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October 10, 2000

Mr. Peter Ong
5900 Clifton Oaks Drive
Clarksville, MD 21029-1147

Re: Our Client: [redacted]

2000 OCT 13 PM 3:45

Dear Mr. Ong:

This correspondence is in reference to our recent telephone conversations, wherein we discussed an automobile crash that occurred on May 1, 1999, involving a 1997 Chevrolet Cavalier. As mentioned, the vehicle involved in this crash had a prior recall for inadvertent deployment of airbags.

At the time of this crash, [redacted] first lost the ability to steer her car, and then prior to making contact with anything, both airbags deployed. She consequently suffered serious injuries to her knee, and has incurred medical bills totaling over $18,000.00. [redacted] has been unable to return to work since the date of the crash, and is currently on Social Security disability.

Enclosed for your review are photographs of the 1997 Chevrolet Cavalier, as well as copies of the repair history for this vehicle. Also enclosed is a copy of the Indiana State Police crash report. For your convenience in reviewing the remarks made on the crash report, I have attached a copy of the code sheet. You will notice that the officer states that there was a steering failure, that [redacted] was wearing her safety harness, and that the safety equipment in the vehicle was not effective.

Finally, a close look at the enclosed photographs reveals that the front of the vehicle sustained very minor damages. Therefore, I do not believe the airbags should have deployed at any time as a result of this crash. It should also be noted that [redacted] was traveling on Interstate 65 at the approximate speed limit when the events leading up to this incident began to occur.

Given the complaint history relating to this vehicle and the seriousness of [redacted] crash, we request that your office conduct an investigation into its cause. We are currently holding this vehicle in storage.

If you have any questions or comments regarding this matter, please do not hesitate to contact me.

