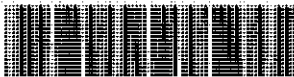


 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received FEB 04 2011 14-DEC-2010		Repository ☐ Reference No. 10370662	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	OR	Zip Code	
RAINIER					
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).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model	Model Year
3GNDA13D17S		CHEVROLET		HHR	2007
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
8-08	Bud clary (360)423-1700			No: Cylinders 4	Gas
Original Owner ☐	Dealer's City		State	Zip Code	
	Longview		WA	98632	
Transmission Type	☒ Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)
Auto	☒ Cruise Control	working	Door handle		06-DEC-2010 1/2/11 accident
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 170000 LATCHES/LOCKS/LINKAGES, 171100 LATCHES/LOCKS/LINKAGES:				Failure Mileage	Failure Speed
DOORS: LATCH Plastic door latch painted to resemble metal. Broke off, now driver trapped in vehicle. Dozens of complaints found online from other HHR owners.				71000	0
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
N/A					
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:	
N/A					
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
☒ Yes ☒ No	☐ Yes ☒ No			☒ Yes	
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 HHR. THE CONTACT STATED THAT WHEN OPENING THE FRONT PASSENGER SIDE DOOR, THE LATCH FRACTURED AND THE CONTACT WAS UNABLE TO EXIT THE VEHICLE DUE TO A DISABILITY OF HER RIGHT ARM. THE VEHICLE WAS INSPECTED BY THE DEALER AND INFORMED THE CONTACT THAT THEY WOULD NOT REPLACE JUST THE HANDLE BUT WOULD NEED TO REPLACE THE ENTIRE DOOR. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 71,000.					
In addition, GMC was contacted multiple times. They originally stated they would fix the door, then changed their minds and went back on their promise. The car was in an accident 1/2/11 and the driver was trapped in the vehicle and unable to exit. In addition, cold weather has caused windows to freeze, making it impossible for even a normally-abled person to exit vehicle.					
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.					



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



REPORT NO. 3110028

1 18 27
2
3
1 17 28
2
3

INTERSTATE ☐ CITY STREET ☒ FIRE RESULTED ☐
STATE ROUTE ☐ OTHER ☐ STOLEN VEHICLE ☐
COUNTY RD ☐ PRIVATE WAY ☐ HIT & RUN INVOLVED ☐

CASE # L11-109

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION 01-02-2011 1328 08 N E IN S W OF 0695

7 29

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
15TH AVENUE BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E FEET S W WASHINGTON WAY

1 30

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY RAINIER ST OR ZIP

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE ORE SEX F D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES SORE

LICENSE PLATE # STATE OR VIN# 3GND A13D17S

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2007 MAKE CHEV MODEL VT STYLE HHR VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. SAME AS ABOVE

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # 2121 CENTURY INSURANCE # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY RAINIER ST OR ZIP

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE WA SEX F D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE

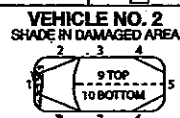
LICENSE PLATE # STATE WA VIN# 1HGC M568X6A

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE HONDA MODEL ACD STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. SAME AS ABOVE

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) Scott McDaniel

BADGE OR ID # 3127 AGENCY LONGVIEW PD

PAGE 01 OF 02

1 12 31

1 12 32

5 3 33

5 3 34

4 35

4 36

37

38

0 39

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1 41

1 42

43

44

45

46



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION ☐

REPORT NO.

3110028

CASE #

L11-109

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

RAINIER, OR.

SEX F

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☒

UNIT #

01

SEAT
POS.

03

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

INJURY
CLASS

7

NATURE OF INJURIES

SCRE

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

LINVIEW, WA

SEX M

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☒

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

DIAGRAM

INDICATE NORTH
BY ARROW



SEE ATTACHED DIAGRAM

NARRATIVE

ON 01/02/2011 AT APPROXIMATELY 1328 HOURS I WAS DISPATCHED TO A NON-BLOCKING ACCIDENT THAT
ACCURED AT 15TH AND WASHINGTON WAY. ONCE ON SCENE I CONTACTED DRIVER OF
VEHICLE #1 () WHO ADVISED THAT WAS STOPPED FOR TRAFFIC WITH A GREEN
LIGHT 15TH AVE. TURN LANE EASTBOUND INTO WASHINGTON WAY BEFORE BEING STRUCK IN THE
REAR BY VEHICLE #2 DRIVEN BY INDEPENDENT WITNESS
TOLD ME THAT HE OBSERVED TRAFFIC "SLAM ON BRAKES" IN ORDER TO AVOID STRIKING
3 PEDALCYCLISTS WHO WERE ILLEGALLY CROSSING THE INTERSECTION. THESE 3
PEDALCYCLISTS DID NOT REMAIN ON SCENE AND ARE UNKNOWN IDENTITIES.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BADGE OR ID #

3127

ORI #

WA0000200

TIME POLICE DISPATCHED

1328

TIME POLICE ARRIVED

1333

LONGVIEW POLICE DEPT
CASE LP11-109
REPORT NO. 3110028
NOT TO SCALE

