U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

2005 NOV -7 PM 9:16

FOR AGENCY USE ONLY 100145	
Date Received: 04-JAN-2006	Repository ☐
	Reference No.: 10106730

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address: [redacted]			
City: POTTSTOWN	State: PA	Zip Code: [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 10/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNDT13W7Y	CHEVROLET	BLAZER	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: 4.3L	Fuel Type:
5-25-2000	G.L. Marchese Chevrolet			No. Cylinders: 6	Gas unleaded fuel
Original Owner ☒	Dealer's City: 2-South Lewis Rd Royersford	State: PA	Zip Code: 19468		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		141000 AIR BAGS;FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-DEC-2004	98000	55	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☑ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y Yes

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).

WHILE DRIVING 55 MPH CONSUMER'S VEHICLE WAS INVOLVED IN FRONTAL COLLISION. UPON IMPACT, DUAL AIR BAGS DID NOT DEPLOY. DRIVER SUSTAINED MAJOR NECK,BACK , AND HIP INJURIES. VEHICLE WAS TOTALED. *AK

and knee injuries Left knee

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I was getting off of work and going home, I driving on Ridge Pike go West, and the EAST side of Ridge Pike, There was a White Van in the Centerland, TRying to make a Left Turn on Fruitville Rd and The speed limited is 55 m.p.h. All drivers Knows That" making a left hand Turn's you wait for traffic to Clear, And Then, make the left Turn, "He" did not (Wait), He try To Jump The Turn, and He did not make it, I hit and I, hit The Rear end of The Van I Try to Stop, (but) I hit him on the passenger side Of the Van and my front-end passenger side was damaged and is a (Total Loss,)

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline

1

[redacted] 1-27-05

and in Connection with the Crash my Airbag faild to deploy on Impact at 55 m.p.h. The System did not Operate Automatically "At all" The Airbags System (faild) I Suffered injury To my Back, Neck, and Knee, my head hit the Steering Wheel, I am experiencing headaches Severe headaches, and Back pains and my Knee pains are from a Tear in my Knee from the Accident, my Tendons has an Tear in it from the Accidents left Knee I've pains in my Neck and hips I've Some bulging in my [redacted] disc in my back and my back hurting I've Severe back pains and Neck and Knee, I've the police Report I've a m.R.i Study of my Lumbar Spine, and mri study of my Cervical Spine and a mRi Study of my Left Knee

(2)

Live Pictures of The Accidents
(18) Pictures!!

Live ex Attorneys at Law
mr. Steven m. Lipschutz P.C.
1800 John F. Kennedy Boulevard
14th Floor Philadelphia, PA. 19103
(267) 256-0660, FAX (267) 256-0758

GM Central Claims Administrator
ms. Tracy Saurino. Liens Sending
a Letter that was sent to me.
The Accidents was 12-14-04

I got badley hurt in The
Accident

Thank You

MR. Doug Himmelberger
Claims Representative
610-370-4623
610-370-4890
FAX 610-779-8949

He is The ONE who have
my CAR,

PROGRESSIVE NORTHERN INSURANCE
CO:
5 Hearthstone Court Suite 203
Reading, PA. 19606

He TOW my CAR AWAY
To Reading - ???
my SUV 'mi' 2000 CHEVROLET BLAZER
4X4

Claims. No. [redacted]
VIN - 2GNDT13W7Y.
(Call Doug)

Thank You.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

(1)

AA 500 1

Case Closed: (●) Yes ( ) No
Reportable Crash: (●) Yes ( ) No

Page: 01

Crash Number: P0953379

1 Police Agency Data

Incident Number: 2004-580
Police Agency: 46205
Patrol Zone: 002
Agency Name: Limerick Township Police Dept.
Precinct: 84
Investigation Date (MM-DD-YYYY): 12-14-2004
Dispatch Time (mil): 0921
Arrival Time (mil): 0926
Investigator: Ofc. David L Bartok
Badge Number: 00018
Reviewer: W. J. Albany
Badge Number:
Approval Date (MM-DD-YYYY): 12-23-2004

2 Crash Data

County: 46
County Name: Montgomery
Municipality: 205
Municipality Name: Limerick Township
Crash Date (MM-DD-YYYY): 12-14-2004
Crash Time (mil): 0920
No of Units: 02
People: 02
Injured: 01
Killed*: 00
*If > 00 complete Form F
Day of Week: ( ) Sun ( ) Thu ( ) Mon (●) Fri ( ) Tue ( ) Sat ( ) Wed ( ) Unk
Workzone (If Yes, Complete Form M, Section 29): ( ) Yes (●) No
School Bus Related: ( ) Yes (●) No
School Zone Related: ( ) Yes (●) No
Notify PENNDOT Maintenance: ( ) Yes (●) No

3 Loc Type

Intersection Type: ( ) 4 Way Intersection ( ) "Y" Intersection ( ) Multi-Leg Intersection ( ) Off Ramp ( ) Railroad Crossing ( ) Midblock ( ) "T" Intersection ( ) Traffic Circle/ Round About ( ) On Ramp ( ) Crossover ( ) Other
*Special Location: 00
* See Overlay

4 Principal Road

Route Number:
Segment (Optional):
Travel Lanes: 03
Speed Limit: 55
Street Name: West Ridge
Street Ending: PK
Orientation: ( ) North ( ) South ( ) East ( ) West ( ) Unknown
House Number (If applicable):
For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option
Route Signing: ( ) Interstate (Not Turnpike) ( ) Turnpike (East/West) ( ) Turnpike Spur (●) State Highway ( ) County Road ( ) Local Road or Street ( ) Private Road ( ) Other/ Unknown

5 Intersecting Road

Use For Intersection Crashes Only
Route Number:
Segment (Optional):
Travel Lanes: 02
Speed Limit: 35
Street Name: Fruitville
Street Ending: Rd
Orientation: ( ) North ( ) South ( ) East ( ) West ( ) Unknown
Route Signing: ( ) Interstate (Not Turnpike) ( ) Turnpike (East/West) ( ) Turnpike Spur ( ) State Highway ( ) County Road (●) Local Road or Street ( ) Private Road ( ) Other/ Unknown

6 Distance From Landmark

Use For Mid - Block Crashes
Please Enter Information for BOTH Landmarks If Using This Option

Landmark 1
Intersecting Rt Num Or Mile Post:
Or Segment Marker:
Or Intersecting Street Name:
St Ending:
Name Use Only: ( ) North ( ) South ( ) East ( ) West
Feet:
Or Miles:

Landmark 2
Intersecting Rt Num Or Mile Post:
Or Segment Marker:
Or Intersecting Street Name:
St Ending:
Name Use Only: ( ) North ( ) South ( ) East ( ) West

Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)

7 GPS

Latitude: Degrees: Minutes: Seconds:
Longitude: — Degrees: Minutes: Seconds:

8 TCD

Traffic Control Device: ( ) Not Applicable ( ) Traffic Signal ( ) Flashing Traffic Signal (●) Stop Sign ( ) Yield Sign ( ) Active RR Crossing Controls ( ) Passive RR Crossing Controls ( ) Police Officer or Flagmen ( ) Other Type TCD ( ) Unknown

TCD Functioning: ( ) No Controls ( ) Device Functioning Improperly ( ) Emergency Preemptive Signal ( ) Device Not Functioning (●) Device Functioning Properly ( ) Unknown

9 Lane Closure

Lane Closed (If "Not Applicable", skip rest of the Lane Closure section): (●) Not Applicable ( ) Partially ( ) Fully ( ) Unknown
Lane Closure Direction: ( ) North ( ) East ( ) North and South ( ) All (N,S,E,W) ( ) South ( ) West ( ) East and West
Traffic Detoured: Yes ( ) No ( ) Unknown ( )
Est. Time Closed: ( ) < 30 Min. ( ) 30-60 Min. ( ) 1-3 hrs ( ) 3-6 hrs ( ) 6-9 hrs ( ) > 9 hours ( ) Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

(2)

AA 500 2 | Police Use Only | Page: 02 | Crash Number: P0953379

Unit Info

Type Unit: (●) Motor Vehicle in Transport ( ) Hit & Run Vehicle ( ) Illegally Parked ( ) Legally Parked ( ) Non - Motorized ( ) Pedestrian ( ) Pedestrian on Skates, in Wheelchair, etc ( ) Disabled From Previous Crash ( ) Train ( ) Phantom Vehicle

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Commercial Vehicle: ( ) Yes (●) No *(If Yes, Complete Form C)*

Vehicle Driver / Pedestrian Information

Unit No: 01

First Name: | MI: | Date of Birth (MM-DD-YYYY):

Delete?