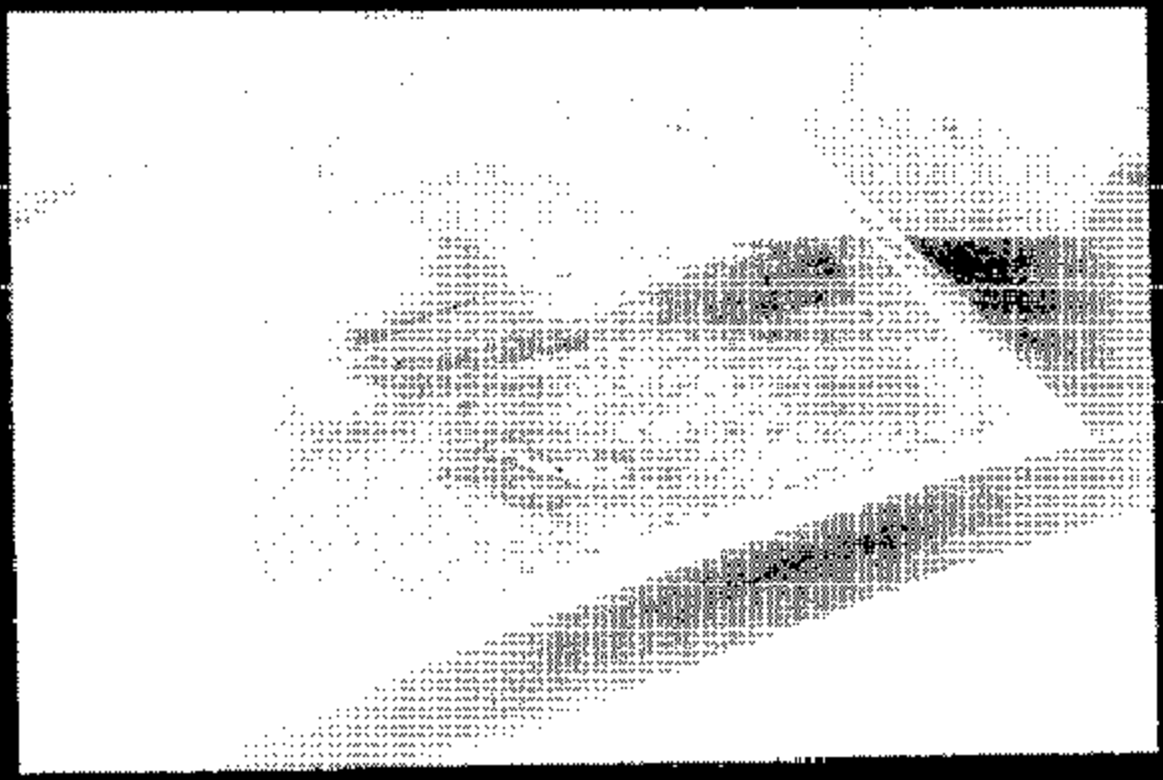
Very truly yours,

BLACHLY, TABOR, BOZIK & HARTMAN

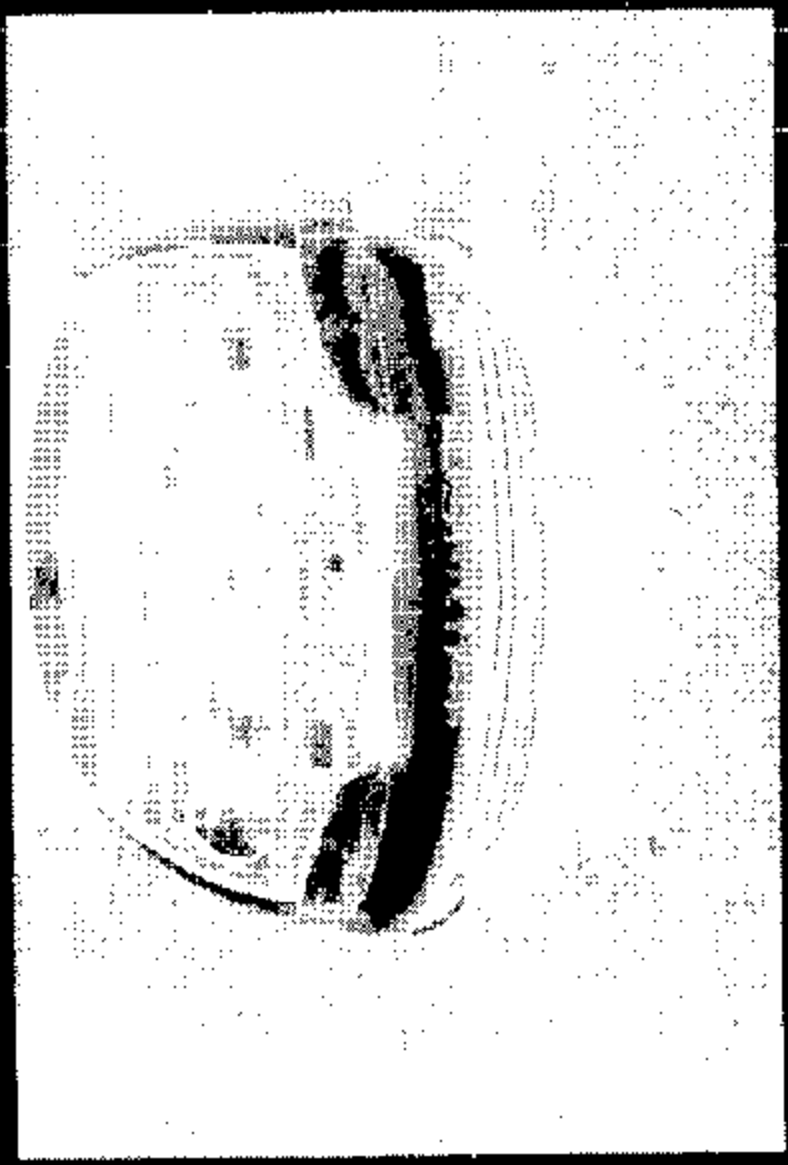
