

PE14-001

TOYOTA

3/26/2014

ATTACHMENT 1

RESPONSE 5

Additional Consumer
Complaint Documents

2010-07-57613

Case Activity Report

Case # : ██████████ Case Type : ACCIDENT Owner's Group : Toyota 2B
 Brand : Toyota Case/Activity Last Updated : 7/9/2010 05:16:51 PM
 Case Title : PRODUCT ; ACCIDENT/FLOOD DAMAGE ; DRIVEABILITY ; UNINTENDED ACCELERATION

| CUSTOMER INFORMATION | | VEHICLE INFORMATION | | CASE INFORMATION | |
|----------------------|--------------------------|------------------------------|--------------------------|-------------------|----------------------|
| NAME : | ██████████ | VIN : | 4T1BB46K97L ██████████ | STATUS : | Closed |
| COMPANY NAME : | ██████████ | MODEL YR. : | 2007 | SUB-STATUS : | Completed |
| ADDR1 : | ██████████ | MODEL : | CAMRY | SOURCE : | GOVERNMENT AGENCY |
| ADDR2 : | ██████████ | GRADE : | Hybrid | INITIAL CHANNEL : | Email - Inbound |
| CITY, STATE, ZIP : | HAGERSTOWN IN ██████████ | MODEL NUMBER : | 2560 | OWNER : | ZAGAMIM |
| COUNTRY : | USA | ENGINE : | 2AZ | CREATED DATE : | 7/6/2010 01:08:03 PM |
| PRIM. PHONE : | ██████████ | TRANSMISSION : | ECVT | CREATED BY : | ZAGAMIM |
| ALT PHONE : | ██████████ | SELLING DEALER CODE & NAME : | 13065 TOYOTA OF RICHMOND | CREATOR'S GROUP : | Toyota 2B |
| FAX NUMBER : | --- | DOFU : | 05/22/2007 | CLOSED DATE : | 7/9/2010 05:16:51 PM |
| EMAIL ADDRESS : | | CURRENT MONTHS : | 38 | CLOSED BY : | ZAGAMIM |
| | | CURRENT MILES : | | CLOSER'S GROUP : | Toyota 2B |
| | | INCIDENT MILES : | | | |
| | | CERTIFIED : | No | | |

| DEALER INFORMATION | | CLOSING SUMMARY | |
|--------------------------------|--------------|-------------------------|---------|
| PRIMARY DEALER CODE & NAME : | | CSAT : | Unknown |
| REGION CODE - NAME : | 21 - Chicago | CLOSE APPROVED BY : | |
| DISTRICT : | | CLOSE APPROVED : | |
| SECONDARY DEALER CODE & NAME : | | # OF CLOSE EXTENSIONS : | 0 |
| REGION CODE - NAME : | | | |
| DISTRICT : | | | |

| ACTIVITIES | | | | | | | |
|------------|--|--------|-------------------|--|----------|----------|----------------------|
| ACTIVITY # | CREATED / TYPE | STATUS | OWNER / JOB TITLE | DESCRIPTION | RESPONSE | DUE DATE | CLOSED DATE |
| 1-IDDQQ3 | 7/6/2010 01:05:11 PM / Email - Inbound | Done | ZAGAMIM / | ===LEGAL CONTACT -- ATTORNEY GENERAL=== Customer wrote to the Indiana Attorney General to advise that he was involved in an accident on March 19, 2009 in which the customer alleges his vehicle "would not stop and [he] ended up going through a four way stop and crashing in the ditch." Customer seeks compensation for his experience. Original correspondence is attached. | | | 7/6/2010 01:09:37 PM |

This information is confidential and proprietary to Toyota ; Please refer to guidelines/policies for restrictions on use.

