



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

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

2007 MAY 22 AM 7
12-APR-2007

Reference No.
10187697

OWNER INFORMATION (Type or Print)

Name

Address

City

SCHLAPER

State

MS

Zip Code

38952

Evening Telephone Number

E-mail Address

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 4/26/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G2WP52K8YF

Make

PONTIAC

Model

GRAND PRIX

Model Year

2002

2000

Date Purchased

Dealer's Name and Telephone Number
ALL STARS MOTORS

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☐

Dealer's City

GREENVILLE

State

MS

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☐ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

27-JUL-2006

Failure Mileage

46000

Failure Speed

53

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: DOTM19ABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

☒ Y

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).

TL*THE CONTACT OWNS A 2002 PONTIAC GRAND PRIX. WHILE DRIVING 53 MPH IN AN ATTEMPT TO MANEUVER AROUND ROCKS IN THE ROAD THE CONTACT LOST CONTROL OF THE VEHICLE. THE FAILURE AND CURRENT MILEAGE WAS 40000. THE CONTACT ATTEMPTED TO GAIN CONTROL AND DROVE THE VEHICLE TO THE LEFT AND RIGHT. HOWEVER, SHE DROVE INTO A DITCH TWICE AND HIT A CEMENT COVER HEAD ON. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED FACIAL INJURIES, INCLUDING THE LOSS OF 13 TEETH AND SHOULDER DAMAGE. THE VEHICLE SUSTAINED MAJOR DAMAGE. A COMPLAINT HAS BEEN FILED WITH GMC WITH NO SATISFACTION. *AK

The Contact owns a 2000 Pontiac Grand Prix.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

My Name or [REDACTED] I had A in accident on Dodd Road in Sunflower County, on loose gravel And the Road, And attempt to maneuver around the in the Road the. Lost Control to the Vehicle, Control and drove the vehicle to the left and Right Hower. I Drove into a ditch Twice and Hit a Cement, Cover Head on, upon impact the air bags Did Not Deploy. The contact sustained, facial, in Turies in including The Loss of teeth and Shoulder damage in Mouth fractations in the Gumm

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**

www.nhtsa.gov

NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration





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*

JAMES L. BRADT
Claims Administrator

August 11, 2006

[REDACTED]
[REDACTED]
Schlater, MS [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: [REDACTED]
Our Client: General Motors Corporation
Date/Event: 07/27/2006
VIN: 1G2WP52K8 [REDACTED]

Dear [REDACTED]

I am writing to confirm our conversation of August 11, 2006 during which you agreed to allow us to inspect your 2000 Pontiac Grand Prix GT and retrieve data from the air bag system. The Barnett Group will do the inspection for us. I estimate the inspection will take about four hours.

As part of the inspection, we will likely take photographs and measurements. Also, your vehicle is equipped with an air bag Sensing and Diagnostic Module (SDM). As explained in the Owner's Manual, in addition to its other functions, the SDM records information about the air bag system and other crash related data in an air bag deployment event and some near-deployment crashes. The SDM in your vehicle may also record the following pre-crash data: vehicle speed, throttle position, brake application and engine RPM for 5 seconds prior to the deployment or near deployment event. As part of our investigation, we will download the SDM data using the Vetronix Crash Data Retrieval software. We will provide you with a copy of that data at the time we retrieve it or as soon after as is practical.

Please note the potential GM uses of this crash data once GM has a copy in its files. Once collected, the SDM crash data is available for GM's research needs. Also, in summary form, this information may be provided to non-GM organizations (i) which have a reasonable need for it, (ii) which have a demonstrated ability to utilize such data, and (iii) which are expected to use it for studies aimed at improving safety to the benefit of the public at large, the auto industry, or GM. However, information which ties SDM crash data to a particular vehicle, such as VIN, owner name, or date and location, will generally not be disclosed by GM other than (a) to the involved owner/lessee or his/her designated agent, (b) in response to an official request of police or similar government office, (c) for research where appropriate confidentiality is maintained and need is shown, (d) as part of GM's defense of litigation involving the subject vehicle or other GM products, or (e) as otherwise required by law.

If you have any additional questions about our upcoming inspection, you can contact me at 1.800.888.0164 Monday through Friday from 7:00 AM to 3:30 PM. EST.

Sincerely,

[REDACTED]
Claims Administrator



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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*

JAMES L. BRADT
Claims Administrator

August 11, 2006

[REDACTED]
Schlater, MS [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: [REDACTED]
Our Client: General Motors Corporation
Date/Event: 07/27/2006
Subject vehicle: 2000 Pontiac Grand Prix GT
VIN: 1G2WP52F [REDACTED]

Dear [REDACTED]

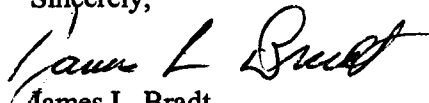
ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

So we may further investigate your claim, we request that you provide us with the following information:

1. Statement describing the incident, outlining the date, time and events regarding this matter.
2. Proof of defect in your vehicle, including expert's reports, or other supporting documentation;
3. All medical records, reports, and billings concerning the injuries suffered as a result of this accident; An *Authorization for Use and/or Disclosure of Confidential Medical Information* form is enclosed to assist our office in obtaining these records. Please provide the names and complete addresses for all medical providers who treated the injuries sustained in the above incident;
4. If you have original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
5. Documentation to substantiate the types and amounts of all damages claimed and a settlement demand;
6. If you are in possession of the subject vehicle, 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.

