



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

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

Reference No.  
10213733

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Address [REDACTED]

Evening Telephone Number

City MILWAUKEE

State WI

Zip Code [REDACTED]

Do you authorize NHTSA to provide a copy of this report to 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  
2G1WC58R179 [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

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

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

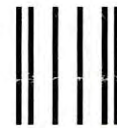
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a 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 on my lease.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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**



Vehicle Owner's Questionnaire (VOQ)  
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,

[REDACTED]



**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]  
[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

\$44 38 18 1B 1D 1E 00 00  
 \$45 2A 2B 2E 31 31 00 00  
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\$B4 41 53 36 33 30 37 45 35 32 30 55 41 31 34 33 30  
\$C1 00 F2 B3 43  
\$C2 00 F2 F0 00  
\$CB 00 F2 DD 13  
\$CC 00 F2 DD 13  
\$DB 49 41  
\$DC 48 41

## 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-moding 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

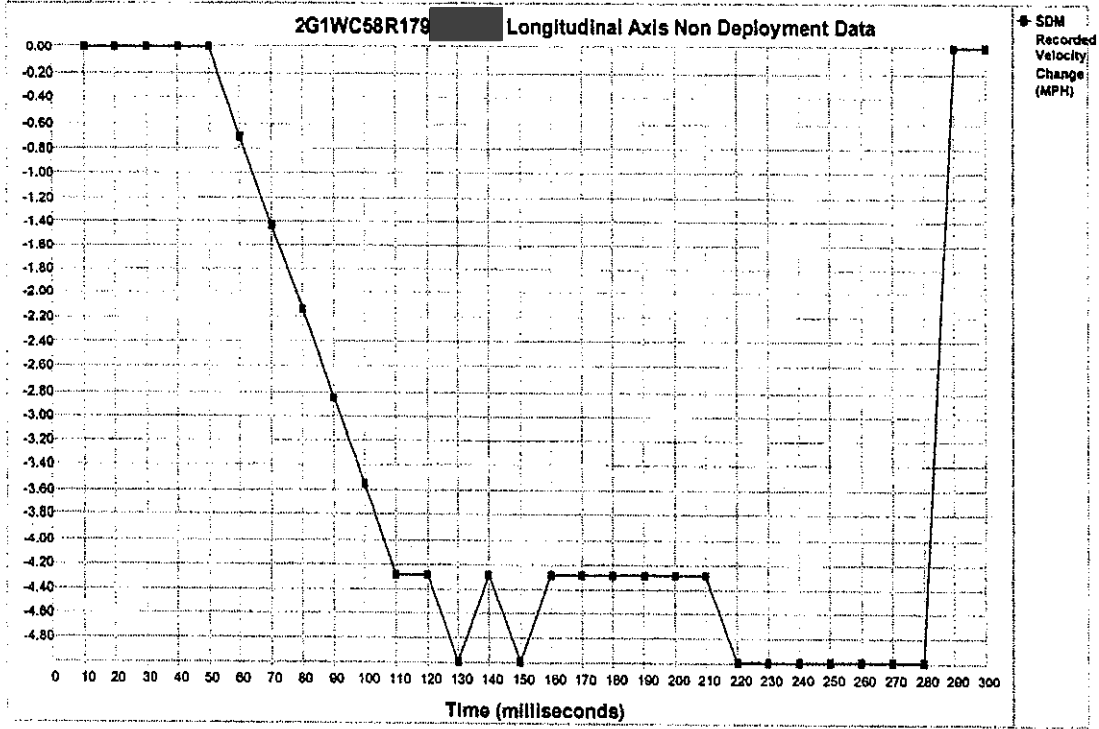
Parameter	-1.0 sec	-0.5 sec
Reduced Engine Power Mode	OFF	OFF
Cruise Control Active (If Equipped)	No	No
Cruise Control Resume Switch Active (If Equipped)	No	No
Cruise Control Set Switch Active (If Equipped)	No	No
Engine Torque (foot pounds)	2.03	21.39

