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	Repository
MAY - 8 2013 09-JUL-2012	☐
	Reference No. 10464674

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	N/A
City BUFFALO	State NY	Zip Code [redacted]	Evening Telephone Number [redacted]

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
1Q87G9N6211[redacted]	CHEVROLET	CAMARO	1979

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
8/79	Not in Mernan Cheverolet Inc.Business		No: Cylinders 6	Gas
Original Owner ☐	Dealer's City: Buffalo	State: NY / Zip Code: 14215		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☐ Antilock Brakes ☐ Cruise Control	N/A	N/A	14-MAY-1982

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage	Failure Speed
		25

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	3	1	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 1979 CHEVROLET CAMARO. THE CONTACT WAS DRIVING 25 MPH WHEN THE VEHICLE UNCONTROLLABLY ACCELERATED. THE CONTACT WAS UNABLE TO STOP THE VEHICLE OR REGAIN CONTROL AND CRASHED INTO ANOTHER VEHICLE. THE CONTACT AND A PASSENGER WERE INJURED, AS WELL AS THE DRIVER OF THE SECOND VEHICLE WHO WAS TRANSPORTED TO THE HOSPITAL. THE POLICE WERE ON SCENE AND FILED A POLICE REPORT OF THE INCIDENT. THE VEHICLE WAS DESTROYED. THE DRIVER OF THE SECOND VEHICLE WAS HOSPITALIZED BUT DIED 18 DAYS AFTER THE CRASH DUE TO COMPLICATIONS. THE DEALER WAS NOT NOTIFIED OF THE CRASH. THE MANUFACTURER WAS NOTIFIED WHO GAVE THE CONTACT A CASE NUMBER (711084923939) AND OFFERED NO FURTHER ASSISTANCE. THE CONTACT REFERENCED NHTSA CAMPAIGN ID NUMBER: 80V108000 (STEERING:LINKAGES :KNUCKLE:SPINDLE:ARM) BUT COULD NOT CONFIRM IF THE VEHICLE WAS INCLUDED IN THE RECALL. THE VIN WAS NOT AVAILABLE. THE CURRENT AND FAILURE MILEAGE WAS UNKNOWN.

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)

See accident report #17933, pages(1-3)

See pictures attached, pictures 1-9 , pages(1-3).

See ltr dated ~~4/2/2013~~ 5/6/2013 Addressed to Mr. Michael P. Millikin
Executive Offices
General Motors Corp.

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

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BUSINESS REPLY MAIL
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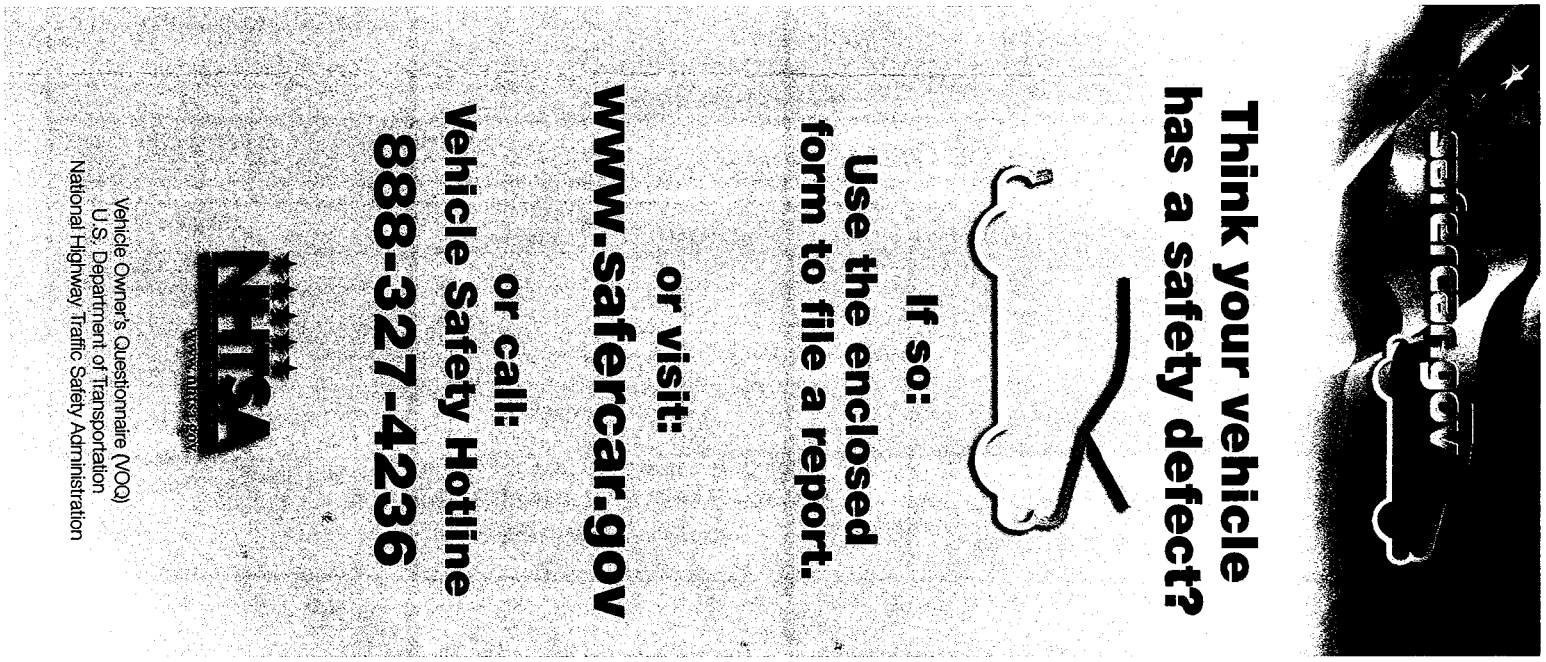
POSTAGE WILL BE PAID BY ADDRESSEE