By: _____
Bradley J. Blachly

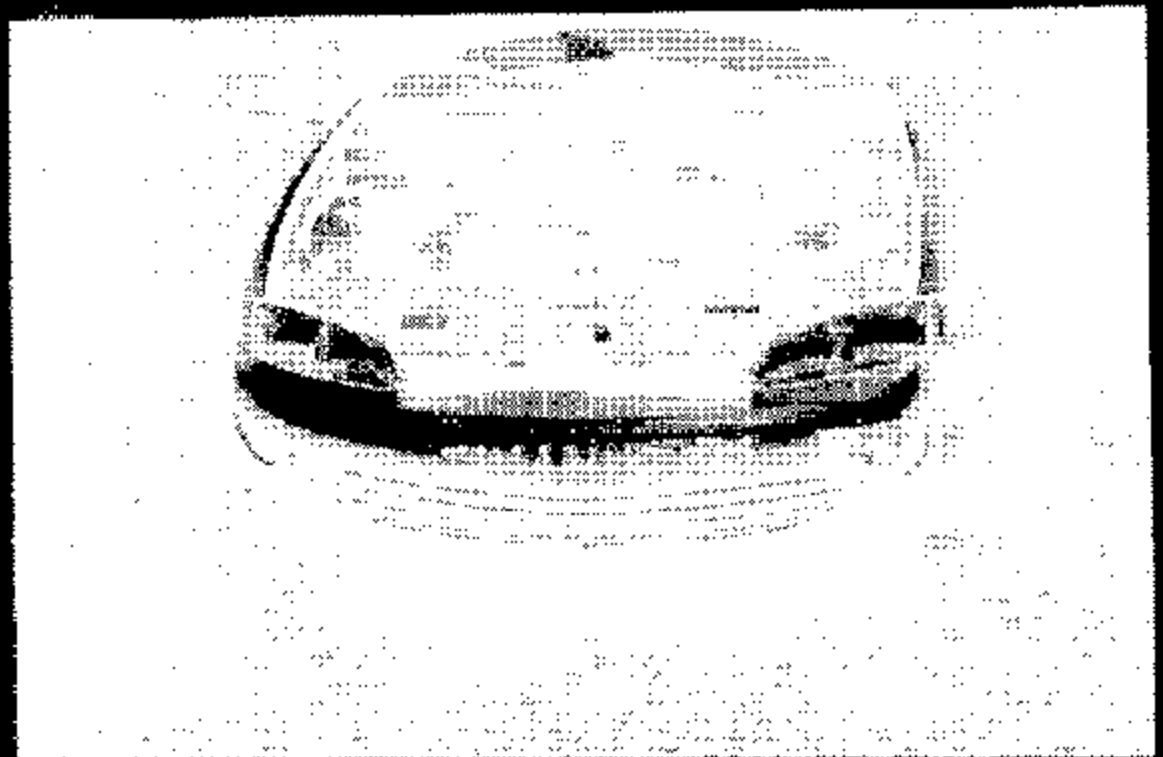
By: _____
Glenn J. Tabor, Supervising Attorney