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Case Activity Report

| ACTIVITIES | | | | | | | |
|------------|--|--------|-------------------|--|----------|----------|----------------------|
| ACTIVITY # | CREATED / TYPE | STATUS | OWNER / JOB TITLE | DESCRIPTION | RESPONSE | DUE DATE | CLOSED DATE |
| 1-1DUSOO | 7/9/2010 04:20:48 PM / Call - Outbound | Done | ZAGAMIM / | Executive Office cldd cust at [REDACTED] and reached a recording adv that the number is not a working number. | | | 7/9/2010 04:21:12 PM |
| 1-1DUSOR | 7/9/2010 04:21:29 PM / Call - Outbound | Done | ZAGAMIM / | Executive Office called cust at [REDACTED] left v/m for cust requesting c/b to discuss concerns that he brought to the attention of the Indiana Attorney General. | | | 7/9/2010 04:37:36 PM |
| 1-1DUSOV | 7/9/2010 04:30:01 PM / Call - Inbound | Done | ZAGAMIM / | <p>Cust cldd to f/u. Cust sts that he left his office and was heading home. Cust sts that he was with a friend who had never seen a hybrid veh and wanted to see how powerful the hybrid vehicle was. Cust sts that he pressed the accelerator to the floor to show his friend the veh's power and the veh took off and would not stop. Cust sts that he applied the brake and the veh seemed to slow, but it would not stop. Cust sts that he was approaching a four way stop and he drove it into a ditch to get the veh to stop.</p> <p>Cust sks compensation for his accident.</p> <p>I adv cust to make a written request to TMS Claims. I adv cust that Toyota would respond in writing w/in 30 days of receiving his request. I provided cust with the address to Claims. Cust thanked.</p> | | | 7/9/2010 04:38:06 PM |

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TOYOTA

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
Torrance, CA 90501
310 468-4000

July 23, 2010

Office of the Indiana Attorney General
Attn: Shala Kaylor
[REDACTED]

RE: Case: [REDACTED] v. Toyota Motor Sales, USA, Inc.
File: [REDACTED]
Date of Loss: March 19, 2009
Vehicle: 2007 Toyota Camry Hybrid
Vin #: 4T1BB46K97J [REDACTED]

Dear Ms. Kaylor:

This letter will acknowledge our receipt of your recent communication with Toyota Motor Sales, USA, Inc. in regards to the complaint by Mr. [REDACTED].

We are forwarding a copy of our letter to Mr. [REDACTED]. He sold, or traded in the vehicle on or about August 29, 2009. Toyota Motor Sales, USA, Inc. was not provided the opportunity to inspect the vehicle involved in this incident prior to the vehicle being repaired, as such, there is no way to determine how this incident occurred. The fact that this vehicle is included in the current Safety Service Campaign involving the floor mats/ unintended acceleration of certain Toyota models, there is nothing to indicate that this incident was the result of that issue.

We are very sorry to hear about this unfortunate incident; however, there is no evidence that this accident was a result of any type of manufacture design or defect.

Very truly yours,
[REDACTED]

Donald Beierschmitt
Toyota Motor Sales, U.S.A., Inc.



STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION

GREG ZOELLER
INDIANA ATTORNEY GENERAL

302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770
www.IndianaConsumer.com

PHONE: 317.232.6330
FAX: 317.233.4393

June 16, 2010

Toyota Motor Sales, U.S.A., Inc.
Claims Department
19001 S. Western Ave.
Torrance, CA 90501

RECEIVED
JUN 22 2010
LEGAL DEPARTMENT

Re: File No. [REDACTED] v. Toyota Motor Sales, U.S.A., Inc.

Dear Toyota Motor Sales, U.S.A., Inc.:

Enclosed is a complaint received by the Consumer Protection Division. Indiana law requires the Division to investigate and mediate complaints. In order to effectively mediate this complaint we require your *written* response within fourteen (14) days. We cannot take your response by phone

Please include the following information in your reply:

1. The file number shown above;
2. My name, Shala Kaylor;
3. Your explanation of what happened;
4. A copy of all documents relating to the complaint; and
5. An explanation of what, if any, action you would be willing to take to resolve the dispute.

Our experience shows that many disputes result from misunderstanding and poor communication. Your prompt reply is required for our investigation and the resolution of this complaint. You may mail it to the address shown below or fax it to my attention at [REDACTED]

Very truly yours,
[REDACTED]

Shala Kaylor
Paralegal
Consumer Protection Division

Enclosure



CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

MAR 11 2010

ATTORNEY GENERAL OF INDIANA
DONALD W. MORTON
SPECIAL ELECTION

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** ~~photocopy~~ **Special Election** Security Number on this form or in any accompanying documents.

1. YOUR INFORMATION

Mr. Mrs. Miss Ms. Dr.

Name [REDACTED]

Address [REDACTED]

City Hagerstown State IN

ZIP [REDACTED] County Wayne

Age 18-24 25-34 35-44 45-54 55-64 65+

Phone [REDACTED] Day [REDACTED] Evening [REDACTED]

E-mail [REDACTED]

2. WHO IS YOUR COMPLAINT AGAINST?

Name/Firm Toyota Motor Sales, U.S.A., Inc.

