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INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

Printed: 8/31/2018

CL-1113188-5370

NHTSA #: ES18-003231	Rec'd Date: 8/31/2018	Referred By: NAD-200
XREF #:	Doc Type: GEN	Doc Date: 8/10/2018
Delivery: EML	Address To:	**Due Date: 9/21/2018**
S10 #:	DOT/L #:	RMP #:

Subject: LETTER FROM [redacted] REGARDING THE AIRBAG IN HIS 2005 ISUZU ASCENDER WENT OFF FOR NO REASON CAUSING PERSONAL INJURIES

Ack Date:	Ack By:	
Sign Office: AA FOR NCSA	Signature: JEFFREY GIUSEPPE	Signed For:
Cleared Date:	Cleared By:	Cleared For:
File Loc:	XREF File:	**Closed Date:**
Added By: RBRANSOM x63756	Modified By: Rhonda.Bransom	

Most Recent Comment:

Author:

[redacted]

ELK GROVE, CA [redacted]

Tel [redacted] Fax: *E-mail:* [redacted]

Assigned To	Task	Asgn Date	Deadline	Returned Date
NEF-200	REPLY	8/31/2018	9/21/2018	

RR
9.18.18

58491

August 10, 2018

National Transportation Board
505 South 336th Street #540
Federal Way, Washington 98003

To Whom It May Concern:

On November 16, 2017 I was driving my 2005 Isuzu Ascender down Highway 5 in the Sacramento/Elk Grove area. While for no reason my upper airbags went off. I was startled and shocked by this. I had not hit anything, was just going with traffic at the time. Upon figuring out what happened I was able to pull over to the right hand side of the freeway.

I wrote a letter to the local dealership where I had purchased it and also to Isuzu America. I received a letter from Ms. Christine Ballas with ESIS/GM Central Claims Unit dated 1/11/17. Obviously this date is an error and should have been 2018. Ms. Ballas sent out a gentleman named Mark Fimbres, 559-978-0809, , to inspect the vehicle. He spent a couple hours inspecting the vehicle, taking pictures and taking a computer reading. He then left. A couple months later, Ms. Ballas contacted me and said they were unable to get a reading so Mr. Fimbres would be coming out to remove the computer part so it could be sent to the manufacturer for a reading.

I received a letter dated May 18, 2018 from Ms. Ballas. She stated in her letter that GM was denying the claim as it showed in the data that it was a roll or near roll. This is simply not true. It also shows that neither report contains steering data.

I received a whiplash, concussion, have severe fatigue, pain down my rightside leg, two right fingers are freezing at all times, and have headaches that will not go away. I have received chiropractic care, had 2 MRI's , xrays and am scheduled to have facet injections in my neck on August 20, 2018.

I have enclosed all documents and photos for your information.

[redacted]

Elk Grove, Ca. [redacted]

ES18-003231

ESIS®

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

800.888.0164 tel
1.248.778.1808 fax

Christine Ballas
Claim Administrator

May 8, 2018

[redacted]
Wlk Grove, CA [redacted]

RE: Claimant: [redacted]
Our File No.: [redacted]
Our Client: General Motors LLC
Date/Event: 11/16/2017
Vehicle: 2005 Isuzu Ascender
VIN: 4NUDT13S452[redacted]

Dear [redacted]

This will confirm that we have completed our review of your claim regarding alleged defects to the 2005 Isuzu Ascender. At this time, based on all documentation received and reviewed, ESIS, on behalf of General Motors LLC, will not be in a position to honor your request for damages. If you have any additional evidence that supports your claim of a product defect, please forward it to my attention for further review.

Please note 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 there is intent to pursue a claim and/or cause of action.

Sincerely,

Christine Ballas

Christine Ballas

Allstate
You're in good hands.

San Diego
PO BOX 660636
DALLAS TX 75266

[redacted]
ELK GROVE CA [redacted]

January 16, 2018

INSURED: [redacted]
DATE OF LOSS: November 16, 2017
CLAIM NUMBER: [redacted]

PHONE NUMBER: 800-959-6299
FAX NUMBER: 866-447-4293
OFFICE HOURS: Mon - Fri 8:00 am - 5:30 pm

Dear [redacted]

We have placed you at 0% liable for the loss November 16, 2017. Any questions or concerns please feel free to give me a call.