Telephone Number:

Address / City / State: Pottstown PA | Zip:

Driver License Number: | State: PA | Class: B

Alcohol/Drugs Suspected: (●) No ( ) Alcohol ( ) Illegal Drugs ( ) Alcohol and Drugs ( ) Medication ( ) Unknown

Driver or Pedestrian Physical Condition: (●) Apparently Normal ( ) Had Been Drinking ( ) Illegal Drug Use ( ) Sick ( ) Fatigue ( ) Asleep ( ) Medication ( ) Unknown

Alcohol Test Type: (●) Test Not Given ( ) Blood ( ) Breath ( ) Urine ( ) Other ( ) Unknown If Test Given

Primary Vehicle Code Violation: | Charged? ( ) Yes ( ) No

Alcohol Test Results: 0. | ( ) Test Refused ( ) Test Given, Contaminated Results ( ) Unknown Results

Driver Presence: 1 (1=Driver Operated Vehicle, 2=No Driver, 3=Driver Fled Scene, 4=Hit and Run, 9=Unknown)

Owner/Driver: 01 (00=Not Applicable, 01=Private Vehicle Owned/Leased by Driver, 02=Private Vehicle Not Owned/Leased by Driver, 03=Rented Vehicle, 04=State Police Vehicle, 05=PENNDOT Vehicle, 06=Other State Gov Veh, 07=Municipal Police Veh, 08=Other Municipal Government Vehicle, 09=Federal Gov Veh, 98=Other, 99=Unknown)

Vehicle Information

Same as Driver (●) | Owner First Name: | Owner Last Name or Business Name *(If Pedestrian, skip this Section)*:

Address / City / State / Zip: Pottstown PA 19464

*Vehicle Make: Chevrolet | *Make Code: 20 (see overlay)

VIN: 1GNDT13W7Y2 | Model Year: 2000 | Vehicle Model: Blazer

License Plate: | Reg. State: PA | Est. Speed: 055 | Vehicle Towed: (●) Yes ( ) No | Towed By: Superior Auto.

Insurance: (●) Yes ( ) No ( ) Unknown | Insurance Company: Progressive Northern | Policy No: [redacted]

Trailing Units: No. of Trailing Units: 0 | Type Unit: (1=Towing Pass. Veh, 2=Towing Truck, 3=Towing Utility Trailer, 4=Mobile/Modular Home, 5=Camper, 6=Full Trailer, 7=Semi-Trailer, 8=Other, 9=Unknown) | Tag No: | Tag Year: | Tag St:

Direction of Travel: W | *Vehicle Position: 01 | *Movement: 01 | *See Overlay

Vehicle Color: 03 (01=Blue, 02=Red, 03=White, 04=Green, 05=Black, 06=Yellow, 07=Silver, 08=Gold, 09=Brown, 10=Orange, 11=Purple, 12=Other, 99=Unknown)

Vehicle Type: 06 (01=Automobile, 02=Motorcycle, 03=Bus, 04=Small Truck *(If "02", Complete Form M, Section 26)*, 05=Large Truck, 06=SUV, 07=Van, 10=Snowmobile, 11=Farm Equip, 12=Construction Equip, 13=ATV, 18=Other Type Spec Veh, 19=Unk. Type Spec Veh *(If "20" or "21", Complete Form M, Section 27)*, 20=Unicycle, Bicycle, Tricycle, 21=Other Pedalcycle, 22=Horse & Buggy, 23=Horse & Rider, 24=Train, 25=Trolley, 98=Other, 99=Unknown)

Special Usage: 00 (00=Not Applicable, 01=Fire Veh, 02=Ambulance, 03=Police, 08=Other Emergency Vehicle, 11=Pupil Transport, 12=Commercial Passenger Carrier, 13=Taxi, 21=Tractor Trailer, 22=Twin Trailer, 23=Triple Trailer, 31=Modified Veh, 99=Unknown)

Initial Impact Point: 01 (00=Non-Collision, 01-12=Clock Points, 13=Top, 14=Undercarriage, 15=Towed Unit, 99=Unknown)

Damage Indicator: 2 (0=None, 1=Minor, 2=Functional, 3=Disabling, 9=Unknown)

Gradient: 3 (1=Level, 2=Uphill, 3=Downhill, 4=Bottom of Hill, 5=Top of Hill, 9=Unknown)

Road Alignment: 1 (1=Straight, 2=Curved, 9=Unknown)

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

(3)

AA 500 2 | Police Use Only | Page: 03 | Crash Number P0953379

Unit Info (10)

Type Unit: ● Motor Vehicle in Transport ○ Hit & Run Vehicle ○ Illegally Parked ○ Legally Parked ○ Non - Motorized ○ Pedestrian ○ Pedestrian on Skates, in Wheelchair, etc ○ Disabled From Previous Crash ○ Train ○ Phantom Vehicle

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Commercial Vehicle: ○ Yes ● No (If Yes, Complete Form Q)

Vehicle Driver / Pedestrian Information (11)

Unit No: 02

First Name:

MI:

Date of Birth (MM-DD-YYYY):

Delete? ○

Telephone Number:

Address / City / State: Levittown PA

Zip:

Driver License Number:

State: PA | Class: C

Alcohol/Drug Suspected: ● No ○ Illegal Drugs ○ Medication ○ Alcohol ○ Alcohol and Drugs ○ Unknown

Driver or Pedestrian Physical Condition: ● Apparently Normal ○ Illegal Drug Use ○ Fatigue ○ Medication ○ Had Been Drinking ○ Sick ○ Asleep ○ Unknown

Alcohol Test Type: ● Test Not Given ○ Breath ○ Other ○ Blood ○ Urine ○ Unknown If Test Given

Primary Vehicle Code Violation: 75 PCSA, 3322

Charged? ○ Yes ● No

Alcohol Test Results: 0. ○ Test Refused ○ Unknown Results ○ Test Given, Contaminated Results

Driver Presence: 1 — 1=Driver Operated Vehicle, 2=No Driver, 3=Driver Fled Scene, 4=Hit and Run, 9=Unknown

Owner/Driver: 02 — 00=Not Applicable, 01=Private Vehicle Owned/Leased by Driver, 02=Private Vehicle Not Owned/Leased by Driver, 03=Rented Vehicle, 04=State Police Vehicle, 05=PENNDOT Vehicle, 06=Other State Gov Veh, 07=Municipal Police Veh, 08=Other Municipal Government Vehicle, 09=Federal Gov Veh, 98=Other, 99=Unknown

Vehicle Information

Same as Driver ○ | Owner First Name: | Owner Last Name or Business Name (If Pedestrian, skip this Section)

Address / City / State / Zip:

Vehicle Make: Chevrolet | *Make Code: 20 (see overlay)

VIN: 1GC0L19X54

Model Year: 2004

Vehicle Model: Van

License Plate:

Reg. State: PA | Est. Speed: 999

Vehicle Towed: ○ Yes ● No | Towed By:

Insurance: ● Yes ○ No ○ Unknown

Insurance Company: Erie Insurance

Policy No: [redacted]

Trailing Unit: No. of Trailing Units: 0 | Type Unit: — 1=Towing Pass. Veh, 2=Towing Truck, 3=Towing Utility Trailer, 4=Mobile/Modular Home, 5=Camper, 6=Full Trailer, 7=Semi-Trailer, 8=Other, 9=Unknown

Tag No: | Tag Year: | Tag St:

Direction of Travel: E | *Vehicle Position: 05 | *Movement: 12 | *See Overlay

Vehicle Color: 12 — 01=Blue, 02=Red, 03=White, 04=Green, 05=Black, 06=Yellow, 07=Silver, 08=Gold, 09=Brown, 10=Orange, 11=Purple, 12=Other, 99=Unknown