Address 19001 South Western Ave.
Dept. WC11

City Torrance State CA

ZIP 90501 County [REDACTED]

Phone (800) 331-4331

E-mail [REDACTED]

Person you dealt with Richmond, IN Toyota

3. WHEN DID TRANSACTION/INCIDENT OCCUR?

Date 1/10/1/2006

4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)

- At the firm's place of business
- My home
- Away from the firm's place of business (work, convention, etc.)
- Other

- By Mail
- By Internet/e-mail
- By telephone

5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM?

- I telephoned the firm
- I responded to a TV/radio ad
- A person came to my home
- I received information by e-mail
- I received information in the mail

- I went to the firm's place of business
- I received a telephone call from the firm
- I responded to an offer on the Internet
- I responded to a printed advertisement
- Other

6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC?

- The nature and status of your complaint and the name of the firm?
- Your name? Yes No
- Your phone number? Yes No

7. WHAT WAS THE TRANSACTION FOR?

- My business
- My family/household
- My farm

8. HOW DID YOU PAY?

- Cash
- Credit Card
- Check
- Installment Loan
- Medicaid
- Medicare
- Private Insurance
- Other Lease

9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT.

Yes No

For Office Use Only:

| | | | | | | | | | |
|-----|------|----|----|----|----|-----|------|-----|--------|
| Ind | Prac | PL | MO | NL | NJ | OA: | Inv. | Sec | File # |
| 001 | 059 | | | | | | Paid | | -CP- |

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888

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)

Yes No

When?

Action taken?

11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT? No

When?

Action taken?

12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?

Yes No

13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.

Yes No

14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.

Yes No

15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$, \$4050

16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.

On March 19, 2009 I was going home from my business to my house with a passenger in the car and the 2007 Toyota Camry Hybrid would not stop and I ended up going through a four way stop and crashing in the ditch.

17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?

Compensation for all the loss and trouble.

18. CONSENT AND VERIFICATION

I affirm, under the penalties for perjury, that the foregoing representations, and those in all attachments, are true. The information I have provided in this complaint form is based upon my personal knowledge. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

3/10/2010 9:59:23 AM

Your Signature

Date

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL COMPLETED FORMS TO:

Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th floor
302 West Washington Street
Indianapolis, IN 46204
PH: 317-232-6330 • FAX: 317-233-4393
www.IndianaConsumer.com

LARRY HILBERT

| Name | Phone | Address | Contact Details |
|--------------------------|-------------------------------|----------------------------|------------------------------|
| Customer ID: [REDACTED] | Primary Phone #: [REDACTED] | C/O: [REDACTED] | Language Preference: ENGLISH |
| Salutation: Mr. | Alternate Phone #: [REDACTED] | Address: [REDACTED] | Deceased: |
| First Name: [REDACTED] | Fax #: [REDACTED] | Address Line 2: [REDACTED] | |
| Last Name: [REDACTED] | Email:* | City:*HAGERSTOWN | |
| Suffix: | | State/Province: IN | |
| MI: | | Zip Code [REDACTED] | |
| Company Name:* | | Country:*USA | |
| Preferred Name: | | | |
| Contact Type: Individual | | | |
| Contact Alert: | | | |

PE14-001

TOYOTA

3/26/2014

ATTACHMENT 1

RESPONSE 5

Additional Consumer
Complaint Documents

2010-08-58898

Case Activity Report

Case # : 1008102017 **Case Type :** ACCIDENT **Owner's Group :** Legal
Brand : Toyota **Case/Activity Last Updated :** 8/14/2010 09:19:59 AM
Case Title : PRODUCT ; FCRP ; ABS- BRAKES ; OTHER-PLEASE SPECIFY