### Pre-crash data

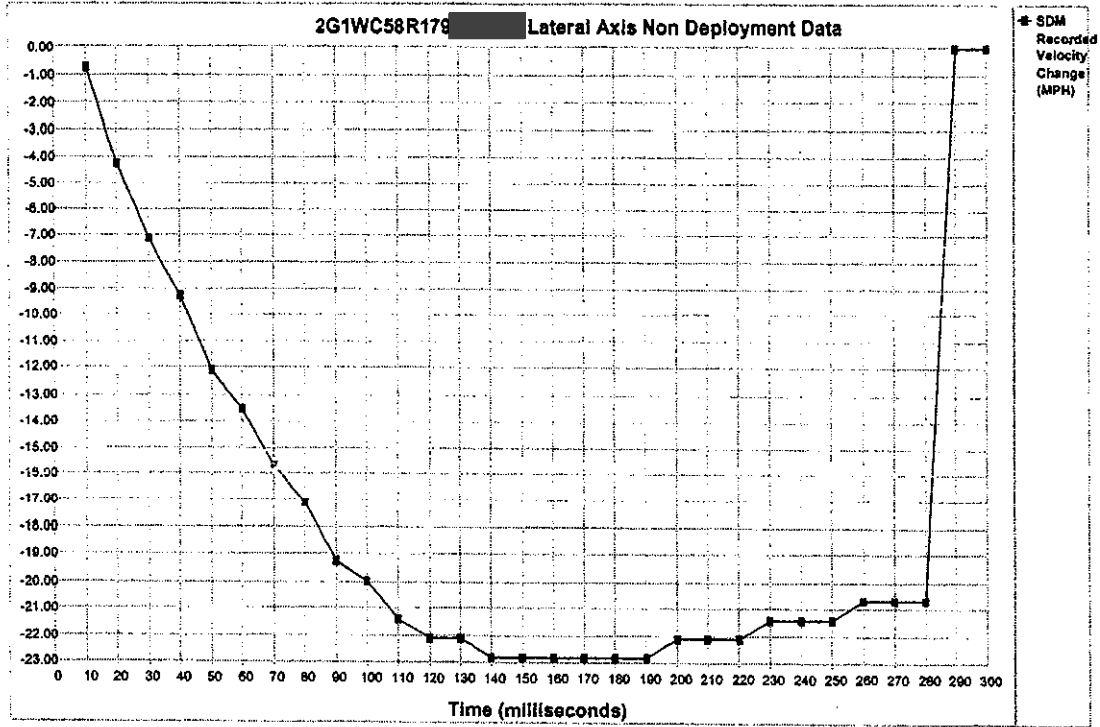
Parameter	-2.5 sec	-2.0 sec	-1.5 sec	-1.0 sec	-0.5 sec
Vehicle Speed (MPH)	30	30	29	27	26
Engine Speed (RPM)	960	960	896	896	896
Percent Throttle	12	11	11	9	22
Brake Switch Circuit Status	OFF	ON	ON	ON	OFF

