INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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: AUG 23 2012 — 05-JUL-2012

Repository ☐

Reference No. 10464272

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: COLCHESTER | State: CT | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

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
1G1ZF57529F[redacted]	CHEVROLET	MALIBU HYBRID	2009

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
4/16/12	STAN STATKIEWICZ	4	Regular

Original Owner	Dealer's City	State	Zip Code
☑	MIDDLETOWN	Ct.	

Transmission Type			Multiple Failure:	Incident Date(s)
	☑ Antilock Brakes ☒ Cruise Control	Powertrain	Air Bags ONSTAR	26-JUN-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	23000	20

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	YES New Britain Police Case # 12-20248

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 2009 CHEVROLET MALIBU HYBRID. THE CONTACT STATED THAT WHILE DRIVING 20 MPH, ANOTHER VEHICLE CRASHED INTO THE REAR PASSENGER DOOR OF THE CONTACT'S VEHICLE. THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED INJURIES AS A RESULT. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC FOR DIAGNOSIS. THE MANUFACTURER WAS CONTACTED AND STATED THAT THEY WOULD FURTHER ASSESS THE FAILURE. THE FAILURE AND THE CURRENT MILEAGE WAS 23,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

On June 26. 2012 while driving thru a green light a pick up truck slammed into my rear passenger door. None of the air bags on the sides or roof activated. If I had a passenger sitting by that door they would have been slammed into it.

I was pushed sideways into my side and was sent by ambulance to New Britain General Hsp. I am doing physical therapy for neck and back pain. I will be having an altrosound of my injuries. Out on Medical leave

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 Avenue SE.
Washington, D.C. 20077-9382

GPS READINGS: Latitude:
Time: Longitude:

FOR DOT USE ONLY

DATE OF ACCIDENT (Month Day Year)	MILITARY TIME	ACCIDENT SEVERITY	# VEHICLES INVOLVED	PAGE #	POLICE CASE NUMBER
06 / 26 / 12	1350	☐ Fatal ☒ Injury ☐ PDO	2	1 of 2	12-20248

TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #)
New Britain	089	STANLEY ST at BARBOUR RD

IF NOT AT INTERSECTION
1. MEASURE DISTANCE _____ (✓ Check Appropriate Boxes) ☐ Feet ☐ Tenths of Mile ☐ Meters ☐ Kilometers
2. DIRECTION ☒ North ☐ South ☐ East ☐ West
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER
of _____
Accident Occurred: ☐ On Private Property ☐ Parking Lot

TRAFFIC UNIT #1 ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial): [redacted]

ADDRESS (Street Number & Name): [redacted] | PROPER LICENSE CLASS ☒ Yes ☐ No

CITY OR TOWN: COLCHESTER | STATE: CT | ZIP CODE: [redacted] | SEX ☐ M ☒ F

OPERATOR LICENSE #: [redacted] | STATE: CT | DATE OF BIRTH (Month Day Year): [redacted]

OWNER'S NAME (Enter SAME If Owner is Operator): [redacted]

ADDRESS (Street Number and Name): [redacted]

CITY OR TOWN: COLCHESTER | STATE: CT | ZIP CODE: | BODY TYPE:

REGISTRATION #: [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: 2009 CHEV MALIBU

VEHICLE IDENTIFICATION NUMBER: 1 G 1 Z F 5 7 5 2 9 F [redacted]

CARRIER NAME:

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code):

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING #: | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☒ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S: | SUBJECT OF ACTION ☒ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE — NAME — POLICY #: METROPOLITAN GROUP - [redacted]

PARTS OF VEHICLE DAMAGED: R RrDr, R RrFndr

VEHICLE TOWED TO: NONE ☐ TOWED DUE TO DAMAGE

TRAFFIC UNIT #2 ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial): [redacted]

ADDRESS (Street Number & Name): [redacted] | PROPER LICENSE CLASS ☒ Yes ☐ No

CITY OR TOWN: NEW BRITAIN | STATE: CT | ZIP CODE: [redacted] | SEX ☒ M ☐ F

OPERATOR LICENSE #: [redacted] | STATE: CT | DATE OF BIRTH (Month Day Year): [redacted]

OWNER'S NAME (Enter SAME If Owner is Operator):

ADDRESS (Street Number and Name):

CITY OR TOWN: | STATE: | ZIP CODE: | BODY TYPE: Pickup

REGISTRATION #: [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: CHEV S-10 PICKUP

VEHICLE IDENTIFICATION NUMBER: 1 G C C T 1 9 W 7 X 8 [redacted]