When we have received this information, we will be in a better position to consider your claim. Should you have any questions regarding this letter or your claim, please do not hesitate to contact me directly at 800.888.0164, Monday through Friday, 7:00 a.m. to 3:30 p.m., EST.

Sincerely,


James L. Bradt
Claims Administrator

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 07/27/2006.

The confidential information from my medical records and/or x-rays to be disclosed has no limitations as to the dates of visits or injuries to be disclosed. I understand that full disclosure is authorized. This includes interviews of doctors, EMTs, and other attendants regarding all matters relating to my examination, diagnosis, care, and treatment.

I understand that:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- if my confidential health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed by the recipient and would no longer be protected.
- I may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.
- the above-listed medical providers may not condition (withhold or refuse) treating me on whether I sign this Authorization.

A photocopy of this Authorization can be accepted with the same authority as the original.

Printed Name of Patient*	Date of Birth
Address, City, State and Zip	Social Security Number
Signature of Patient or Personal Representative*	Date Signed
Relationship to individual*	Authority to act for individual*

*If you are a personal representative signing this Authorization, please provide a description of your relationship to the individual and a description of your authority to act for the individual below.

EXPIRATION OF AUTHORIZATION: THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING BY ME AS NOTED ABOVE.

**ESIS - General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000**

Claim Number:

Claims Administrator:

JAMES L. BRADT

ESIS is the third-party administrator for General Motors Corporation.

Marc A. Boone



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

November 29, 2006

James L. Bradt
Claims Administrator

Benny Richard, Esquire
The Richard Law Firm
PO Box 1404
Greenville, MS 38702-1404

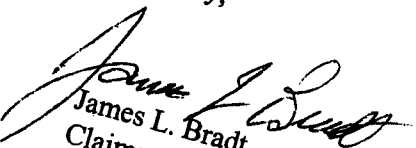
RE: Claimant: [REDACTED]
Our File No.: [REDACTED]
Our Client: General Motors Corporation
Date/Event: 07/27/2006
Vehicle: 2000 Pontiac G
VIN: 1G2WP52K [REDACTED]

Dear Mr. Richard:

This will confirm that we have completed our review of your claim regarding your clients vehicle. At this time, based on all documentation received and reviewed, ESIS, on behalf of General Motors Corporation, will not be in a position to honor your request for damages. If you have any additional evidence that supports your clients claim of a product defect, please forward it to my attention for further review.

Also, 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.

Sincerely,


James L. Bradt
Claims Administrator

CDR File Information

Vehicle Identification Number	1G2WP52K8YF [REDACTED]
Investigator	TONY GENNUSA
Case Number	513568
Investigation Date	Thursday, September 7 2006
Crash Date	Thursday, July 27 2006
Filename	1G2WP52K8YF [REDACTED]
Saved on	Thursday, September 7 2006 at 01:53:56 PM
Collected with CDR version	Crash Data Retrieval Tool 2.8045
Collecting program verification number	E9B7C0A4
Reported with CDR version	Crash Data Retrieval Tool 2.8045
Reporting program verification number	E9B7C0A4
Interface used to collected data	Block number: 00
	Interface version: 51
	Date: 08-03-06
	Checksum: BD00
Event(s) recovered	Non-Deployment

SDM Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event may be overwritten by another Non-Deployment Event. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.

The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, and then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

-SDM Adjusted Algorithm Forward Velocity Change:

Once the crash data is downloaded, the CDR tool mathematically adjusts the recorded algorithm forward velocity data to generate an adjusted algorithm forward velocity change that may more closely approximate the forward velocity change the sensing system experienced during the recorded portion of the event. The adjustment takes place within the downloading tool and does not affect the crash data, which remains stored in the SDM. The SDM Adjusted Algorithm Forward Velocity Change may not closely approximate what the sensing system experienced in all types of events. For example, if a crash is preceded by other common events, such as rough road, struck objects, or off-road travel, the SDM Adjusted Algorithm Forward Velocity Change may be less than and some times significantly less than the actual forward velocity change the sensing system experienced. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 100 milliseconds of data after deployment criteria is met and up to 50 milliseconds before deployment criteria is met. The maximum value that can be recorded for SDM Adjusted Algorithm Forward Velocity Change is about 112 MPH.

-SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.

-Brake Switch Circuit Status indicates the status of the brake switch circuit.

-Some of the Pre-Crash data may be recorded after Algorithm Enable (AE). This may happen in situations involving relatively "soft" crash pulses or those that take place over a relatively longer period of time. If this occurs, it may affect the reported pre-crash data values, but does not affect other data such as SDM Adjusted Algorithm Forward Velocity Change.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.

