



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
2008 FEB -6 AM 7:41
04-JAN-2008

Repository
Reference No.
10213733

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MILWAUKEE State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/15/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2G1WC58R175 [REDACTED] Make CHEVROLET Model IMPALA Model Year 2007
Date Purchased 01-FEB-07 Dealer's Name and Telephone Number ANDREW CHEVROLET 414-228-6209 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City GLENDALE State WI Zip Code 53209
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-AUG-2007 Failure Mileage 10000 Failure Speed 5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 2 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 2007 CHEVROLET IMPALA. WHILE DRIVING 5 MPH, A SPEEDING VEHICLE STRUCK AND PUSHED THE CONTACT'S VEHICLE INTO A BRICK APARTMENT COMPLEX. NONE OF THE AIR BAGS DEPLOYED. THE DRIVER SUSTAINED INJURIES TO THE HEAD AND EYE. THE CONTACT SUSTAINED INJURIES TO THE HEAD, NECK, BACK, AND LEGS. A POLICE REPORT WAS FILED. THE MANUFACTURER TOOK A REPORT AND INVESTIGATED THE BRAIN BOX. THE INVESTIGATION CONCLUDED THAT THE AIR BAG ACTED PROPERLY BY NOT DEPLOYING, BUT NO FURTHER EXPLANATION WAS PROVIDED. THE CURRENT AND FAILURE MILEAGES WERE 10,000.

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)

The vehicle is defective neither front nor side airbags deployed. Manufacturer claims airbags did ~~not~~ right by not deploying even though there was a 2 impact crash. I was hurt and my driver was hurt. I would just like my money back for the lease if self. If possible some medical bills but I don't see that happening. I want to just be compensated for the down payment in my lease.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:

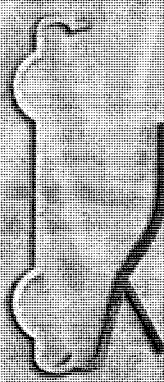

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236

NHTSA
National Highway Traffic Safety Administration

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

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

October 30, 2007

RE: File No: 637145
[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.: 637145
Our Client: General Motors Corporation
Your Clients: [REDACTED]
Date/Event: 8/22/07
Subject Vehicle: 2007 Chevrolet Impala
VIN: 2G1WC58R179 [REDACTED]

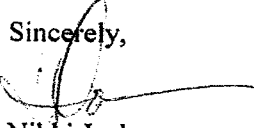
As discussed in my initial correspondence to your office dated September 25, 2007, ESIS provides administrative claims handling services to General Motors Corporation in connection with product liability claims against GM. Please direct all further correspondence to me at the address above.

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*

December 21, 2007

Nikki Jackson
Claims Administrator

[REDACTED]
Milwaukee, WI [REDACTED]

RE: Our File No.: 637145
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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CDR File Information

Vehicle Identification Number	2G1WC58R179
Investigator	Tom Ellingsworth
Case Number	637145
Investigation Date	Tuesday, October 2 2007
Crash Date	Wednesday, August 22 2007
Filename	2G1WC58R179 DR
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-modding 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.

