CL-10660545-8822

[redacted]

Demorest, Georgia [redacted]

January 9, 2015

JAN 22 2015

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, DC 20590

Re: Safety Complaint v. General Motors Corp.
2007 Chevrolet Malibu, VIN: G1ZT58F27F[redacted]
Concerns: (1) driver frontal airbag exploded causing facial and upper-body extremity injuries (4-day hospital treatment, lingering pain and other discomfort), ongoing possible back surgery;
(2) parts not available for recall notice of defective transmission cable, fracturing of cable;
(3) ignition switch defect

ODI Number 10660545

Dear Regulator/Administrator:

I am enclosing my completed DOT Auto Safety Hotline, Vehicle Owner's Questionnaire, a copy of the Police Report and relevant photographs.

Thanking you in advance,

Sincerely,

[redacted]

Encl: Police Report, photographs

ET
12315
SMD

Form Approved: O.M.B. No. 2127-0008

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: 24-NOV-2014	Repository ☐
	Reference No.: 10660545

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
City: DEMOREST	State: GA	Zip Code: [redacted]	Evening Telephone Number:

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
1G1ZT58F27F[redacted]	CHEVROLET	MALIBU	2007

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12/21/2007	Hayes Chevrolet - 1-800-481-6775			6	UNL
Original Owner: ☒	Dealer's City: Baldwin	State: GA	Zip Code: 30511		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	SDN 4D	—	15-OCT-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	95000	15

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	N

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 MALIBU. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 15 MPH, THE VEHICLE CRASHED INTO AN EMBANKMENT AND THE AIR BAGS DEPLOYED. THE CONTACT SUSTAINED INJURIES DUE TO THE AIR BAGS DEPLOYING. THE CONTACT REQUIRED MEDICAL ATTENTION AND A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 95,000.

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

Rec's Copy

Printed: 10/16/2014 09:39:49 — CLARKESVILLE POLICE DEPARTMENT — Page 1 of 2

Accident Number	Agency NCIC No.	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT	County	Date Rec. by DOT
[redacted]	GA0680200		HABERSHAM	

Date	Day of Week	Time	Off. Arrived	Total Number of: Vehicles	Injuries	Fatalities	Inside City of:
10/15/2014	☐ ☐ ☐ ● ☐ ☐ ☐ Sun M T W Th F S	1409	1410	1	1	0	CLARKESVILLE

Road of Occurrence [redacted] — 1 ☐ Interstate 2 ● Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

At It's Intersection With — 1 ☐ 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

Corrected Report? Yes ☐

Not At its Intersection But 600.00 ☐ Miles ● Feet — 1 ☐ North 2 ☐ South 3 ● East 4 ☐ West — Of: SR 197 S / WASHINGTON STREET — 1 ☐ Interstate 2 ● Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line

Supp. to Original? Yes ☐

And continuing in the direction checked above, the Next Reference Point is SALOME DRIVE — 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ● Co. Road 4 ☐ City St. 5 ☐ Co. Line

Hit and Run? Yes ☐

Driver

Driver #	LAST NAME	FIRST	MIDDLE
1	[redacted]		

Ped # ☐ — Address [redacted]

City DEMOREST — State GA — Zip [redacted] — DOB [redacted]

Driver's License No. [redacted] — Class C — State GA — ☐ Male ● Female

Posted Speed 35 — Insurance Co. STATE FARM — Policy No. [redacted]

Year 2007 — Make CHEVROLET — Model MALIBU — Telephone No. [redacted]

VIN 1G1ZT58F27F[redacted] — Vehicle Color WHITE

Tag # [redacted] — State GA — County HABERSHAM — Year 2015

Trailer Tag # — State — County — Year

● Same as Driver — Owner's Last Name [redacted] — First — Middle

Address [redacted]

City DEMOREST — State GA — Zip [redacted]

Removed By BUDGET TOWING — ☐ Request ● List

Alcohol Test	Type	Results	Drug Test	Type	Results
2			2		

Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors
1	3	1	10

Veh Cond	Veh Maneuver	Ped. Maneuver
1	5	

Most Harmful Event	Veh Class:	Veh. Type:
27	1	1

Traffic Ctrl 7 — Device Inoperative? ☐ Yes ● No

Driver

Driver #	LAST NAME	FIRST	MIDDLE
0			

Ped # ☐ — Address

City — State — Zip — DOB / /

Driver's License No. — Class — State — ☐ Male ☐ Female

Posted Speed — Insurance Co. — Policy No.

Year — Make — Model — Telephone No.