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



May 6, 2013

[redacted]

Buffalo, New York [redacted]

General Motors Corporation
Executive Offices
US Express Mail #: EU 817530790US
Attn: Mr. Micheal P Millikin
G. M. Senior Vice President and General Counsel
300 Renaissance Center- Mail Code 482-C39-B40
Detroit, MI 48265

Dear Mr. Millikin,

Please be advise that, I [redacted] **wife of the Late** [redacted] **a retiree of General Motors** recently learned that there was a recall on " 1979 Chevrolet Camaro's in the year of 1980. Note, as the purchaser of a 1979 "Sport-Rally" Camaro in the summer of 1979 for my daughter, [redacted] That my late-husband and I were unaware of the recall when her accident occurred in 1982, while she was driving to work. At your convenience I, [redacted] would appreciate an administrative consideration of the possibility of a **vehicle product-liability investigation, due to the fact that:**

1.) **The recalled involved, "Steering -linkage System."**
2.) **Failure is possible during normal operation.**
3.) **It affects directional control.**

I have enclose the following for **review:**

1.) Pictures of the vehicle (pages 1-9), Exhibit A
2.) Copy of the accident report(pages 1-2), Exhibit B.
3.) Copy of the V. I. N.#, license tag & Owner, please note my daughter's name is spelled incorrectly(pages 1- 2), Exhibit C.

In addition I have contacted the following **agencies;**

1.) **U.S. Dept. of Transportation #: 10464674**
2.) **Federal Trade Commission #: 38945510**
3.) **General Motors #: 711084923939**

Lastly, I ask for **consideration because;**

1.) The driver of **vehicle #2 died** 18 days later after the accident.
2.) A co-worker, a **passenger in her vehicle suffered, facial injuries.**
3.) My daughter chest-wall was injured, to the extent of permanent injury & pericardumn scar across her heart.

At the present, the company that my daughter worked for is still in business (**Arkansas**

Power & Light Co/Entergy Services, Inc) headquartered in **New Orleans, LA**. The company who along with my daughter was sued for the death of the individual. However the results of the trial were cloudy;

* The company(Arkansas Power & Light Co/Entergy Services Inc.) paid the Estate of the Decedent.
* My daughter([redacted] was found **guilty of murder in a civil-trial**.

Unfortunately my daughter [redacted] had to leave her job as an "Electrician," early in her career. I am thankful, that my daughter lived. However I would like to have closure on this matter, long over due, 30 years later.

Respectfully Submitted,

[redacted]

US Express Mail #: EU 817530790US
Accident Report #: 17933, pages 1-3
Pictures(1-9 frames), pages 1-3
N. H. T. S Administration Reference #: 10464674

B

ARKANSAS REPORT OF MOTOR VEHICLE TRAFFIC ACCIDENT

LOCATION

PLACE WHERE ACCIDENT OCCURRED: County Independence; city, town or township

If accident was outside city limits, indicate distance from nearest town 1.50 miles ☐ North ■ S ☐ E ☐ W of Moorefield (City or Town)

ROAD ON WHICH ACCIDENT OCCURRED State 69
Give name of street or highway number (U.S. or State). If no highway number, identify by name

AT ITS INTERSECTION WITH
Name of intersecting street or highway number

IF NOT AT INTERSECTION 300 feet ☐ North ■ S ☐ E ☐ W of State 394
Show nearest intersecting street or highway, house no., bridge RR crossing, milepost, underpass, or other landmark.