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

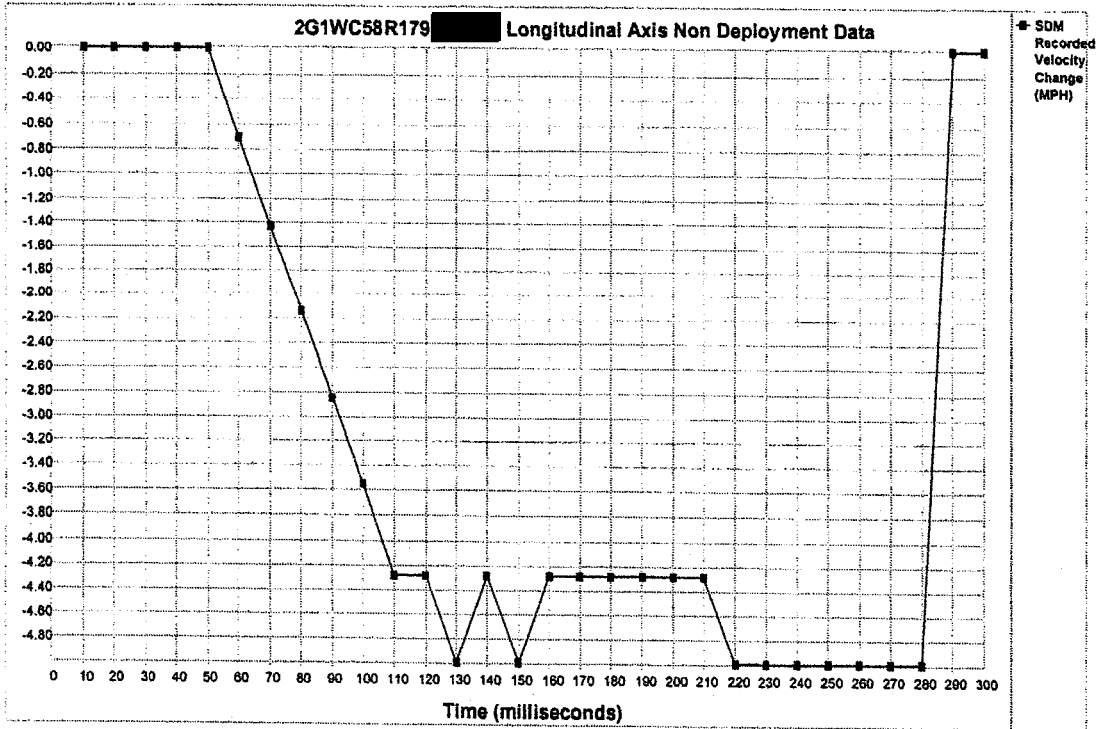
Parameter	-1.0 sec	-0.5 sec
Reduced Engine Power Mode	OFF	OFF
Cruise Control Active (If Equipped)	No	No
Cruise Control Resume Switch Active (If Equipped)	No	No
Cruise Control Set Switch Active (If Equipped)	No	No
Engine Torque (foot pounds)	2.03	21.39

Pre-crash data

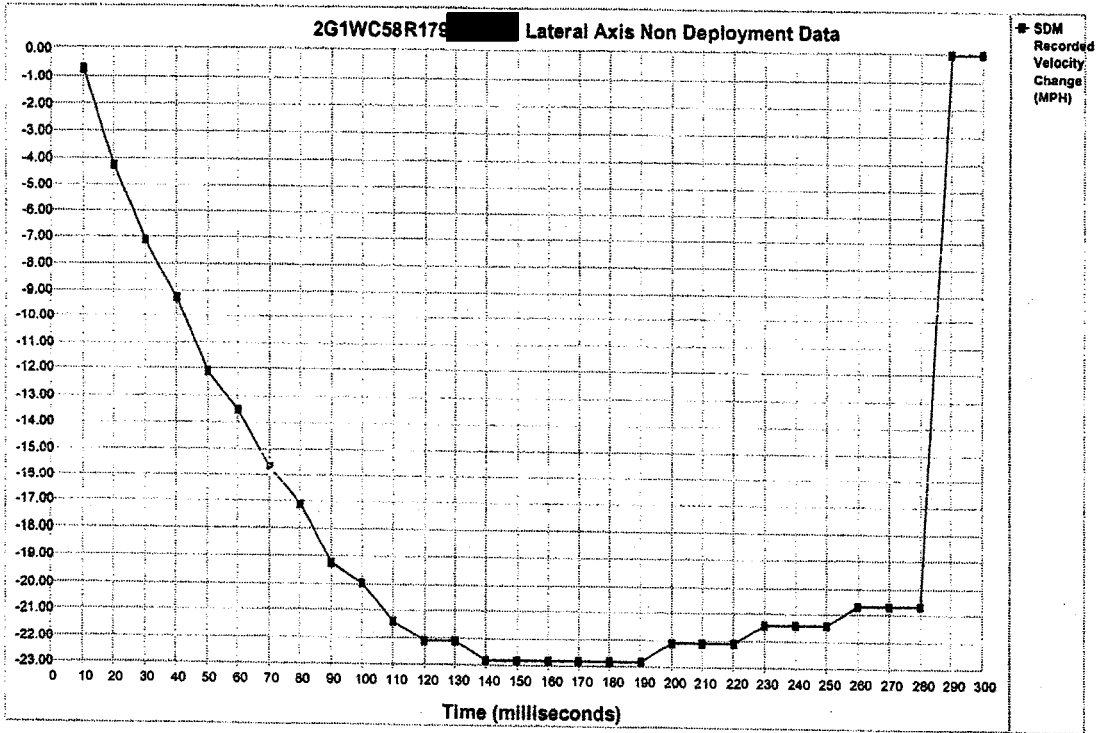
Parameter	-2.5 sec	-2.0 sec	-1.5 sec	-1.0 sec	-0.5 sec
Vehicle Speed (MPH)	30	30	29	27	26
Engine Speed (RPM)	960	960	896	896	896
Percent Throttle	12	11	11	9	22
Brake Switch Circuit Status	OFF	ON	ON	ON	OFF

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



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	-4.99	0.00



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

Hexadecimal Data

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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 [REDACTED] Unit #1 spun 180 degrees colliding with a fire hydrant and then with a yield sign post.