Vehicle Type: 07 — 01=Automobile, 02=Motorcycle, 03=Bus, 04=Small Truck, 05=Large Truck, 06=SUV, 07=Van, 10=Snowmobile, 11=Farm Equip, 12=Construction Equip, 13=ATV, 18=Other Type Spec Veh, 19=Unk. Type Spec Veh, 20=Unicycle, Bicycle, Tricycle, 21=Other Pedalcycle, 22=Horse & Buggy, 23=Horse & Rider, 24=Train, 25=Trolley, 98=Other, 99=Unknown (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)

Special Usage: 00 — 00=Not Applicable, 01=Fire Veh, 02=Ambulance, 03=Police, 08=Other Emergency Vehicle, 11=Pupil Transport, 12=Commercial Passenger Carrier, 13=Taxi, 21=Tractor Trailer, 22=Twin Trailer, 23=Triple Trailer, 31=Modified Veh, 99=Unknown

Initial Impact Point: 05 — 00=Non-Collision, 01-12=Clock Points, 13=Top, 14=Undercarriage, 15=Towed Unit, 99=Unknown

Damage Indicator: 1 — 0=None, 1=Minor, 2=Functional, 3=Disabling, 9=Unknown

Gradient: 2 — 1=Level, 2=Uphill, 3=Downhill, 4=Bottom of Hill, 5=Top of Hill, 9=Unknown

Road Alignment: 1 — 1=Straight, 2=Curved, 9=Unknown

(4)

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 500 3 | Police Use Only | Page 04 | Crash Number P0953379

People Information

A *Person Type:*
1=Driver
2=Passenger
7=Pedestrian
8=Other
9=Unknown

B *Sex:*
F =Female
M=Male
U =Unknown

C *Injury Severity:*
0=Not Injured
1=Killed
2=Major Injury
3=Moderate Injury
4=Minor Injury
8=Injury, Unk Severity
9=Unknown If Injury

D *Seat Position:*
00=Not A Passenger/Occupant
01=Driver - All Vehicles
02=Front Seat Middle Position
03=Front Seat Right Side
04=Second Row - Left Side Or Motorcycle Passenger
05=Second Row - Middle Position
06=Second Row - Right Side
07=Third Row Or Greater - Left Side
08=Third Row Or Greater - Middle Position
09=Third Row Or Greater - Right Side
10=Sleeper Section of Truckcab
11=In Other Enclosed Passenger Or Cargo Area
12=In Open Area (Back Of Pickup, Etc.)
13=Trailing Unit
14=Riding On Vehicle Exterior
15=Bus Passenger
98=Other
99=Unknown

E *Safety Equipment One:*
00=None Used / Not Applicable
01=Shoulder Belt Used
02=Lap Belt Used
03=Lap And Shoulder Belt Used
04=Child Safety Seat Used
05=Motorcycle Helmet Used
06=Bicycle Helmet Used
10=Safety Belt Used Improperly
11=Child Safety Seat Used Improperly
12=Helmet Used Improperly
90=Restraint Used, Type Unknown
99=Unknown

F *Safety Equipment Two:*
00=None Used / Not Applicable
01=Front Air Bag Deployed (For This Seat)
02=Side Air Bag Deployed (For This Seat)
03=Other Type Air Bag Deployed
04=Multiple Air Bags Deployed
05=Motorcycle Eye Protection
06=Bicyclist Wearing Elbow/Knee/Pads
10=Air Bag Not Deployed, Switch On
11=Air Bag Not Deployed, Switch Off
12=Air Bag Not Deployed, Unk Switch Setting
13=Air Bag Removed (Prior To Crash)
19=Unknown If Air Bag Deployed
99=Unknown

G *Ejection:*
0=Not Applicable
1=Not Ejected
2=Totally Ejected
3=Partially Ejected
9=Unknown

H *Ejection Path:*
0=Not Ejected / Not Applicable
1=Through Side Door Opening
2=Through Side Window
3=Through Windshield
4=Through Back Door
5=Through Back Door Tailgate Opening
6=Through Roof Opening (Sunroof/ Convertible Top Down)
7=Through Roof Opening (Convertible Top Up)
9=Unknown

I *Extrication:*
0=Not Applicable
1=Not Extricated
2=Extricated By Mechanical Means
3=Freed By Non - Mechanical Means
8=Other
9=Unknown

13 EMS Agency: Goodwill Ambulance | Medical Facility: Pottstown Memorial Medical Center

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I	Same as Operator	EMS Transport
01	01	○	- -	1	F	4	01	03	12	0	0	0	■	● Yes ○ No
02	01	○	- -	1	M	0	01	03	12	0	0	0	■	○ Yes ● No
		○	- -										☐	○ Yes ○ No
		○	- -										☐	○ Yes ○ No
		○	- -										☐	○ Yes ○ No
		○	- -										☐	○ Yes ○ No

Name / Address / Phone: (blank for all rows)

FORM # AA-500 (1998)

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

(5)

AA 500 4

Police Use Only

Page 05

Crash Number P 0953379

General Crash Information (If more than 2 Units only complete once)

Crash Description	4	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
Relation to Roadway	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 8=Unknown	
Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
Road Surface Conditions	1	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information

	Unit No	Harm Event	L/R	Most?	Utility Pole Number
1		02		●	
2	01			○	
3				○	
4				○	

Please Put Events In Sequential Order

	Unit No	Harm Event	L/R	Most?	Utility Pole Number
1		11		●	
2	02			○	
3				○	
4				○	

Please Put Events In Sequential Order

Harmful Events (Harm Event)

01=Hit Unit 1
02=Hit Unit 2
03=Hit Unit 3
04=Hit Unit 4
05=Hit Unit 5
06=Hit Other Traffic Unit
07=Hit Deer
08=Hit Other Animal
09=Collision With Other Non Fixed Object
11=Struck By Unit 1
12=Struck By Unit 2
13=Struck By Unit 3
14=Struck By Unit 4
15=Struck By Unit 5
16=Struck By Other Traffic Unit
21=Hit Tree Or Shrubbery
22=Hit Embankment
23=Hit Utility Pole
24=Hit Traffic Sign
25=Hit Guard Rail
26=Hit Guard Rail End
27=Hit Curb
28=Hit Concrete Or Longitudinal Barrier
29=Hit Ditch
30=Hit Fence Or Wall
31=Hit Building
32=Hit Culvert
33=Hit Bridge Pier Or Abutment
34=Hit Parapet End
35=Hit Bridge Rail
36=Hit Boulder Or Obstacle On Roadway
37=Hit Impact Attenuator
38=Hit Fire Hydrant
39=Hit Roadway Equipment
40=Hit Mail Box
41=Hit Traffic Island
42=Hit Snow Bank
43=Hit Temporary Construction Barrier
48=Hit Other Fixed Object
49=Hit Unknown Fixed Object
50=Overturn/Roll Over
51=Struck By Thrown Or Falling Object
52=Pot Holes Or Other Pavement Irregularities
53=Jackknife
54=Fire In Vehicle
58=Other Non-Collision
99=Unknown Harmful Event

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	01	02		01	02

Do not repeat this information on multiple pages

Contributing Information

Environmental / Roadway Potential Factors (E/R) 1: 00 2: 3:

00=None
01=Windy Conditions
02=Sudden Weather Conditions
03=Other Weather Conditions
04=Deer In Roadway
05=Obstacle On Roadway
06=Other Animal In Roadway
07=Glare
08=Work Zone Related
11=Slippery Road Conditions (Ice/Snow)
12=Substance On Roadway
13=Potholes
14=Broken Or Cracked Pavement
15=TCD Obstructed
16=Soft Shoulder Or Shoulder Drop Off
28=Other Roadway Factor
29=Other Environmental Factor
99=Unknown

Possible Vehicle Failures (V)

00=None
01=Tires
02=Brake System
03=Steering System
04=Suspension
05=Power Train
06=Exhaust
07=Headlights
08=Signal Lights
09=Other Lights
10=Horn
11=Mirrors
12=Wipers
13=Driver Seating/Control
14=Body, Doors, Hood, Etc
15=Trailer Hitch
16=Wheels
17=Airbags
18=Trailer Overloaded
19=Unsecure/Shifted Trailer Load
20=Improper Towing
21=Obstructed Windshield
99=Unknown

