



State of Wisconsin
Jim Doyle, Governor

CL-10213733-6570

Department of Agriculture, Trade and Consumer Protection

Rod Nilsestuen, Secretary
Division of Trade and Consumer Protection

2008 FEB 25 AM 9:00

February 13, 2008

[REDACTED]
MILWAUKEE WI [REDACTED]

COPY

RE: **File 493653** (Refer to this number when contacting our agency)
GENERAL MOTORS ACCEPTANCE CORP
PO BOX 2150
GREELEY CO 80632

Dear [REDACTED]:

Thank you for contacting the Department of Agriculture, Trade and Consumer Protection concerning General Motors Acceptance Corp.

The issues in your complaint may be within the authority of the agencies listed below, so we are forwarding your complaint directly to them:

**NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
US DEPARTMENT OF TRANSPORTATION
400 7TH ST SW
WASHINGTON DC 20950
Telephone: 800 424-9393 or 202 366-0123
Website: www.nhtsa.dot.gov**

**CENTER FOR AUTO SAFETY
1825 CONNECTICUT AVE NW STE 330
WASHINGTON DC 20009
Telephone: 202 328-7700**

If you have additional information or wish to follow-up on your complaint, please contact them at the telephone number or address listed above.

Sincerely,

BUREAU OF CONSUMER PROTECTION *AB*
200 N Jefferson St 146-A
Green Bay, WI 54301
www.datcp.state.wi.us
Phone: 920-448-5100
Toll free: 800-422-7128
Fax: (920) 448-5118

C/NHTS
CAS

Agriculture generates \$51.5 billion for Wisconsin

*MC
Catalyst
KB*



Department of Agriculture, Trade and Consumer Protection

Consumer Complaint

JAN 31 2008

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) [redacted] (circle one) [redacted] (first) [redacted] (middle) [redacted] (last)

Home Phone: [redacted] Work Phone: () [redacted] ext. [redacted] or () [redacted] ext. [redacted]

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: 9-7

Address: [redacted] PO Box: [redacted] Apt.# [redacted]

City: Milwaukee State: WI Zip: [redacted] County: Milwaukee

2. What business is your complaint against?

Name of business: GMAC GM Central Claims Unit

Address: P.O. Box 300 PO Box: [redacted] Apt.# [redacted]

City: Detroit State: MI Zip: 48265 County: [redacted]

Phone: () 1800-888-0164 Name of person you talked to: Nikki Jackson Title: Claims Administrator

Information about your complaint

3. Which of the following best describes your first contact with the business: (check one)

- Person from business came to my home
Person from business called me
Business sent me information in the mail
I attended a convention or trade show
I went to the business
I telephoned the business
I responded to a radio or TV ad
I responded to a printed advertisement
Internet
Email

JAN 29 2008

4. When did the first contact occur? month: [redacted] day: [redacted] year: [redacted]

5. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

6. What product or service did you buy? (please be specific) 2007 Chevrolet Impala automobile

7. Was it advertised? (circle one) No Yes Date: 2-22-07 Where: [redacted]

8. Did you sign a contract? (circle one) No Yes Date: 2-22-07 Number on contract, policy or receipt [redacted]

9. If yes, where were you when you signed the contract? Andrew Chevrolet

10. Amount paid: \$ [redacted] by: (circle one) cash check credit card financed other plan leased

11. Where did you pay the business: (check one)

- At my home
Over the telephone by credit card
By mail
At the company's place of business
At a convention or trade show
In someone else's home
Internet

12. Did you contact the business about your complaint? Yes No When? [redacted] What happened? [redacted]

13. Have you filed this complaint with another agency? Yes No Agency name? National Highway Traffic Safety Administration What happened? Still waiting for information

14. Have you contacted a private attorney? Yes No Have you started court action? Yes No

IMPORTANT: More questions on the back page (over)

15. Describe your complaint in detail. ~~Repossessed~~ I leased 2007 Chevrolet Impala on 2/07 on 8/22/07 I was involved in a 2 impact motor vehicle accident with a 1997 ^{Dodge} Ram truck. Neither front air bag or side curtain air bag deployed. The ~~Impala~~ ^{Impala} was ~~hit~~ hit on the passenger side door and then the Impala was pushed into a brick home. The impact from the Impala shattered the brick homes Bay window. We were rushed the hospital unconscious. The driver of the Impala suffered head and eye injuries from hitting his head on the steering wheel and dash area. The passenger hit my head on ^{the} dash board and was crushed by the passenger side door. I suffered a cut along my hairline and a chest tube inserted in my chest (Neumothorax). I suffer from neck/neck pains. Headaches everyday. I just feel that I paid to feel safe in my vehicle but this vehicle failed me by not deploying its ^{air bags}.

16. How do you feel your complaint should be resolved? (please be specific) Some monetary compensation and apology because I was sold a defective vehicle. The lease contract to be in default. Some medical bills paid ^{if possible}. More testing of air bag system. Don't sell safety to consumers. The main issue is the defective vehicle.

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature:  Date: 1-15-08

Return this form and two copies of your papers to our office located nearest to the business:

NORTHWEST REGIONAL OFFICE 3610 Oakwood Hills Pkwy Eau Claire WI 54701 FAX: (715) 839-1645	SOUTHEAST REGIONAL OFFICE 10930 W Potter Rd Ste C Milwaukee WI 53226-3450 (414) 266-1231 FAX: (414) 266-1235	NORTHEAST REGIONAL OFFICE 200 N Jefferson St Ste 146A Green Bay WI 54301 (920) 448-5110 FAX: (920) 448-5118	CONSUMER INFORMATION CENTER 2811 Agriculture Dr PO Box 8911 Madison WI 53708-8911 (608) 224-4976 FAX: (608) 224-4939
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If the business is located outside of Wisconsin return this form to our Consumer Information Center.