-Driver's Belt Switch Circuit Status indicates the status of the driver's seat belt switch circuit. If the vehicle's electrical system is compromised during a crash, the state of the Driver's Belt Switch Circuit may be reported other than the actual state.

-Passenger Front Air Bag Suppression Switch Circuit Status indicates the status of the suppression switch circuit.

-The Time Between Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time.

-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

-Vehicle Speed, Engine Speed, and Percent Throttle data are transmitted once a second by the Powertrain Control Module (PCM), via the vehicle's communication network, to the SDM.

-Brake Switch Circuit Status data is transmitted once a second by either the ABS module or the PCM, via the vehicle's communication network, to the SDM.

-The SDM may obtain Belt Switch Circuit Status data a number of different ways, depending on the vehicle architecture. Some

switches are wired directly to the SDM, while others may obtain the data from various vehicle control modules, via the vehicle's communication network.

-The Passenger Front Air Bag Suppression Switch Circuit is wired directly to the SDM.

System Status At Non-Deployment

SIR Warning Lamp Status	OFF
Driver's Belt Switch Circuit Status	UNBUCKLED
Passenger Front Air Bag Suppression Switch Circuit Status	Air Bag Not Suppressed
Ignition Cycles At Non-Deployment	23686
Maximum SDM Algorithm Forward Velocity Change (MPH)	-11.84