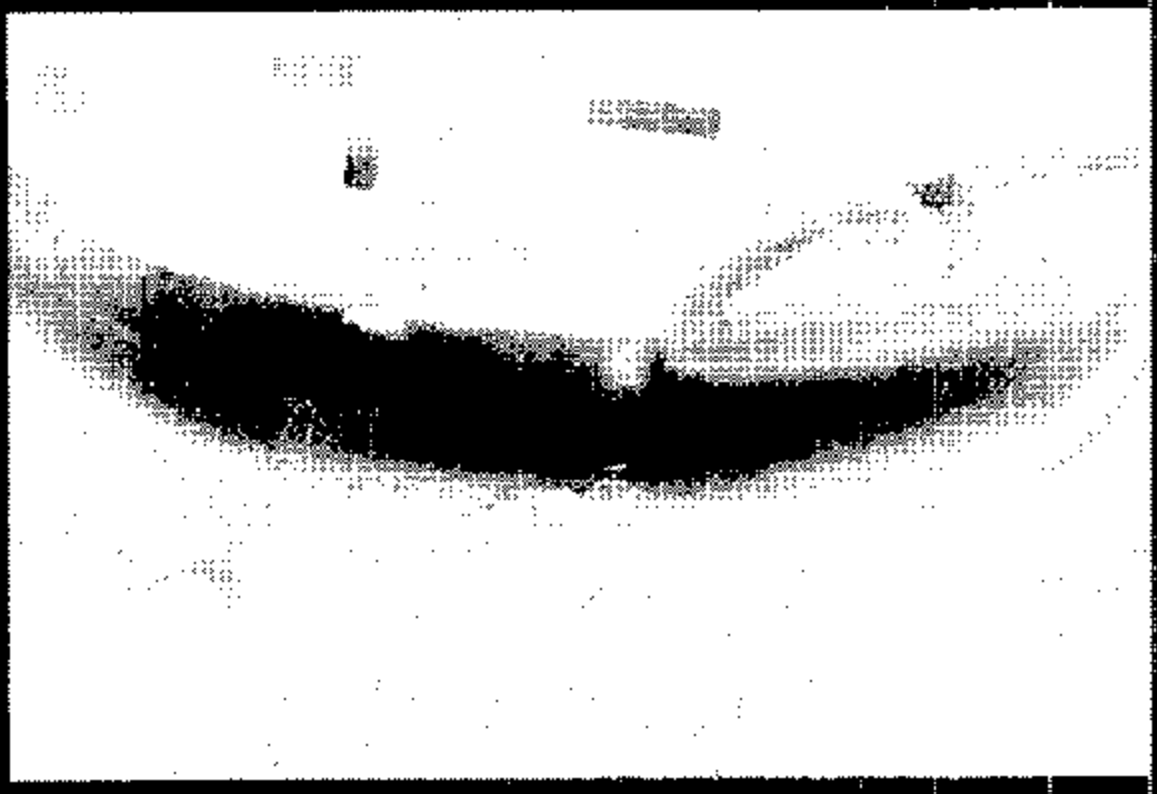
BLB/sb
Enclosures

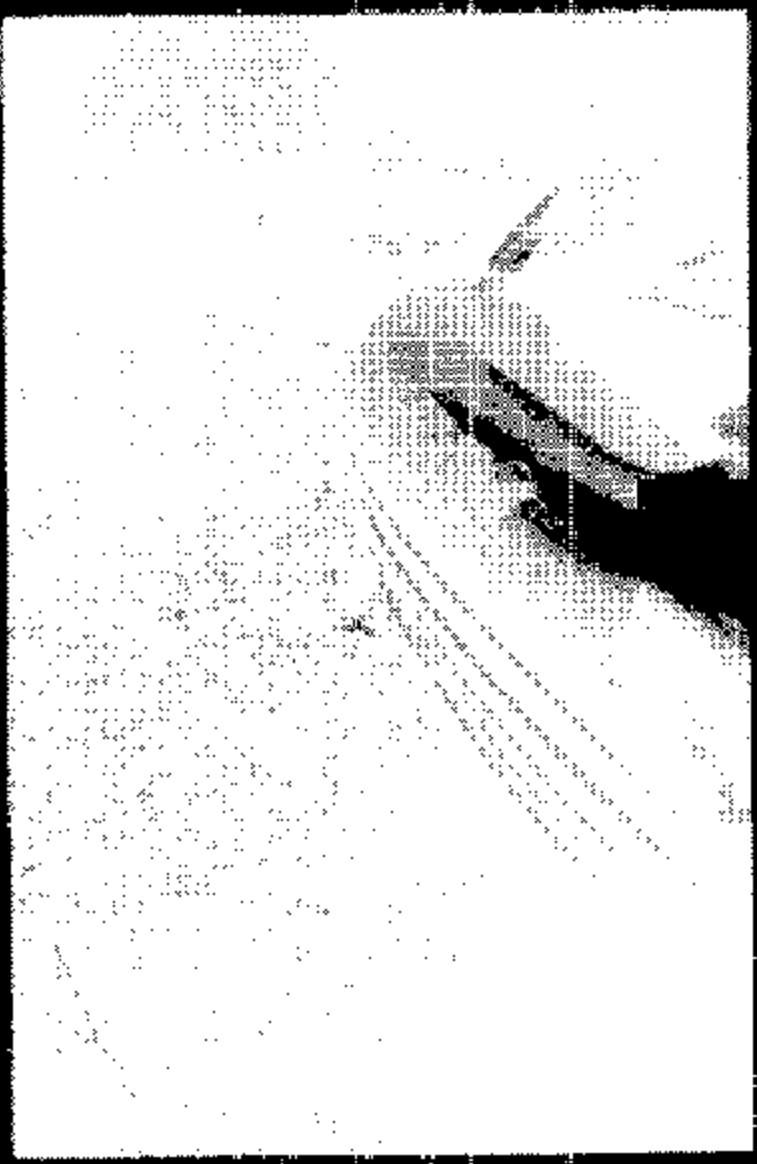


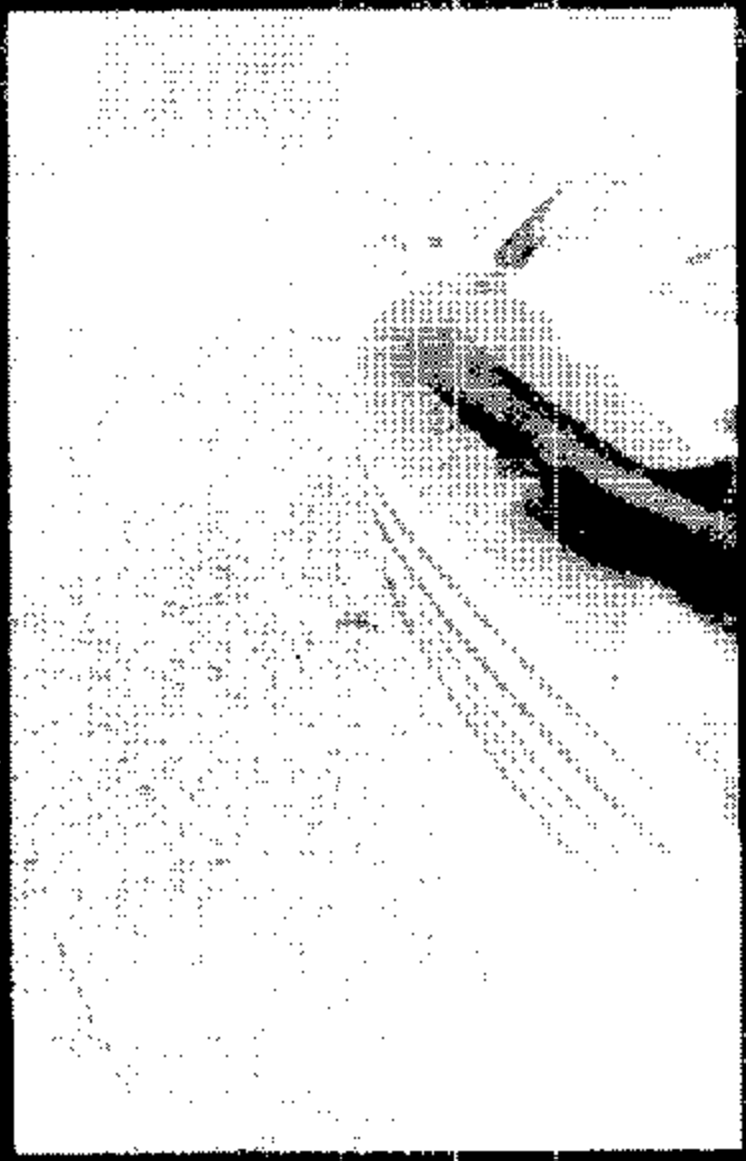
← windshield

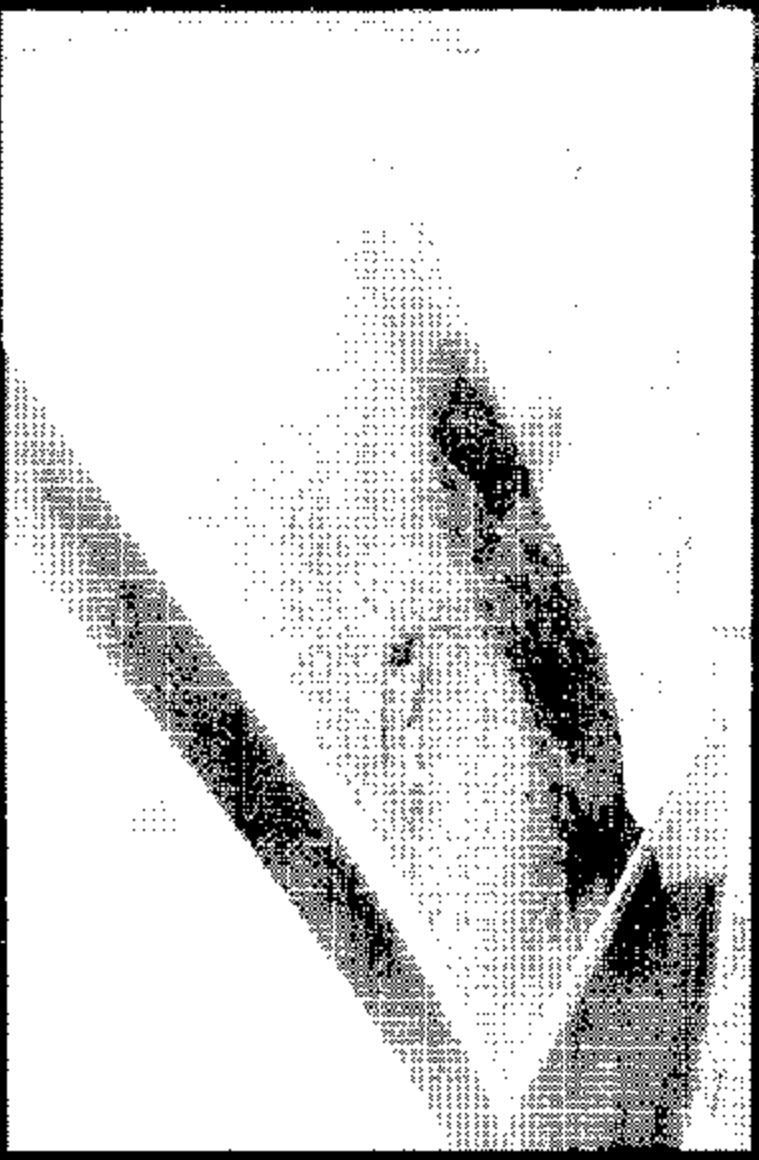


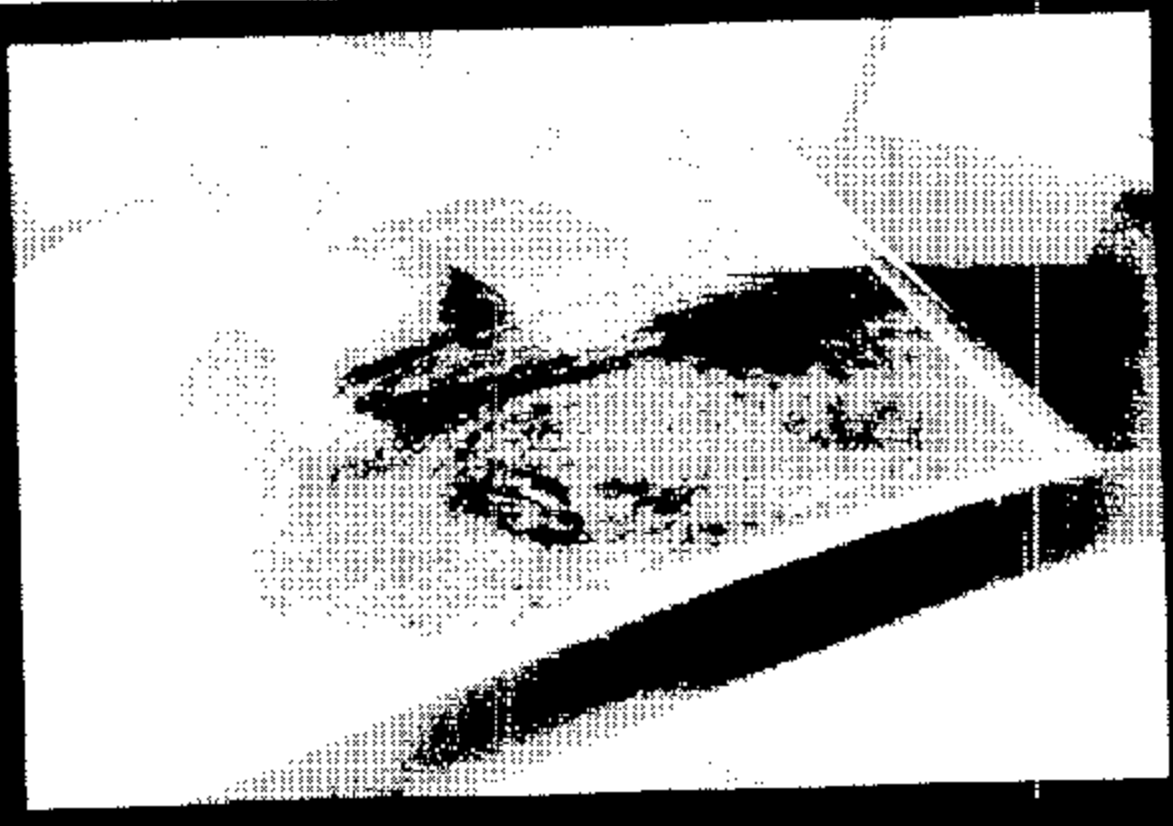












INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23558(R3/7-91) Stock 302

Mail to: Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204

OFFICE USE ONLY
Crash I.D. No.

MUST COPY

Date of Crash (Month / Day / Year)	Day of Week	Actual Local Time	AM / PM	No Motor Vehicles	No Injured	No Dead	No Trailers
05 / 01 / '99	SAT	1:18	PM	1	1	0	0

County	Township	City/Town or Nearest City/Town
LAKE	HOBART	HOBART

Inside Corporate Limits? ☒ Yes ☐ No — Property? ☐ Private ☐ DNR ☒ Other

Distance and Direction From Corporate Limits: _____ Miles North _____ Miles South _____ Miles East _____ Miles West