Toll free in WI: (800) 422-7128

FAX: (608) 224-4939
TDD: (608) 224-5058
EMAIL: datcpHotline@datcp.state.wi.us
WEBSITE: www.datcp.state.wi.us

INCIDENT			DATE OF INCIDENT/ACCIDENT		
PI ACCIDENT			08-22-07		
VICTIM			LOCATION OF INCIDENT/ACCIDENT		DIST. #
			N. 55 th St. / W. Nash St.		7
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

This report is written by PO Jason KOTARAK assigned to the Patrol Support Division, Motorcycle Unit (squad 887). On 08-22-07 at 3:17pm I was dispatched to the intersection of N. 55th St. and W. Nash St. to investigate a PI accident. Upon arrival MFD Engine 24 was on scene and advised me that the two occupants of unit #2 had already been transported to Froedtert hospital.

I spoke with the driver of unit #1, [REDACTED] who stated he was northbound on N. 55th St. when unit #2 did not yield at the yield sign eastbound on W. Nash St. causing unit #1 to collide with unit #2.

The collision caused unit #2 to continue eastbound and collide with the residence located at 3702 N. 55th St. Unit #1 spun 180 degrees colliding with a fire hydrant and then with a yield sign post.


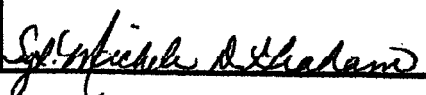
The owner of the property located at [REDACTED] is [REDACTED] (b/m 11-01-58, [REDACTED]). [REDACTED] was notified by phone of the accident and he advised that the property is insured by American Family Insurance.

I then changed locations to Froedtert Hospital and spoke to the driver of unit #2, [REDACTED] stated that he remembers being eastbound on W. Nash St. but does not remember anything about the accident.

[REDACTED] was conveyed to Froedtert via Paratech ambulance #107 and was being treated for a contusion to the back of his head.

The occupant of unit #2 in position #3, [REDACTED] (also owner of vehicle) was conveyed to Froedtert via MFD Med 4 and was being treated for neck and back pain.

[REDACTED] was cited for [REDACTED]. [REDACTED] was cited for failing to yield at a yield sign.

REPORTING OFFICER  PO Jason KOTARAK	PAYROLL 015937	LOC CODE 08	SUPERVISORS SIGNATURE 
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Occupant Unit Number	NAME Last First M.I. Date of Birth Sex M F Severity K N SEAT Position SAFETY Equipment AIRBAG
65	67
ADDRESS Street & Number City & State ZIP	
Address Same as Operator	EJECTED (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown TRAPPED/EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown Medical Transport (Y) (N) Agency Space
Occupant Unit Number	NAME Last First M.I. Date of Birth Sex M F Severity K N SEAT Position SAFETY Equipment AIRBAG
65	67
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Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
39	10				

Govt. Damage Tag #

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

PROPERTY Last First M.I. OWNER #4 CITY OF MILWAUKEE
ADDRESS Street & Number 200 E. WILLS ST.
City & State MILWAUKEE, WI 53233
Phone Number (414) 876-2150

PROPERTY Last First M.I. OWNER #4
ADDRESS Street & Number
City & State
Phone Number ()

PROPERTY Last First M.I. OWNER #4
ADDRESS Street & Number
City & State
Phone Number ()

PROPERTY Last First M.I. OWNER #4
ADDRESS Street & Number
City & State
Phone Number ()

PROPERTY Last First M.I. OWNER #4
ADDRESS Street & Number
City & State
Phone Number ()

AUG 31 2007

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

Driver Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 N/A	Unit Number ① ● 3 4 5 ② 7 8 9 10 N/A
---	---

● Exceeding Speed Limit ①	①
● Speed Too Fast/Condition ②	②
● Fail to Yield Right of Way ③	●
● Inattentive Driving ④	④
● Following Too Close ⑤	⑤
● Improper Turn ⑥	⑥
● Left of Center ⑦	⑦
● Disregarded Traffic Control ⑧	⑧
● Improper Overtaking ⑨	⑨
● Unsafe Backing ⑩	⑩
● Failure to Have Control ⑪	⑪
● Driver Condition ⑫	⑫
● Physically Disabled ⑬	⑬
● Other ⑭	⑭

Vehicle Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 N/A	Unit Number ① ● 3 4 5 ② 7 8 9 10 N/A
---	---

① Brake System ①	①
② Tires ②	②
③ Steering System ③	③
④ Turn Signals ④	④
⑤ Head Lamps ⑤	⑤
⑥ Stop Lamps ⑥	⑥
⑦ Tail Lamps ⑦	⑦
⑧ Disabled in Prior Accident ⑧	⑧
⑨ Other Disabled ⑨	⑨
⑩ Mirrors ⑩	⑩
⑪ Suspension System ⑪	⑪
⑫ Other ⑫	⑫

Highway Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 N/A	Unit Number ① ● 3 4 5 ② 7 8 9 10 N/A
---	---

① Snow, Ice or Wet ①	①
② Narrow Shoulder ②	②
③ Low Shoulder ③	③
④ Soft Shoulder ④	④
⑤ Loose Gravel ⑤	⑤
⑥ Rough Pavement ⑥	⑥
⑦ Debris From Prior Accident ⑦	⑦
⑧ Other Debris ⑧	⑧
⑨ Sign Obscured or Missing ⑨	⑨
⑩ Narrow Bridge ⑩	⑩
⑪ Construction Zone ⑪	⑪
⑫ Visibility Obscured ⑫	⑫
⑬ Other ⑬	⑬

OFFICER INFORMATION

Last Name	First	M.I.
KOTARAK	JASON	J.
Law Enforcement Agency Address		
749 N. STATE ST.		
City & State	ZIP	
MILWAUKEE, WI	53033	
Phone Number		
(414) 933-4444		
Agency #	Enforcement Agency	Officer ID #
08	MILWAUKEE PD	015937

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report
MONTH DAY YEAR	HOUR MIN.	HOUR MIN.	MONTH DAY YEAR
Jan 27 07	6 51 17	1 52 28	Jan 27 07
Feb			Feb
Mar			Mar
Apr			Apr
May			May
June			June
July			July
Aug			Aug
Sept			Sept
Oct			Oct
Nov			Nov
Dec			Dec

