	99	99	99	01	11	01	01
U1	U2				U1 U2		U1 U2		U1 U2			U1	U2

INVESTIGATING AGENCY: DuPage Co SO

DAMAGE TO ANY ONE PERSON'S VEHICLE/PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ■ Over $1,500

TYPE OF REPORT: ■ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away ■ B Injury and / or Tow Due To Crash

YR: 2025

[redacted]

TRFW: 02

ADDRESS NO: [redacted]

☐ City Township ■ DOWNERSGROVE TWP

INTERSECTION RELATED ☐ Yes ■ No

PRIVATE PROPERTY ☐ Yes ■ No

HIT & RUN ☐ Yes ■ No

DATE OF CRASH: [redacted] (mo day yr)

TIME: 05:07 ☐ AM ■ PM

SECONDARY CRASH ☐ YES ■ NO

FLOW CONDITION ☐ SLOW ☐ STOPPED ■ FREE FLOW

VEHT: 01 U1 / 01 U2

(CIRCLE) ☐ FT / MI N E S W [redacted] (NAME OF INTERSECTION OR ROAD FEATURE)

■ AT INTERSECTION WITH

COUNTY: DUPAGE

DOORING WITH PEDALCYCLIST ☐ Y ■ N

NUMBER MOTOR VEHICLES INVOLVED: 4

LNS: 2 U1 / 2 U2

UNIT 1

■ DRIVER ☐ Parked ☐ Driverless ☐ Ped ☐ Pedal ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, MI): [redacted]

DATE OF BIRTH: [redacted] (mo day yr)

MAKE: AUDI MODEL: A4 YEAR: 2024

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 13 - UNDER CARRIAGE, 14 - TOTAL (ALL), 15 - OTHER, 99 - UNKNOWN, POINT OF FIRST CONTACT: 12

TOWED DUE TO CRASH: Y ☐ N ■

FIRE ☐ ■ DISTRACTED ☐ ■ DISTRACION VALUE COM VEH ☐ ■

ALGN: 01 U1

STREET ADDRESS: [redacted]

SEX: M SAFT: 9 AIR: 08

AUTOMATED SYSTEM ☐ Y ■ N ☐ UNK

LEV IN VEH: LEVEL ENGAGED AT CRASH:

CITY: DARIEN STATE: IL ZIP: [redacted]

INJURY: B EJECT: 1 EPTH: 0

PLATE NO: [redacted] STATE: IN YEAR: 2026

U1: 01 U2

TELEPHONE: [redacted]

STATE: IL CLASS: D CLDID: 0

VIN: [redacted]

INSURANCE CO: GERLING AMERICA INSURANCE COMPANY

EXPIRED ☐ Y ■ N

RSUR: 01 U1

EMS AGENCY

PEDV PPA PPL: [redacted]

POLICY NO: [redacted]

VEHU: 02 U1

HOSPITAL (TAKEN)

INCIDENT RESPONDED ☐ Y ■ N IF "Y"

ET, CITY STATE, ZIP: [redacted] INDIANAPOLIS, IN

TELEPHONE

UNIT 2

■ DRIVER ☐ Parked ☐ Driverless ☐ Ped ☐ Pedal ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, MI): [redacted]

DATE OF BIRTH: [redacted] (mo day yr)

MAKE: HONDA MODEL: PILOT EXL YEAR: 2018

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 13 - UNDER CARRIAGE, 14 - TOTAL (ALL), 15 - OTHER, 99 - UNKNOWN, POINT OF FIRST CONTACT: 06

TOWED DUE TO CRASH: Y ☐ N ■

FIRE ☐ ■ DISTRACTED ☐ ■ DISTRACION VALUE COM VEH ☐ ■

U2: 02 U2

STREET ADDRESS: [redacted]

SEX: F SAFT: 9 AIR: 04

AUTOMATED SYSTEM ☐ Y ■ N ☐ UNK

LEV IN VEH: LEVEL ENGAGED AT CRASH:

CITY: BERWYN STATE: IL ZIP: [redacted]

INJURY: B EJECT: 1 EPTH: 0

PLATE NO: [redacted] STATE: IL YEAR: 2025

SPDR: 9 U1 / 9 U2

TELEPHONE: [redacted]