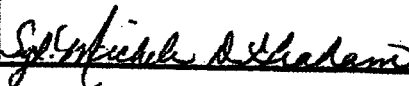
The owner of the property located at [REDACTED] is [REDACTED] (b/m 11-01-58, 3419 N. 48th St. 449-1909). [REDACTED] was notified by phone of the accident and he advised that the property is insured by American Family Insurance.

I then changed locations to Froedtert Hospital and spoke to the driver of unit #2, [REDACTED] [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 Loc Code 015937 08	SUPERVISORS SIGNATURE 
---	-------------------------------------	---

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number 67	City & State M.F.	ZIP	SEVERITY K () A () B () C ()	SEAT Position 70	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown	
Address Same as Operator Yes () No ()	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 78				
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First 67	M.I.	Date of Birth 67	Sex M () F ()	SEVERITY K () A () B () C ()	SEAT Position 70	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number 67	City & State	ZIP						
Address Same as Operator Yes () No ()	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 78				
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First 67	M.I.	Date of Birth 67	Sex M () F ()	SEVERITY K () A () B () C ()	SEAT Position 70	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number 67	City & State	ZIP						
Address Same as Operator Yes () No ()	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 78				
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First 67	M.I.	Date of Birth 67	Sex M () F ()	SEVERITY K () A () B () C ()	SEAT Position 70	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number 67	City & State	ZIP						
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Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First 67	M.I.	Date of Birth 67	Sex M () F ()	SEVERITY K () A () B () C ()	SEAT Position 70	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number 67	City & State	ZIP						
Address Same as Operator Yes () No ()	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 78				
Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First 67	M.I.	Date of Birth 67	Sex M () F ()	SEVERITY K () A () B () C ()	SEAT Position 70	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number 67	City & State	ZIP						
Address Same as Operator Yes () No ()	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 78				

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 OWNER: 84	First	M.I.
CITY OF MILWAUKEE		
ADDRESS	85	
City & State	ZIP	Phone Number ()
86		87
PROPERTY: Last OWNER: 84	First	M.I.
MILWAUKEE, WI		
ADDRESS	85	
City & State	ZIP	Phone Number ()
86		87
PROPERTY: Last OWNER: 84	First	M.I.
MILWAUKEE, WI		
ADDRESS	85	
City & State	ZIP	Phone Number ()
86		87
PROPERTY: Last OWNER: 84	First	M.I.
MILWAUKEE, WI		
ADDRESS	85	
City & State	ZIP	Phone Number ()
86		87

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Officer's Opinion of Possible Contributing Circumstances

Document Number Override

Driver Factors

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

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

Vehicle Factors

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

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

Highway Factors

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

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

OFFICER INFORMATION

Last Name: KOTARAK	First Name: JASON J.	M.I.:
Law Enforcement Agency Address: 749 N. STATE ST.		
City & State: MILWAUKEE, WI		
ZIP: 53233		
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	20	07	15	17	15	28	Jan	20	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

US DOT: 140 LC

ICC MC: IC

Carrier Address: 141

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Gross Vehicle Weight Rating: 145 LBS

Total # of Axles: 146

Vehicle Configuration

① Bus

② Single unit truck, 2 axles, 6 tires

③ Single unit truck + 3 axles

④ Truck/Tractor

⑤ Tractor/Trailer

⑥ Tractor/Trailer

⑦ Tractor/Trailer

⑧ Tractor/Trailer

⑨ Unknown Heavy Truck

⑩ Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 138

(Mark a total of one to four events in the order that they occurred.)

① ② ③ ④ Run off Road

① ② ③ ④ Jackknife

① ② ③ ④ Overtake (Rollover)

① ② ③ ④ Downhill Runaway

① ② ③ ④ Cargo Loss or Shift

① ② ③ ④ Explosion or Fire

① ② ③ ④ Separation of Units

① ② ③ ④ Collision Involving Pedestrian

① ② ③ ④ Collision Involving Motor Vehicle in Transp.

