



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

552(B)(6)
Date Received

14-JAN-2016
MAR 09 2016

Repository

Reference No.
10820271

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MITCHELLVILLE State MD Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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
2G1WB58K479 [REDACTED] Make CHEVROLET Model IMPALA Model Year 2007
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 11-JAN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS 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: 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:
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 Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police 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 2007 CHEVROLET IMPALA. WHILE DRIVING AT A HIGH SPEED, THE CONTACT LOST CONTROL OF THE VEHICLE AND CRASHED INTO A MEDIAN. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED FRACTURED RIBS, WHICH REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC, BUT WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS NOT PROVIDED.

Please see letter attached.



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.

██████████ (driver of the Impala), had to brake suddenly when the car in front of her slowed up suddenly and caused her to lose control of the car. Please see the Police Report for additional information. During impact, the air bags failed to deploy. General Motors was notified. She was taken to the hospital where it was determined that she had fractured two ribs and might have suffered from whiplash. The car was determined to be a total loss by State Farm Insurance. If there are any further questions, please do not fail to contact me.

██████████
Reference No. 10820271

Attachments: Police Report

Letter from General Motors

Photos of 2007 Impala following accident

Report Number:
[REDACTED]

State of Maryland Motor Vehicle Crash Report

Reporting Agency:
**MARYLAND STATE
POLICE**

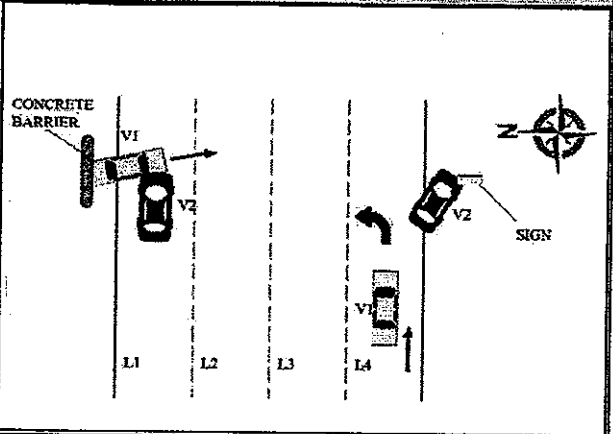
Case Information:

Report Type: **Injury Crash** County: **Montgomery** Municipality: **N/A**
Local Case No.: [REDACTED] Local Codes: Crash Date: **1/11/2016**
Investigating Officer: **TPR T. Flowers-Jackson - 6276** Crash Time: **12:14 PM** Photos Taken

Location:

GPS X-Coordinates: **-77.04227** GPS Y-Coordinates: **39.013482**
Main Road: **CAPITAL BELTWAY** Route #: **IS495**
Intersecting Road: **COLESVILLE RD** Intersecting Route #: **US29**
Mile Point: **11.88** Mile Point Direction: **E** Distance: **100 F** Distance Direction: **W**

Accident Diagram:



Narrative:

VEHICLE ONE WAS TRAVELING ON THE INNER LOOP OF 495 AT ROUTE 29 IN LANE FOUR. VEHICLE TWO WAS TRAVELING ON THE INNER LOOP OF 495 AT ROUTE 29 IN LANE ONE. THE OPERATOR OF VEHICLE ONE LOST CONTROL TRYING TO AVOID ANOTHER SLOWING VEHICLE, STRIKING THE CONCRETE BARRIER ON THE LEFT OF LANE ONE. VEHICLE TWO STRUCK VEHICLE ONE ON THE DRIVER'S SIDE REAR AFTER VEHICLE ONE HIT THE CONCRETE BARRIER. VEHICLE TWO CONTINUED ACROSS ALL LANES STRIKING A TEMPORARY TRAFFIC SIGN ON THE RIGHT SHOULDER. VEHICLE ONE SPUN AROUND AND CAME TO A FINAL REST IN LANE ONE FACING SOUTH.