STATE: IL CLASS: D CLDID: 0

VIN: [redacted]

INSURANCE CO: ALLSTATE PROPERTY & CASUALTY INSURANCE COMPANY

EXPIRED ☐ Y ■ N

RDEF: 01

EMS AGENCY

PEDV PPA PPL: [redacted]

POLICY NO: [redacted]

BAC: 996 U1 / 996 U2

HOSPITAL (TAKEN TO)

[redacted] ☐ Y ■ N

ATE, ZIP: [redacted] , BERWYN, IL

TELEPHONE

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(SNJ)	(EJCT)	(EPTH)	ADDR / (TEL)	(EMS)	(HOSP)
4	6	[redacted]	F	9		A		0	[redacted]		
4	10	[redacted]	M	9	08	0	1	0	LEMONT, IL		

OCCS: 1 U1 / 1 U2

UNIT 1

(EVNO)	(MOST)	(EVNT)	S.OCC
1	■	11	1
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNER ADDRESS CITY STATE ZIP

PRIMARY CAUSE: 17 SECONDARY CAUSE: 99

ARREST NAME ☐ Citations Issued ☐ Pending SECTION CITATION NO

UNIT 2

1	■	11	1
2	☐		
3	☐		

ARREST NAME ☐ Citations Issued ☐ Pending SECTION CITATION NO

OFFICER ID: 545 SIGNATURE: WHITFIELD, P BEAT / DIST: PATROL SUPERVISOR ID: 344

POLICE NOTIFIED: [redacted] TIME: 05:07 ■ PM

EMS NOTIFIED TIME ☐ AM ☐ PM

EMS ARRIVED TIME ☐ AM ☐ PM

ROAD CLEARANCE TIME ☐ AM ☐ PM

COURT DATE TIME ☐ AM ☐ PM

Did crash occur In a Work Zone? ☐ Y ■ N

IF YES check one below: ☐ Construction ☐ Maintenance ☐ Utility ☐ Unknown work zone type

Workers Present? ☐ Y ■ N

DIRP: 01 U1 / 01 U2

SLMT: 45 U1 / 45 U2

[redacted]

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

On the above date and time, I was dispatched to the intersection o[redacted] The road conditions were dry, time of day was daylight with the weather being clear.

Upon arrival, the operator of Unit 2 stated while traveling northbound (N/B) o[redacted] n the west lane, their vehicle was rear ended by a black Audi also traveling N/B at a high rate of speed. After striking Unit 2 the Audi continued N/B rear-ending Unit 3 which was in the west lane also traveling N/B on[redacted] Unit 2 and Unit 3 came to a rest on[redacted] The operator of Unit 1 continued N/B on[redacted] rossed the median (not raised) entered South bound (S/B)[redacted] raffic striking Unit 4 head on.

A witness corroborated the incidents stated by the operator of Unit 2.

The operator of Unit 1, 3, 4 and a passenger of Unit 4 were transported to local Hospitals.

Paramedics advised that the operator of Unit 1 appeared to have had a medical episode and had a[redacted]

Nothing further.

LOCAL USE ONLY

U_COLOR Black	U_COLOR White	U_Drug 1 000	U_Drug 2	U_Drug 1 000	U_Drug 2

U_TOWED DUE TO ■ DISABLING DAMAGE ☐ NOT DISABLING DAMAGE	DAMAGE EXTENT 3	TOWED BY/TO O'HARE TOWING / O HARE TOWING
U_TOWED DUE TO ☐ DISABLING DAMAGE ■ NOT DISABLING DAMAGE	DAMAGE EXTENT	TOWED BY/TO

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Motor Carrier ID: ☐ Interstate ☐ Intrastate ☐ Not in Comm./Govt ☐ Not in Comm./Others

USDOT NO. _____ ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

GVWR/GCWR <10,000 10,000-26,000 >26,000

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the Vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ No ☐ UNK

Was a Driver/Vehicle Examination Report from completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER VIN 1 _____ TRAILER VIN 2 _____

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO.OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

[redacted]

LIGHT [redacted]

