

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 22-JUN-2010	Repository <input type="checkbox"/>
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name				E-mail Address	
Address				Evening Telephone Number	
City DECATUR		State GA	Zip Code		
<p><i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i></p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make CHEVROLET	Model SUBURBAN	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s) 29-MAY-2010
	<input type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION, 103400 POWER TRAIN: AUTOMATIC TRANSMISSION: LEVER AND LINKAGE: COLUMN SHIFT				Failure Mileage	Failure Speed
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: DOTM9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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					
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths 1	Reported to Police Y	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2003 CHEVROLET SUBURBAN. THE CONTACT STATED THE VEHICLE WAS PARKED IN THE DRIVEWAY WITH THE KEY IN THE IGNITION WHILE SHE AND HER TWO SMALL CHILDREN, AGES 2 AND 4, WERE WATCHING A MOVIE. THE BATTERY DIED DURING THE MOVIE AND THE CONTACT MOMENTARILY LEFT BOTH CHILDREN IN THE VEHICLE WHILE SHE WENT TO RETRIEVE JUMPER CABLES. THE YOUNGEST CHILD WAS ABLE TO MOVE THE SHIFTER OUT OF GEAR AND THE VEHICLE PROCEEDED TO MOVE, KNOCKING THE YOUNGEST CHILD OUT OF THE VEHICLE. THE CHILD BECAME LODGED BETWEEN THE REAR OF THE VEHICLE AND A GRILL. THE CONTACT HEARD THE CRASH AND DISCOVERED THE CHILD PINNED BENEATH THE VEHICLE. SHE ATTEMPTED TO REMOVE THE CHILD BUT TO NO AVAIL. SHE SHIFTED THE VEHICLE INTO NEUTRAL AND ATTEMPTED TO MOVE THE VEHICLE BUT SHE WAS UNABLE TO MOVE THE VEHICLE. THE POLICE ARRIVED AND THE CHILD WAS TRANSPORTED TO THE HOSPITAL VIA AMBULANCE. THE CHILD SUFFERED BLUNT FORCE TRAUMA, SMOKE INHALATION, CARDIAC ARREST AND SEVERE 2ND AND 3RD DEGREE BURNS TO THE LOWER HALF OF HIS BODY. THE CHILD DID NOT SURVIVE. THE POLICE STATED THEY TOO WERE ABLE TO MOVE THE SHIFTER OUT OF PLACE WITHOUT ENGAGING THE BRAKES. A POLICE REPORT WAS AVAILABLE. THE POLICE STATED THEY WERE DOING A SUPPLEMENTAL REPORT TO SHOW THE VEHICLE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE AND CURRENT MILEAGES WERE UNKNOWN.</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>					

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Butler, Wooten
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October 28, 2010

Mr. Randy Reid, Chief
Correspondence Research Division
Office of Defects Investigation Enforcement
1200 New Jersey Avenue SE
Washington, DC 20590

Re: [REDACTED]

VOQ 10339510

Dear Mr. Reid:

This law firm represents [REDACTED] in connection with VOQ 10339510. Please direct all future correspondence relating to this incident to our law firm. Thank you for your assistance in this matter.

Sincerely,

BUTLER, WOOTEN & FRYHOFER, LLP

A handwritten signature in black ink that reads "Leigh Martin May".

Leigh Martin May

LMM/cmh

REPLY TO Atlanta:

2719 Buford Highway • Atlanta, GA 30324 • 404.321.1700 • 1.800.242.2962 • FAX 404.321.1713

Columbus Office

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