① ② ③ ④ Collision Involving Parked Motor Vehicle

① ② ③ ④ Collision Involving Train

① ② ③ ④ Collision Involving Pedalcycle

① ② ③ ④ Collision Involving Animal

① ② ③ ④ Collision Involving Fixed Object

① ② ③ ④ Collision Involving Other Object

① ② ③ ④ Other

Cargo Body Type 147

① Bus

② Van/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. GSRD 65432 Mark Refused by MCS MM97108-3

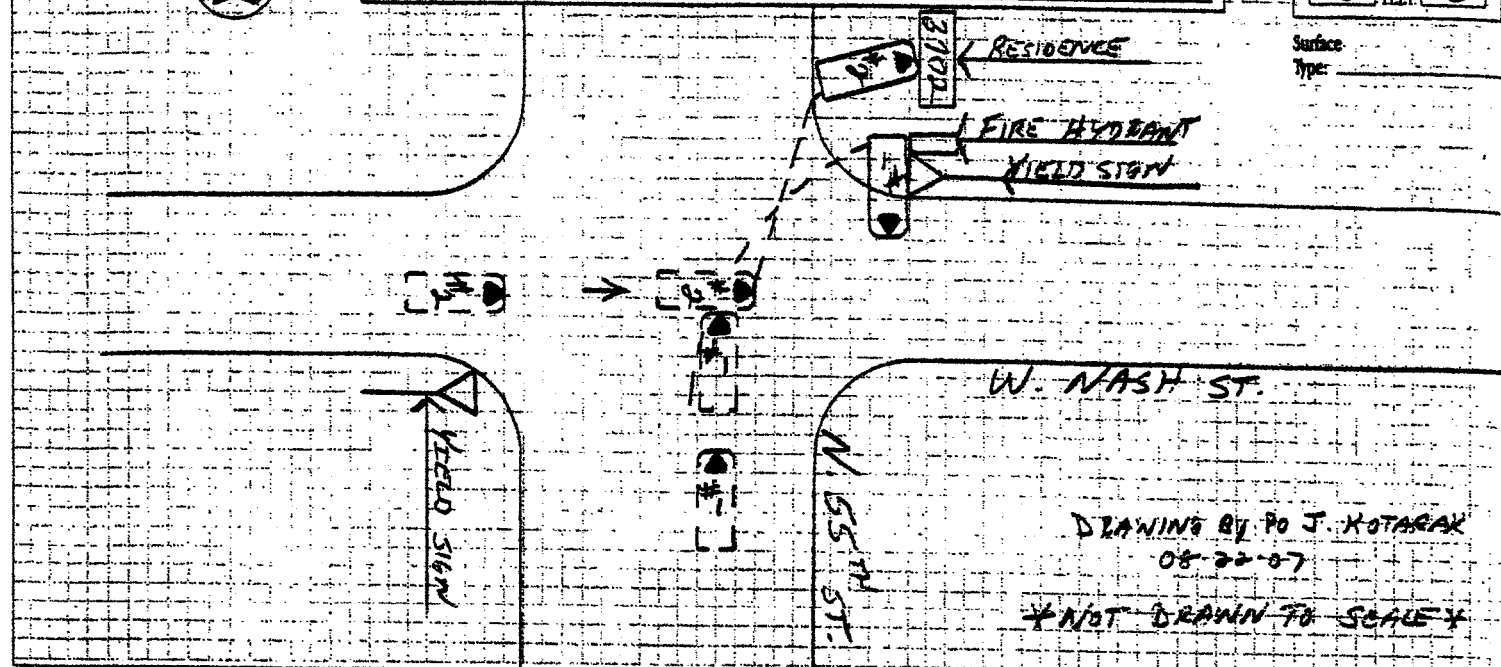
Draw Diagram of Accident & Indicate North with an arrow in the circle:



Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

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



N UNIT #1 NORTHBOUND ON N. 55TH ST.
A COLLIDED WITH UNIT #2 WHICH WAS EASTBOUND
R ON W. NASH ST. AND FAILED TO YIELD AT
R THE YIELD SIGN. THE COLLISION CAUSED UNIT #2
A TO CONTINUE AND COLLIDE WITH A RESIDENCE OF
T 3702 N. 55TH ST. AND CAUSED UNIT #1 TO SPIN
I YIELD SIGN AFT.