Road Crash Occurred On	Intersecting Road/Mile Marker/Interchange	If not at intersection, number of feet/miles	Direction	Nearest Intersecting Road/Mile Marker/Interchange
I-65	MM 256.2			

VEHICLE 1

Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted] GARY, IN [redacted]

Apparent Phys Stat (enter no.)	Sex	Date of Birth	Arrested?	Driver's License No	Lic Type	Lic St	Restr
	F	[redacted]	☐ Yes ☒ No	[redacted]	OP	IN	A

Color	Veh Yr	Make	Model Name
GOLD	97	CHE	CAVALIER

Veh. Type (enter no.)	Lic Yr	License No	Lic State
1	98	[redacted]	IN

Veh Use (enter no.)	Speed Limit	Fuel Tax No
1	55	

Direction of Travel	No Occupants	Fire?	No Axles	Transporting Hazardous Mat
N	1	☐ Yes ☒ No	2	☐ Yes ☒ No

Towed To: MERRILLVILLE — Towed By: PURLEY'S

Registered Owner's Name (Last, First, MI): SAME

Address (Street, City, State, Zip): SAME

Registered Owner's Name (Last, First, MI):

Address (Street, City, State, Zip):

License No	Make	Year	Lic St	Lic Yr

VEHICLE 2

Driver's Name (Last, First, MI):

Address (Street, City, State, Zip):

Apparent Phys Stat (enter no.)	Sex	Date of Birth (Month / Day / Year)	Arrested?	Driver's License No	Lic Type	Lic St	Restr
			☐ Yes ☐ No				

Color	Veh Yr	Make	Model Name

Veh Type (enter no.)	Lic Yr	License No	Lic State

Veh Use (enter no.)	Speed Limit	Fuel Tax No

Direction of Travel	No Occupants	Fire?	No Axles	Transporting Hazardous Mat
		☐ Yes ☐ No		☐ Yes ☐ No

Towed To: — Towed By:

Registered Owner's Name (Last, First, MI):

Address (Street, City, State, Zip):

License No	Make	Year	Lic St	Lic Yr

DAMAGE

Initial Impact: 1 / 12 — Damage Est: 45 / 12

Areas Damaged (Multiples): 10 - Undercarriage, 11 - Trailer, 12 - None

OTHER PROPERTY (INCLUDE CARGO)

Name of Object	OWNER'S NAME AND ADDRESS	Damage Est (use Chart)

PEDESTRIAN

Direction	Street/Highway	Arrested?	Apparent Phys. Stat. (enter no.)
		☐ Yes ☐ No	

What was pedestrian doing before crash? Enter No.