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: **Did the accident involve...** 136

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

137 • Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information	Carrier Identification Numbers	Source:
Interstate Carrier? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	US DOT 138	<input type="checkbox"/> Vehicle Side
Carrier Name	ICC MC	<input type="checkbox"/> Shipping Papers
Carrier Address	IC	<input type="checkbox"/> Trip Manifest
		<input type="checkbox"/> Driver
		<input type="checkbox"/> Log Book

Vehicle Information	Gross Vehicle Weight Rating 139	LBS	Total # of Axles 140
Vehicle Configuration			
① Bus ② Single unit truck, 2 axles, 6 tires ③ Single unit truck + 3 axles ④ Truck/Trailer ⑤ Tractor/Doubles ⑥ Unknown Heavy Truck ⑦ Tractor/Semi-Trailer ⑧ Tractor/Triples ⑨ Log Truck			
SEQUENCE OF EVENTS FOR THIS VEHICLE 141	<i>(Mark a total of one to four events in the order that they occurred.)</i>		
① Run off Road ② Collision Involving Motor Vehicle in Transp. ③ Jackknife ④ Collision Involving Parked Motor Vehicle ⑤ Overturn (Rollover) ⑥ Collision Involving Train ⑦ Downhill Runaway ⑧ Collision Involving Pedalcycle ⑨ Cargo Loss or Shift ⑩ Collision Involving Animal ⑪ Explosion or Fire ⑫ Collision Involving Fixed Object ⑬ Separation of Units ⑭ Collision Involving Other Object ⑮ Collision Involving Pedestrian ⑯ Other			
Cargo Body Type 142			
① Bus ② Enclosed box ③ Cargo Tank ④ Flatbed ⑤ Dump ⑥ Concrete Mixer ⑦ Auto Transporter ⑧ Garbage/Refuse ⑨ Other ⑩ Log Truck			

AUG 31 2007

Printed in U.S.A. GS03 66422 Mark Refuse® by NCS M1871 06-3

Draw Diagram of Accident & Indicate North with an arrow in the circle:

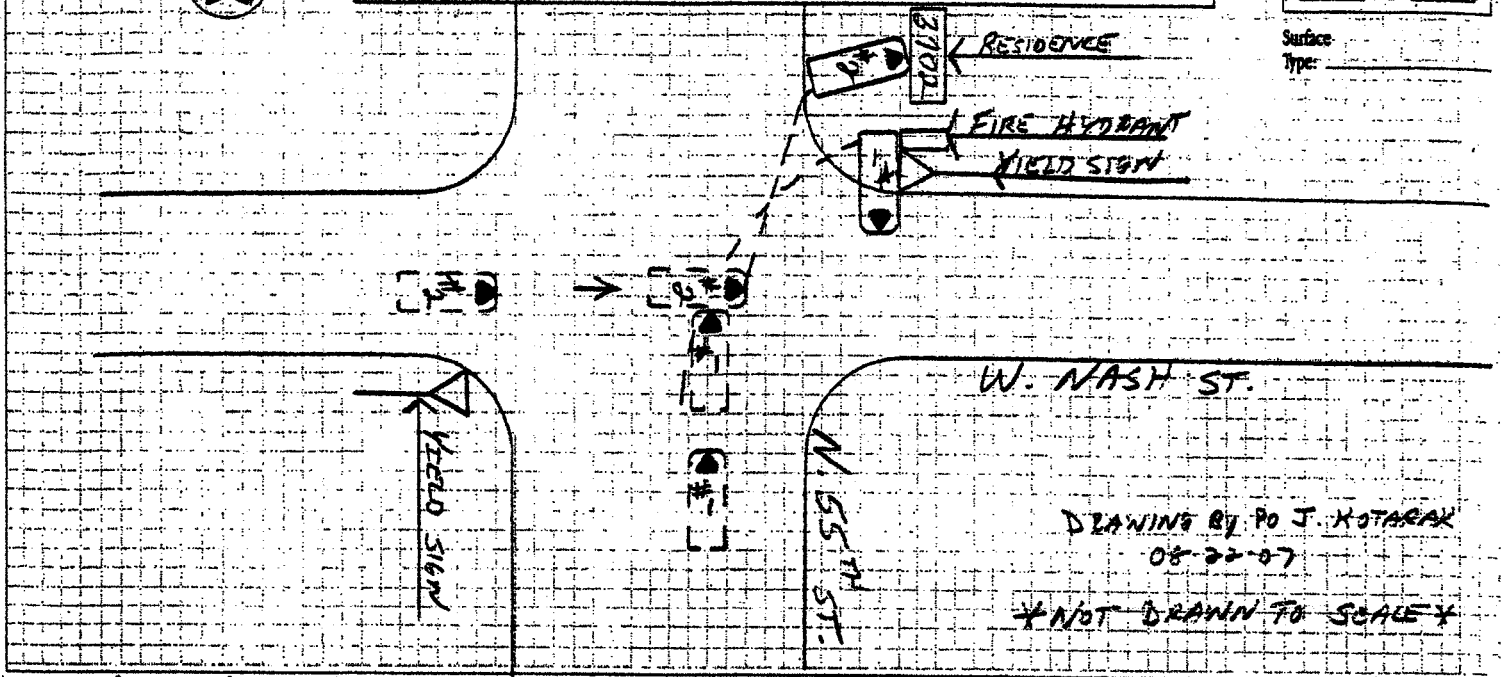


Pictorial Representation of Narrative

Supplemental Reports 101 Witness Statements 102 Measurements Taken 103

Skidmarks to Impact
Unit 1: 100 Unit 2: 100
0 FEET 0

Surface Type: _____



DRAWING BY PO J. KOTARAK
08-22-97

NOT DRAWN TO SCALE

NARRATIVE
UNIT #1 NORTHBOUND ON N. 55TH ST. COLLIDED WITH UNIT #2 WHICH WAS EASTBOUND ON W. NASH ST. AND FAILED TO YIELD AT THE YIELD SIGN. THE COLLISION CAUSED UNIT #2 TO CONTINUE AND COLLIDE WITH A RESIDENCE AT 3702 N. 55TH ST. AND CAUSED UNIT #1 TO SPIN AND COLLIDE WITH A FIRE HYDRANT AND THEN A YIELD SIGN POST.