### 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	-4.28	-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	-18.98	-21.38	-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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$40 FE 00 00 00 00 00 00
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$42 0E 0E 0E 0F 0F 00 00
$43 03 94 03 2B 00 00 00
```

INCIDENT		DATE OF INCIDENT/ACCIDENT	
PI ACCIDENT		08-22-07	
VICTIM		LOCATION OF INCIDENT/ACCIDENT	DIST. #
		N. 55 <sup>th</sup> St. / W. Nash St.	7
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
		<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCGG <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. 55<sup>th</sup> 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. 55<sup>th</sup> 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. 55<sup>th</sup> St. Unit #1 spun 180 degrees colliding with a fire hydrant and then with a yield sign post.


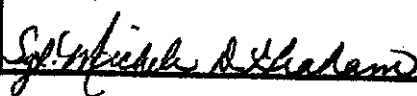
The owner of the property located at 3702 N. 55<sup>th</sup> St. is [REDACTED] (b/m 11-01-58, 3419 N. 48<sup>th</sup> St. 449-1909). WILSON was notified by phone of the accident and he advised that the property is insured by American Family Insurance.

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	SUPERVISORS SIGNATURE
 PO Jason KOTARAK	
Payroll	Loc Code
015937	08

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number City & State ZIP	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100		
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	① Totally Ejected ② Partially Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C 70	SEAT Position 71	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown	Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number City & State ZIP	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	① Totally Ejected ② Partially Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C 70	SEAT Position 71	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown	Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number City & State ZIP	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	① Totally Ejected ② Partially Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C 70	SEAT Position 71	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown	Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number City & State ZIP	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	① Totally Ejected ② Partially Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C 70	SEAT Position 71	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown	Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number City & State ZIP	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED ① Not Applicable ② Not Ejected ③ Unknown	① Totally Ejected ② Partially Ejected ③ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Unknown	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C 70	SEAT Position 71	SAFETY Equipment 72	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown	Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number City & State ZIP	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
30	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 #					

PROPERTY Last OWNER 84	City & State	M.I.
CITY OF MILWAUKEE	WI	
ADDRESS Street & Number	ZIP	Phone Number ( )
200 E. WILLS ST.	53223	414 256-2150
PROPERTY Last OWNER 84	City & State	M.I.
ADDRESS Street & Number	ZIP	Phone Number ( )