1 Not in roadway
2 Standing in roadway
3 Playing in roadway
4 Pushing or working on vehicle
5 Other working in roadway
6 Walking in roadway with traffic
7 Walking in roadway against traffic
8 Getting on or off vehicle
9 Getting on or off school bus
10 Crossing or entering mid-block
11 Crossing or entering at intersection
12 Other

Pedestrian Traffic Control? ☐ Yes ☐ No

16	17	18	19	20	21	22	23	24	25	26	27	28	29
		3	2 1	DRIVER OF VEHICLE 1 (as listed above)	6	8	1	98			1		
				DRIVER OF VEHICLE 2 (as listed above)									

13C6468

CODE SHEET

***ANY OPTION FOLLOWED BY THE (*) MUST BE FURTHER EXPLAINED IN THE NARRATIVE.**

1 CONTRIBUTING CIRCUMSTANCES

1. Alcoholic Beverages
2. Illegal Drugs
3. Prescription Drugs
4. Driver Apparently Asleep
5. Driver Inattention
6. Driver Illness
7. Unsafe Speed*
8. Failure to Yield Right of Way
9. Disregarded Signal/Regulatory Sign
10. Left of Center
11. Improper Passing
12. Improper Turning
13. Improper Lane Usage
14. Following Too Closely
15. Unsafe Backing
16. Wrong Way on One Way
17. Pedestrian(s) Actions*
18. Passenger Distraction
19. Violation Driver License Restrictions
20. Engine Failure or Defective
21. Accelerator Failure or Defective
22. Brake Failure or Defective
23. Tire Failure or Defective
24. Headlight Defective or Not On
25. Other Lights Defective*
26. Steering Failure
27. Window/Windshield Defective
28. Oversize/Overweight Load
29. Insecure/Leaky Load
30. Tow Hitch Failure
31. Animal(s) Present on Roadway
32. Glare
33. Surface Material Loose
34. Material on Surface (Include Weather)
35. Holes/Ruts in Surface
36. Shoulder Defective
37. Road Under Construction*
38. Obstruction Not Marked
39. Lane Marking Obscured
40. View Obstructed By A Veh.
41. View Obstructed By*
42. Other*
43. Jack Knifing

2. PRE-CRASH VEHICLE ACTION

1. Going Straight Ahead
2. Turning on Red
3. Making Right Turn
4. Making Left Turn
5. Making U Turn
6. Exiting to Ramp
7. Merging
8. Changing Lanes
9. Driving Left of Center
10. Crossed Median
11. Overtaking
12. Passing
13. Backing
14. Starting in Traffic
15. Slowing or Stopping
16. Stopped in Traffic
17. Start From Parked Pos.
18. Entering Parked Pos.
19. Parked
20. Avoiding Obj. in Road
21. Driverless Moving
22. Other*
23. Driving Off Road on the Right

3. COLLISION INVOLVED

1. Other Motor Veh.
2. Pedestrian(s)
3. Bicyclist
4. RR/Train
5. Animal Drawn Veh.
6. Animal
7. ___Deer-List Number Also
8. Light Support/Utility Pole
9. Guide Rail/Median Barrier
10. Impact Attenuator
11. Sign Post
12. Tree
13. Building/Wall
14. Curbing
15. Fence
16. Bridge Support
17. Culvert/Head Wall/ Drainage Structure
18. Snow Embankment
19. Earth Embankment/ Rock Cut/Ditch
20. Fire Hydrant
21. Traffic Signal
22. Mail Box
23. Other Non-Fixed Obj*
24. Other Fixed Obj*

4. TRAFFIC CONTROLS

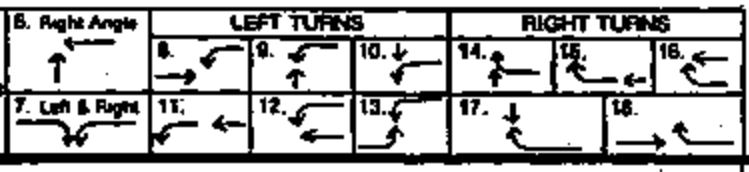
1. Officer/Crossing Guard/Flagman
2. R.R. Crossing Gate/Flagman
3. R.R. Crossing Flashing Signal
4. R.R. Crossing Sign/Pavement Markings
5. Traffic Control Signal
6. Flashing Signal
7. Stop Sign
8. Yield Sign
9. Lane Control
10. No Passing Zone
11. Other Regulatory Sign/Markings*
12. None