Photos By: NONE

I BOX 92 (#30) = HOUSE / PG 2 BOX 92 (#30) = FIRE HYDRANT
V
E

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 119	<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

- Going Straight
- Making Left Turn
- Making Right Turn
- Slowing or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Passing Zone
- Illegally Parked
- Parking Maneuver
- Backing Maneuver
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making U Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS NAME	PLAC	REL
ADDRESS - Street & Number	Date of Birth	
City & State	ZIP	Phone
	Truck	Tractor

ACCESS CONTROL 113

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

ROAD TERRAIN 115

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
- Gore (Area between Ramp & Highway)
- On Ramp
- Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 130	<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher
- Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- RR-crossing Signal
- Other

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS	Street & Number		City & State		ZIP	K N A B C			① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator	EJECTED	① Totally Ejected ② Partially Ejected ③ 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	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS	Street & Number		City & State		ZIP	K N A B C			① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator	EJECTED	① Totally Ejected ② Partially Ejected ③ 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	Unit Number
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

(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 Parapet 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
---------------------	------------------	----------------	----------------------	--------------	--------	-----------	------------------	-----------------	------------------	----------------------	---------------------	---------------------	----------------------	---------------	-----------	---------	--------	--------------	---------	----------------------	-----------

Non-Collision

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

Driver Condition

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

Driver Factors (Or Pedestrians)

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

Presence

① Neither Alcohol nor Drugs Present

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

Alcohol

AC Value

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

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

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

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
--	------------	-----------	----------------	---------	-----------------------------	---------------------------------	-----------

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage

① None	② Undercarriage	③ Total (Damage to All Areas)	④ Other	⑤ Unknown
--------	-----------------	-------------------------------	---------	-----------

Extent of Damage

① None	② Very Minor	③ Minor	④ Moderate	⑤ Severe	⑥ Very Severe	⑦ Unknown
--------	--------------	---------	------------	----------	---------------	-----------

Vehicle Towed Due to Damage: ① (N)

Vehicle Removed By: C.H.F.

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage

① None	② Undercarriage	③ Total (Damage to All Areas)	④ Other	⑤ Unknown
--------	-----------------	-------------------------------	---------	-----------

Extent of Damage

① None	② Very Minor	③ Minor	④ Moderate	⑤ Severe	⑥ Very Severe	⑦ Unknown
--------	--------------	---------	------------	----------	---------------	-----------

Vehicle Towed Due to Damage: ① (N)

Vehicle Removed By: C.H.F.

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
30			

Govt. Damage Tag # 83

PROPERTY: Last OWNER 84

ADDRESS: 85

City & State: MILWAUKEE, WI ZIP: 53102





2nd Impact



No side airbags or dash
airbags



1st impact

CHEVROLET

IMPALA LS SEDAN

Standard Equipment

Items Featured Below are included at NO EXTRA CHARGE in the Standard Vehicle Price shown at Right

*** MECHANICAL: ***

- ENGINE, 3.0L V6
- ACTIVE FUEL MANAGEMENT TM
- 4 SPEED AUTO TRANSMISSION
- STAINLESS STEEL EXH, DUAL TIP
- ENGINE OIL LIFE MONITOR SYS.

*** SAFETY: ***

- 1 YR ONSTAR SAFE & SOUND (ASK DLE ABOUT TURN-BY-TURN NAV UPGRADE)
- ANTILOCK BRAKE SYSTEM
- 4 WHEEL DISC
- TRACTION CONTROL SYSTEM
- AIR BAGS, DUAL FRONTAL
- PASSENGER SENSING SYSTEM
- HEAD CURTAIN SIDE AIR BAGS FRONT / REAR
- DAYTIME RUNNING LAMPS
- AUTOMATIC HEADLAMPS
- PWR DOOR LOCKS, PROGRAMMABLE
- THEFT DETERRENT SYSTEM
- REAR CHILD SEAT LATCH SYSTEM
- FR DOOR CHILD SECURITY LOCKS
- LOCK OUT PROTECTION
- BATTERY RUNDOWN PROTECTION

shown at Right

*** EXTERIOR: ***

- TIRE INFLATION MONITOR
- WHEELS, 17" ALUMINUM
- TIRES, TOURING
- DUAL POWER OUTSIDE MIRRORS
- FOG LAMPS & REAR WIPER

*** INTERIOR: ***

- TILT STEERING WHEEL
- CONTROL & AUDIO CONTROLS
- PWR SEAT ADJUST-DRIVER, 8 WAY
- REMOTE VEHICLE START
- MAN. DUAL ZN AIR CONDITIONING
- POWER WINDOWS & DOOR LOCKS
- TRIP COMPUTER W/TEMP & COMPASS
- AM/FM STEREO, CD PLAYER, MP3 PLAYER, RADIO DATA SYSTEM & AUXILIARY INPUT JACK
- XM SATELLITE RADIO SERVICE FEE EXTRA 1ST 3 MONTHS INCL.
- REAR FLOOR FOLD FLAT SEAT