Hexadecimal Data

```

$01 7C 05 00 00
$02 8B 27
$03 41 53 39 32 33 38
$04 4B 34 5A 45 41 33
$05 00
$06 09 36 99 91
$11 84 01 85 FE 8C 00
$14 03 02 A0 00
$18 7D 7D 7E C4 FF 00
$1C 32 32 57 4A 50 50
$1D 50 32 32 57 4A 50
$1E 50 50
$1F 00 01 00 00
$20 80 00 00 FF 16 E0
$21 FF FF FF FF FF FF
$22 FF FF 67 03 60 00
$23 09 02 00 00 00 00
$24 00 00 00 00 00 00
$25 00 00 11 0E 00 00
$26 00 00 00 00 00 00
$27 00 00 00 00 00 00
$28 00 00 00 00 00 00
$29 F4 6F C0 FF FF FF
$2A FF FF FF FF 00 00
$2B 00 00 1B 00 00
$30 FF FF FF FF FF FF
$31 FF FF FF FF FF FF
$32 FF FF FF FF FF FF
$33 FF FF FF FF FF FF
$34 FF FF FF FF FF FF
$35 FF FF FF FF FF FF
$36 FF FF FF FF FF FF
$37 FF FF FF FF FF FF
$38 FF FF FF FF FF FF
$39 FF FF FF FF FF FF
$3A FF FF FF FF
$40 FF FF FF FF FF FF
$41 FF FF FF FF FF FF
$42 FF FF

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Comments

SUBJECT VEHICLE LOCATED AT CLAIMANT'S RESIDENCE, INDIANOLA, MS.
S/V IN POST CRASH CONDITION.
S/V HAS POWER VIA BATTERY. DOWNLOADED VIA DLC.
S/V MILEAGE: 180,798
S/V AIRBAG LIGHT BLINKS 7X AND GOES OFF.
NON DEPLOYMENT CLAIM OF FRONTAL AIRBAGS
CLAIMANT'S ATTORNEY, BENNIE RICHARD PRESENT. CDR INFO. GIVEN TO MR. RICHARD PER ESIS C/A.
CD OF DATA PROVIDED.

Date: 08/07/2006 09:09 AM
Estimate ID: 1758
Estimate Version: 0
Preliminary
Profile ID: SFI

BILL'S BODY SHOP

501 S OAK ST RULEVILLE, MS 38771
(662) 756-2745
Fax: (662) 756-9920
Tax ID: 64-0873543

Damage Assessed By: GREGG BILLS

Deductible: 0.00
Claim Number: 1758

Owner:
Address:
Telephone:

Mitchell Service: 915493

Description: 2000 Pontiac Grand Prix GT
Body Style: 4D Sed
VIN: 1G2WP52K8YF

Drive Train: 3.8L Inj 6 Cyl AO

OEM/ALT: O
Options: ALUM/ALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER WINDOWS
POWER DOOR LOCKS, TILT STEERING WHEEL, CRUISE CONTROL, ELECTRIC DEFOGGER
AUTOMATIC TRANSMISSION, AM-FM STEREO/CDPLAYER(SINGLE)

Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	FRT BUMPER COVER ASSY			2.5 #
2	500017	BDY	REMOVE/REPLACE	FRT BUMPER COVER	88893300 GM PART	375.55	INC #
3	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.6
4	501997	BDY	REMOVE/REPLACE	FRT LWR BUMPER AIR DEFLECTOR	10423208 GM PART	34.70	INC
5	500024	BDY	REMOVE/REPLACE	FRT BUMPER BAFFLE	10284956 GM PART	21.97	INC
6	501998	BDY	REMOVE/REPLACE	R FRT BUMPER DUCT	10423209 GM PART	11.86	INC
7	501999	BDY	REMOVE/REPLACE	L FRT BUMPER DUCT	10423210 GM PART	11.86	INC
8	502001	BDY	REMOVE/REPLACE	FRT BUMPER NAMEPLATE	88893299 GM PART	39.94	INC
9	500026	BDY	REMOVE/REPLACE	FRT BUMPER IMPACT CUSHION	10282709 GM PART	127.32	INC
10	500028	BDY	REMOVE/REPLACE	FRT BUMPER IMPACT BAR	10373662 GM PART	126.24	INC
11	AUTO	REF	REFINISH	FRT BUMPER REINFORCEMENT			C 1.0
12	500030	BDY	REMOVE/REPLACE	L FRT BUMPER ABSORBER BRACKET	10437870 GM PART	17.82	0.8 #
13	500033	BDY	REMOVE/REPLACE	FRT UPR BUMPER COVER SUPPORT	10433271 GM PART	41.41	INC
14	502004	BDY	REMOVE/REPLACE	R GRILLE	10283640 GM PART	17.13	INC
15	502005	BDY	REMOVE/REPLACE	L GRILLE	10283641 GM PART	17.13	INC
16	501976	BDY	REMOVE/REPLACE	R FRT COMBINATION LAMP ASSEMBLY	16526112 GM PART	192.49	INC
17	AUTO	BDY	CHECK/ADJUST	HEADLAMPS			0.4
18	501977	BDY	REMOVE/REPLACE	L FRT COMBINATION LAMP ASSEMBLY	16526111 GM PART	173.80	INC