EVENTS
BOX 82 (#30) = HOUSE / PG 2 BOX 82 (#30) = FIRE HYDRANT

Photos By: _____
FES: NONE

What Drivers Were Doing	
Unit Number	Unit Number
119	119
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> Going Straight <input type="checkbox"/> Making Left Turn <input type="checkbox"/> Making Right Turn <input type="checkbox"/> Slowing or Stopping <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Legally Parked <input type="checkbox"/> Violating No Passing Zone <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Parking Maneuver <input type="checkbox"/> Backing Maneuver <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Overtaking on Left <input type="checkbox"/> Overtaking on Right <input type="checkbox"/> Making U Turn <input type="checkbox"/> Turning on Red <input type="checkbox"/> Merging <input type="checkbox"/> Negotiating Curve <input type="checkbox"/> Other	

WITNESS NAME: _____	Last: _____	First: _____	M.I.: _____
ADDRESS: _____	Street & Number		
CITY & STATE: _____	ZIP: _____	PHONE NUMBER: _____	111

ACCESS CONTROL 112

No Control (Unlimited Access)
 Full Control (Only Ramp Entry/Exit)
 Partial Control

ROAD TERRAIN 113

Part A
 Straight
 Curve

Part B
 Level/Flat
 Hill

LIGHT CONDITION 114

Daylight
 Dark-Not Lighted
 Dark-Lighted
 Dawn
 Dusk
 Unknown

TRAFFIC WAY 115

Not Physically Divided (2-Way Traffic)
 Divided Highway, Median Strip, without Traffic Barrier
 Divided Highway, Median Strip, with Traffic Barrier
 One-Way Traffic
 Parking Lot or Private Property

ROAD SURFACE CONDITION 116

Dry
 Wet
 Snow/Slush
 Ice
 Sand, Mud, Dirt, Oil
 Other
 Unknown

WEATHER 118

Clear
 Cloudy
 Rain
 Snow
 Fog, Smog, Smoke
 Sleet, Hail (Freezing Rain or Drizzle)
 Blowing Sand, Soil, Dirt, Snow
 Severe Crosswinds
 Other
 Unknown

RELATION TO ROADWAY 117

On Roadway
 Parking Lot or Private Property
 Shoulder (Other Than Shoulder within Median or Gore)
 Median (Other Than Median within Gore)
 Outside Shoulder-Left
 Outside Shoulder-Right
 Off Roadway-Location Unknown
 On Ramp
 Gore (Area between Ramp & Highway)
 Unknown

Traffic Control	
Unit Number	Unit Number
120	120
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> No Control <input type="checkbox"/> Traffic Signal Operating <input type="checkbox"/> Traffic Signal Flashing <input type="checkbox"/> Stop Sign <input type="checkbox"/> Stop Sign with Flasher <input type="checkbox"/> Warning <input type="checkbox"/> Warn Sign with Flasher <input type="checkbox"/> Yield Sign <input type="checkbox"/> Traffic Control Person <input type="checkbox"/> RR-crossing Signal <input type="checkbox"/> Other	

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex	Severity K N A B C	SEAT Position Equipment	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport Y N Agency Space

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex	Severity K N A B C	SEAT Position Equipment	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport Y N Agency Space

Type of Accident

01 First Harmful Event
Most Harmful Event

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 6 7 8 9 10
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(select one per vehicle)

Collision With Object Not Fixed

1 Motor Vehicle in Transport	2 Parked Motor Vehicle	3 Deer	4 Pedalcycle	5 Pedestrian	6 Railway Train	7 Other Animal	8 Motor Vehicle in Transport In Other Roadway	9 Other Object (Not Fixed)
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Collision With Fixed Object

10 Traffic Sign Post	11 Traffic Signal	12 Utility Pole	13 Lum. Light Support	14 Other Post	15 Tree	16 Mailbox	17 Guardrail Face	18 Guardrail End	19 Median Barrier	20 Bridge Ramp End	21 Bridge/Pier/Abut	22 Impact Attenuator	23 Overhead Sign Post	24 Bridge Rail	25 Culvert	26 Ditch	27 Curb	28 Embankment	29 Fence	30 Other Fixed Object	31 Unknown
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Non-Collision

32 Overturn	33 Fire/Explosion	34 Immersion	35 Jackknife	36 Other Non-Collision
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Driver Condition

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 6 7 8 9 10
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88 Driver Factors (Or Pedestrians)

1 Appeared Normal	2 Reduced Alertness	3 Ability Impaired	4 Not Observed
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89 Presence

1 Neither Alcohol nor Drugs Present

2 Yes—Alcohol Present	3 Yes—Drugs Present	4 Yes—Alcohol & Drugs Present	5 Unknown
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90 Alcohol

AC Value	AC Value		
1 Test Not Given	2 Test Refused	3 Test Given, Alcohol Unknown	4 Test Given, No Alcohol Reported

91 Drugs

1 Test Not Given	2 Test Refused	3 Test Given, Drugs Unknown	4 Test Given, No Drugs Reported	5 Drugs Reported (Specify Below)	
6 Marijuana	7 Cocaine	8 Opiates	9 Amphetamines	10 PCP	11 Other Drug Medication Type Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

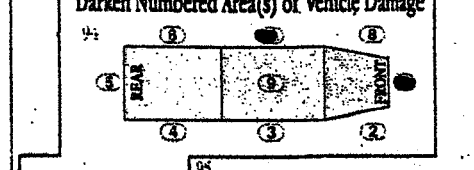
Pedestrian 92

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Daring into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

93 Manner of Collision

1 No Collision with Motor Vehicle in Transport	2 Rear-end	3 Head On	4 Rear to Rear	5 Angle	6 Sideswipe, Same Direction	7 Sideswipe, Opposite Direction	8 Unknown
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Unit # 1 2 3 4 5 6 7 8 9 10

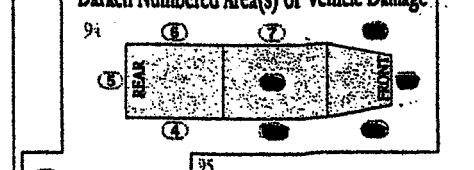


95 Extent of Damage

1 None	2 Very Minor	3 Minor	4 Moderate	5 Severe	6 Very Severe	7 Unknown
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Vehicle Towed Due to Damage 96 (N) Vehicle Removed By: 97 C.H.F.