Options & Pricing

MANUFACTURER'S SUGGESTED

STANDARD VEHICLE PRICE

Options installed by the manufacturer (may replace standard equipment shown at left)

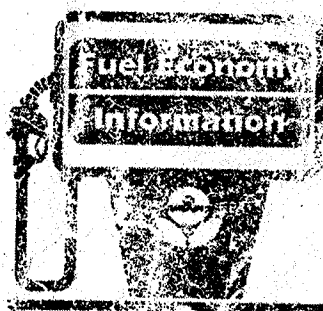
- EXT-PRECISION RED
- INT-EBONY

TOTAL OPTIONS

Visit us at www.chevy.com

CITY MPG

20



HIGHWAY MPG

29

ACTUAL MILEAGE

WILL VARY WITH OPTIONS, DRIVING CONDITIONS, DRIVING HABITS AND VEHICLE'S CONDITION. RESULTS REPORTED TO EPA INDICATE THAT THE MAJORITY OF VEHICLES WITH THESE ESTIMATES WILL ACHIEVE BETWEEN

17 AND 20 MPG IN THE CITY AND BETWEEN 24 AND 34 MPG ON THE HIGHWAY.

2017 IMPALA
3.0 LITER V6 ENGINE
FUEL INJECTION, AUTOMATIC
4 SPEED TRANSMISSION
CATALYST, FEEDBACK FUEL SYSTEM

ESTIMATED ANNUAL FUEL COST: \$1,728

FOR COMPARISON: SHOPPING,
ALL VEHICLES CLASSIFIED AS

LARGE

HAVE BEEN ISSUED
EPA FUEL ECONOMY RATING
BASED ON

10 24 MPG CITY
AND
15 34 MPG
HIGHWAY.

MOTOR VEHICLE LEASE AGREEMENT GMAC SMARTLEASE® – Monthly Payment

LESSEE (and CO-LESSEE) ("You") name and address, including county <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Garaging address (if different) Principal driver (if business use)	LESSOR (Retailer) GENERAL MOTORS ACCEPTANCE CORPORATION 1000 W. BROADWAY, SUITE 1000 RICHMOND, VA 23260
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This is an agreement to lease a vehicle. This is not a purchase agreement. You are not buying the vehicle. By signing this lease, you agree to everything on the front and back. "We," "us," and "our" refer to Lessor named above and any assignee. An "assignee" is a person to whom this lease is assigned (if it is assigned).

- If this box is checked, Lessor (Retailer) will assign this lease and sell the vehicle to General Motors Acceptance Corporation ("GMAC").
- If this box is checked, GMAC helped to arrange this lease and Lessor (Retailer) will assign it and sell the vehicle to Central Originating Lease Trust.
- If this box is checked, Lessor (Retailer) will assign this lease and sell the vehicle to _____.
- If this box is checked, Lessor (Retailer) intends not to assign this lease.

THE VEHICLE YOU ARE LEASING

New/Used	Year	Make & Model	Body Style	Vehicle ID #	Mileage	Primary Use
						<input type="checkbox"/> Personal, Family, Household or Agricultural <input type="checkbox"/> Commercial or Business <input type="checkbox"/> Public Conveyance
Dealer Installed Options: _____						GVW (if truck) _____

FEDERAL CONSUMER LEASING ACT DISCLOSURES

1. Amount Due at Lease Signing or Delivery (Itemized Below)* \$ _____	2. Monthly Payments Your first monthly payment of \$ _____ is due on _____, followed by _____ payments of \$ _____ due on the _____ of each month. The total of your monthly payments is \$ _____.	3. Other Charges (not part of your monthly payment) Disposition fee (if you do not purchase the vehicle) \$ _____ _____ \$ _____ Total \$ _____	4. Total of Payments (The amount you will have paid by the end of the lease.) \$ _____
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*Itemization of Amount Due at Lease Signing or Delivery