Unit No				
01	1: 00	2:		
02	1: 00	2:		

Driver Action (D)

00=No Contributing Action
01=Driver Was Distracted
02=Driving Using Hand Held Phone
03=Driving Using Hands Free Phone
04=Making Illegal U-Turn
05=Improper/Careless Turning
06=Turning From Wrong Lane
07=Proceeding W/O Clearance After Stop
08=Running Stop Sign
09=Running Red Light
10=Failure To Respond To Other Traffic Control Device
11=Tailgating
12=Sudden Slowing/Stopping
13=Illegally Stopped On Road
14=Careless Passing Or Lane Change
15=Passing In No Passing Zone
16=Driving The Wrong Way On 1-Way Street
17=Careless Or Illegal Backing On Roadway
18=Driving On The Wrong Side Of Road
19=Making Improper Entrance To Highway
20=Making Improper Exit From Highway
21=Careless Parking/Unparking
22=Over/Under Compensation At Curve
23=Speeding
24=Driving Too Fast For Conditions
25=Failure To Maintain Proper Speed
26=Driver Fleeing Police (Pol Chase)
27=Driver Inexperienced
28=Failure To Use Specialized Equip
92=Affected By Physical Condition
98=Other Improper Driving Actions
99=Unknown

Unit No				
01	1: 00	2:	3:	4:
02	1: 05	2:	3:	4:

Indicated Prime Factor

Do not repeat this information on multiple pages.

E/R	V	D	P
○	○	●	○

Unit No	Factor Code
02	05

If E/R is the Prime Factor Type, leave Unit No blank

Pedestrian Action (P)

00=None
01=Entering Or Crossing At Specified Location
02=Walking, Running, Jogging, Or Playing
03=Working
04=Pushing Vehicle
05=Approaching Or Leaving Vehicle
06=Working On Vehicle
07=Standing
98=Other
99=Unknown

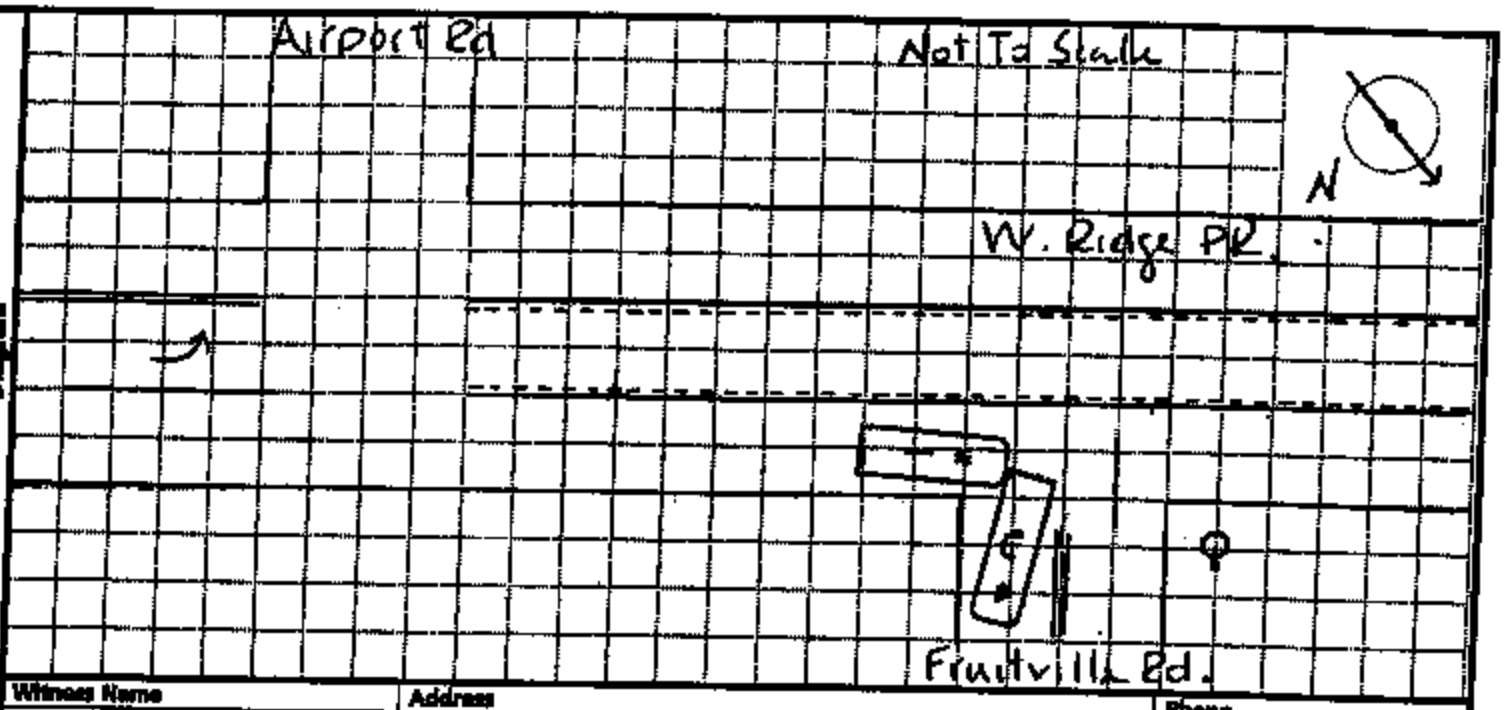
Unit No: Unit No:

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

6

AA 500 5 | Police Use Only | Page 0 6 | Crash Number P0953379

Diagram



Witness Name	Address	Phone
1		
2		

Narrative and additional witnesses: Accident Investigation Notification Issued? ○ Property Damage ○

Witness and Narrative

Unit #1 was travelling W/B on W. Ridge PK.. Unit #2 was stopped in center two direction turning lane. Unit #2 attempted to turn left onto Fruitville Rd. from W. Ridge PK. Unit #1 hit Unit #2 as result.

Bailey reported she was travelling W/B on W. Ridge PK when Unit #2 turned left infront of her. attempted to stop, but hit Unit #2. , complained of back pain and knee pain.

reported he was stopped in center turning lane. reported another vehicle, approaching from opposite direction, was merging to center lane before Airport Rd. stated that Unit #1 passed this vehicle to its right side and crossed over the for line. did not see Unit #1 approach prior to start of accident. reported being hit by Unit #1 as he was turning.

JAN - 7 2005

ESIS
An Insurance Services Company

ESIS/GM Central Claims
M/C: 482 C20 D71
P.O. Box 300
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Tracy Saverino
Claims Administrator

January 7, 2005

Pottstown, PA

RE:

Claimant:	
Our File No.:	8213-259-490096
Our Client:	General Motors Corporation
Vehicle:	2000 Chevrolet Blazer
Event:	12/14/04

Dear

ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. You allege that your airbag failed to deploy. I have been informed that you suffered an injury to your neck, back, knee and you are experiencing. headaches. If these allegations are incorrect, please contact me immediately. Please address all future correspondence to my attention.

Please contact me so that we may discuss your claim.

You have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

If you have any questions, you can contact me at 1.800.888.0164 Monday through Friday from 9:00 AM to 5:00 PM EST.

Sincerely,

Tracy Saverino
Claims Administrator

esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

January 10, 2005

The Office of Congressman Jim Gerloch
580 W. Main St.
Collegeville, PA 19426

RE: Claimant:
Our File No.: 490096
Our Client: General Motors
Date/Event: 12/14/04

Dear Mr. Gerloch:

I received a message from your office on 1/10/05. : and his wife are represented in this matter by Attorney Steven Lipschutz. Mr. Lipschutz may be reached at (267) 256- 0660. I am only able to discuss this claim with attorney. has been advised of this. Please contact me if you have any questions regarding this letter at (313) 665-3387.