Sincerely,

MICHELLE PARKER

MICHELLE PARKER
800-959-6299 Ext. 6766258
Allstate Northbrook Indemnity Company

GENI001 [redacted]

Allstate
You're in good hands.
California Specialized Auto MCO
PO BOX 1800
CORONA CA 92878

[redacted]
ELK GROVE CA [redacted]

December 07, 2017

INSURED: [redacted]
DATE OF LOSS: November 16, 2017
CLAIM NUMBER: [redacted]

PHONE NUMBER: 866-556-0356
FAX NUMBER:
OFFICE HOURS: Mon - Fri 8:00 am - 5:30 pm

Dear [redacted]

Thank you for the opportunity to service your insurance claim needs. As a result of your recent loss, your vehicle was determined to be non-repairable.

Our process of evaluating your vehicle is to compare it to a similarly equipped vehicle of the same year, make and model with comparable pre-loss condition available in your local market area. When establishing a value it was necessary to make some adjustments due to the pre-loss conditions of your vehicle in order to arrive at an actual cash value. These deductions and / or additions were in the amount of $237.00 for mileage, options or condition.

You have expressed an interest in retaining the salvage. The salvage value of your vehicle has been determined to be $179.00 based on a bid from Copart. The California Department of Motor Vehicles has requirements when vehicles are retained as salvage. Below is a copy of the California Vehicle Code Section 11515 (B) for your convenience:

"Whenever the owner of a total loss salvage vehicle retains possession of the vehicle, the insurance company shall notify the department of the retention on a form prescribed by the department. The insurance company shall also notify the insured or owner of the insured's or owner's responsibility to comply with this subdivision. The owner shall, within 10 days from the settlement of the loss, forward the properly endorsed certificate of ownership or other evidence of ownership acceptable to the department, the license plates, and a fee in the amount of twenty dollars ($20) to the department. The department, upon receipt of the certificate of ownership or other evidence of title, the license plates, and the fee, shall issue a salvage certificate for the vehicle."

Please be advised that Allstate is required to provide the California Department of Motor Vehicles with notice of your retention of the salvaged vehicle. This notice may affect the salvaged vehicles future resale value as well as it insured value. You also have the right to seek a refund of the unused license fees from the California Department of Motor Vehicles.

If you should decide to repair the vehicle for use on public roads, the new title will be stamped "salvage vehicle" across the face identifying the vehicle as a rebuilt total loss. Also, you will be required to do the following:

- A brake inspection must be done on the car by a brake inspection station licensed by the State of California.
- A light inspection must be done on the car by a light inspection station licensed by the State of California.
- A smog inspection and certification, plus any necessary repairs must be done on the car by a smog inspection station licensed by the State of California.
- You may be required to take the car to the local D.M.V. office for inspection and verification of the vehicle identification numbers.

Our settlement was based on the following:

[redacted]

Upon receipt of claim settlement payment, if you cannot purchase a comparable vehicle for the enclosed gross settlement amount, you will have 35 calendar days to notify us and Allstate will reopen your file and offer assistance in accordance with Department of Insurance regulations.

ACV		$4,348.00	
Salvage/Pro Quote		$179.00	
ACV-Less salvage amount			$4,169.00
Sales Tax	7.75%	$323.10	
Transfer fee		$20.00	
Gross Owner Retained		$4,512.10	
Deductible		$100.00	
Lien Holder		$0.00	
Towing & Pooling Fee		$0.00	
Total =		$4,750.00	

If you have any questions or you have any information that would alter the evaluation of your vehicle, please feel free to call me at the number below.