Unit # 1 2 3 4 5 6 7 8 9 10



95 Extent of Damage

1 None	2 Very Minor	3 Minor	4 Moderate	5 Severe	6 Very Severe	7 Unknown
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Vehicle Towed Due to Damage 96 (N) Vehicle Removed By: 97 C.H.F.

82 Fixed Object Struck

Unit # 30	Unit #	Unit #	Unit #
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Govt. Damage Tag # 83

PROPERTY: LA OWNER 84
ADDRESS 85
City & State 86 ZIP 87
MILWAUKEE, WI

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS
 Please use a Black Ink Pen on #2 Pencil.
 Mark Areas as follows:
 Correct Mark
 Incorrect Marks

County: **40** MUN/TWP: **57**

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 02	<input type="radio"/> 07
<input type="radio"/> Feb	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Mar	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Apr	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> May	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> June	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> July	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Aug	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Sept	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Oct	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Nov	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Dec	<input type="radio"/> 01	<input type="radio"/> 07

Time (Militaria)

HOUR	MIN.
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<input type="radio"/> 15	<input type="radio"/> 55
<input type="radio"/> 16	<input type="radio"/> 55
<input type="radio"/> 17	<input type="radio"/> 55
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<input type="radio"/> 26	<input type="radio"/> 55
<input type="radio"/> 27	<input type="radio"/> 55
<input type="radio"/> 28	<input type="radio"/> 55
<input type="radio"/> 29	<input type="radio"/> 55
<input type="radio"/> 30	<input type="radio"/> 55

Total Number

UNITS	INJURED	KILLED
<input type="radio"/> 0	<input type="radio"/> 2	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 0
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<input type="radio"/> 38	<input type="radio"/> 40	<input type="radio"/> 0
<input type="radio"/> 39	<input type="radio"/> 41	<input type="radio"/> 0
<input type="radio"/> 40	<input type="radio"/> 42	<input type="radio"/> 0

Hit & Run Government Property Unit #
 Fire (Narrative) Photos Taken (Narrative)
 Trailer or Towed (Narrative) Truck or Bus (Last Page)
 Load Spillage Construction Zone
 Names Exchanged

Sheet No. Of **12**

ACCIDENT LOCATION

Public Highway, Intersection/Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

LATITUDE (GPS) Degrees: **12** Minutes: Seconds: LONGITUDE (GPS) Degrees: **13** Minutes: Seconds:

ON Hwy No. and / Street Name: **N-55th St** Estimated FT. MI. FROM/AT Hwy No. and / Street Name: **W-Nash St**

House # Fire # Other Utility # Railroad #

Agency Space: Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> W <input type="radio"/> E	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> W <input type="radio"/> E

Speed Limit	OPERATOR NAME	ADDRESS - Street & Number	City & State	ZIP	Phone Number	Driver's License Number	State	Exp. Year
<input type="radio"/> 1 <input type="radio"/> 2			MILWAUKEE, WI				WI	

On Duty Accident	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	On Duty Accident	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)
<input type="radio"/> Police <input type="radio"/> EMT/First Responder <input type="radio"/> Fire Fighter <input type="radio"/> Winter Hwy Maintenance	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M <input type="radio"/> N <input type="radio"/> O <input type="radio"/> P	<input type="radio"/> Police <input type="radio"/> EMT/First Responder <input type="radio"/> Fire Fighter <input type="radio"/> Winter Hwy Maintenance	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M <input type="radio"/> N <input type="radio"/> O <input type="radio"/> P

SEVERITY	SEAT POSITION	SAFETY EQUIPMENT	AIRBAG	EJECTED	SEVERITY	SEAT POSITION	SAFETY EQUIPMENT	AIRBAG	EJECTED
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

TRAPPED/EXTRICATED	Medical Transport	TRAPPED/EXTRICATED	Medical Transport
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Vehicle Owner Same Last Name

City & State: **MILWAUKEE, WI**

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
1997	DODGE	RAM 1500	P/U	BLU	2007	CHEV	EMPERA	4DR	RED

Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year	Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year
3B7HF1329VC		TR	WI	08	2L1WC58R179		OUT	WI	08

Policy Holder's Name	Liability Insurance Company	Policy Holder's Name	Liability Insurance Company
	ANDERSON		AMERICAN FAMILY

Occupant Unit Number	NAME	ADDRESS - Street & Number	City & State	ZIP	Date of Birth	Sex	Severity	SEAT POSITION	SAFETY EQUIPMENT	AIRBAG
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4						<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Address Same as Operator Yes No

Medical Transport Agency Space

EMSA Number

Please Do Not Write In This Microfilm Space
 Accident No. **8702046**
 Location **N 55th St / Nash St AUG 2 2007**

LA-08-31-07sa

G.M. Central Claims Unit
Attn: Nikki Jackson Claims Administrator
P.O. Box 300
Detroit, MI 48265

October 30, 2007

RE: File No:

[REDACTED]
Date/Accident: 8/22/07

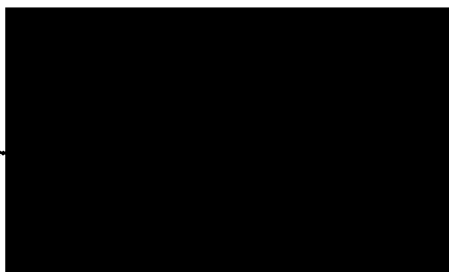
Leased Vehicle: 2007 Chevrolet Impala

VIN: 2G1WC58R179 [REDACTED]