DAMAGE TO PROPERTY: State-CONCRETE BARRIER

Crash Type:

Collision Type: **Unknown**
Harmful Event One: **Fixed Object** Harmful Event Two: **Other Vehicle**
Fixed Object Struck: **Guardrail Or Barrier** School Bus Involved: **Not Involved**
Const./Maint. Zone: **No** Const./Maint. Loc.:
Workers Present: Const./Maint. Closure:

Road/Area:

Lane No.: **1** Lane Dir.: **E** Lane Type:
No. of Lanes: **4** Rd. Alignment: **Straight** Rd. Grade: **Level**
Rd. Division: **Two-Way, Divided, Positive Median Barrier** Traffic Control: **No Controls**
Intersection: **N/A** Inter. Area: **Intersection**
Junction: **Non Intersection**

Conditions:

Road Condition: **No Defects** Contrib - Road: **N/A**
Weather: **Clear** Contrib - Environment: **N/A**
Surface Condition: **Dry** Light: **Daylight**

Vehicle 1 (5 [REDACTED])

Basic Information

Registration: [REDACTED] Tag State: MD Exp Year: [REDACTED] VIN #: 2G1WB58K479 [REDACTED]
Year: 2007 Make: CHEV Model: 4S Body Type: Passenger Car
Insurer: STATE FARM Policy #: [REDACTED]
Towed Vehicle: N/A

At Fault/Citation(s)

At Fault: Yes Citation Issued: Yes Citation Code: [REDACTED]

Owner

First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Home Phone: [REDACTED]
Street: [REDACTED]
City: MITCHELLVILLE State: MD Zip: [REDACTED] Other Phone: [REDACTED]

Driver:

DL#: [REDACTED] DL State: MD DL Class: [REDACTED] CDL: No
First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]
Street: [REDACTED]
City: NEW MARKET State: MD Zip: [REDACTED] Home Phone: [REDACTED]
DOB: [REDACTED] Sex: F Other Phone: [REDACTED]

Safety Equip.: Shoulder/Lap Belt(S) Equip. Problem: N/A Airbag Deployed: Deployed - Front

Alch. Test Given: N/A Alch. Test Type: [REDACTED] BAC: [REDACTED]
Substance Use: None Detected Drug Test Given: N/A Drug Test Result: [REDACTED]

Condition: Apparently Normal Ejected: Trapped
Injury Severity: Non-Incapacitating Injury EMS Unit: A EMS Run Number: 160004361

Impact & Damage

First Impact: Twelve O'clock Areas Damaged: Eight O'clock, Seven O'clock, Twelve O'clock
Main Impact: Eight O'clock
Most Harmful Event: Other Vehicle
Damage Extent: Destroyed Fire: No

Circumstances

Going Direction: E Continuing Direction: S Vehicle Movement: Moving Constant Speed Speed Limit: 55
Left Scene: No Driverless Vehicle: No Emergency Vehicle: No
Special Function: N/A

Contrib. Circumstances Person: Over Correcting Over Steering
Driver Distracted By: Not Distracted Contrib. Circumstances Vehicle: N/A

Sequence of Events: Concrete Traffic Barrier, Struck Motor Vehicle In Transport

Towing

Towed: Yes Removed By: AUTOMOTIVE SUPPORT Removed To: AUTOMOTIVE SUPPORT

END - Vehicle 1 (5 [REDACTED])

Vehicle 2

Basic Information

Registration: [redacted] Tag State: MD Exp Year: [redacted] VIN #: 1GNEK13Z16R [redacted]
Year: 2006 Make: CHEVY Model: TK Body Type: Passenger Car
Insurer: STATE FARM Policy #: [redacted]
Towed Vehicle: N/A

At Fault/Citation(s)

At Fault: No Citation Issued: No Citation Code:

Owner

First: [redacted] Middle: [redacted] Last: [redacted] Home Phone:
Street: [redacted] Other Phone:
City: TOWSON State: MD Zip: [redacted]

Driver:

DL#: [redacted] DL State: MD DL Class: [redacted] CDL: No
First: [redacted] Middle: [redacted] Last: [redacted]
Street: [redacted]
City: [redacted] State: MD Zip: [redacted] Home Phone: [redacted]
DOB: [redacted] Sex: F Other Phone:

Safety Equip.: Shoulder/Lap Belt(S) Equip. Problem: N/A Airbag Deployed: Deployed - Front

Alch. Test Given: N/A Alch. Test Type: BAC:
Substance Use: None Detected Drug Test Given: N/A Drug Test Result:

Condition: Apparently Normal Ejected: Not Ejected/Trapped
Injury Severity: Non-Incapacitating Injury EMS Unit: B EMS Run Number: 160004361

Impact & Damage

First Impact: Twelve Oclock Areas Damaged: Twelve Oclock
Main Impact: Twelve Oclock
Most Harmful Event: Other Vehicle
Damage Extent: Destroyed Fire: No

Circumstances

Going Direction: E Continuing Direction: E Vehicle Movement: Moving Constant Speed Speed Limit:
Left Scene: No Driverless Vehicle: No Emergency Vehicle: No 55
Special Function: N/A