5. WERE AUTOMATED CONTROLS OPERATING PROPERLY?

1. Yes 2. No*

6. COLLISION DIAGRAM

1. Rear End
2. Head On
3. Same Direction Sideswipe
4. Opp. Direction Sideswipe
5. Off Road Collision



7. CRASH TYPE

1. Hit and Run
2. Collision
3. Overturned
4. Non-Collision

8. LOCATION OF FIRST DAMAGE OR INJURY

1. Intersection
2. Driveway Access
3. Interchange Area
4. Off Roadway
5. Shoulder
6. Median
7. Roadway

9. KIND OF LOCALITY

1. School/ Playground
2. Residential
3. Commercial/ Industrial
4. Rural
5. Public Park
6. Urban Interstate

10. ROAD CONSTRUCTION/MAINTENANCE/UTILITY WORK PRESENT?

1. Yes 2. No

11 LIGHT CONDITION

1. Daylight
2. Dawn/Dusk
3. Dark (Street Lights On)
4. Dark (Street Lights Off)
5. Dark (No Street Lights)

12. WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/ Freezing Rain
6. Fog/Smoke/Smog

13. ROAD SURFACE

1. Concrete
2. Blacktop
3. Brick
4. Dirt/Gravel
5. Other*

14. ROAD CHARACTER

1. Straight/Level
2. Straight/Grade
3. Straight/Hillcrest
4. Curve/Level
5. Curve/Grade
6. Curve/Hillcrest

15. SURFACE CONDITION

Must use 1-6

1. Dry
2. Wet
3. Muddy
4. Slush
5. Snow/Ice
6. Other*

15A. WERE HAZARDOUS MATERIALS INVOLVED?

1. Yes 2. No

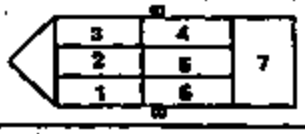
16. INJURED

1. Vehicle 1
2. Vehicle 2

P - Pedestrian
B - Bicyclist
O - Other*

17. POSITION IN OR ON VEHICLE

2-7 Passengers
6. Include Passengers on Motorcycle
7. Include Person in Trunk Bed
8. Riding/Hanging on Outside



18. SAFETY EQUIPMENT USED (Drivers and Injured)

1 No Restraint
2 Lap Belt
3. Harness
4. Child Restraint
5. Airbag
6. Helmet
7. Other *

18A. WAS SAFETY EQUIPMENT EFFECTIVE?

1. Yes 2. No

19. EJECTION/TRAPPED (Drivers and Injured)

1. Not Ejected
2. Partially Ejected
3. Ejected
4. Trapped In
5. Passed Under

20. LIST NAMES AND ADDRESSES OF INJURED

21 NATURE OF MOST SEVERE INJURY

1 Severed
2 Internal
3 Minor Burn
4 Severe Burn
5 Abrasions
6 Minor Bleeding
7 Severe Bleeding (Arterial)
8 Fracture/Dislocation
9 Contusion/Bruise
10 Complaint of Pain
11 None Visible

22 LOCATION OF MOST SEVERE INJURY

1 Chest
2 Neck
3 Eye
4 Face
5 Head
6 Back
7 Shoulder
8 Elbow/Lower Arm/Hand
9 Abdomen/Pelvis
10 Hip/Upper Leg
11 Knee/Lower Leg/Foot
12 Entire Body

23 VICTIMS INJURY STATUS

1 Conscious
2 Semi-conscious
3 Incapacitated
4 Unconscious
5 Shock
6 Dead
7 Refused Med

24 DRIVER

25 AGE

26 SEX

27 TEST GIVEN

1 None
2 Alcohol
3 Drug
4 Refused

28 TYPE GIVEN

1 Blood
2 Urine
3 Breath
4 Other*

29 RESULTS

MOTOR VEHICLE TYPE

1. Passenger car/station wagon
2. Pickup
3. Van
4. Truck
5. Semi Tractor (Only)
6. Semi Tractor/1 Trailer
6A. Semi Tractor/2 Trailers
7. Combination Vehicle
8. Recreational Vehicle
9. Bus
10. School Bus
11. Police Car
12. Fire Truck
13. Ambulance
14. Motorcycle
15. Moped
16. Snowmobile
17. Motorized Bicycle, Motor Scooter, Minibike
18. Farm Equipment
19. Special Vehicle
20. Other*

VEHICLE USE

1. Personal (Farm, Company)
2. Commercial (Buses, Taxis, Common and Contract Carriers)
3. Rental, not leased
4. School
5. Police, Fire, Ambulance
6. On emergency run
7. Military
8. Highway Department
9. Other Government (Postal, Welfare, etc.)
10. Public Utilities (Gas, Electric, etc.)
11. Other*

DRIVER LICENSE RESTRICTIONS

A. Glasses or Contact Lenses
B. Outside Rearview Mirror
C. Daylight Driving Only
D. Automatic Transmission
G. Special Controls
I. Employment Only
K. Motorcycle Only
M. To and From Employment Only
N. Employers Vehicle Only
U. Power Steering
V. P.P. Chauffeurs Rest. to Taxi Only
X. Authorized State Owned Vehicles Only
Y. Special Restrictions
1. Probation DWI
2. Probation HTO
3. Photo Exempt

APPARENT PHYSICAL STATUS

1. Normal
2. Had Been Drinking
3. Physical Handicaps
4. Ill
5. Fatigued
6. Asleep
7. Drugs/Medication

ESTIMATE OF DAMAGES

1. Under $750
2. $750 - $1000
3. $1001 - $2500
4. $2501 - $5000
5. $5001 - $10,000
6. $10,001 - $25,000
7. $25,001 - $50,000
8. $50,001 - $100,000
9. Over $100,000

CODE SHEET

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).