State 69 (ROUTE) | 3 (SECTION NUMBER) | 6.71 (LOG MILE)

FATAL ☐ INJURY ■
PROPERTY DAMAGE ☐
PHOTOS-YES ☐ NO ■
NUMBER OF VEHICLES INVOLVED 2
DATE OF ACCIDENT 5-14- 1982
DAY Friday
HOUR 6:40 AM ☐ PM

VEHICLE NO. 1

VEHICLE 72 (Year) Olds. (Make) Cutlass 4-D (Type (sedan, truck, taxi, bus, etc.)) License Plate 82 (Year) Ark (State) [redacted] (Number)

17933

Vehicle defects (Before Accident) None Noted — Estimate of damage $ 2000.00

Parts of vehicle damaged Front — Vehicle removed to Bell's Wreckes, Batesville

Were seat belts present in vehicle — yes ■ no ☐ — Does vehicle have a current inspection sticker — yes ■ no ☐

OWNER [redacted] (Print or type FULL name) Address [redacted] (Street or R.F.D.) Batesville, Arkansas (City and State)

DRIVER [redacted] (Print or type FULL name) Address [redacted] (Street or R.F.D.) Batesville, Arkansas (City and State)

Condition of the driver or physical handicaps noted None Noted

Driver's License Ark. (State) [redacted] (Number) Regular ■ Other ☐ Race Black Date of Birth [redacted] (Month, Day, Year)

OCCUPANTS	Address	AGE	SEX	INJURY CODE	IF SEAT BELT WAS IN USE INDICATE WITH YES
Front Center (Name)	(Street or R.F.D. / City and State)			K	
Front Right				6-1-82	
Rear Left					
Rear Center					
Rear Right					

VEHICLE NO. 2 or PEDESTRIAN

VEHICLE 78 (Year) Chev. (Make) Camaro 2-D (Type (sedan, truck, taxi, bus, etc.)) License Plate 82 (Year) Ark. (State) [redacted] (Number)

Vehicle defects (Before Accident) None Noted — Estimate of damage $ 4000.00

Parts of vehicle damaged Front — Vehicle removed to: Warren's Wrecker, Batesville

Were seat belts present in vehicle — yes ■ no ☐ — Does vehicle have a current inspection sticker — yes ■ no ☐

OWNER [redacted] (Print or type FULL name) Address [redacted] (Street or R.F.D.) Pine Bluff, Arkansas (City and State)

DRIVER (or Pedestrian) [redacted] (Print or type FULL name) Address [redacted] (Street or R.F.D.) Pine Bluff, Arkansas (City and State)

Condition of the driver or physical handicaps noted None Noted

Driver's License Ark. (State) [redacted] (Number) Regular ■ Other ☐ Race Cau. Date of Birth [redacted] (Month, Day, Year)

OCCUPANTS	Address	AGE	SEX	INJURY CODE	IF SEAT BELT WAS IN USE INDICATE WITH YES
Front Center (Name)	(Street or R.F.D. / City and State)	23	F	A	NO
Front Right [redacted]	[redacted] Mapleville, Arkansas	29	M	A	NO
Rear Left					
Rear Center					
Rear Right					

RECEIVED MAR 20 1982 CENTRAL RECORDS STATE POLICE

FIRST AID GIVEN BY: I C Ambulance — INJURED Taken to: Batesville

DAMAGE TO PROPERTY OTHER THAN VEHICLES: N/A (Name object and state nature of damage) $ N/A (Estimate)

Name and address of Owner of object struck: N/A — N/A

CODE FOR INJURY
(Use only the most serious one in each space for injury)
K—Dead before report made.
A—Visible signs of injury, as bleeding wound or distorted member or had to be carried from scene
B—Other visible injury, as bruises, abrasions, swelling limping, etc
C—No visible injury but complaint of pain or momentary unconsciousness
O—No indication of injury

WITNESSES	Address	AGE	SEX
Name N/A	Address N/A		
Name [redacted]	Address [redacted] Pine Bluff, Arkansas	27	M

TURN THE PAGE — COMPLETE BOTH SIDES

160M/9-80/ST-80-5028/Lee's 22942

WEATHER CONDITION
1 ☐ Clear
2 ■ Raining
3 ☐ Snowing
4 ☐ Fog
5 ☐ Dust
6 ☐ High Wind
7 ☐ Other