Sincerely,

Tracy Saverino
Claim Administrator

cc: Attorney Steven Lipschutz
cc:

2004-580 (519) - 610-279-2099

LIMERICK TOWNSHIP POLICE DEPARTMENT

646 WEST RIDGE PIKE, LIMERICK, PENNSYLVANIA 19468

W. DOUGLAS WEAVER
CHIEF OF POLICE

NOTICE OF ACCIDENT INVESTIGATION

610-495-7905: Office
610-495-5702: Fax
9-1-1: Emergency

Accident #: ____ Investigating Officer: David Bartok Badge #: 16 Incident #: ____

NOTICE IS HEREBY GIVEN THAT THE ACCIDENT IDENTIFIED BELOW IS BEING INVESTIGATED BY THE LIMERICK TOWNSHIP POLICE DEPARTMENT AND THAT THE COMMONWEALTH OF PENNSYLVANIA POLICE ACCIDENT REPORT (AA-45) WILL BE SUBMITTED AS PRESCRIBED IN SECTION 3746 (c) OF THE VEHICLE CODE

Date: 12/14/04 Time: Appr. 0531 AM Location: W. Ridge Pk & Limerick PA

UNIT #1 Class B		UNIT #2 Class C	
OLN:	State: PA	OLN:	State: PA
Operator:		Operator:	
Address: Pittsburgh PA		Address: Levittown PA	
Vehicle: 2000 Chevy Pinder Stu Whale		Vehicle: 2004 Chevy	
Veh. Reg:	State: PA	Veh. Reg:	State: PA
Owner:		Owner:	
Address: Same		Address: Hatfield PA	
Ins Comp: Progressive National Ins. Co		Ins Comp: Erie Ins.	
Policy #: [redacted]		Policy #: [redacted]	
Title/VIN: 1GNDT13W7Y2		Title/VIN: 1GCDL1X34G	
DOB: [redacted]		DOB: [redacted]	
Phone: (412) 7[illegible] 9544		Phone: [redacted]	
		Speed Limit: [redacted]	
		Weather: Cloudy	
		Road Surface: Dry	
		Towed By: Superior Auto 610-[illegible] 792-4500	

Back Airbag Deployed, Seat Belts Yes

Not Dave's

Acutech Mech.

~~215-723-4378~~

Pol- [redacted] - Agent Karen

J. # [redacted]

* Robert Clark - Adjuster

215-855-7072

STEVEN M. LIPSCHUTZ, P.C.

Attorneys-at-Law
1800 John F. Kennedy Boulevard
14th Floor
Philadelphia, PA 19103
(267) 256-8660
FAX (267) 256-0758

FILE No.: 05-14422C

January 6, 2005

Pottstown, PA

Re: Your Accident of December 14, 2004

Dear

Please allow this letter to confirm that we are actively working on your file and steps are being taken to protect your interests.

I ask that you do not discuss your case with anyone other than your doctors and my staff. Also, kindly keep us advised of your medical treatment and advise us immediately of any change of address and/or your telephone number.

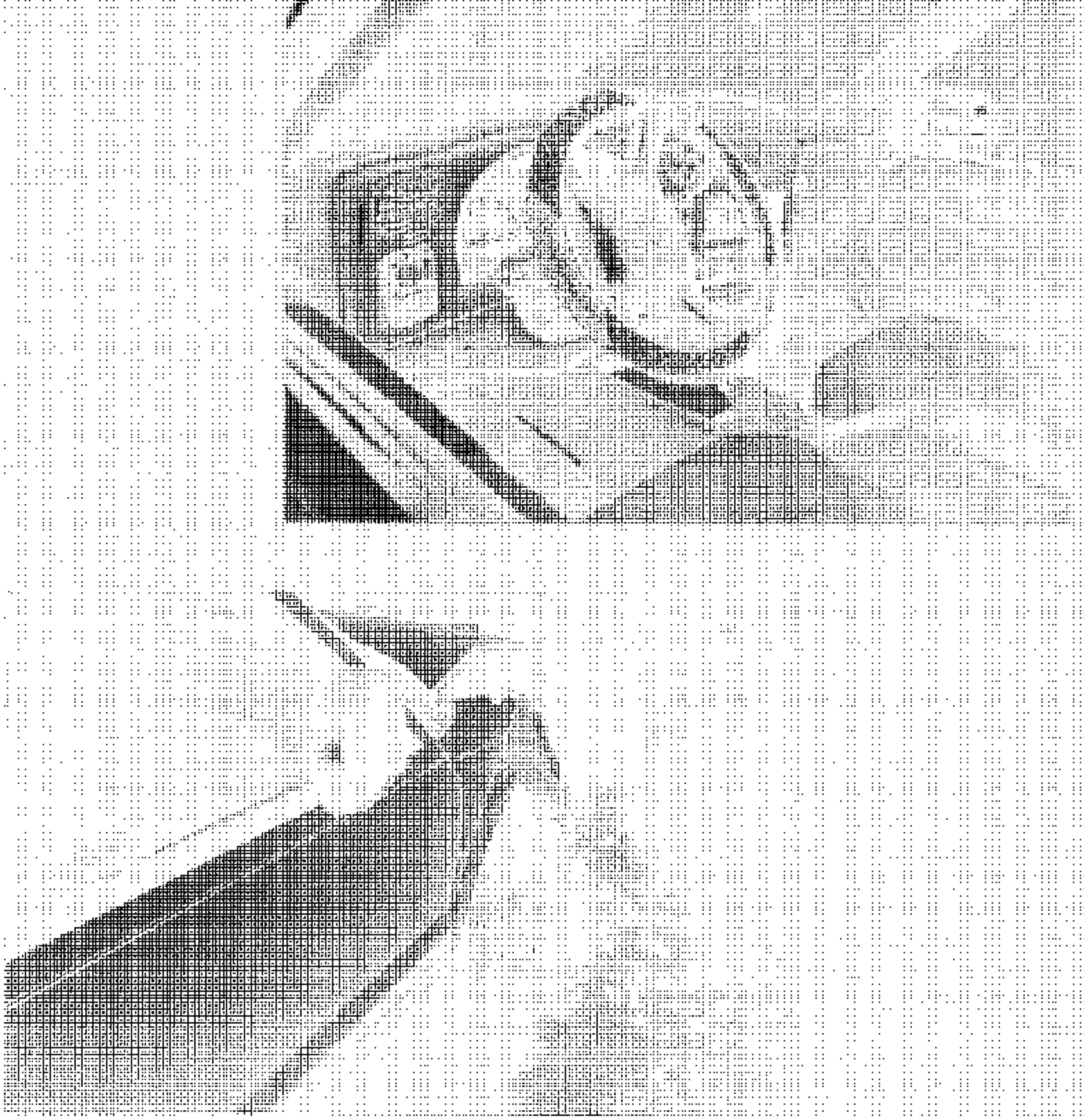
Thank you for your anticipated time and cooperation.