PROPERTY Last OWNER 84	City & State	M.I.
ADDRESS Street & Number	ZIP	Phone Number ( )
PROPERTY Last OWNER 84	City & State	M.I.
ADDRESS Street & Number	ZIP	Phone Number ( )

AUG 31 2007

Occupant and Fixed Object Struck Supplement

INSTRUCTIONS: This supplement may be used to list additional occupant and fixed object struck information associated with an accident. Enter the original accident report document number in the "Document Number Override" box, enter the correct page number in the "Sheet No. Of" box. Then, follow the instructions for fields 65-78 (occupants) and/or fields 82-87 (fixed objects struck), as appropriate, in the Law Enforcement Officer's Instruction Manual.

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT	SAFETY	AIRBAG
	ADDRESS					City & State	ZIP			
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	
65										
Address Same as Operator	EJECTED		Totally Ejected		TRAPPED/EXTRICATED		Trapped/Extricated		Medical Transport	Agency Space
<input type="radio"/> Yes	① Not Applicable		④ Partially Ejected		① Not Applicable		④ Trapped/Not Extricated		(Y)	
<input type="radio"/> No	② Not Ejected		③ Unknown		② Not Trapped		③ Unknown		(N)	

# Officer's Opinion of Possible Contributing Circumstances

Document Number 0212

### Driver Factors

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

### Vehicle Factors

Unit Number ● 1 2 3 4 5 ● 6 7 8 9 10 ● N/A	Unit Number ● 1 2 3 4 5 ● 6 7 8 9 10 ● N/A
<input type="radio"/> Brake System <input type="radio"/> Tires <input type="radio"/> Steering System <input type="radio"/> Turn Signals <input type="radio"/> Head Lamps <input type="radio"/> Stop Lamps <input type="radio"/> Tail Lamps <input type="radio"/> Disabled in Prior Accident <input type="radio"/> Other Disabled <input type="radio"/> Mirrors <input type="radio"/> Suspension System <input type="radio"/> Other	<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12

### Highway Factors

Unit Number ● 1 2 3 4 5 ● 6 7 8 9 10 ● N/A	Unit Number ● 1 2 3 4 5 ● 6 7 8 9 10 ● N/A
<input type="radio"/> Snow, Ice or Wet <input type="radio"/> Narrow Shoulder <input type="radio"/> Low Shoulder <input type="radio"/> Soft Shoulder <input type="radio"/> Loose Gravel <input type="radio"/> Rough Pavement <input type="radio"/> Debris From Prior Accident <input type="radio"/> Other Debris <input type="radio"/> Sign Obscured or Missing <input type="radio"/> Narrow Bridge <input type="radio"/> Construction Zone <input type="radio"/> Visibility Obscured <input type="radio"/> Other	<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13

### OFFICER INFORMATION

Last: **KOTARAK** First: **JASON J.** M.I.

Law Enforcement Agency Address:  
**749 N. STATE ST.**

City & State: **MILWAUKEE, WI** ZIP: **53233**

Phone Number: **(414) 933 4444**

Agency: **08** Enforcement Agency: **MILWAUKEE PD** Officer ID #: **015937**

### Date Notified

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 01	<input type="radio"/> 07
<input type="radio"/> Feb	<input type="radio"/> 02	<input type="radio"/> 07
<input type="radio"/> Mar	<input type="radio"/> 03	<input type="radio"/> 07
<input type="radio"/> Apr	<input type="radio"/> 04	<input type="radio"/> 07
<input type="radio"/> May	<input type="radio"/> 05	<input type="radio"/> 07
<input type="radio"/> June	<input type="radio"/> 06	<input type="radio"/> 07
<input type="radio"/> July	<input type="radio"/> 07	<input type="radio"/> 07