As discussed previously on the phone, Gruber Law Office is no longer handling the claim. We will be providing the necessary information to assist you in settling this claim. This vehicle was leased back on February 22, 2007. This make and model was chosen not only for its' style but most of all its safety features which included the Airbag System. On August 22, 2007 we were involved in a near life threatening motor vehicle accident. A speeding 1997 Dodge Ram ran into the passenger side door of our 2007 Chevrolet Impala. That impact did not deploy any Airbags. The impact did push our Chevrolet Impala head on into a Corner brick home, destroying some bricks, and then shattering the front bay window. The enclosed pictures will give some visual insight. Then we woke up at Froedtert Memorial Hospital, Milwaukee, WI. [REDACTED] who was the driver, suffered head injury, back injury, neck injury, an injury to the eye, and was knocked unconscious. The end result has been unusual frequent headaches, a change in sleep patterns, episodes where vision is blurred, short term memory loss, back and neck spasms. Some of this is the result of hitting the steering wheel and a few other things. If we had the security of the Airbag system some of these injuries could have been prevented. [REDACTED] the passenger suffered head injury from hitting the dashboard and other things, leg injury, neck injury, back injury, two fractured ribs, air pockets behind the lungs which resulted in surgery where a chest tube was inserted. The end result is unusual frequent headaches, hair loss at the hairline, some short

term memory loss, shoulder injury, months of physical therapy, neck and back spasms. Evidence shows that the air bags never deployed which could have saved us from some of our injuries. There was a defect in our Airbag system and some responsibility on GMAC's part would be greatly appreciated. Enclosed are some pictures, medical records, and medical bills.

Sincerely,





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*

Nikki Jackson
Claim Administrator

October 10, 2007

Suzanne Sherwood
Paralegal
Gruber Law Offices
100 East Wisconsin Avenue
Suite 1650
Milwaukee, WI 53202

RE: Our File No.: [REDACTED]
Our Client: General Motors Corporation
Your Clients: [REDACTED]
Date/Event: 8/22/07
Subject Vehicle: 2007 Chevrolet Impala
VIN: 2G1WC58R179 [REDACTED]

As discussed in my initial correspondence to your office dated September 25, 2007, ESIS provides administrative claims handling services to General Motors Corporation in connection with product liability claims against GM. Please direct all further correspondence to me at the address above.

We have not to date received your specific defect allegation along with your theory of liability as to General Motors and supporting proofs (expert's report, mechanic's statements, photographs, etc.). Please forward this information to me at your earliest convenience. We will also need all pertinent medical records/bills if it is your intention to seek compensation for any claimed injuries incurred by your clients in this accident.

Please note that 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 your clients intend to pursue a claim and/or cause of action against GM.

Enclosed is a copy of the data we retrieved from your clients' vehicle during our investigation. Should you have any questions with regards to this letter or your clients' claim, please do not hesitate to contact me directly at (800) 888-0164, Monday through Friday, 8:00 AM to 4:00 PM, EST.

Sincerely,

Nikki Jackson
Claim Administrator

Enclosure



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*

Nikki Jackson
Claims Administrator

December 21, 2007

[REDACTED]
Milwaukee, WI [REDACTED]

RE: Our File No.: [REDACTED]
Our Client: General Motors Corporation
Date/Event: 8/22/07
Subject Vehicle: 2007 Chevrolet Impala
VIN: 2G1WC58R179 [REDACTED]

This letter will serve to acknowledge your inquiry regarding the airbag system in your 2007 Chevrolet Impala. We have reviewed our investigation that includes photos of the damage to your vehicle and data retrieved from your vehicle's airbag system computer.

Based on all the documentation received and reviewed, the SIR system performed properly by not deploying the airbags during this accident. Therefore, ESIS, on behalf of General Motors Corporation, will not be in a position to honor your request for damages.

Enclosed is a copy of the data we retrieved from your vehicle during our investigation.

If you have any additional evidence that supports your claim of a product defect, please forward it to my attention for further review. 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,

Nikki Jackson
Claims Administrator

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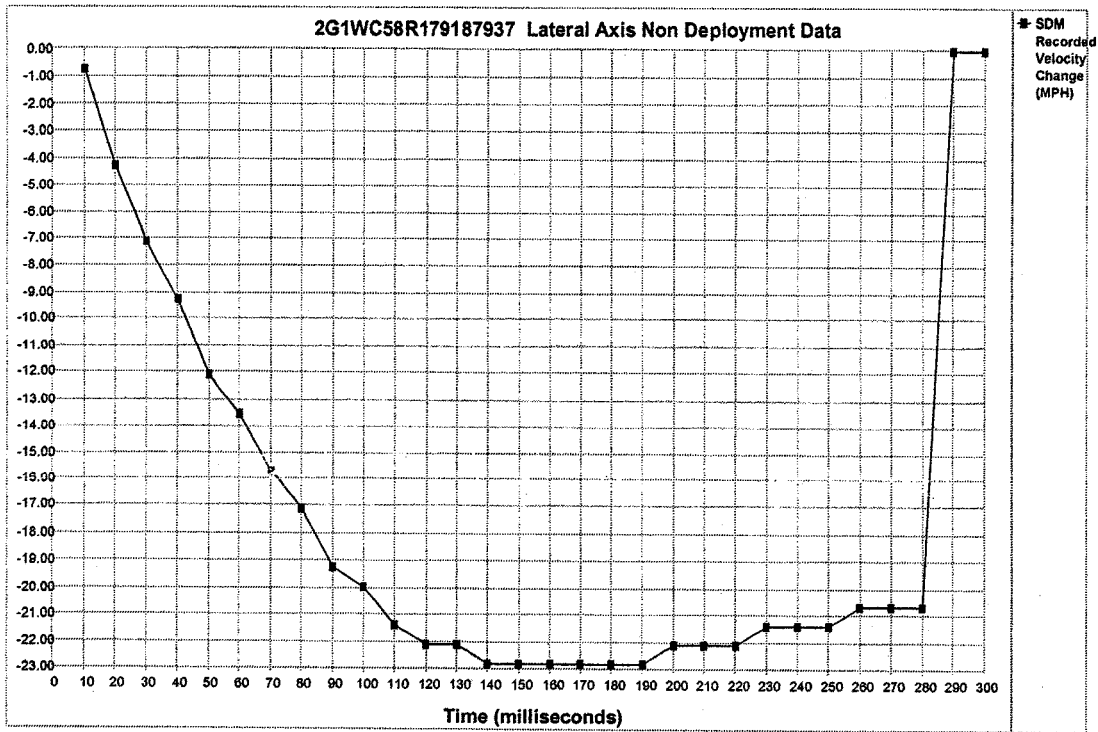