5. Amount Due at Lease Signing or Delivery: a. Capitalized cost reduction \$ _____ b. First monthly payment \$ _____ c. Refundable security deposit \$ _____ d. Title fees \$ _____ e. Registration fees \$ _____ f. Sales/use tax \$ _____ g. _____ \$ _____ h. _____ \$ _____ i. _____ \$ _____ j. Total \$ _____	6. How the Amount Due at Lease Signing or Delivery will be paid: a. Net trade-in allowance \$ _____ b. Rebates and noncash credits \$ _____ c. Amount to be paid in cash \$ _____ d. Total \$ _____
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7. Your monthly payment is determined as shown below:

a. Gross capitalized cost. The agreed upon value of the vehicle (\$ _____) and any items you pay for over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance)	\$ _____
b. Capitalized cost reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the gross capitalized cost	- \$ _____
c. Adjusted capitalized cost. The amount used in calculating your base monthly payment	= \$ _____
d. Residual value. The value of the vehicle at the end of the lease used in calculating your base monthly payment	- \$ _____
e. Depreciation and any amortized amounts. The amount used in calculating your base monthly payment	= \$ _____

d. Residual value. The value of the vehicle at the end of the lease used in calculating your base monthly payment = \$ _____

e. Depreciation and any amortized amounts. The amount charged for the vehicle's decline in value through normal use and for other items paid over the lease term = \$ _____

f. Rent charge. The amount charged in addition to the depreciation and any amortized amounts = \$ _____

g. Total of base monthly payments. The depreciation and any amortized amounts plus the rent charge = \$ _____

h. Lease payments. The number of payments in your lease = _____

i. Base monthly payment = \$ _____

j. Monthly sales/use tax (estimated) = \$ _____

k. _____ = \$ _____

l. Total monthly payment = \$ _____

Early Termination. You may have to pay a substantial charge if you end this lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the lease is terminated. The earlier you end the lease, the greater this charge is likely to be.

8. Excessive Wear and Use. You may be charged for excessive wear based on our standards for normal use and for mileage in excess of _____ miles per year at the rate of \$ _____ per mile.

9. Purchase Option at End of Lease Term. You have an option to buy the vehicle at the end of the lease term for \$ _____, plus official fees and taxes.

10. Other Important Terms. See your lease documents for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, and insurance.

11. ITEMIZATION OF GROSS CAPITALIZED COST.

a. Agreed upon value of the vehicle \$ 25000.00

b. GMAC administrative fee + \$ 500.00

c. License/registration/title fees + \$ 75.00

d. Sales tax + \$ 1250.00

e. Other tax (describe) + \$ 0.00

f. Optional service contract + \$ 1500.00

g. Optional maintenance contract + \$ 700.00

h. Optional life insurance + \$ 0.00

i. Optional disability insurance + \$ 0.00

j. _____ + \$ _____

k. _____ + \$ _____

l. Gross Capitalized Cost = \$ 30000.00

12. THE VEHICLE YOU ARE TRADING.

	(year)	(make)	(model)
Gross trade-in value			
Payoff			
Net trade-in value			

13. OFFICIAL FEES AND TAXES. You will pay all government license, title, registration, testing, and inspection fees for the vehicle. You will pay all taxes on the lease or the vehicle that the government levies on you, the vehicle, or us (except our net income taxes). We may change your monthly payment if taxes change. We may bill you separately for official fees and taxes.

TOTAL ESTIMATED FEES AND TAXES YOU MUST PAY DURING LEASE \$ 1000.00

The actual total of fees and taxes may be higher or lower depending on tax rates in effect or the vehicle value when a fee or tax is assessed.

a. Title/lien fees \$ 10.00

b. Registration fees/taxes \$ 75.00

c. License fees/taxes \$ 75.00

d. Sales/use taxes (including tax on capitalized cost reduction) \$ 1250.00

e. Excise taxes \$ 0.00

f. Property taxes \$ 0.00

g. Other (describe) \$ 0.00

h. Other (describe) \$ 0.00

i. Other (describe) \$ 0.00

16. SCHEDULED LEASE END DATE. This lease is scheduled to end 02/01/2011. You are scheduled to return the vehicle on this date. (month) (day) (year)

17. LEASE END DAILY EXTENSION CHARGE. \$ 10.00 per day (plus tax), beginning on the eighth day after scheduled lease end date.