<input type="radio"/> Aug	<input type="radio"/> 08	<input type="radio"/> 07
<input type="radio"/> Sept	<input type="radio"/> 09	<input type="radio"/> 07
<input type="radio"/> Oct	<input type="radio"/> 10	<input type="radio"/> 07
<input type="radio"/> Nov	<input type="radio"/> 11	<input type="radio"/> 07
<input type="radio"/> Dec	<input type="radio"/> 12	<input type="radio"/> 07

### Time Notified (Military Time)

HOUR	MIN.
<input type="radio"/> 15	<input type="radio"/> 17
<input type="radio"/> 16	<input type="radio"/> 17
<input type="radio"/> 17	<input type="radio"/> 17
<input type="radio"/> 18	<input type="radio"/> 17
<input type="radio"/> 19	<input type="radio"/> 17
<input type="radio"/> 20	<input type="radio"/> 17
<input type="radio"/> 21	<input type="radio"/> 17
<input type="radio"/> 22	<input type="radio"/> 17
<input type="radio"/> 23	<input type="radio"/> 17
<input type="radio"/> 24	<input type="radio"/> 17
<input type="radio"/> 25	<input type="radio"/> 17
<input type="radio"/> 26	<input type="radio"/> 17
<input type="radio"/> 27	<input type="radio"/> 17
<input type="radio"/> 28	<input type="radio"/> 17
<input type="radio"/> 29	<input type="radio"/> 17
<input type="radio"/> 30	<input type="radio"/> 17
<input type="radio"/> 31	<input type="radio"/> 17

### Time Arrived (Military Time)

HOUR	MIN.
<input type="radio"/> 15	<input type="radio"/> 28
<input type="radio"/> 16	<input type="radio"/> 28
<input type="radio"/> 17	<input type="radio"/> 28
<input type="radio"/> 18	<input type="radio"/> 28
<input type="radio"/> 19	<input type="radio"/> 28
<input type="radio"/> 20	<input type="radio"/> 28
<input type="radio"/> 21	<input type="radio"/> 28
<input type="radio"/> 22	<input type="radio"/> 28
<input type="radio"/> 23	<input type="radio"/> 28
<input type="radio"/> 24	<input type="radio"/> 28
<input type="radio"/> 25	<input type="radio"/> 28
<input type="radio"/> 26	<input type="radio"/> 28
<input type="radio"/> 27	<input type="radio"/> 28
<input type="radio"/> 28	<input type="radio"/> 28
<input type="radio"/> 29	<input type="radio"/> 28
<input type="radio"/> 30	<input type="radio"/> 28
<input type="radio"/> 31	<input type="radio"/> 28

## 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 (1-2 digit):

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

Interstate Carrier?  Y  N

Carrier Name: \_\_\_\_\_

### Carrier Identification Numbers

US DOT: \_\_\_\_\_ IC: \_\_\_\_\_

ICC MC: \_\_\_\_\_ IC: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Source:  Vehicle Side 141  
 Shipping Papers  
 Trip Manifest  
 Driver  
 Log Book

### Vehicle Information

Vehicle Configuration 145

1 Bus  
 2 Single unit truck, 2 axles, 6 tires  
 3 Single unit truck + 3 axles  
 4 Truck/Tractor  
 5 Truck/Trailer  
 6 Tractor/Trailer  
 7 Tractor/Dozer  
 8 Tractor/Triples  
 9 Unknown Heavy Truck  
 10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146 (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 Box  
 2 Unenclosed 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. 0303 85432 Mark Refused by NCS MMS7108-3

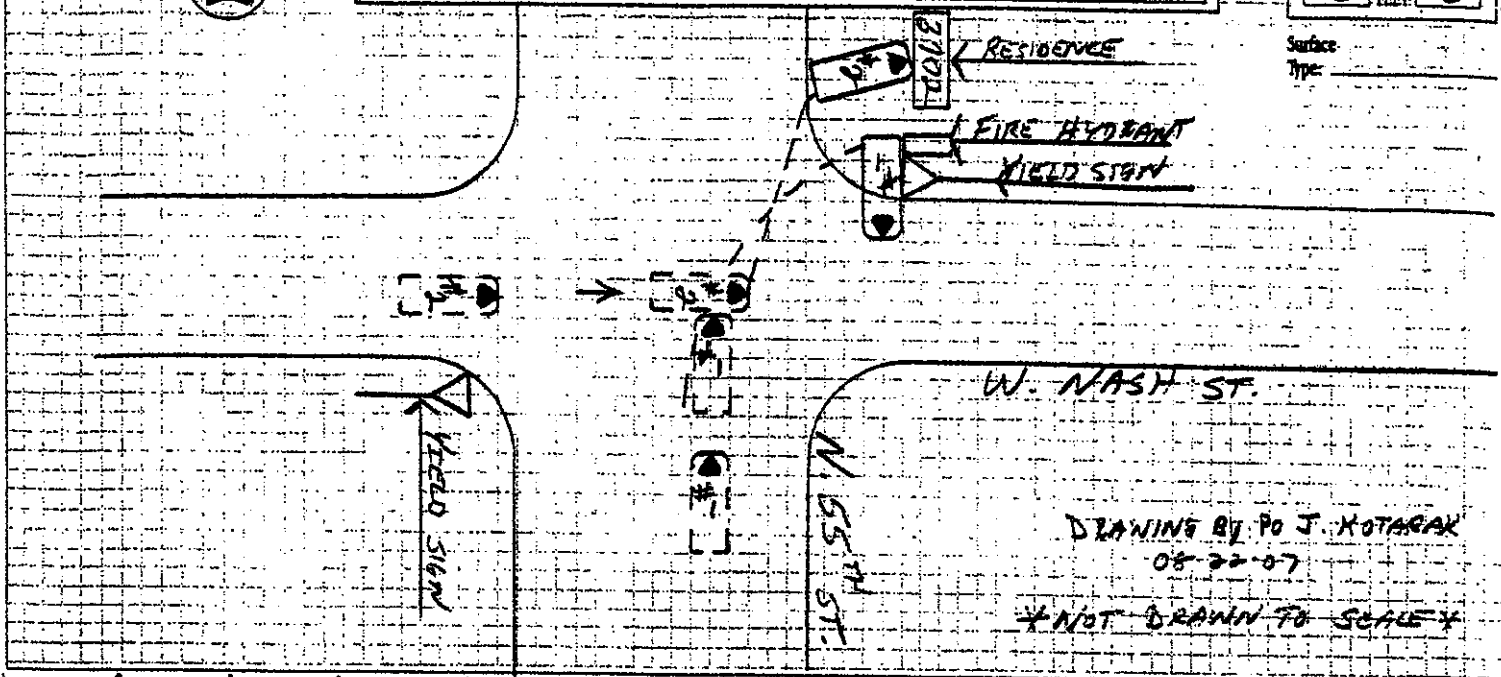
# Fictitious Representation of Narrative

Indicate North with an arrow in the circle:



Supplemental Reports 101  Witness Statements 102  Measurements Taken 103

Statements to Impact  
Unit 1: 100 Unit 2: 100  
0 FREE 0



DRAWING BY PO J. KOTARAK  
08-22-07  
\*NOT DRAWN TO SCALE\*