| CUSTOMER INFORMATION | | VEHICLE INFORMATION | | CASE INFORMATION | |
|---------------------------|------------------------|---|---------------------------|--------------------------|-----------------------|
| NAME : | [REDACTED] | VIN : | JTNBB46K173 [REDACTED] | STATUS : | Closed |
| COMPANY NAME : | [REDACTED] | MODEL YR. : | 2007 | SUB-STATUS : | Completed |
| ADDR1 : | [REDACTED] | MODEL : | CAMRY | SOURCE : | CUSTOMER |
| ADDR2 : | [REDACTED] | GRADE : | Hybrid | INITIAL CHANNEL : | Call - Inbound |
| CITY, STATE, ZIP : | ALHAMBRA CA [REDACTED] | MODEL NUMBER : | 2560 | OWNER : | MEARSE1 |
| COUNTRY : | USA | ENGINE : | 2AZ | CREATED DATE : | 8/10/2010 01:13:00 PM |
| PRIM. PHONE : | [REDACTED] | TRANSMISSION : | ECVT | CREATED BY : | GEARD |
| ALT PHONE : | [REDACTED] | SELLING DEALER CODE & NAME : | 04309 PUENTE HILLS TOYOTA | CREATOR'S GROUP : | Toyota 2A |
| FAX NUMBER : | [REDACTED] | DOFU : | 07/14/2006 | CLOSED DATE : | 8/14/2010 09:19:59 AM |
| EMAIL ADDRESS : | [REDACTED] | CURRENT MONTHS : | 49 | CLOSED BY : | MEARSE1 |
| | | CURRENT MILES : | 41824 | CLOSER'S GROUP : | Legal |
| | | INCIDENT MILES : | 41824 | | |
| | | CERTIFIED : | No | | |

| DEALER INFORMATION | | CLOSING SUMMARY | |
|---|------------------|--------------------------------|---------|
| PRIMARY DEALER CODE & NAME : | | CSAT : | Unknown |
| REGION CODE - NAME : | 11 - Los Angeles | CLOSE APPROVED BY : | |
| DISTRICT : | | CLOSE APPROVED : | |
| SECONDARY DEALER CODE & NAME : | | # OF CLOSE EXTENSIONS : | 0 |
| REGION CODE - NAME : | | | |
| DISTRICT : | | | |

| ACTIVITIES | | | | | | | |
|------------|--|--------|---------------------|---|----------|----------|-----------------------|
| ACTIVITY # | CREATED / TYPE | STATUS | OWNER / JOB TITLE | DESCRIPTION | RESPONSE | DUE DATE | CLOSED DATE |
| 1-1GWKPG | 8/10/2010 01:02:27 PM / Call - Inbound | Done | GEARD / Tier 2A Rep | Caller states: involved in an accident on 8/10. Cust ran in to the back of aveh that came to a sudden stop. Cust applied the brakes, however, sts veh felt like it as stilling rolling and not stopping. Cust has minor back pain. Air bag did not deploy, cust was wearing her seatbelt. Veh has frontal damage. No Police report was filed. Cust filed a claim w/ her insurance | | | 8/10/2010 01:17:35 PM |

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Case Activity Report

| ACTIVITIES | | | | | | | |
|------------|---|--------|------------------------|---|----------|-----------------------|-----------------------|
| ACTIVITY # | CREATED / TYPE | STATUS | OWNER / JOB TITLE | DESCRIPTION | RESPONSE | DUE DATE | CLOSED DATE |
| | | | | (Farmers), Insurance claim # [REDACTED] and the claim Adjuster is Steven Failey, contact # 800-435-7764 ext 26509. Cust wants Toy to inspect the brakes. Ncr apol advised will receive cb w/in 1 b/d. | | | |
| 1-1GWYLN | 8/10/2010 02:05:24 PM / Call - Outbound | Done | WATKINA3 / Tier 2B Rep | ==OUTGOING CUST CALL== NCR contacted cust and left a v/m to c/b ext 73886. Adv cust that NCR's office hours are 7:00 AM- 3:30 PM PST. | | 8/11/2010 02:05:00 PM | 8/11/2010 01:36:46 PM |
| 1-1H2MP8 | 8/11/2010 01:36:51 PM / Call - Inbound | Done | ESCOBAA2 / Tier 2A Rep | CUST CALL | | 8/13/2010 01:36:00 PM | 8/13/2010 11:22:26 AM |
| 1-1H8JCW | 8/13/2010 11:22:27 AM / Call - Outbound | Done | ESCOBAA2 / Tier 2A Rep | ===FCRP=== +OUTGOING CUST CALL - [REDACTED] Cllr sts: She was getting into the freeway and there was a line of veh's going into the freeway. Sts the veh in front of her had left. Sts she looked to her left to see if she was clear for take off and then she realized the veh in front of her had not left. Sts she hit her from behind. Sts she believes there was an issue w/ the brakes b/c there was enough time for her to stop, but the brakes did not respond. Sts there is frontal damage to the veh. Sts she was wearing her seatbelt and was not injured. Sts she does however have lower back pain and would like TOY to know she will go get a massage. Sts no airbags deployed, Sts there were no warning lights prior to the accident. Sts the veh is equipped w/ floor mats. Sts when she hit the veh, she was able to park the veh and turn it off. Sts her insurance company was contacted. Sts no work has been done on the veh. Sts the veh is avail for inspection. NCR apol and adv reg will contact w/in 10-14 bus days regarding request. Adv reg inspects veh, inspection will take place w/in 30 days and results mailed w/in 30 days after the inspection. LEGAL REQUESTS FIELD CONTACT REPORT W/ MANY INTERIOR AND EXTERIOR PHOTOS. | | 8/13/2010 03:22:00 PM | 8/13/2010 12:58:10 PM |