19	500082	BDY	REMOVE/REPLACE	R FOG LAMP ASSEMBLY	16530218 GM PART	90.24	INC
20	500083	BDY	REMOVE/REPLACE	L FOG LAMP ASSEMBLY	16530218 GM PART	90.24	INC
21	500095	BDY	REMOVE/REPLACE	HOOD PANEL	12369173 GM PART	434.30	1.0
22	AUTO	REF	REFINISH	HOOD OUTSIDE			C 2.9
23	AUTO	REF	REFINISH	HOOD UNDERSIDE			C 1.4
24	500099	BDY	REMOVE/REPLACE	HOOD LATCH	10423015 GM PART	29.54	0.3
25	500100	BDY	REMOVE/REPLACE	HOOD PRIMARY LATCH BRACKET	10423490 GM PART	18.29	0.3 #
26	501752	BDY	REMOVE/REPLACE	COOLING RADIATOR	88957433 GM PART	465.10	1.9
27	501753	BDY	REMOVE/REPLACE	R COOLING FAN ASSEMBLY	12362508 GM PART	57.79	INC #
28	501754	BDY	REMOVE/REPLACE	L COOLING FAN ASSEMBLY	12365300 GM PART	113.26	INC #

ESTIMATE RECALL NUMBER: 08/07/2006 09:09:14 1758

Mitchell Data Version:
UltraMate Version:

JUL_06_A
5.0.215

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Page 1 of 3

Date: 08/07/2006 09:09 AM
Estimate ID: 1758
Estimate Version: 0
Preliminary
Profile ID: SFI

Preliminary		Profile ID: SFI			
29	500530	BDY	REMOVE/REPLACE	COOLING FAN SHROUD	12367291 GM PART 103.95 0.6 #
30	500142	MCH	REMOVE/REPLACE	AIR COND CONDENSER	52479857 GM PART 228.81 0.5 #
31	AUTO	MCH	REMOVE/REPLACE	EVACUATE & RECHARGE A/C	-M -M
32	500166	REF	BLEND	R FENDER OUTSIDE	1.4
33	500181	BDY	REMOVE/REPLACE	L FENDER LINER	C 1.0
34	500185	BDY	REMOVE/REPLACE	L FENDER SPLASH SHIELD	10309518 GM PART 48.92 INC
35	AUTO	REF	REFINISH	RADIATOR SUPPORT COMPLETE	10285881 GM PART 7.49 0.2
36	501333	BDY	REMOVE/REPLACE	LWR FRONT BODY TIE BAR	-S 1.5
37	500199	BDY	REMOVE/REPLACE	L FRONT BODY HEADLAMP SEAL	12530145 GM PART 122.18 2.5
38	501631	BDY	REMOVE/REPLACE	L FRONT BODY HEADLAMP MOUNTING BRKT	10281983 GM PART 4.36
39	AUTO	REF	REFINISH	L APRON/SIDEMEMBER COMPLETE	12455182 GM PART 54.28 1.0 #
40	500215	BDY	REPAIR	L UPR FRONT BODY UPPER APRON REINF	-S Exdsting 1.5
41	500221	BDY	REMOVE/REPLACE	L LWR FRONT BODY PANEL EXTENSION	-S 10241007 GM PART 42.35 2.5 #
42	500223	BDY	REPAIR	L FRONT BODY SIDEMEMBER	-S Exlsting 6.0* #
43	500228	MCH	REMOVE/REPLACE	SUB-FRAME ASSY	-M Qual Recycled Part 350.00 * 4.5 #
44	500290	MCH	ALIGN	FOUR WHEEL	-M 1.9
45	501863	BDY	REMOVE/REPLACE	LWR AIR CLEANER HOUSING	10335309 GM PART 80.13 0.5 #
46	501864	BDY	REMOVE/REPLACE	UPR AIR CLEANER HOUSING	12566157 GM PART 51.69 INC
47	501675	BDY	REMOVE/REPLACE	AIR CLEANER COVER	24508570 GM PART 61.56 INC
48	500776	REF	BLEND	L FRT DOOR OUTSIDE	C 0.9
49	502830	BDY	REMOVE/REPLACE	L FRT DOOR ADHESIVE NAMEPLATE	89045569 GM PART 36.10 0.6
50	AUTO	REF	ADD'L OPR	CLEAR COAT	PAINT/MATERIALS 2.5
51	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL	428.40 *
52	AUTO		ADD'L COST		

*** - Judgement Item**
- Labor Note Applies
C - Included in Clear Coat Calc

I. Labor Subtotals		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount
Body	23.1	38.00	0.00	0.00	877.80	T	Taxable Parts		3,699.80
Refinish	15.3	38.00	0.00	0.00	581.40	T	Sales Tax	@ 7.000%	258.99
Mechanical	8.3	45.00	0.00	0.00	373.50	T	Total Replacement Parts Amount		3,958.79
Taxable Labor					1,832.70				
Labor Tax			@ 7.000 %		128.29				
Labor Summary	46.7				1,960.99				
II. Additional Costs					Amount		IV. Adjustments		Amount
Taxable Costs					433.40		Insurance Deductible		0.00
Sales Tax			@ 7.000%		30.34		Customer Responsibility		0.00
Total Additional Costs					463.74				