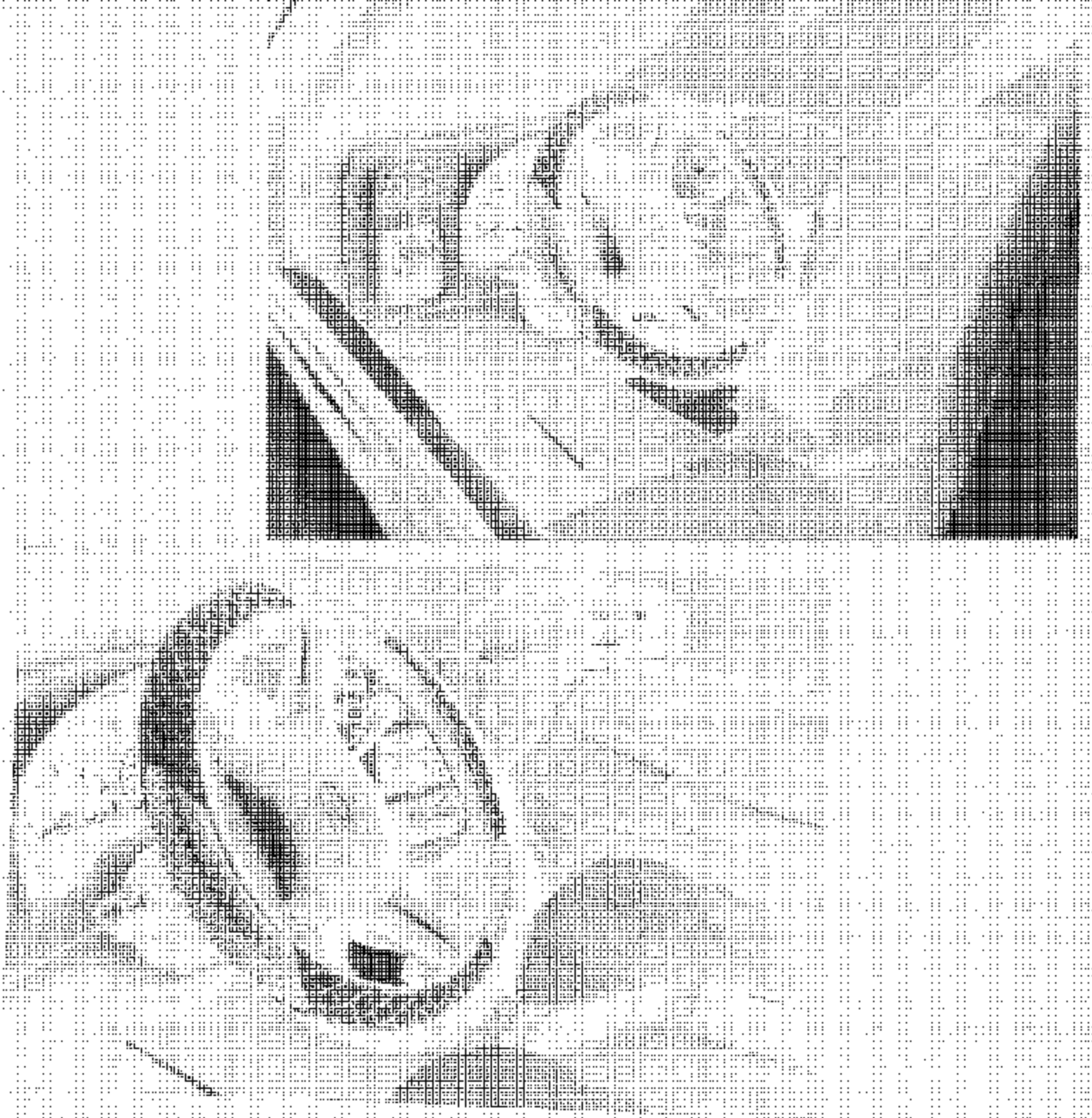
Sincerely,

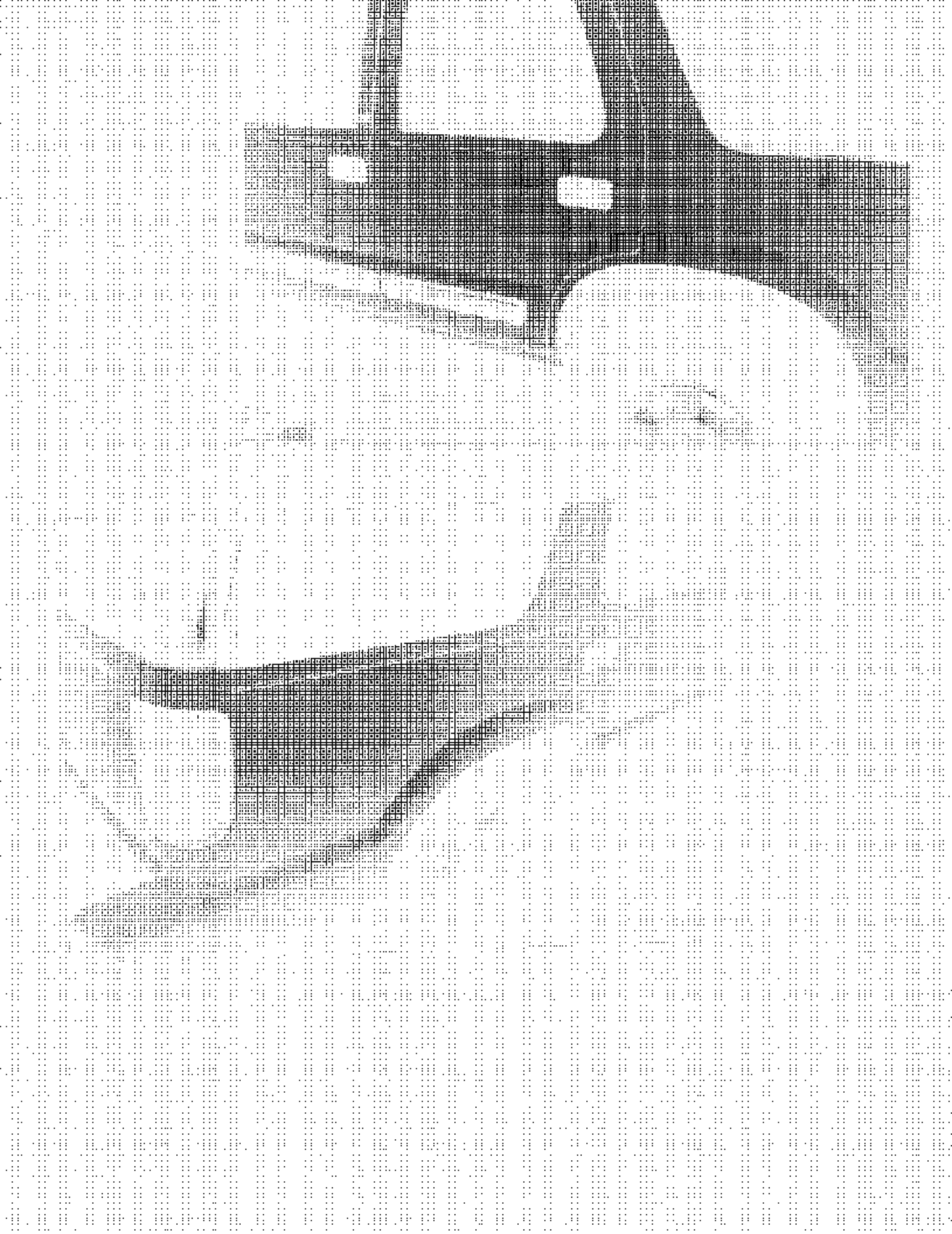
Steven M. Lipschutz

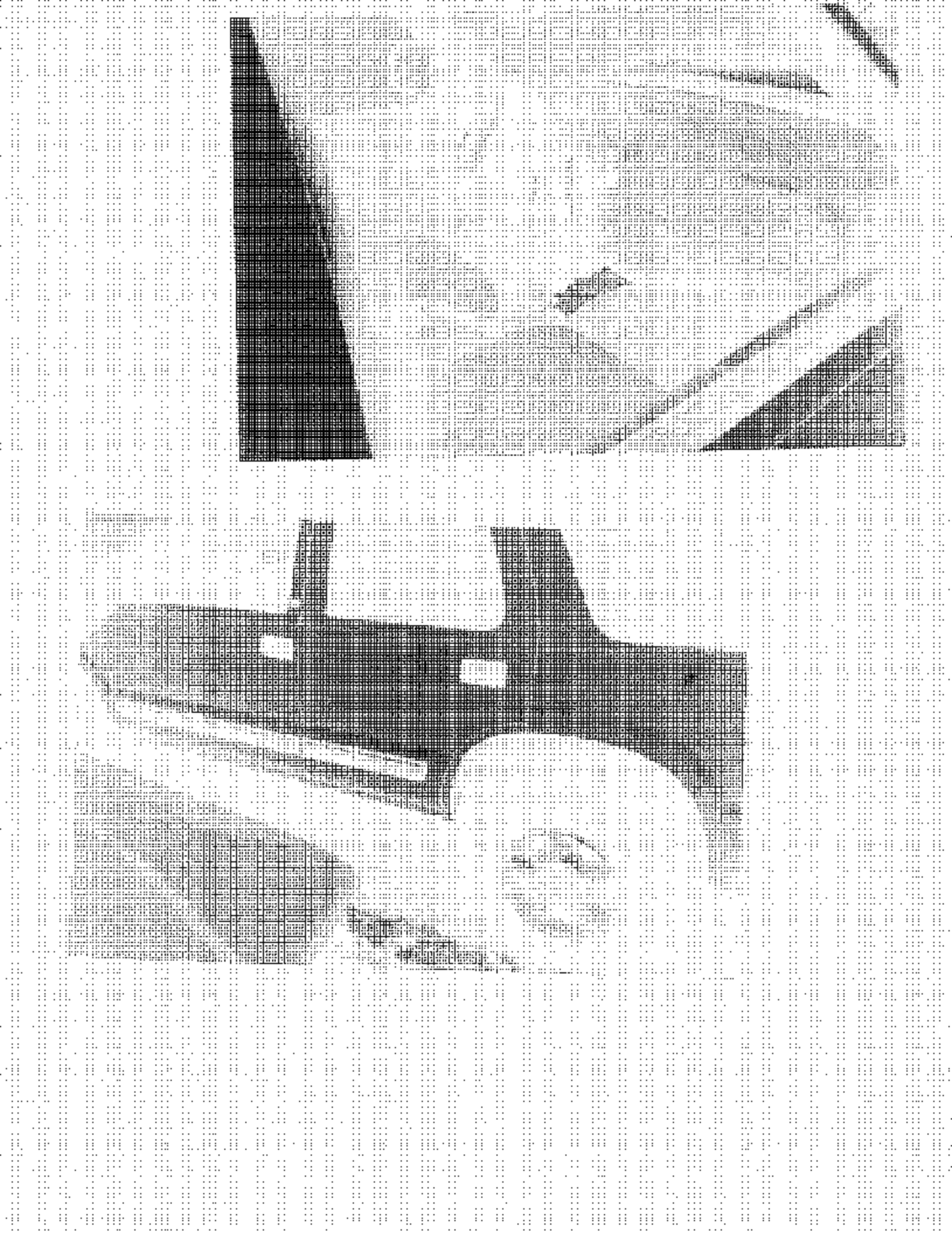
SML/mc

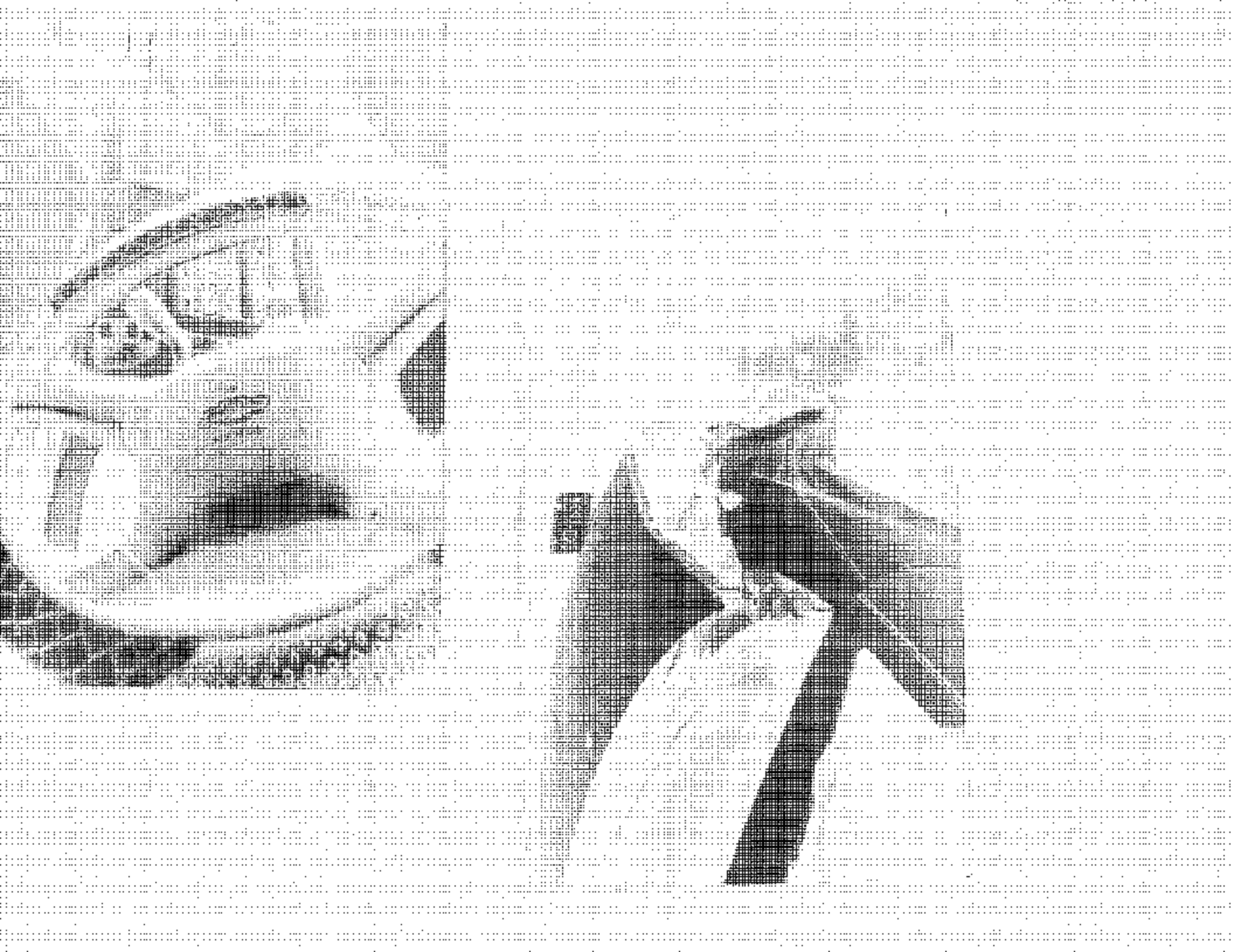
P.S. Please be advised that this notice is merely a written formal acceptance notice of this firm's handling of your case. Work started on your case right after the initial interview.