Contrib. Circumstances Person: N/A
Driver Distracted By: Not Distracted Contrib. Circumstances Vehicle: N/A

Sequence of Events: Struck Motor Vehicle In Transport, Traffic Sign Support

Towing

Towed: Yes Removed By: AUTOMOTIVE SUPPORT Removed To: AUTOMOTIVE SUPPORT

END - Vehicle 2

EMS Unit A (AMBO 701)

EMS Type: Ground Transport

Taken to: SUBURBAN HOSPITAL

EMS Unit B (AMBO 716)

EMS Type: Ground Transport

Taken to: HOLY CROSS HOSPITAL



esis

ESIS/GM Central Claims Unit
PO Box 300
Mail Code 482 C19 B61
Detroit, MI 48265-3000

800.888.0164 *tel*
313.432.2711 *fax*

Jeanell Gordon
Claims Administrator
jcanell.gordon@gm.com

February 23, 2016

[REDACTED]
Mitchellville, MD [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: [REDACTED]
Our Client: General Motors LLC
Date/Event: January 11, 2016
VIN: 2G1WB58K479 [REDACTED]

Dear [REDACTED]

I am writing to confirm our conversation of January 21, 2016 regarding your accident of January 11, 2016 in a 2007 Chevrolet Impala. ESIS provides administrative claims handling services to General Motors LLC (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

ESIS is undertaking an investigation of your claim on behalf of GM. Conducting this investigation and responding to your claim is not a waiver of any defense that GM may have to your claim. GM expressly reserves its right to assert any defense. In undertaking to investigate your claim, ESIS and GM make no promise, representation, or statement that either will make any payment of your claim and ESIS and GM expressly reserve the right, in their discretion, to deny your claim and make no payment.

Per our conversation, you agreed to allow us to inspect your 2007 Chevrolet Impala and retrieve certain data from the air bag system. I estimate the inspection will take about 2-3 hours. I have requested ESIS/GM Field Investigator to assist me with the inspection.

As part of the inspection, we will likely take photographs and measurements. Also, your vehicle is equipped with an air bag Sensing and Diagnostic Module (SDM). As explained in the Owner's Manual, in addition to its other functions, the SDM is capable of recording information about the air bag system and other crash related data in an air bag deployment event and some near-deployment crashes. The SDM in your vehicle may also record the following pre-crash data: vehicle speed, throttle position, brake application and engine RPM for 5 seconds prior to the deployment or near deployment event. As part of our investigation, we will download the SDM data using the publicly available Bosch Crash Data Retrieval (CDR) System software. We will provide you with a copy of the data obtained at the time we retrieve it or as soon after as is practical.



esis

Please note the potential GM uses of this crash data once GM has a copy in its files. Once collected, the SDM crash data is available for GM's research needs. Also, in summary form, this information may be provided to non-GM organizations (i) which have a reasonable need for it, (ii) which have a demonstrated ability to utilize such data, and (iii) which are expected to use it for studies aimed at improving safety to the benefit of the public at large, the auto industry, or GM. However, information which ties SDM crash data to a particular vehicle, such as VIN, owner name, or date and location, will generally not be disclosed by GM other than (a) to the involved owner/lessee or his/her designated agent, (b) in response to an official request of police or similar government office, (c) for research where appropriate confidentiality is maintained and need is shown, (d) as part of GM's defense of litigation involving the subject vehicle or other GM products, or (e) as otherwise required by law.

In addition to the SDM data described above, information regarding the status of the electronic components in your vehicle's air bag system (or other electronic systems) may be scanned through the use of an available electronic scan tool known as a Tech II or a Multiple Diagnostic Interface (MDI) which are commonly used by authorized dealership vehicle service technicians. If Tech II or MDI scan information is obtained from those scans it can be made available at your request.

To assist us in the investigation of your claim, we request that you provide us with the following information:

1. Documentation to substantiate the amount of damages to your vehicle, including but not limited to copies of repair orders, maintenance records, body shop invoices, insurance estimates or appraisals, etc.;

Once we have completed our investigation, a review of your claim will be conducted.

Please find enclosed a copy of the air bag data retrieved from the above vehicle. This copy is for your records. 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 for as long as you intend to pursue a claim and/or cause of action.