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TOYOTA

Nekii Montgomery
Direct Phone (310) 468-6982
Fax (310) 381-6982
Nekii_Montgomery@toyota.com

Toyota Motor Sales, U.S.A., Inc.
19001 South Western Avenue
Torrance, CA 90501
510 158-4000

September 23, 2010

[REDACTED]
Alhambra, CA [REDACTED]

RE: Date of Loss: August 10, 2010
Vehicle: 2007 Toyota Camry
Vin #: JTNBB46K173 [REDACTED]

Dear Ms. [REDACTED]

This letter will acknowledge our receipt of your communication with our Customer Relations Department in regards to the above referenced incident.

It is our understanding that you were in stop and go traffic when you stepped on the brakes. The vehicle did not seem to want to stop and you hit the car in front of you.

As you are aware, your vehicle was inspected on September 13, 2010 at Wondries Toyota. An inspection was completed involving the accelerator pedal, the brakes and floor. The accelerator pedal operated smoothly and returned to its idle position without any obstructions. The electrical connections were in place and secure. There was no interference with the floor mat. There were no brake fluid leaks or defects found in the brake system. The brake pads were within adequate thickness. The brake pedal held firm when tested. The brake fluid was at the recommended level. The inspection showed the brake system to be in good condition. There was an aftermarket floor in the driver's position and not secured to the retaining hooks at the time of the inspection. During the test drive the vehicle performed all throttle and braking tests safely. The vehicle operated as designed. The A.B.S, steering and cruise control functioned normally.

We are very sorry to hear about the unfortunate incident; however, our inspection determined that this incident was not a result of any type of manufacture design or defect. Thank you for allowing us to address your concerns.

F

MFD. BY: TOYOTA MOTOR CORPORATION 06/06
GWR 4655LB GAWR FR 2668LB RR 2359LB
THIS VEHICLE CONFORMS TO ALL APPLICABLE
FEDERAL MOTOR VEHICLE SAFETY BUMPER AND
THEFT PREVENTION STANDARDS IN EFFECT ON
THE DATE OF MANUFACTURE SHOWN
JTNBB46K173 ABOVE.
PASS. CAR



C/TR: 1D4/FA13 AHV40L-AEXGBA 110A
A/TM: -01A/P311 MADE IN JAPAN

MPH

40

100

20

120

140

km

DRIVER

DOOR OPEN



000

41896

miles











Chevron
Quality
Life













PRESS



















チャイルドシート、ベビーシートを取りつけるときは、ベルトをいっぱい引き出し、ロックモードに切り替えてください。

—詳しくは取扱書をご覧ください。—

WHEN FASTENING CHILD RESTRAINT SYSTEM, FULLY EXTEND THE BELT TO PUT IT IN THE LOCK MODE.
—SEE OWNER'S MANUAL—

POUR BOUCLER LE SYSTEME DE SECURITE POUR





















CHILD RESTRAINT SYSTEM
DO NOT USE THIS SYSTEM
IN THE SEAT OR WITH
OTHER CHILDREN.
SEE OWNER'S MANUAL
FOR MORE INFORMATION.