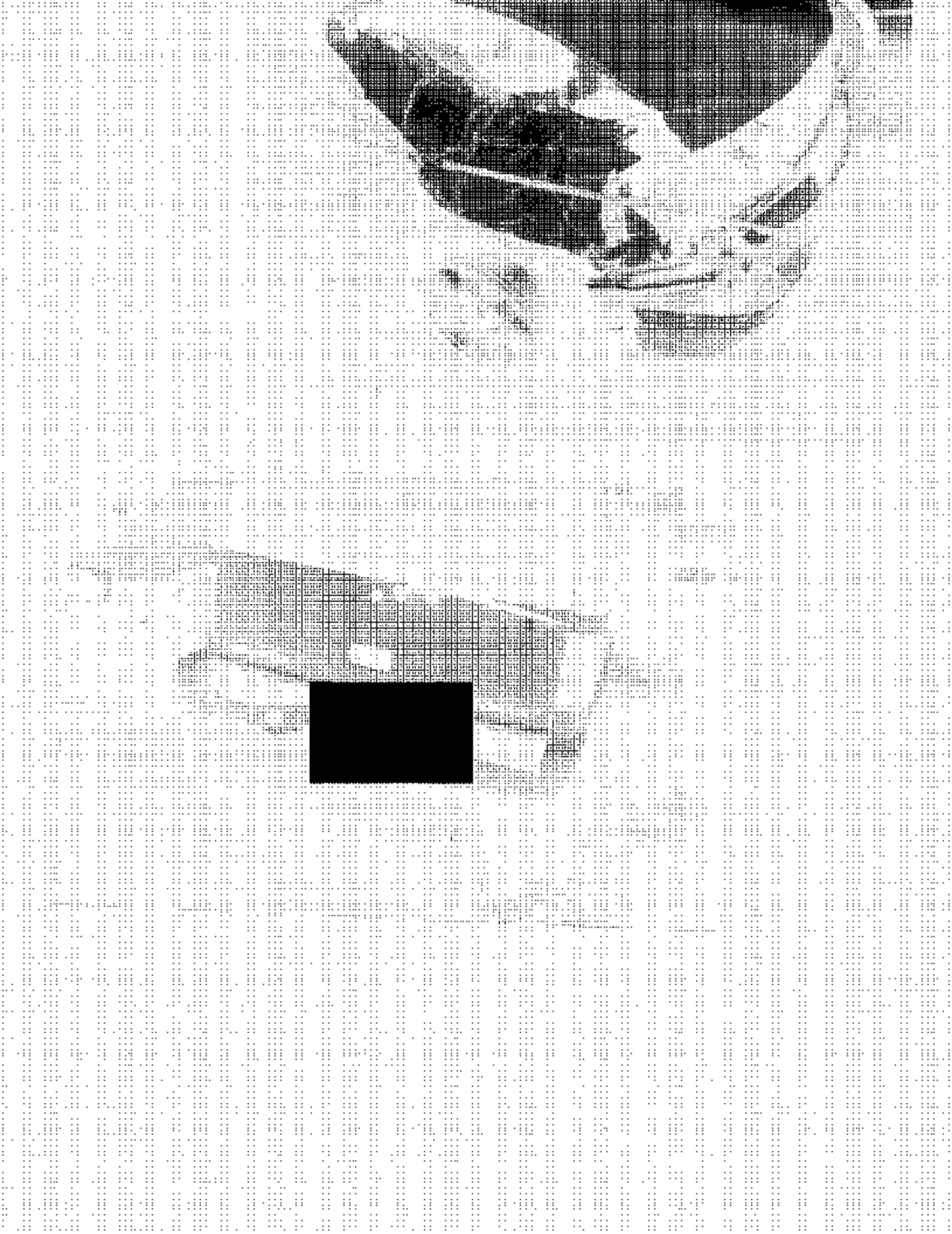


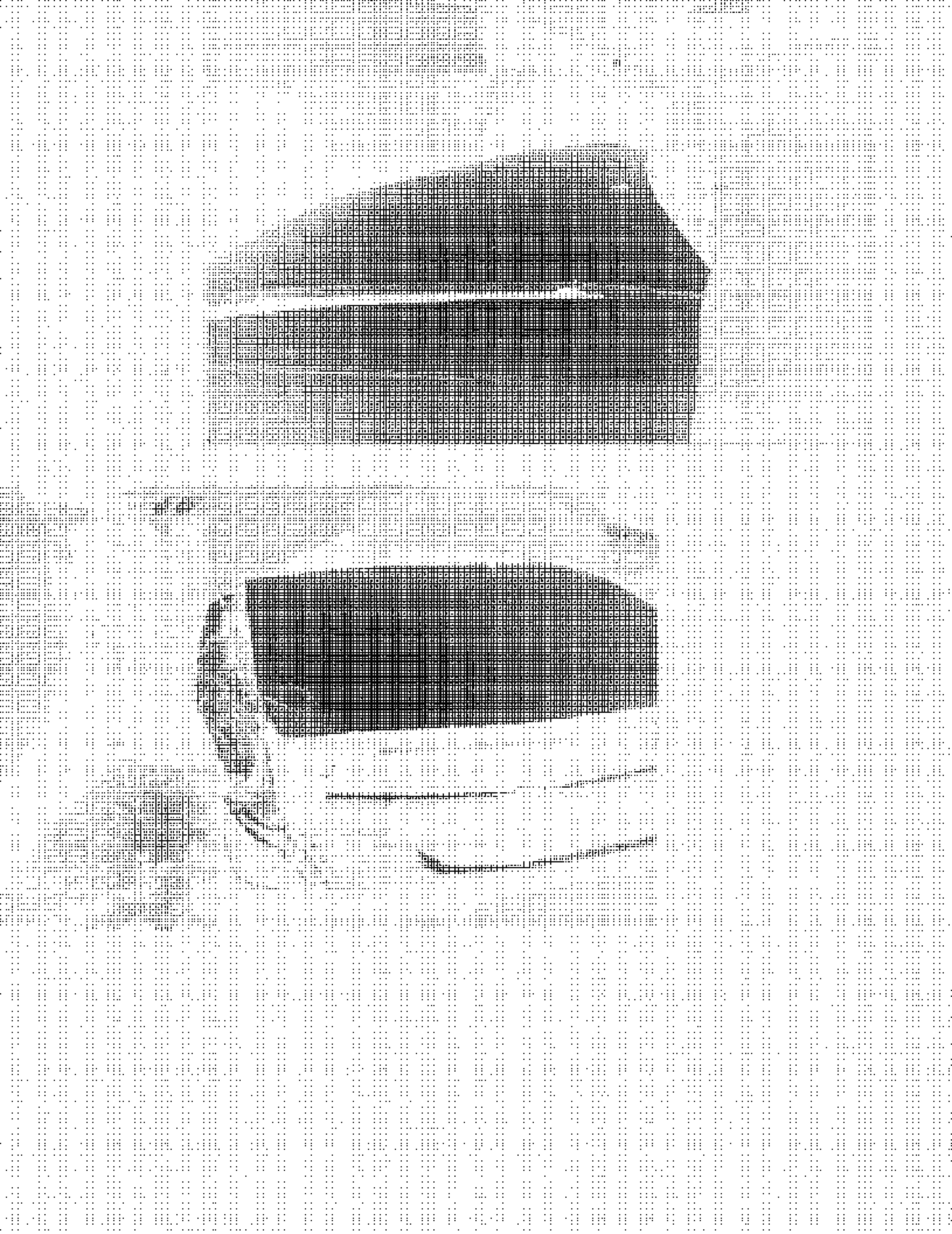


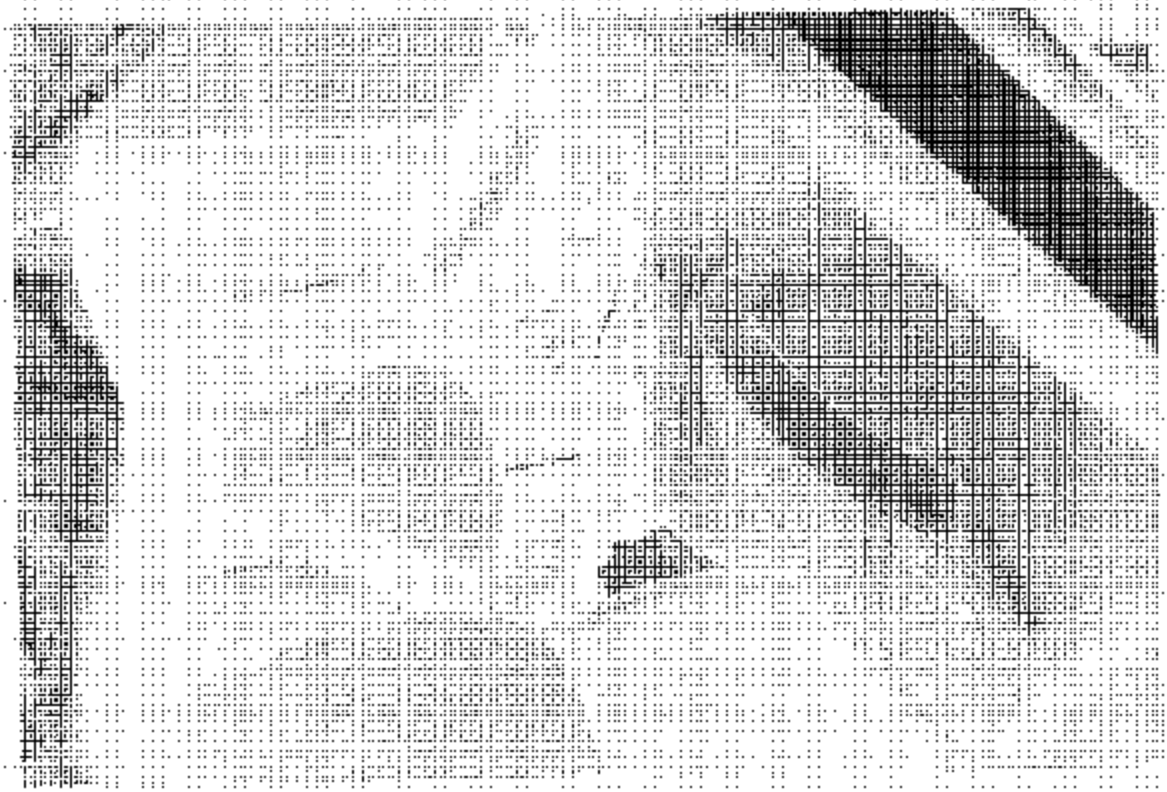












To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.