ROAD SURFACE CONDITION
1 ☐ Dry
2 ■ Wet
3 ☐ Snowy, Icy
4 ☐ Other
5 ☐ Unknown

ROAD SURFACE
1 ☐ Concrete
2 ■ Asphalt
3 ☐ Oil
4 ☐ Gravel
5 ☐ Dirt
6 ☐ Other

ROAD ALIGNMENT
1 ☐ Straight Road, Level
2 ☐ Straight Road, Hill Crest
3 ☐ Straight Road, On Grade
4 ☐ Sharp Curve or Turn, Level
5 ☐ Sharp Curve or Turn, Hill Crest
6 ☐ Sharp Curve or Turn, On Grade
7 ☐ Other Curves, Level
8 ☐ Other Curves, Hill Crest
9 ■ Other Curves, On Grade

ROAD CONDITION
1 ☐ Under Construction or Repair
2 ☐ Obstruction—Unlighted at Night
3 ☐ Obstruction—No Warning in Day
4 ☐ Obstruction—Previous Accident
5 ☐ Loose Material on Surface
6 ☐ Holes—Ruts—Bumps
7 ☐ Defective Shoulder
8 ☐ Reduced Road Width
9 ■ No Defects Apparent

ROAD SYSTEM
1 ☐ Controlled Access Highway (4 lanes)
2 ■ State or U.S. Highway
3 ☐ County Road
4 ☐ City Street
5 ☐ Other & Private

TYPE OF ACCIDENT
Collision of Motor Vehicle With:
1 ☐ Pedestrian
2 ■ Motor Vehicle In Traffic
3 ☐ Parked Motor Vehicle
4 ☐ Railroad Train
5 ☐ Animal-Drawn Vehicle
6 ☐ Bicycle
7 ☐ Animal
8 ☐ Fixed Object
9 ☐ Other Object
Non-Collision Motor Vehicle:
10 ☐ Overturned in Road
11 ☐ Ran Off Road
12 ☐ Occupant Fell From Vehicle
13 ☐ Other Non-Collision

ACCIDENT LOCALE
1 ☐ Built-up
2 ■ Not Built-up
3 ☐ Not stated

RESIDENCE OF DRIVER
If Military Also Indicate Residence
1 ■ ☐ Local Resident
2 ☐ ■ Resides Elsewhere in State
3 ☐☐ Non-Resident
4 ☐☐ Unknown

MILITARY (A, N, M, AF) 1 2 ☐☐

DIRECTION OF TRAVEL
1 2 Vehicle was Going:
1 ■ ☐ North
2 ☐ ■ South
3 ☐☐ East
4 ☐☐ West

PEDESTRIAN ACTION
1 ☐ Crossing Road at Intersection
2 ☐ Crossing Road—No Intersection
3 ☐ Walking in Road With Traffic
4 ☐ Walking in Road Against Traffic
5 ☐ Standing in Road
6 ☐ Getting On or Off Vehicle
7 ☐ Working On or Pushing Vehicle
8 ☐ Working On or In Road
9 ☐ Playing In Road
10 ☑ In Road—Other Reason
11 ☐ Not In Road

VISION OBSCUREMENT
1 2
1 ☐☐ Rain, Snow, Fog on Windshield
2 ☐☐ Windshield Obscured—Other
3 ☐☐ Vision Blocked by Load on Vehicle
4 ☐☐ " " " Trees, Bushes
5 ☐☐ " " " Building
6 ☐☐ " " " Embankment
7 ☐☐ " " " Signboards
8 ☐☐ " " " Hillcrest
9 ☐☐ " " " Parked Vehicle
10 ☐☐ " " " Moving Vehicle
11 ☐☐ Driver Blinded by Headlights
12 ☐☐ " " " Sun
13 ■■ Vision Not Obscured

TRAFFIC CONTROL
1 ☐ Stop Sign
2 ☐ Yield Sign
3 ☐ Stop-and-Go Signal
4 ☐ Officer or Flagman
5 ☐ Warning Sign
6 ☐ Railroad Signal
7 ☐ Flashing Signal
8 ☐ Signal Not Functioning
9 ■ No Traffic Control Present

LIGHT CONDITION
1 ■ Daylight
2 ☐ Dawn or Dusk
3 ☐ Darkness, No Street Lights
4 ☐ Darkness, Street Lighted