18. REQUIRED VEHICLE INSURANCE INFORMATION. You affirm that liability and physical damage policies that meet our requirements (see the other side) are in force on the date of this lease as follows:

Insurance company name: _____

Insurance agency name: _____

Agency address: _____

Agency phone no.: _____

Agent's name: _____

Policy no.: _____ Liability Physical damage

Deductibles: Collision \$ _____ Comprehensive \$ _____

Insurance company name: _____

Insurance agency name: _____

Agency address: _____

Agency phone no.: _____

Agent's name: _____

Policy no.: _____ Physical damage

Deductibles: Collision \$ _____ Comprehensive \$ _____

19. OPTIONAL LIFE AND DISABILITY INSURANCE. We do not require life or disability insurance. If you sign below, we will try to get the coverage(s) checked for the lease term. We will include the premium in your base monthly payment. A notice you receive when you sign this lease describes the coverage(s). The insurance may not cover taxes and other amounts due besides the base monthly payment.

Insurer name: _____

Address: _____

Life insurance (Lessee Co-Lessee Both) Premium \$ _____

Coverage limit \$ _____

Excess Mileage Charge. The excess mileage charge is \$ _____ per mile for each mile beyond the total allowed miles, plus tax. If the lease ends early and the vehicle is not a total loss, any excess mileage and wear charge will not be more than residual value minus the vehicle sale price. There is no excess mileage charge if you buy the vehicle.

15. LATE CHARGE. If we do not receive a full monthly payment within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late. The charge will not exceed \$10 if this lease is for personal, family, household, or agricultural purposes.

VEHICLE IS FIT FOR A PARTICULAR PURPOSE.

21. OPTIONAL SERVICE AND MAINTENANCE CONTRACTS.

Name ADDP Term 36 months, 50000 miles

Name CHRYSLER Term 36 months, 50000 miles

If you are buying a service or maintenance contract now, you may pay for it at lease signing. If you do not, the price will be in the capitalized cost and you will pay rent charges on the price.

THIS IS THE ENTIRE AGREEMENT. This lease, including the front and back of this form, contains the entire agreement between you and us relating to the lease of the vehicle. Any change to the terms of this lease must be in writing and signed by you and us. No oral changes are binding.

LESSEE: BY: CO-LESSEE:

We may delay or refrain from enforcing any of our rights under this lease without losing them.

YOU AGREE TO THE TERMS OF THIS LEASE. YOU CONFIRM THAT BEFORE YOU SIGNED THIS LEASE, WE GAVE IT TO YOU, AND YOU WERE FREE TO TAKE IT AND REVIEW IT.

YOU CONFIRM THAT YOU SIGNED THIS AGREEMENT AND RECEIVED A COPY AT WILMINGTON, VT (city) VT (state) ON 10/22/2007 (month) 22 (day) 2007 (year)

NOTICE TO LESSEE

- (a) **THIS IS A MOTOR VEHICLE LEASE AGREEMENT. YOU HAVE NO OWNERSHIP RIGHTS IN THE MOTOR VEHICLE UNLESS THIS LEASE CONTAINS A PURCHASE OPTION AND YOU EXERCISE YOUR OPTION TO PURCHASE THE MOTOR VEHICLE.**
- (b) **DO NOT SIGN THIS LEASE BEFORE YOU READ IT, INCLUDING ANY WRITING ON THE REVERSE SIDE.**
- (c) **DO NOT SIGN THIS IF IT CONTAINS ANY BLANK SPACES.**
- (d) **EARLY TERMINATION OF THIS LEASE MAY REQUIRE YOU TO PAY A SUBSTANTIAL AMOUNT.**
- (e) **YOU ARE ENTITLED TO A COMPLETED COPY OF THIS LEASE WHEN YOU SIGN IT.**

LESSEE: BY: CO-LESSEE:

LESSOR: ANDREW CHRYSLER, INC. SIGNATURE AND TITLE: BUSINESS MANAGER

Lessor assigns all right, title, and interest in this lease to the party identified in this lease as the intended assignee, under the terms of the Lease Plan Dealer Agreement in effect from time to time with the assignee (the "Dealer Agreement"). Lessor also assigns all right, title, and interest in the leased vehicle to the party identified in this lease as the intended assignee, or its designee, under the terms of the Dealer Agreement.

LESSOR: ANDREW CHRYSLER, INC. BY: TITLE: BUSINESS MANAGER

SEE OTHER SIDE FOR OTHER IMPORTANT AGREEMENTS INCLUDING A PROHIBITION OF TRANSFER OF YOUR INTEREST.

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.