							I. Total Labor:		1,960.99
							II. Total Replacement Parts:		3,958.79
							III. Total Additional Costs:		463.74
							Gross Total:		6,383.52
							IV. Total Adjustments:		0.00
							Net Total:		6,383.52

ESTIMATE RECALL NUMBER: 08/07/2006 09:09:14 1758

Mitchell Data Version:
UltraMate Version:

JUL_06_A
5.0.215

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Email: bennie.richard@richard-law.com

Website: www.richard-law.com

BENNIE L. RICHARD

Attorney and Counselor at Law



January 9, 2007

[REDACTED]
[REDACTED]
[REDACTED]
Schlater, Ms. [REDACTED]

Dear [REDACTED]

Please be advised that I can no longer represent you in your potential claims against your car's manufacturer involving its alleged defective airbag. After careful consideration, I have decided that your matter is doubtful and expensive to litigate which could yield a result that is neither favorable for you or me.

I have discussed matte with Attorney John Cox and we share the same opinion. It is my understanding from him that he too is unable to pursue this matter on your behalf. By copy of this letter, I am informing him of this communication.

I thank you for the opportunity to represent you and hope that your recovery is progressing.

Please be aware that if you still wish to pursue this matter you must do so within the statue of limitations so time is of the essence. I have known Attorney Ralph Chapman in Clarksdale to handle airbag cases. You may want to give him a call.

With best personal regards, I remain,

Bennie L. Richard

Bennie L. Richard

Attorney-at-Law

cc: John Cox, Esq.

Sunflower County Sheriff's Department
1300 Allen Road
Indianola, Ms 38751
(662) 887-2121

Complainant's Name _____
Complainant's Address County Road 523 Schlater, Miss 38952
Complainant's Phone Number _____
Location of Offense Dodd Road in Sunflower County
Date July 31, 2006
Deputy Grantham
Case Number _____
Time Arrived Walk in to the SO.

Details

On Thursday July 27, 2006 _____ stated she had a wreck on Dodd Road and hit the Ditch and just need a report that the air bags did not come out on her Vehicle.

Deputy Signature Deputy Grantham Badge Number SO-6
Arrested _____ Charges _____
Sex _____ Race _____ Hgt _____ Wgt _____ Scars _____ Age _____
Description _____

Schlatter msa

[redacted] wife [redacted] had a
V. much 1/2 mi. apt 12:00 PM lunch
Thursday ^{of House} [redacted] walked to our house
230 Dd Rd & called her husband [redacted]
[redacted] need medical attention - [redacted] picked
her up & carried her to Hospital.

8/4/06

2049910

[redacted] came by the house
Thursday at 12:00 noon saying
call her husband because she
have a accident about 1/2 mile
down the road. So I call her
husband for her [redacted]
Skipper baby Sitter.

7/31/06



September 26, 2006

[REDACTED]

Schlater, MS [REDACTED]

RE: Claim #:
Insured:
Date of Loss:
Claimant:

[REDACTED]

Zurich North America

Claims

P.O. Box 305010
Nashville, TN
37229-5010

Telephone (800) 366-8366
Fax (615) 872-1303
<http://www.zurichna.com>

Dear [REDACTED]

We have completed our investigation into your claim. It appears that you lost control of your vehicle and ran off of the road. We can not find any liability on the part of our insured. Accordingly we must respectfully deny your claim.