TYPE OF MOTOR VEHICLE
1 2
1 ■■ Passenger Car—Regular
2 ☐☐ Passenger Car—Compact
3 ☐☐ Passenger Car and Trailer
4 ☐☐ Truck, Truck Tractor, or Pickup
5 ☐☐ Truck Tractor and Semi-Trailer
6 ☐☐ Other Truck Combination
7 ☐☐ Farm Tractor or Farm Equipment
8 ☐☐ Taxicab
9 ☐☐ Bus
10 ☐☐ School Bus
11 ☐☐ Motorcycle
12 ☐☐ Other Vehicle

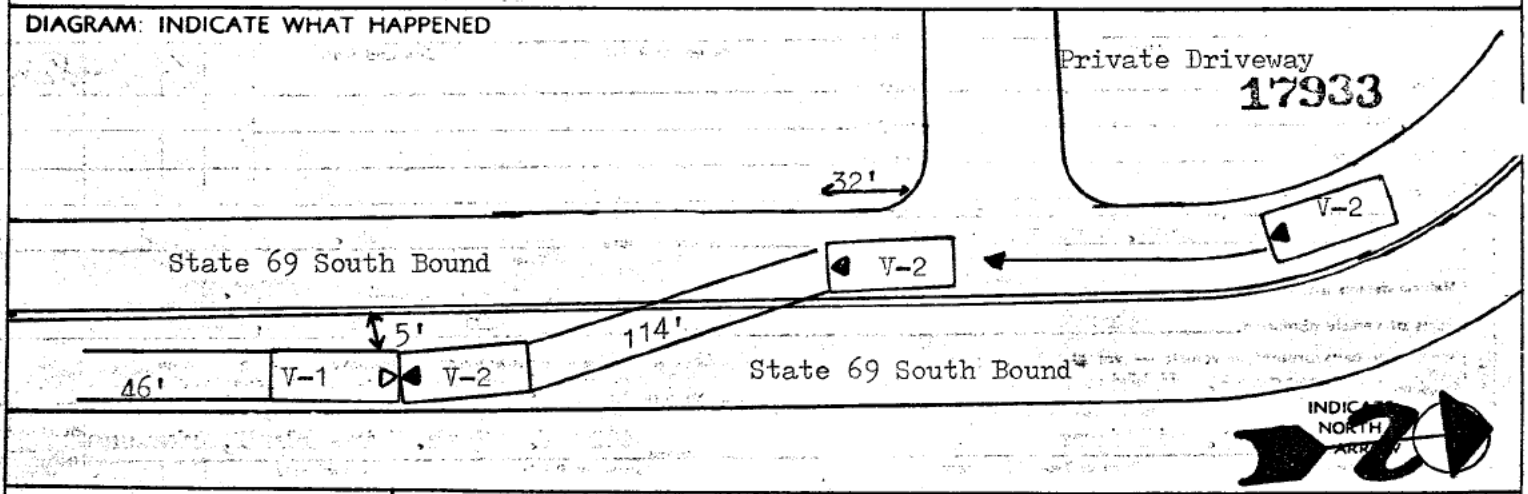
VEHICLE ACTION
1 2
1 ■■ Going Straight Ahead
2 ☐☐ Making Right Turn
3 ☐☐ Making Left Turn
4 ☐☐ Making U Turn
5 ☐☐ Slowing/Stopping in Trafficway
6 ☐☐ Entering Parking Position
7 ☐☐ Parked
8 ☐☐ Leaving Parking Position
9 ☐☐ Backing
10 ☐☐ Overtaking, Passing
11 ☐☐ Avoiding Vehicle, Object Pedestrian
12 ☐☐ Unkown

CONTRIBUTING CIRCUMSTANCES
1 2
0 ■ ☐ No Improper Driving
1 ☐ ■ Speed Too Fast For Conditions
2 ☐☐ Failed To Yield Right-of-Way
3 ☐ ■ Drove On Wrong Side of Road
4 ☐☐ Improper Passing/Overtaking
5 ☐☐ Disregarded Stop Sign
6 ☐☐ " Yield Sign
7 ☐☐ " Traffic Signal
8 ☐☐ Followed Too Closely
9 ☐☐ Made Improper Turn
10 ☐☐ Inattention
11 ☐☐ Inadequate Brakes
12 ☐☐ Improper Lights
13 ☐☐ Had Been Drinking
14 ☐☐ Other (Explain Below)

DRIVER — OCCUPATION
1 2
1 ■ ☐ Professional
2 ☐☐ Businessman
3 ☐☐ Clerical or Sales
4 ☐☐ Skilled Worker
5 ☐☐ Laborer
6 ☐☐ Farmer
7 ☐☐ Housewife
8 ☐☐ Student
9 ☐☐ Military
10 ☐☐ Other
11 ☐☐ Retired
12 ☐ ■ Unknown