**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 AT  
**T** 3702 N. 55TH ST. AND CAUSED UNIT #1 TO SPIN  
**I** AND COLLIDE WITH A FIRE HYDRANT AND THEN A  
**V** YIELD SIGN. AST.

**I** BOX 82 (#30) = HOUSE / PG 2 BOX 82 (#30) = FIRE HYDRANT  
**V**  
**E**

Photos By: NONE

### What Drivers Were Doing

Unit Number		Unit Number
<input type="checkbox"/> 1	119	<input type="checkbox"/> 1
<input type="checkbox"/> 2		<input type="checkbox"/> 2
<input type="checkbox"/> 3		<input type="checkbox"/> 3
<input type="checkbox"/> 4		<input type="checkbox"/> 4
<input type="checkbox"/> 5		<input type="checkbox"/> 5
<input type="checkbox"/> 6		<input type="checkbox"/> 6
<input type="checkbox"/> 7		<input type="checkbox"/> 7
<input type="checkbox"/> 8		<input type="checkbox"/> 8
<input type="checkbox"/> 9		<input type="checkbox"/> 9
<input type="checkbox"/> 10		<input type="checkbox"/> 10
<input type="checkbox"/> 11		<input type="checkbox"/> 11
<input type="checkbox"/> 12		<input type="checkbox"/> 12
<input type="checkbox"/> 13		<input type="checkbox"/> 13
<input type="checkbox"/> 14		<input type="checkbox"/> 14
<input type="checkbox"/> 15		<input type="checkbox"/> 15
<input type="checkbox"/> 16		<input type="checkbox"/> 16
<input type="checkbox"/> 17		<input type="checkbox"/> 17
<input type="checkbox"/> 18		<input type="checkbox"/> 18
<input type="checkbox"/> 19		<input type="checkbox"/> 19
<input type="checkbox"/> 20		<input type="checkbox"/> 20

WITNESS NAME: Last, First, M.I.	Date of Birth
ADDRESS: Street & Number	City & State
City & State	ZIP

#### 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
<input type="checkbox"/> 1	120	<input type="checkbox"/> 1
<input type="checkbox"/> 2		<input type="checkbox"/> 2
<input type="checkbox"/> 3		<input type="checkbox"/> 3
<input type="checkbox"/> 4		<input type="checkbox"/> 4
<input type="checkbox"/> 5		<input type="checkbox"/> 5
<input type="checkbox"/> 6		<input type="checkbox"/> 6
<input type="checkbox"/> 7		<input type="checkbox"/> 7
<input type="checkbox"/> 8		<input type="checkbox"/> 8
<input type="checkbox"/> 9		<input type="checkbox"/> 9
<input type="checkbox"/> 10		<input type="checkbox"/> 10
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<input type="checkbox"/> 13		<input type="checkbox"/> 13
<input type="checkbox"/> 14		<input type="checkbox"/> 14
<input type="checkbox"/> 15		<input type="checkbox"/> 15
<input type="checkbox"/> 16		<input type="checkbox"/> 16
<input type="checkbox"/> 17		<input type="checkbox"/> 17
<input type="checkbox"/> 18		<input type="checkbox"/> 18
<input type="checkbox"/> 19		<input type="checkbox"/> 19
<input type="checkbox"/> 20		<input type="checkbox"/> 20

Occupant Unit Number	ADDRESS Street & Number	City & State	ZIP	Severity K N A B C	Position	Equipment	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	
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAF Position	SAFETY Equipment	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	

### 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/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

⑳ Overturn	㉑ Fire/Explosion	㉒ Immersion	㉓ Jackknife	㉔ Other Non-Collision
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### Driver Condition

Unit Number

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	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

90 Alcohol

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