Very truly yours,
American Guarantee and Liability Insurance Company

Don Franklin, CPCU
CLAIM CASE MANAGER
(615) 391-7517

Read this Agreement carefully. It limits legal rights, including the right to sue and appear in court. Sign it only if you understand it.

What This Agreement Does

The purpose of this Agreement is to avoid lawsuits. It allows any of the persons bound by it to demand that disputes covered by it be resolved by mediation or arbitration and not in court. Mediation is a private and informal process in which a trained neutral person, the mediator, helps people settle their dispute. If the parties do not settle their dispute in mediation, they must go to arbitration. In arbitration, another neutral person, the arbitrator, will make a binding decision resolving the dispute.

Applicable Law

This Agreement relates to the sale or lease of a vehicle in interstate commerce. The Federal Arbitration Act (Title 9 of the United States Code, the "FAA") governs this Agreement. Mississippi law governs matters the FAA does not address.

Parties Bound

This Agreement binds the person(s) signing below and their heirs and representatives ("you"), and General Motors Acceptance Corporation and its agents, affiliates, assignees, and employees ("GMAC").

Disputes Covered

In this Agreement, a dispute is any claim or disagreement between you and GMAC related to: (a) the retail installment sale or lease of the vehicle described below; or (b) the scope of this Agreement.

Dispute Resolution Procedure

Upon demand by any party involved, a dispute must be submitted to mediation. GMAC will pay all administrative fees in any mediation. GMAC will pay other mediation expenses up to \$500. If the dispute is not resolved in mediation, the parties must proceed to arbitration. Either party may file a demand for arbitration. GMAC will pay the first \$750 of administrative fees in any arbitration, subject to the arbitrator's final award. You and GMAC will divide the rest evenly. GMAC will pay other arbitration expenses up to \$500, subject to the arbitrator's final award.

The American Arbitration Association ("AAA") will administer any dispute resolution proceedings according to the Consumer Vehicle Mediation & Arbitration Rules (the "Rules"). The then-current Rules will govern any mediation and any arbitration between you and GMAC. The AAA will hold all proceedings in the county where you reside.

Copies of the rules are available by writing the AAA at the address in this Agreement or by calling GMAC at 1-800-200-4622.

Arbitrators will be attorneys or retired judges familiar with consumer credit law and the issues involved in the dispute. Their decisions are final and binding. Judgment on their awards may be sought in any court with jurisdiction. If each award sought in a proceeding is \$1,000,000 or less, there will be one arbitrator. If any party seeks an award of more than \$1,000,000, there will be three arbitrators. They will decide the result by a majority vote.

Exercise of Rights