[redacted]

INVESTIGATING AGENCY: DuPage Co SO

DAMAGE TO ANY ONE PERSON'S VEHICLE/PROPERTY: $500 OR LESS / $501 - $1,500 / ■ Over $1,500

TYPE OF REPORT: ■ ON SCENE / ☐ NOT ON SCENE (DESK REPORT) / ☐ AMENDED

☐ A No Injury / Drive Away

■ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO: YR 2025 [redacted]

TRFW 02

ADDRESS NO: [redacted]

☐ City ☐ Township ■ DOWNERS GROVE TWP

INTERSECTION RELATED ☐ Yes ■ No

PRIVATE PROPERTY ☐ Yes ■ No

HIT & RUN ☐ Yes ■ No

DATE OF CRASH [redacted] mo day yr

TIME 05:07 ☐ AM ■ PM

SECONDARY CRASH ☐ YES ■ NO

VEHT 01

U3 03

U4

FLOW CONDITION ☐ SLOW ☐ STOPPED ■ FREE FLOW

LNS 2

U1 2

U2

(CIRCLE) ☐ FT / MI N E S W [redacted] (CIRCLE) ■ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: DUPAGE

DOORING / PEDALCYCLIST ☐ Y ■ N

NUMBER MOTOR VEHICLES INVOLVED: 4

ALGN 01

U1 01

U2

RSUR 01

VEHU 02

U3

UNIT 3

■ DRIVER ☐ Parked ☐ Overlass ☐ Ped ☐ Pedal ☐ EQUES ☐ NMV ☐ NCV ☐ OV

NAME (LAST, FIRST MI): [redacted]

DATE OF BIRTH: [redacted]

MAKE: TOYOTA

MODEL: COROLLA

YEAR: 2021

STREET ADDRESS: [redacted]

SEX: F | SAFT: 9 | AIR: 04

AUTOMATED SYSTEM ☐ Y ■ N ☐ UNK

LEV IN VEH

LEVEL ENGAGED AT CRASH

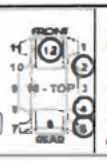
CITY: OAKBROOK TERRACE | STATE: IL | ZIP: [redacted]

INJURY: A | EJECT: 1 | EPTH: 0

PLATE NO: EF44119 | STATE: IL | YEAR: 2025

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 13 - UNDER CARRIAGE; 14 - TOTAL (ALL); 15 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 06



TOWED DUE TO CRASH ■ Y ☐ N

FIRE ☐ Y ■ N

DISTRACTED ☐ Y ■ N

DISTRACION VALUE

COM VEH ☐ Y ■ N

TELEPHONE | DRIVER LICENSE NO: [redacted]

STATE: IL | CLASS: D | CLD ID: 0

VIN: [redacted]

INSURANCE CO: GEICO CASUALTY COMPANY

EXPIRED ☐ Y ■ N

EMS AGENCY

PEDV | PPA | PPI

VEHICLE OWNER (LAST, FIRST M I): [redacted]

POLICY NO: [redacted]

HOSPITAL (TAKEN

INCIDENT RESPONDER ☐ Y ■ N | IF 'Y'

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted], OAKBROOK TERRACE, IL [redacted]

TELEPHONE

U3 25

U4

SPDR 9

U1 9

U2

UNIT 4

■ DRIVER ☐ Parked ☐ Overlass ☐ Ped ☐ Pedal ☐ EQUES ☐ NMV ☐ NCV ☐ OV

NAME (LAST, FIRST MI): [redacted]

DATE OF BIRTH: [redacted] mo day yr

MAKE: DODGE

MODEL: CARAVAN

YEAR: 2017

STREET ADDRESS: [redacted]

SEX: M | SAFT: 9 | AIR: 08

AUTOMATED SYSTEM ☐ Y ■ N ☐ UNK

LEV IN VEH

LEVEL ENGAGED AT CRASH

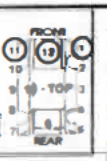
CITY: HICKORY HILLS | STATE: IL | ZIP: [redacted]

INJURY: B | EJECT: 1 | EPTH: 0

[redacted] | IL | 2025

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 13 - UNDER CARRIAGE; 14 - TOTAL (ALL); 15 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 12