⑫ Type Unknown

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

Location

① In Crosswalk	② In Roadway	③ Not in Roadway	④ On Sidewalk
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Action

① Walking not Facing Traffic	② Disregarded Signal	③ Darting into Road	④ Dark Clothing	⑤ Walking Facing Traffic
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Manner of Collision 93

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

Darken Numbered Area(s) of Vehicle Damage 94

① None

② Undercarriage

③ Total (Damage to All Areas)

④ Other

⑤ Unknown

Extent of Damage 95

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

Vehicle Removed By 97

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

① None

② Undercarriage

③ Total (Damage to All Areas)

④ Other

⑤ Unknown

Extent of Damage 95

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

Vehicle Removed By 97

Fixed Object Struck

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

PROPERTY: Last First

OWNER 84

ADDRESS Street & Number

City & State ZIP

Phone Number

87







*2nd Impact*



No side airbags or dash  
airbags



1st Impact

# CHEVROLET

# 2007 IMPALA 3.0L V6 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™
  - 4 SPEED AUTO TRANSMISSION
  - STAINLESS STEEL EXH, DUAL TIP
  - ENGINE OIL LIFE MONITOR SYS.
- #### \*\*\* SAFETY: \*\*\*
- 1 YR ONSTAR SAFE & SOUND (ASK DEALER 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
  - DR DOOR CHILD SECURITY LOCKS
  - LOCK OUT PROTECTION
  - BATTERY RUNDOWN PROTECTION

#### • TIRE INFLATION MONITOR

#### \*\*\* EXTERIOR: \*\*\*

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

#### \*\*\* INTERIOR: \*\*\*

- TILT STEERING WHEEL W/CRUISE CONTROL & AUDIO CONTROLS
- PWR SEAT ADJUST-DRIVER, 8 WAY
- REMOTE VEHICLE START
- MAN. DUAL ZN AIR CONDITIONING
- POWER WINDOW/S & 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 FLIP & FOLD FLAT SEAT

### Options & Pricing

MANUFACTURER'S SUGGESTED

#### STANDARD VEHICLE PRICE

\$2

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](http://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.

2007 IMPALA  
3.0 LITER V6 ENGINE  
FUEL INJECTION, AUTOMATIC  
4 SPEED TRANSMISSION  
CATALYST, FEEDBACK FUEL SYSTEM

ESTIMATED ANNUAL FUEL COST: \$1,729

FOR COMPARISON SHOPPING,  
ALL VEHICLES CLASSIFIED AS

LARGE

IF IT HAS BEEN ISSUED  
THE LARGE RATINGS  
RANGING FROM

10 TO 24 MPG CITY  
AND  
15 TO 34 MPG  
HIGHWAY.

## MOTOR VEHICLE LEASE AGREEMENT GMAC SMARTLEASE® – Monthly Payment

<b>LESSEE (and CO-LESSEE)</b> ("You") name and address, including county _____ _____ _____	Garaging address (if different)  Principal driver (if business use)	<b>LESSOR (Retailer)</b> _____ _____ _____
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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

<b>1. Amount Due at Lease Signing or Delivery</b> (Itemized Below)*  \$ _____	<b>2. Monthly Payments</b> 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 \$ _____.	<b>3. Other Charges</b> (not part of your monthly payment) Disposition fee (if you do not purchase the vehicle) \$ _____ _____ \$ _____ Total \$ _____	<b>4. Total of Payments</b> (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

<b>5. Amount Due at Lease Signing or Delivery:</b>	<b>6. How the Amount Due at Lease Signing or Delivery will be paid:</b>