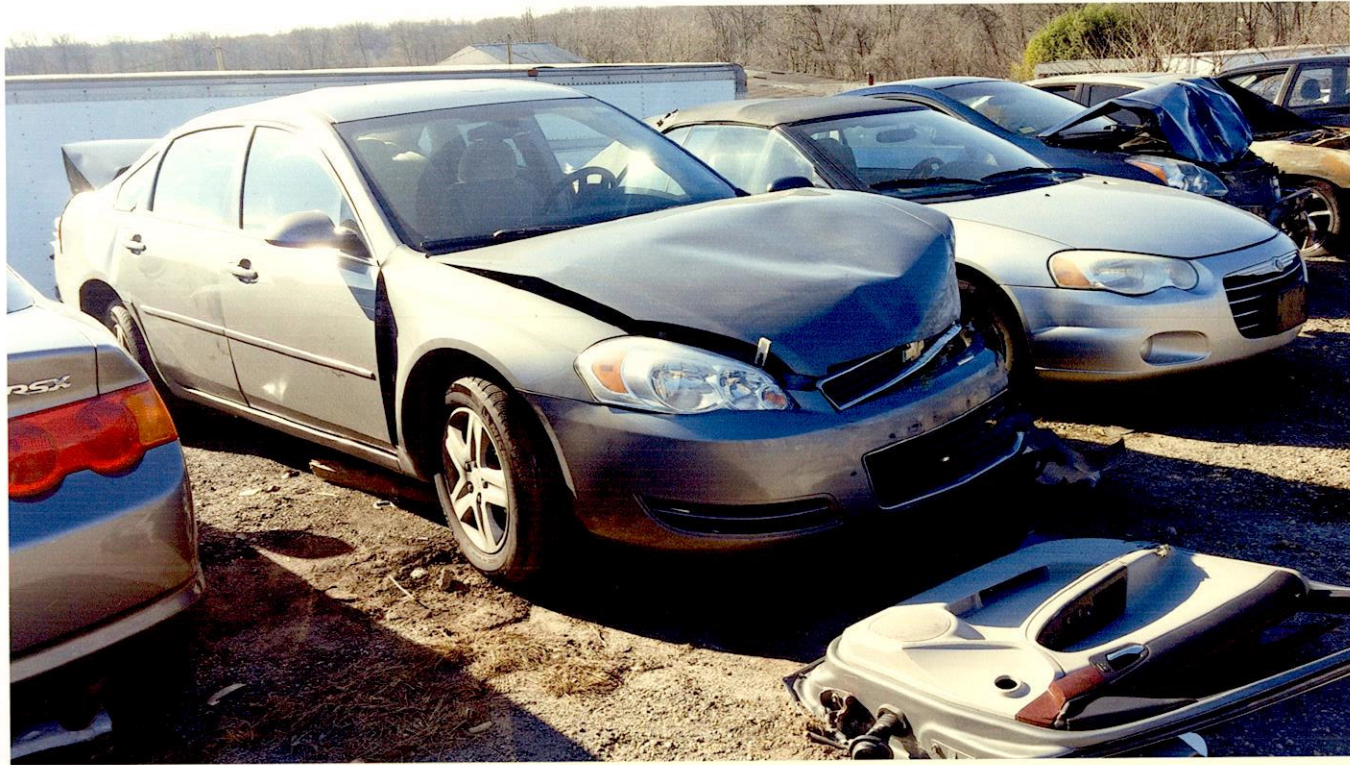
Should you have any questions regarding this letter or your claim, please feel free to contact me directly at 1.313.665.2714, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST.