Explain other improper driving:

DIAGRAM: INDICATE WHAT HAPPENED



POINT OF IMPACT
(Check one or more for each vehicle)

1	2		1	2	
■	■	1. Front	☐	☐	5. Left side
☐	☐	2. Right front	☐	☐	6. Rear
☐	☐	3. Left front	☐	☐	7. Right rear
☐	☐	4. Right side	☐	☐	8. Left rear

DESCRIBE WHAT HAPPENED
(Refer to vehicles by number) Vehicle 1 was traveling north on state hwy 69, and vehicle 2 was traveling south on state hwy 69. Vehicle 2 crossed center line 32 ft. south of private driveway, and slid 114 ft. south in the north bound lane striking Vehicle 1 head on. Vehicle 1 slid 46 ft. to impact. Point of impact was 5 ft. east of center line in the north bound lane. Driver of vehicle 1 stated he tried to avoid contact, but could not. Driver of vehicle 2 stated she came up behind some slow traffic, lost control on the wet pavement, and crossed center line striking vehicle 1 in the north bound lane.

ARREST: NAME [redacted] CHARGE Left of Center 75-607-1 SUMMONS NO. D118641

ARREST NAME N/A CHARGE N/A SUMMONS NO. N/A

INVESTIGATED AT SCENE ■ YES ☐ NO DATE INVESTIGATED 5-14-82 TIME 6:40 ■ A.M. ☐ P.M.