CARRIER NAME:

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code):

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING #: | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☐ None ☒ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S: 14-299 | SUBJECT OF ACTION ☒ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE — NAME — POLICY #: SAFCO INSURANCE - [redacted]

PARTS OF VEHICLE DAMAGED: L Frnt

VEHICLE TOWED TO: NONE ☐ TOWED DUE TO DAMAGE

ALL INVOLVED PERSONS

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.	
1	1	C	01	TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1	[redacted]	4	3	4	1
2	2	N	01	TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2		4	3	4	2
3	2	N	04	[redacted] - [redacted] New Britain CT [redacted]	Month Day Year [redacted]	4	2	1	3
4					Month Day Year				4
5					Month Day Year				5
6					Month Day Year				6
7					Month Day Year				7
8					Month Day Year				8

ALL INVOLVED PERSONS

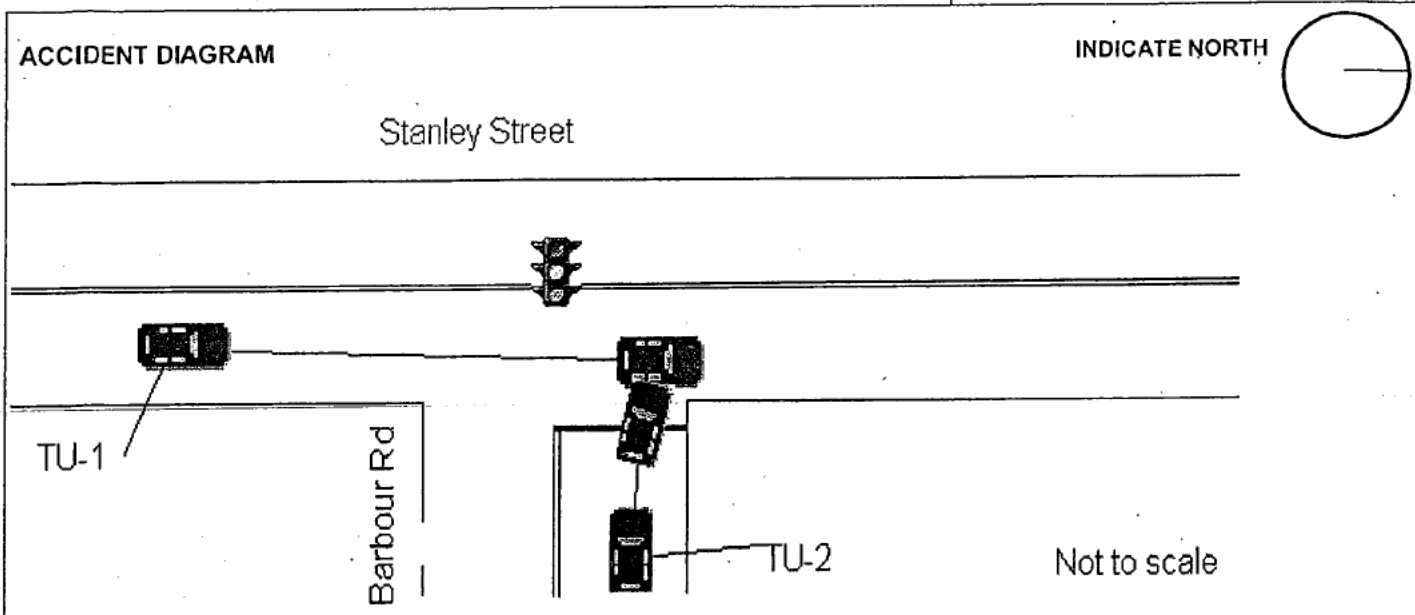
FORM PR-1

Claim # [redacted]

Police Case Number: 12-20248

ACCIDENT DIAGRAM

INDICATE NORTH



TRAFFIC UNIT # 1 TRAVELING ☒N ☐S ☐E ☐W ON Stanley St

TRAFFIC UNIT # 2 TRAVELING ☒N ☐S ☐E ☐W ON Barbour Road

TU-1 was going north on Stanley Street. When TU-1 reached the intersection of Barbour Road the light was green for north and south bound traffic. TU-2 was going west on Barbour Road. When TU-2 stopped for the red light at the intersection of Stanley Street, it then took a right on red hitting TU-1 as it drove through the intersection.

TU-1 received damage to the passenger side rear door. The operator of TU-1 complained of neck pain and was transported to HCC New Britain Campus via New Britain EMS.

TU-2 received damage to the drivers front end bumper area.