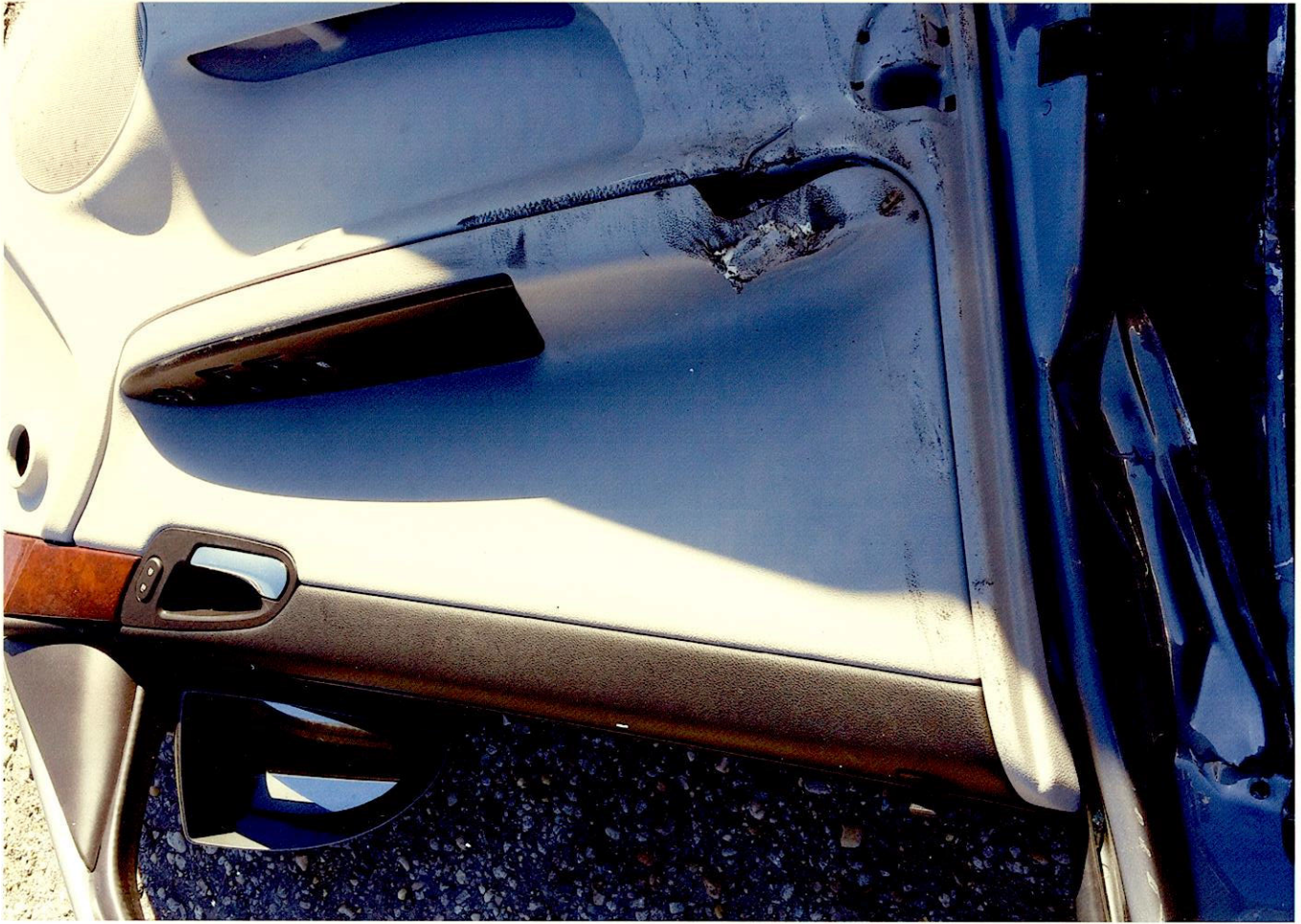
Thank you for your time in this regard.

Sincerely,

Jeanell Gordon

Jeanell Gordon
Claims Administrator
Enclosure















[REDACTED]
[REDACTED]
Mitchellville, MD [REDACTED]

NHTSA
Office of Defect Investigation
West Building
1200 New Jersey Ave. S.E.
Washington, D.C. 20590

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PAID
 LANHAM, MD
 20706
 MAR 04 16
 AMOUNT
\$9.45
 R2304M110797-08

PRIORITY[®]
★ MAIL ★

United States Postal Service[®]
SIGNATURE CONFIRMATION™



Mitchellville, MD. [REDACTED]

-  DATE OF DELIVERY SPECIFIED
 -  USPS TRACKING™ INCLUDED
 -  INSURANCE INCLUDED*
 -  PICKUP AVAILABLE
- * Domestic only

2305 0270 0001 6892 3442

TO: NHTSA
 Office of Defective Investigation
 West Building
 1200 New Jersey Ave. S.E.
 Washington, D.C.
 20590

W48-246

FLAT RATE ENVELOPE
 ONE RATE ★ ANY WEIGHT*

WHEN USED INTERNATIONALLY,
 A CUSTOMS DECLARATION
 LABEL MAY BE REQUIRED.

PS 00001000014

EP14F Apr 2015
 OD: 12 1/2 x 9 1/2

VISIT US AT USPS.COM[®]
 ORDER FREE SUPPLIES ONLINE



This packaging is the property of the U.S. Postal Service[®] and is provided solely for use in sending Priority Mail[®] shipments. Misuse may be a violation of federal law. This packaging is not for resale. EP14F © U.S. Postal Service; April 2015; All rights reserved.

This envelope is made from post-consumer waste. Please recycle - again.