INVESTIGATOR Carroll B. Seaton 281 ASP DATE 5-15-82

SIGNATURE Carroll B. Seaton BADGE NO DEPARTMENT

#17933
Fatal

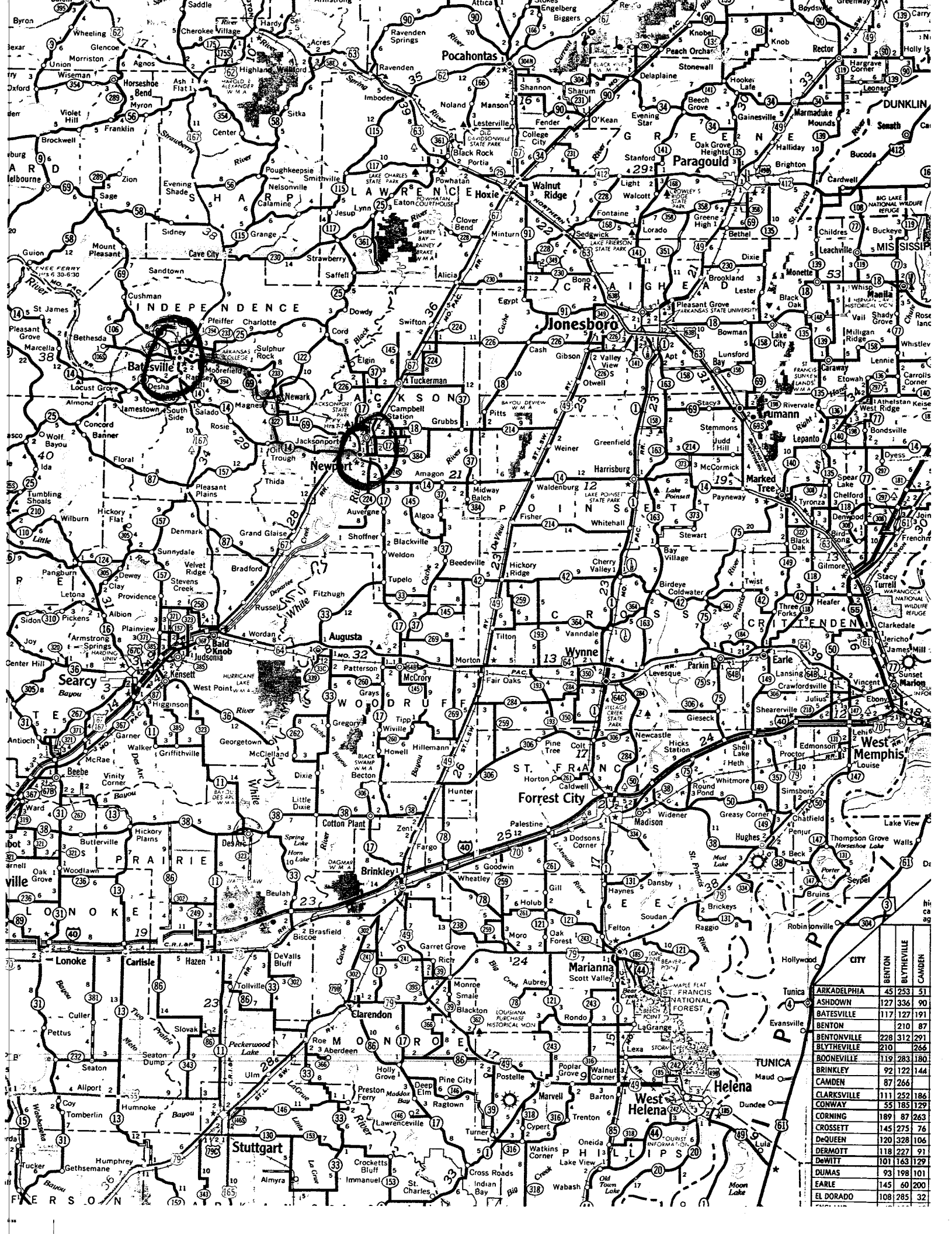
SUPPLEMENT

To: Sgt. Joe Overstreet

From: Trp. Carroll B. Seaton

6-1-82

Accident that happened 5-14-82 resulted as a fatal. [redacted] 6-1-82 at 5:30 A.M. in the White River Med. Center. Body Will be held at Bald Knob.

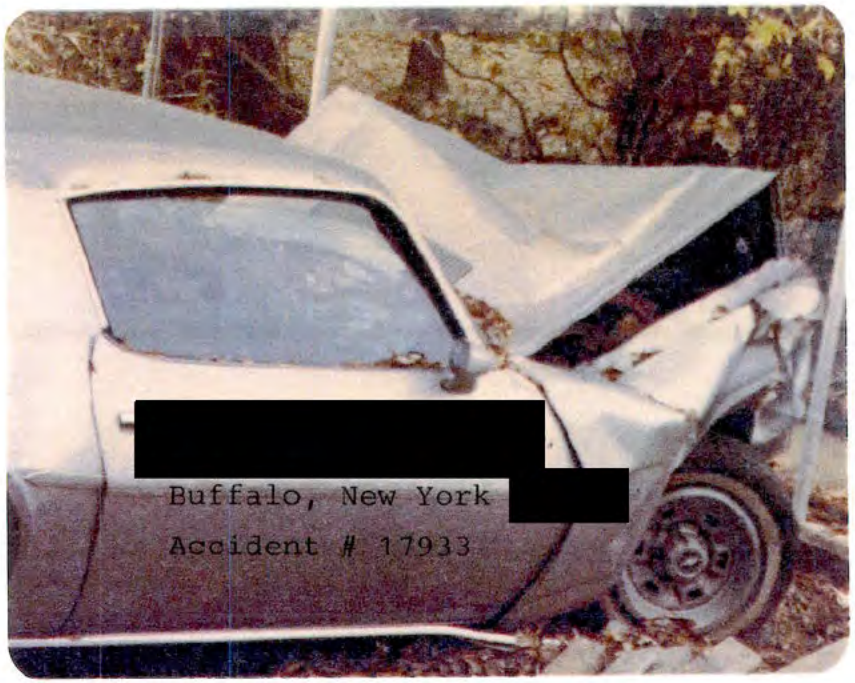


CITY	BENTON	BLYTHEVILLE	CAMDEN
ARKADELPHIA	45	253	51
ASHDOWN	127	336	90
BATESVILLE	117	127	191
BENTON		210	87
BENTONVILLE	228	312	291
BLYTHEVILLE	210		266
BOONEVILLE	119	283	180
BRINKLEY	92	122	144
CAMDEN	87	266	
CLARKSVILLE	111	252	186
CONWAY	55	185	129
CORNING	189	87	263
CROSSETT	145	275	76
DeQUEEN	120	328	106
DERMOTT	118	227	91
DeWITT	101	163	129
DUMAS	93	198	101
EARLE	145	60	200
EL DORADO	108	285	32

[redacted]

Buffalo, New York [redacted]

US Express Mail EU584586334US



[redacted]