TOWED DUE TO CRASH ■ Y ☐ N

FIRE ☐ Y ■ N

DISTRACTED ☐ Y ■ N

DISTRACION VALUE

COM VEH ☐ Y ■ N

TELEPHONE | DRIVER LICENSE NO: [redacted]

STATE: IL | CLASS: D | CLD ID: 0

VIN: [redacted]

INSURANCE CO: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

EXPIRED ☐ Y ■ N

RDEF 01

EMS AGENCY

PEDV | PPA | PPI

VEHICLE OWNER (LAST, FIRST M I): [redacted]

POLICY NO: [redacted]

BAC 996

U3 996

U4

HOSPITAL (TAKEN TO)

INCIDENT RESPONDER ☐ Y ■ N | IF 'Y'

OWNER ADDRESS (STREET, CITY, STATE, ZIP): [redacted] HICKORY HILLS, IL [redacted]

TELEPHONE

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSP)

OCCS 1

U3 4

U4

(EVNO)	(MOST)	(EVNT)	(LOC)
1	■	11	1
2	☐		
3	☐		
1	■	11	1
2	☐		
3	☐		

UNIT 3 UNIT 4

DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY

PROPERTY OWNER ADDRESS | CITY | STATE | ZIP

PRIMARY CAUSE: 17 | SECONDARY CAUSE: 99

ARREST NAME ☐ Citations Issued ☐ Pending | SECTION | CITATION NO

ARREST NAME ☐ Citations Issued ☐ Pending | SECTION | CITATION NO

OFFICER ID: 545 | SIGNATURE: WHITFIELD, P | BEAT / DIST: PATROL | SUPERVISOR ID: 344

POLICE NOTIFIED [redacted] | TIME 05:07 ☐ AM ■ PM

EMS NOTIFIED | TIME ☐ AM ☐ PM

EMS ARRIVED | TIME ☐ AM ☐ PM

ROADCLEARANCE | TIME ☐ AM ☐ PM

COURT DATE | TIME ☐ AM ☐ PM

Did crash occur In a Work Zone? ☐ Y ■ N

IF YES check one below

☐ Construction

☐ Maintenance

☐ Utility

☐ Unknown work zone type

Workers Present? ☐ Y ■ N

DIRP 01

U3 05

U4

SLMT 45

U1 45

U2

[redacted]

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U_COLOR **Black**	U_COLOR **Silver**	U_Drug 1 **000**	U_Drug 2	U_Drug 1 **000**	U_Drug 2
U_TOWED DUE TO ■ DISABLING DAMAGE ☐ NOT DISABLING DAMAGE		DAMAGE EXTENT **3**		TOWED BY/TO **OHARE / OHARE**	
U_TOWED DUE TO ■ DISABLING DAMAGE ☐ NOT DISABLING DAMAGE		DAMAGE EXTENT **3**		TOWED BY/TO **OHARE / OHARE**	

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Motor Carrier ID ☐ Interstate ☐ Intrastate ☐ Not in Comm./Govt ☐ Not in Comm./Others

USDOT NO. _____ ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

GVWR/GCWR <10,000 10,000-26,000 >26,000

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the Vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ No ☐ UNK

Was a Driver/Vehicle Examination Report from completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER VIN 1 _____ TRAILER VIN 2 _____

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

CERTIFIED MAIL®

COSTELLO, MCMAHON, GILBRETH & MURPHY, LTD.
Attorneys at Law
150 NORTH WACKER DRIVE, SUITE 3050
CHICAGO, IL 60606-1610

[redacted]

FIRST-CLASS

US POSTAGE PITNEY BOWES
ZIP 60606
02 7H
0006012720
$ 009.92⁰
APR 21 2025

Department of Transportation
To: W41 - 306
Building: DOT
Mailstop: 4 West
Rtg Symbol: NEC, NOA, NIA
External Carrier: Registered
Sender:
DOT
5/2/2025 12:07:04 PM

[redacted]

NHTSA
1200 New Jersey Avenue, SE
Washington, DC 20590

W41-306

[redacted]