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 ..... \$ _____	a. Net trade-in allowance ..... \$ _____ b. Rebates and noncash credits ..... \$ _____ c. Amount to be paid in cash ..... \$ _____ d. Total ..... \$ _____

#### 7. Your monthly payment is determined as shown below:

<b>a. Gross capitalized cost.</b> 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>b. Capitalized cost reduction.</b> The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the gross capitalized cost .....	\$ _____
<b>c. Adjusted capitalized cost.</b> The amount used in calculating your base monthly payment .....	\$ _____
<b>d. Residual value.</b> The value of the vehicle at the end of the lease used in calculating your base monthly payment .....	\$ _____
<b>e. Depreciation and any amortized amounts.</b> 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 = \$ 15,000.00
- 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 = \$ 1,500.00
- f. Rent charge. The amount charged in addition to the depreciation and any amortized amounts = \$ 2,000.00
- g. Total of base monthly payments. The depreciation and any amortized amounts plus the rent charge = \$ 3,500.00
- h. Lease payments. The number of payments in your lease = 12
- i. Base monthly payment = \$ 291.67
- j. Monthly sales/use tax (estimated) = \$ 21.21
- k. = \$ 312.88
- l. Total monthly payment = \$ 312.88

**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 15,000 miles per year at the rate of \$ 0.15 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 \$ 11,000.00, 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 \$ 25,000.00
- b. GMAC administrative fee + \$ 595.00
- c. License/registration/title fees + \$ 174.00
- d. Sales tax + \$ 174.00
- e. Other tax (describe) + \$ 174.00
- f. Optional service contract + \$ 1,500.00
- g. Optional maintenance contract + \$ 730.00
- h. Optional life insurance + \$ 174.00
- i. Optional disability insurance + \$ 174.00
- j. + \$ 174.00
- k. + \$ 174.00
- l. Gross Capitalized Cost = \$ 28,801.00

**12. THE VEHICLE YOU ARE TRADING.**

(year)	(make)	(model)
2000	GMAC	EXP
Gross trade-in value	\$	7,900.00
Payoff	- \$	2,059.00
Net trade-in value	= \$	5,841.00

**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** \$ 1,117.00

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 \$ 174.00
- c. License fees/taxes \$ 174.00
- d. Sales/use taxes (including tax on capitalized cost reduction) \$ 1,139.00
- e. Excise taxes \$ 174.00
- f. Property taxes \$ 174.00
- g. Other (describe) \$ 10.00
- h. Other (describe) \$ 174.00
- i. Other (describe) \$ 174.00

**16. SCHEDULED LEASE END DATE.** This lease is scheduled to end 07/31/2011. You are scheduled to return the vehicle on this date. (month) (day) (year)

**17. LEASE END DAILY EXTENSION CHARGE.** \$ 15.00 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 GM PP Term 18 months, 50000 miles  
Name SPACE-ARE Term 18 months, 60000 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 MINNAPOLIS, WI (city) (state) ON 07/27/2007 (month) (day) (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 CHEVROLET, 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 CHEVROLET, INC. BY:  TITLE: BUSINESS MANAGER

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

671 MONTHLY WI 12/2005  
Copyright 2005 General Motors Acceptance Corporation. All Rights Reserved.

**QUADRUPPLICATE ORIGINAL - LESSEE**

Lease Agreement 9

Personal Use  
 Public Conveyance

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.