Buffalo, New York

[redacted]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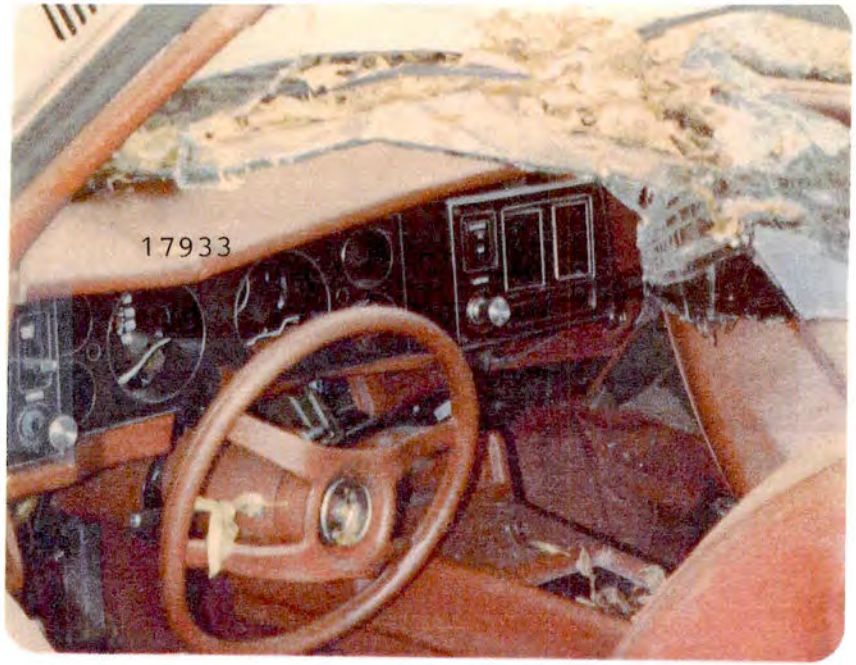
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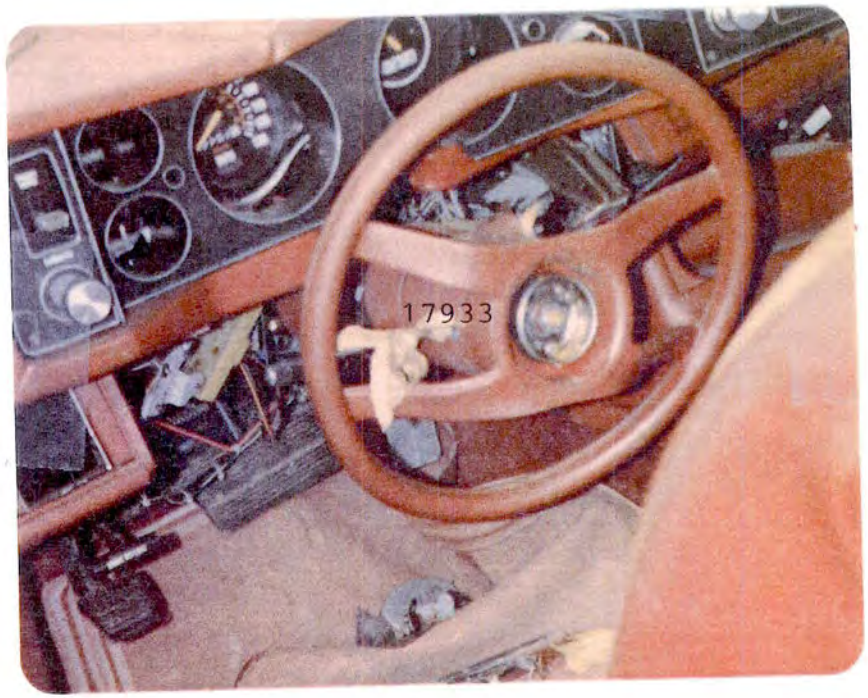
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Time In: 1135 ☐ AM ☒ PM	Military: ☐ 2nd Day ☐ 3rd Day	Return Receipt Fee:
Weight: 4 lbs. ozs.	Int'l Alpha Country Code:	COD Fee: / Insurance Fee:
No Delivery: ☐ Weekend ☐ Holiday	Acceptance Clerk Initials: SF	Total Postage & Fees: $ 19.95

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

☐ **WAIVER OF SIGNATURE** *(Domestic Only)* **Additional merchandise insurance is void if waiver of signature is requested.** I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday _____ Customer Signature

Mailing Label
Label 11-B May 2001

CUSTOMER USE ONLY

METHOD OF PAYMENT
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE ([redacted]

[redacted]
Buffalo, New York [redacted]

TO: (PLEASE PRINT) PHONE ( )

US Dept.of Transportation
NHTSAdministration
Attn; Mr. Randy Reid, Chief
Office of Defects Investigations
1200 New Jersey Avenue SE
Washinton, D.C. 20077-9382

ZIP + 4 ☐☐☐☐☐ + ☐☐☐☐

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EP13F

082708_EM_EP13F OCT 2008