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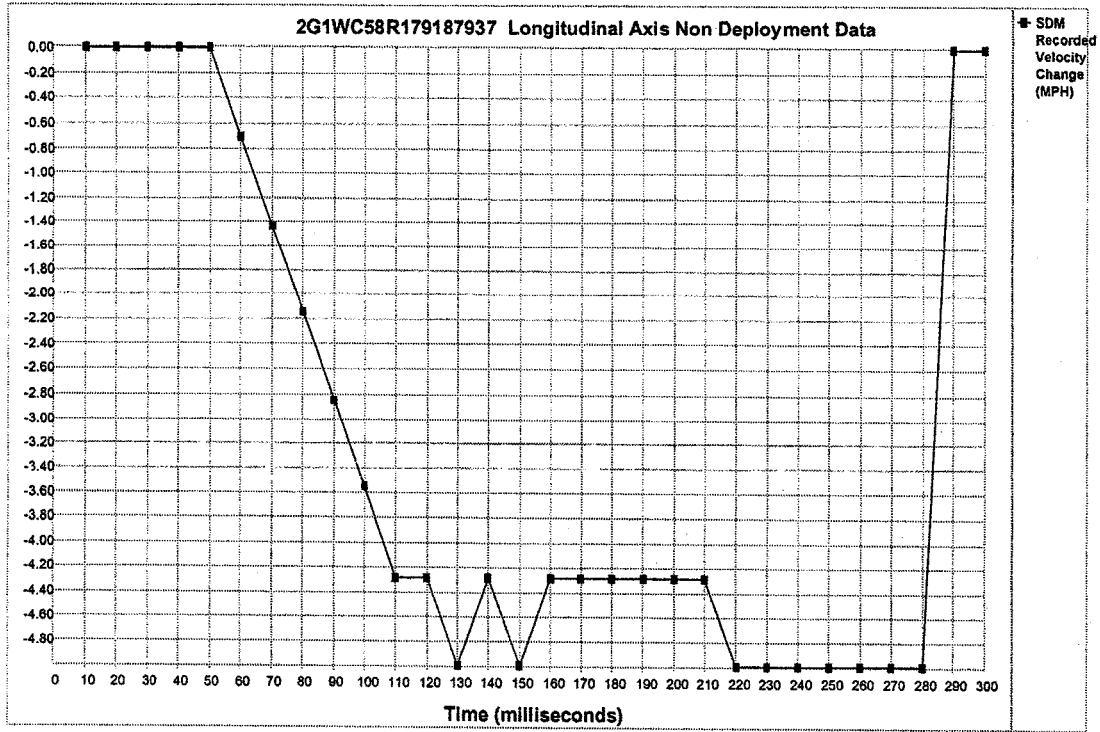


Hexadecimal Data

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```



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Lateral Axis Recorded Velocity Change (MPH)	-0.71	-4.28	-7.13	-9.27	-12.12	-13.54	-15.68	-17.11	-19.25	-19.96	-21.39	-22.10	-22.10	-22.81	-22.81
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	-22.81	-22.81	-22.81	-22.81	-22.10	-22.10	-22.10	-21.39	-21.39	-21.39	-20.67	-20.67	-20.67	0.00	0.00



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	0.00	0.00	0.00	-0.71	-1.43	-2.14	-2.85	-3.56	-4.28	-4.28	-4.99	-4.28	-4.99
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-4.28	-4.28	-4.28	-4.28	-4.28	-4.28	-4.99	-4.99	-4.99	-4.99	-4.99	-4.99	-4.99	0.00	0.00

System Status At Non-Deployment

Ignition Cycles At Investigation	2081
SIR Warning Lamp Status	OFF
Total Time SIR Warning Lamp was ON Since the Counter was Last Reset (seconds)	0
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	21
Ignition Cycles At Event	2080
Ignition Cycles Since DTCs Were Last Cleared	255
Driver's Belt Switch Circuit Status	BUCKLED
Passenger's Belt Switch Circuit Status	UNBUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	N/A
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Diagnostic Trouble Codes at Event, fault number: 7	N/A
Diagnostic Trouble Codes at Event, fault number: 8	N/A
Diagnostic Trouble Codes at Event, fault number: 9	N/A
Maximum SDM Recorded Velocity Change (MPH)	27.36
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	150
Crash Record Locked	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
SDM Synchronization Counter	2079
Event Recording Complete	Yes
Driver First Stage Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	No
Driver Second Stage Deployment Loop Commanded	No
Driver 2nd Stage Deployment Loop Commanded for Disposal	No
Passenger Second Stage Deployment Loop Commanded	No
Passenger 2nd Stage Deployment Loop Commanded for Disposal	No
Driver Pretensioner Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No
Passenger Side Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 3) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 3) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No

Multiple Event Data

Associated Events Not Recorded	0
An Event(s) Preceded the Recorded Event(s)	No
An Event(s) was in Between the Recorded Event(s)	No
An Event(s) Followed the Recorded Event(s)	No
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Event(s)	No

System Status At AE

Low Tire Pressure Warning Lamp (If Equipped)	Invalid
Vehicle Power Mode Status	Run
Remote Start Status (If Equipped)	Inactive
Run/Crank Ignition Switch Logic Level	Active