子供用シートベルト
は、このシートベルト
システムにのみ使用
してください。
他の子供と一緒に
使用しないでください。
詳細は取扱説明書
をご覧ください。













AIRBAG
ON



PASSENGER

59

AIRBAG
ON
PASSENGER

AIRBAG
OFF

AIRBAG
ON
PASSENGER

ABS



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PUSH
ODO/TRIP



ABS



CHECK



RIGHT REAR
DOOR OPEN





RELAY & FUSE

REGY
ID

198
K













FUEL SYSTEM
WARNING







10/12/12

1 MADE IN U.S.A. 2 NO. R 501-12



BRAKE

READY

ELECTRIC

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RACING

DRIVER
PASSENGER

















6 IN/100A

STAINLESS STEEL

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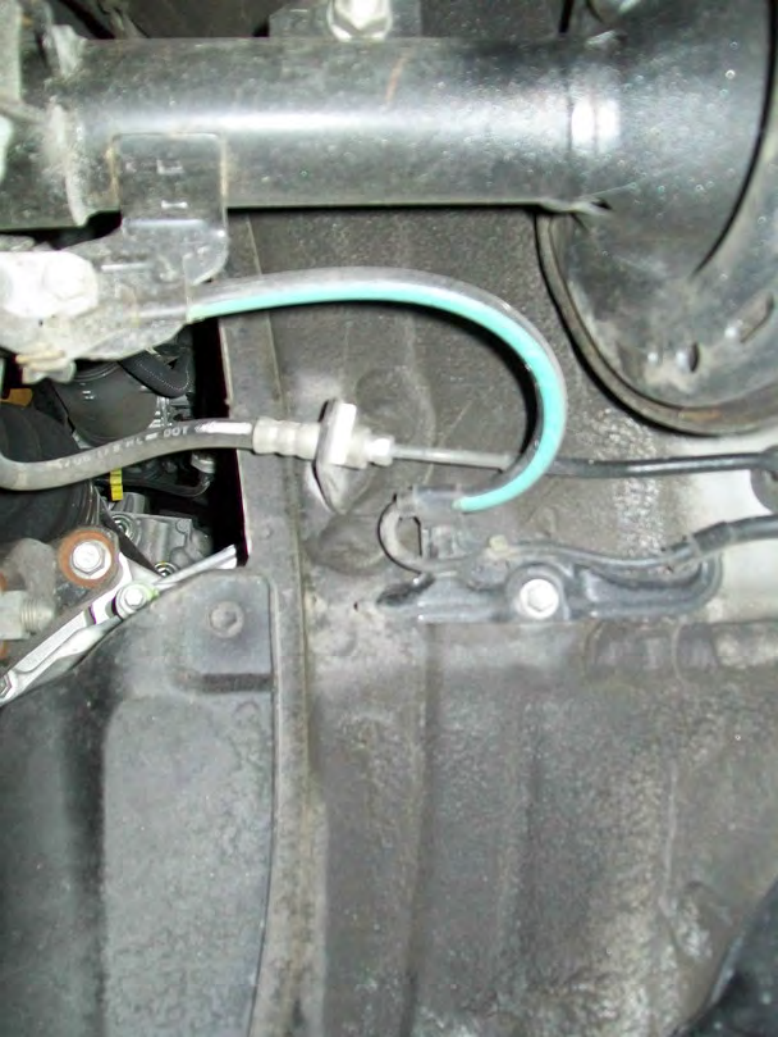
































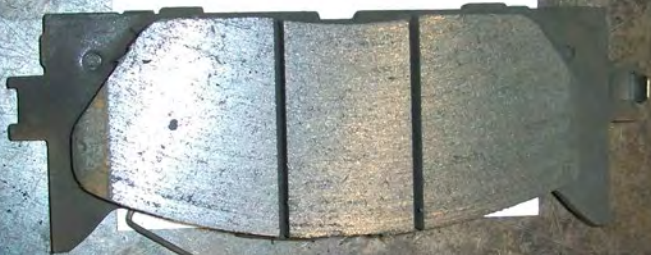








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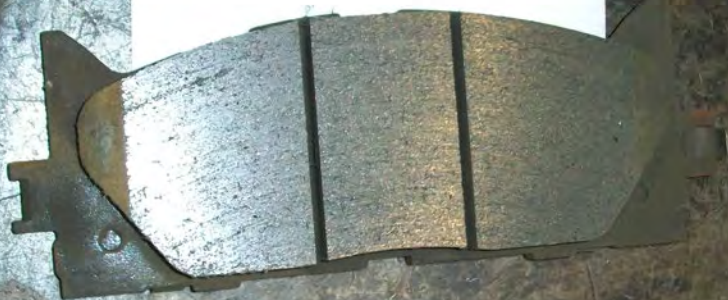




LF



LF





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