Until prohibited by an arbitrator, the parties may exercise any right the law or any agreement gives them. No exercise is a waiver of rights to demand later the mediation of any dispute under this Agreement. *GMAC may repossess and sell the vehicle identified below and later require mediation of a dispute.*

YOU UNDERSTAND AND AGREE THAT:

- YOU ARE GIVING UP RIGHTS TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO A JURY TRIAL;
- YOUR ABILITY TO COMPEL OTHER PARTIES TO PRODUCE DOCUMENTS OR BE EXAMINED IS MORE LIMITED IN MEDIATION/ARBITRATION THAN IN A LAWSUIT; AND
- YOUR RIGHTS TO APPEAL OR CHANGE ANY ARBITRATION AWARD IN ANY COURT ARE STRICTLY LIMITED.

New or Used	Year	Make and Model	Vehicle Identification No.
USED	2000	PONTIAC GRAND PRIX	1G2HP52K0Y1 [REDACTED]

10/18/2001

Buyer/Lessee Date Co-Buyer/Co-Lessee Date

Other _____ (describe) Date
By: GENERAL MOTORS ACCEPTANCE CORPORATION

TO OBTAIN A COPY OF THE RULES, WRITE THE AMERICAN ARBITRATION ASSOCIATION AT:

AMERICAN ARBITRATION ASSOCIATION
13455 NOEL ROAD, SUITE 1750
DALLAS, TX 75240-6636
www.adr.org

OR CALL GMAC AT:

1-800-200-4622

GMAC MAA-MS 4/2001 (For use in the State of Mississippi)

AGREEMENT TO PROVIDE ACCIDENTAL PHYSICAL DAMAGE INSURANCE

To provide protection against serious financial loss should an accident or damage occur, I understand that my instalment contract requires that the vehicle be continuously covered with insurance against the risks of fire, theft and collision, and that failure to provide such insurance gives General Motors Acceptance Corporation the right to declare the entire unpaid balance immediately due and payable. Accordingly, I have arranged for the required insurance through the insurance company shown below and have requested that the policy contains a loss payable endorsement in favor of General Motors Acceptance Corporation located at:

Lienholder: General Motors Acceptance Corporation BR # _____
P.O. Box 2525
Hudson, OH 44236-0025

NAMED INSURED:		FIRST	MIDDLE	LAST
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS	NU	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	SUNFLOWER	MS	[REDACTED]
TEL. NO.	[REDACTED]	DRIVERS LICENSE		

GMAC ACCOUNT NUMBER

NAMED PURCHASER:		FIRST	MIDDLE	LAST
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS	NU	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	SUNFLOWER	MS	[REDACTED]
TEL. NO.	[REDACTED]	[REDACTED]		

VEHICLE INSURED:				
YEAR	MAKE	BODY	MODEL	VEHICLE IDENTIFICATION NUMBER
2000	PONTIAC	4DR	GRAND PRIX	1G2WP52K8YF [REDACTED]

VEHICLE USE: ☒ Private Passenger, ☐ Commercial Auto and Trailer

Radius of Haul _____, ☐ Public Livery, ☐ All Other

INSURANCE AGENT

NAME	AUTO INSURERS		
NUMBER AND STREET	PO BOX 958		
CITY	STATE	ZIP CODE	
GREENVILLE	MS	38702	
AGENT'S TELEPHONE NUMBER	(662) 378-2886		

AGENTS COMMENT

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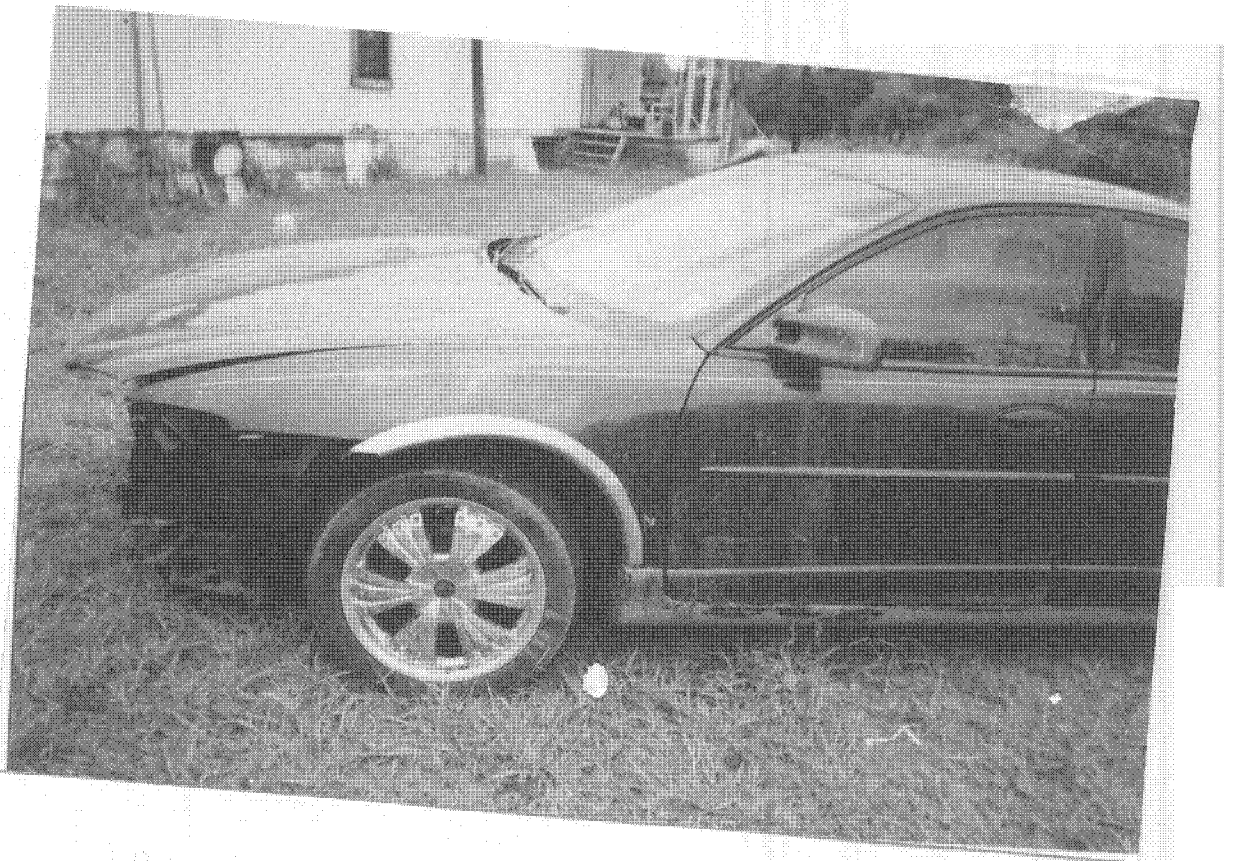
NAMED INSURED
SIGNS 

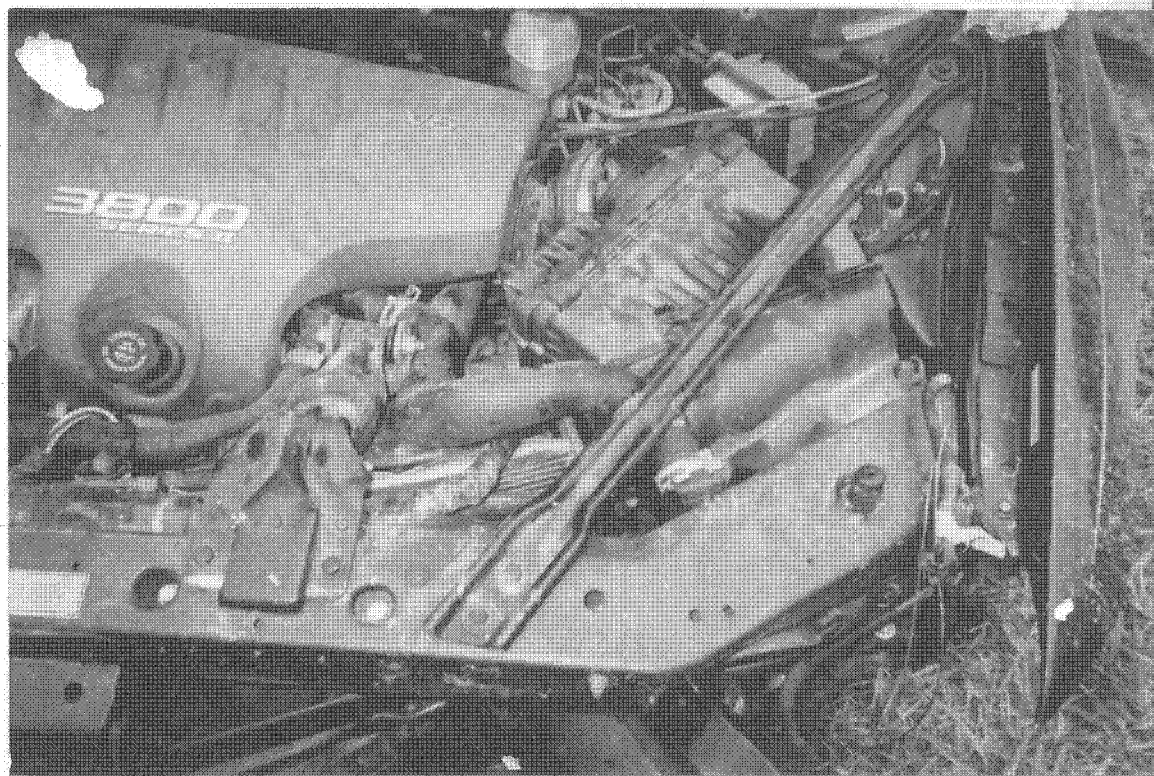
INSURANCE CARRIER

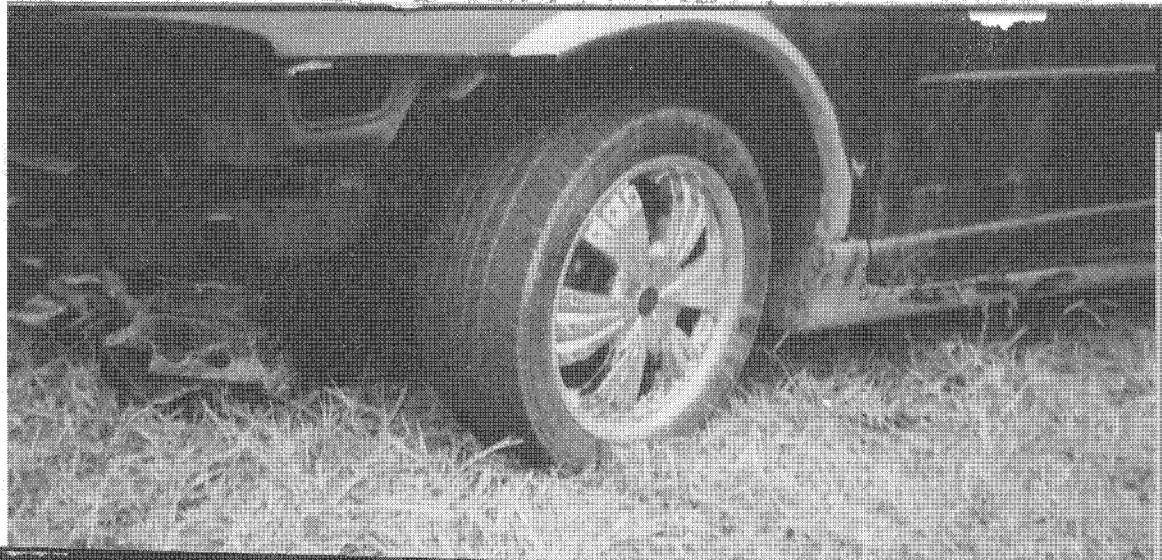
NAME	UNITED AUTOMOBILE INS		
POLICY NUMBER	[REDACTED]		
DATE THIS VEHICLE COVERED	FROM: 10/18/01	TO: 04/18/02	
	COVERAGE		
☒ Collision \$ 500.00 Deductible Type: ☐ BROAD FORM OR STANDARD ☐ LIMITED (NOT ACCEPTABLE) ☒ Comprehensive \$ 500.00 Deductible ☐ Fire-Theft			

10/18/01

DATE









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.