VIN — Vehicle Color

Tag # — State — County — Year

Trailer Tag # — State — County — Year

☐ Same as Driver — Owner's Last Name — First — Middle

Address

City — State — Zip

Removed By — ☐ Request ☐ List

Alcohol Test	Type	Results	Drug Test	Type	Results

Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors

Veh Cond	Veh Maneuver	Ped. Maneuver

Most Harmful Event	Veh Class:	Veh. Type:

Traffic Ctrl 0 — Device Inoperative? ☐ Yes ● No

Injured Taken To: HABERSHAM COUNTY MEDICAL CENTE — By: HABERSHAM MEDICAL UNIT 6

EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken:	By:
1411	1414	1455	● Yes ☐ No	LEDFORD, RYAN

Report By:	Department	Report Date	Checked By:	Date Checked
LEDFORD, RYAN M #303		10/15/2014	#	/ /

Witness(es): Name — Address — City — State — Zip Code — Telephone No.

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name — Vehicle # # — Address — State — Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C.#	U.S. D.O.T.#	Interstate ☐ Intrastate ☐

C.D.L. ? 1 ☐ Yes 2 ☐ No — C.D.L. Suspended ? 1 ☐ Yes 2 ☐ No

Vehicle Placarded ? 1 ☐ Yes 2 ☐ No — Hazardous Materials ? 1 ☐ Yes 2 ☐ No

Released ? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

Carrier Name — Vehicle # # — Address — State — Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type

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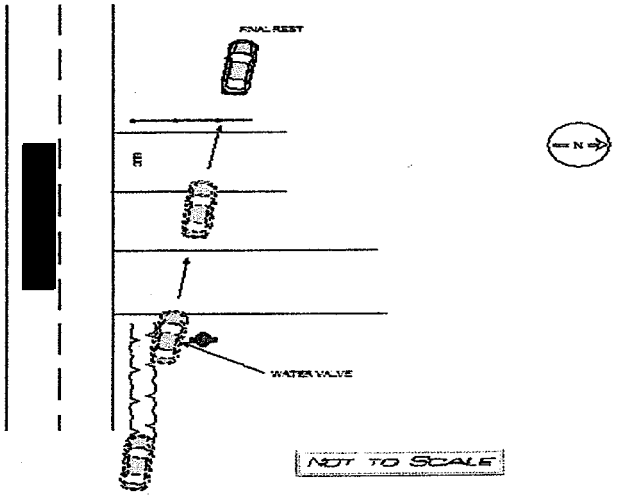
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

REMARKS:

Investigation determined that vehicle 1 was traveling east on [redacted]. Vehicle 1 left the roadway, traveled over two driveways and trough a fence before coming to rest down an embankment. Driver 1 stated that she did not remember what happened. It is undetermined what caused vehicle 1 to leave the roadway and no witnesses were located on the scene. The property owner of [redacted] was notified of the damage sustained. The City of Clarkesville Water Department was also notified of possible damage to a water valve. Vehicle 1 was towed by Budget towing due to exigent circumstances. They provided the quickest time of arrival.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1

** NO CITATIONS SPECIFIED **

CITATIONS - VEHICLE # _____

** NO CITATIONS SPECIFIED **

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Charact.	Construction / Mtc. Zone
29	1	3	2	1	6	3	2	1	2	0

	VEH # 1	VEH # _____
Number of Occupants	1	
Point of Initial Contact	12	
Damage to Vehicles	4	

SKID DISTANCE BEFORE IMPACT: _____ VEH.1 AFTER _____ VEH.1 _____ VEH. _____ VEH.

Width of Road: 24.0

Damage Other Than Vehicle: Owner: [redacted]

FENCE AND LANDSCAPING (IE SHRUBS AND FLOWERS)

Occupants (list below):			AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
	Driver # 1 Or Pedestrian # [redacted]		[redacted]				3	1	1	3	1	2
	Driver # Or Pedestrian #						0			0		0
LAST NAME	FIRST	ADDRESS CITY STATE ZIP	X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX
							0		0	0		0
							0		0	0		0
							0		0	0		0
							0		0	0		0
							0		0	0		0
							0		0	0		0
							0		0	0		0
							0		0	0		0

AGENCY: GA0680200

Case Photos

CASE#: [redacted]

CLARKESVILLE POLICE DEPARTMENT

Print Date: 10/16/2014 09:39:50 AM

GENERAL

GENERAL

GENERAL

GENERAL

GENERAL

GENERAL

GENERAL

GENERAL

[redacted]
Demorest, GA [redacted]

ATLANTA METRO 300
23 JAN 2015 PM 9 L

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, DC 20590

20590