Pre-crash data

Parameter	-1.0 sec	-0.5 sec
Reduced Engine Power Mode	OFF	OFF
Cruise Control Active (If Equipped)	No	No
Cruise Control Resume Switch Active (If Equipped)	No	No
Cruise Control Set Switch Active (If Equipped)	No	No
Engine Torque (foot pounds)	2.03	21.39

Pre-crash data

Parameter	-2.5 sec	-2.0 sec	-1.5 sec	-1.0 sec	-0.5 sec
Vehicle Speed (MPH)	30	30	29	27	26
Engine Speed (RPM)	960	960	896	896	896
Percent Throttle	12	11	11	9	22
Brake Switch Circuit Status	OFF	ON	ON	ON	OFF

CDR File Information

Vehicle Identification Number	2G1WC58R179 [REDACTED]
Investigator	Tom Ellingsworth
Case Number	637145
Investigation Date	Tuesday, October 2 2007
Crash Date	Wednesday, August 22 2007
Filename	2G1WC58R179 [REDACTED].CDR
Saved on	Tuesday, October 2 2007 at 11:12:34 AM
Collected with CDR version	Crash Data Retrieval Tool 2.9016
Reported with CDR version	Crash Data Retrieval Tool 2.9016
EDR Device Type	airbag module
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). The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH. It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by a Deployment Level Event, if the Non-Deployment Event is not locked. This event will be cleared by the SDM, after 250 ignition cycles.

The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events. 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. If a Deployment Level Event occurs any time after the Deployment Event, the Deployment Level Event will overwrite any non-locked Non-Deployment Event.

SDM Data Limitations:

-SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. 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 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.

-Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-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.

-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 and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit.

-The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 5 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.

-The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-modifying messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition cycle counter.

-Driver and Passenger Pretensioner Deployment Loop Commanded data will be displayed as "No", if they were the only restraint device commanded to be deployed in an event.

SDM Data Source:

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

-Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.

-The Belt Switch Circuit is wired directly to the SDM.

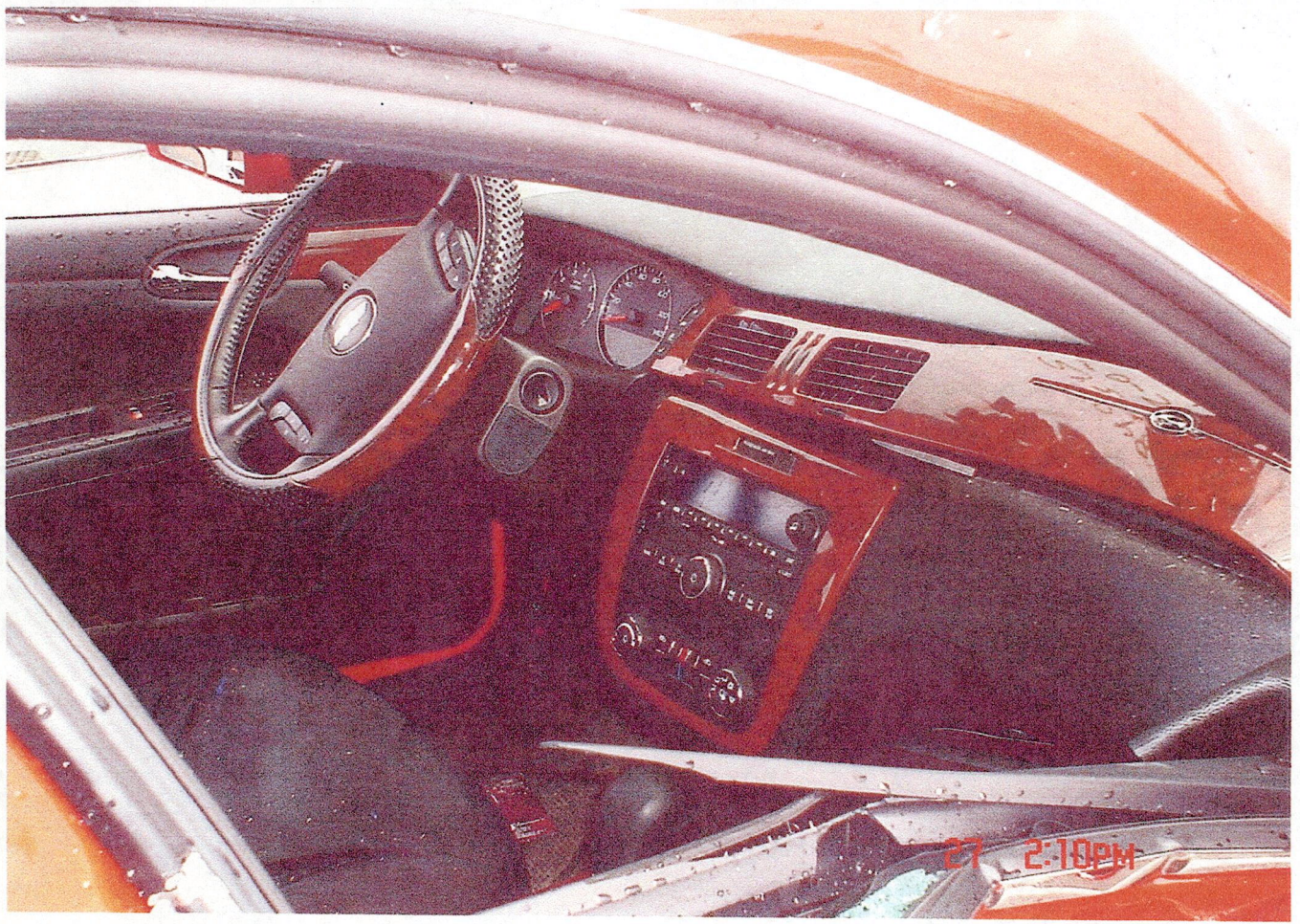


1st Impact





2nd Impact



no side air bags or front airbags

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INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).