TU-2 was at fault for the accident and was given an E-ticket for 14-299. No further action taken.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES

1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

POLICE AGENCY	REPORT DATE	CASE STATUS
NEW BRITAIN POLICE DEPARTMENT	06/26/2012	OPEN ☐ CLOSED ☒

INVESTIGATING OFFICER	OFFICER ID	UNIT ID	SUPERVISOR
Ofc. Spencer, Anthony	AWS0242	3	Raynis, Allan V.

INVESTIGATING OFFICER SIGNATURE

SUPERVISOR SIGNATURE

[redacted]

COLCHESTER, CT [redacted]

SERVICE ADVISOR ALICE EMOND

Troiano Auto Group

DODGE CHRYSLER Jeep

435 South Main St., P.O. Box 165 · COLCHESTER, CT 06415
Bus. Phone (860) 537-2331 · Dial Direct From NL-Groton
Bus. Phone (860) 889-0304 · Fax (860) 537-0231
www.troianoautogroup.com

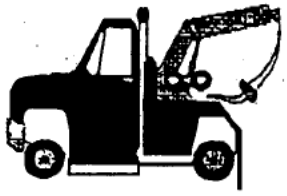
REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
02JUL12	11JUL12		1G1ZF57529F[redacted]	10048BT	10048B		11JUL12	159391

TIME IN	TIME READY	YEAR MAKE & MODEL	TELEPHONE NO.	CUST. PAY LABOR RATE	DELIVERY DATE	PREPARED BY	S/A
		09 CHEVROLET MALIBU	[redacted]	95.00	01JAN09	501	501

MILEAGE IN	MILEAGE OUT	LICENSE NO.	MISCELLANEOUS COMMENT / LOCATION
23925	23925		

TECH.	TYPE	HOURS	LIST/UNIT	NET/UNIT	TOTAL	
A REPAIR PER INSURANCE ESTIMATE						
RPE REPAIR PER INSURANCE ESTIMATE						
531 LUSK,DAVID M LIC#: 2144						
	CBIN	34.20				
532 MURALLO,SAMUEL LIC#: 8722						
	CBIN	4.60				
	SUBTOTAL	38.80		1862.40	1862.40	
1 13001138BR DOOR			718.75	718.75	718.75	
MISC PAINT & MATERIALS						
	CBIN			359.64	359.64	
MISC HAZ WASTE REMOVAL						
	CBIN			3.00	3.00	

BODY SHOP



IF YOU'RE NOT HAPPY WITH OUR WORK - PLEASE TELL US.

IF YOU ARE HAPPY WITH OUR WORK - PLEASE TELL A FRIEND.

FULL SERVICE BODY SHOP

STATE OF THE ART FRAME STRAIGHTENING
LASER MEASURING
COMPUTER ESTIMATING
FACTORY TRAINED TECHNICIANS
RENTAL CARS AVAILABLE
WE DO ALL INSURANCE FOOTWORK FOR YOU.
ICAR CERTIFIED

THANK YOU FOR BRINGING YOUR VEHICLE TO HILLTOP AUTOBODY.

DESCRIPTION	TOTALS
LABOR AMOUNT	1862.40
PARTS AMOUNT	718.75
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	362.64
TOTAL CHARGES	2943.79
LESS INSURANCE	0.00
SALES TAX	186.93
PLEASE PAY THIS AMOUNT	3130.72

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item\items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

SAFECO INS RESPONSIBLE FOR TOTAL AMOUNT OF INVOICE WITH SIGNED DTP.

CUSTOMER COPY

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON DATE

CUSTOMER COPY

[redacted]
esis

P.O. Box 300
Mail Code 482 C19 B61
Detroit, MI 48265-3000

Jemeia Price
Claims Administrator

August 2, 2012

[redacted]
Colchester, CT [redacted]

RE: Claimant: [redacted]
Our File No.: 744893
Our Client: General Motors LLC
Date/Event: 6/26/12
Vehicle: 2009 Chevrolet Malibu
VIN: 1G1ZF57529F[redacted]

Dear [redacted]

This will confirm that we have completed our review of your inquiry regarding your 2009 Chevrolet Malibu that was involved in a collision on June 26, 2012. At this time, based on the documentation received and reviewed, we do not see evidence of any SIR system malfunction during the subject crash. If you have additional information that you want considered, please forward it to my attention for further review.

Please be advised 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 if you are on notice of or intend to pursue a product claim and/or cause of action.

Sincerely,

Jemeia Price

Jemeia Price
Claims Administrator

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.