Sincerely,

WILBER ZUNIGA GOMEZ

WILBER ZUNIGA GOMEZ
866-556-0356
Allstate Northbrook Indemnity Company

GENI001

[redacted]

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

800.888.0164 *tel*
1.248.778.1808 *fax*

ESIS®

Christine Ballas
Claims Administrator
christine.ballas@gm.com

1/11/17

[redacted]
Elk Grove, CA [redacted]

RE: Claimant: [redacted]
Our File No.: [redacted]
Our Client: General Motors LLC
Date/Event: 11/16/17
VIN: 4NUDT13S452[redacted]

Dear [redacted]

I am writing to confirm our conversation of 1/11/17 regarding your accident of 11/16/17 in a 2005 Isuzu Ascender. 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 2005 Isuzu Ascender and retrieve data from the air bag system. I estimate the inspection will take about three hours.

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 records information about the air bag system and other crash related data in an air bag deployment event. This data does include the 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 this data using the Bosch Crash Data Retrieval System software and provide you with a copy of this data at the time we retrieve it or, as soon after as is practical.

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

esis

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;
2. All medical records concerning the injuries suffered as a result of this accident. An *Authorization for Use and/or Disclosure of Confidential Medical Information* form is enclosed to assist our office in obtaining these records. Please provide the names and complete addresses for all medical providers who treated the injuries sustained in the above incident. Please be advised that we may or may not use the medical records to evaluate your claim;
3. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;

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

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 1.800.888.0164, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST.

Sincerely,

Christine Ballas

Christine Ballas
Claims Administrator

Enclosure

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

800.888.0164 *tel*
1.248.778.1808fax

ESIS®

Christine Ballas
Claims Administrator

1/11/17

[redacted]

RE: Claimant: [redacted]
Our File No.: [redacted]
Our Client: General Motors LLC
Date/Event: 11/16/17
Subject vehicle: 2006 ISUZU ASCENDER
VIN: 4NUDT13S452[redacted]

Dear [redacted]

We are writing you because you have made a claim against General Motors LLC for the accident/incident referenced above.

ESIS/General Motors Central Claim Unit (on behalf of General Motors LLC) will respond to your claim once we have completed our investigation. **THAT RESPONSE MAY TAKE THE FORM OF A DENIAL OF LIABILITY, NOTICE THAT THERE IS INSUFFICIENT INFORMATION AVAILABLE WITH WHICH TO MAKE A DECISION, OR AN OFFER TO DISCUSS A SETTLEMENT. IF SETTLEMENT DISCUSSIONS ARE TO OCCUR YOU MUST PROVIDE US WITH THE INFORMATION REQUIRED IN THIS LETTER**

A. HIPPA Authorization to Obtain Medical Information

As part of our investigation and evaluation of your claim, we may require copies of all medical records and invoices for services provided to you as a result of the injuries you claim you suffered. These records may only be obtained with your consent. A blank medical release form is enclosed for this purpose. This information will only be used to evaluate your claim. Please complete the enclosed Authorization for Use and/or Disclosure of Confidential Medical Information Form and return it to me at the address printed above within 15 days.

B. Verifying Medicare Beneficiary Status & Reporting

Federal law, Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), requires General Motors LLC and all liability insurers to report settlements with Medicare beneficiaries. As a practical matter, we have to determine whether you are a Medicare beneficiary. Medicare provides a query function to assist us in (1) verifying a Medicare Health Insurance Claim Number (or HICN) for a Medicare beneficiary; *or* (2) determining whether or not an individual is a Medicare beneficiary if the individual furnishes his/her Social Security Number (SSN). To assist reporting entities like General Motors LLC in complying with the law, the Centers for Medicare & Medicaid Services (CMS) has provided the enclosed form (with a picture of a Medicare Card). ESIS, on behalf of General Motors LLC, will use this information to verify your status as a Medicare beneficiary and later, to report a settlement, if any.

Please complete the enclosed CMS form and return it to me at the address printed above within 15 days. If you are refusing to provide the information requesting in Sections I and II of the enclosed CMS form, please fill out Section III of the form, and provide your reason(s) for refusing to provide the requested information.

C. Reimbursing Medicare

The Medicare Secondary Payer (MSP) law allows Medicare to pay for medical care received by a Medicare beneficiary who has or may have a claim. The law also requires Medicare to recover those payments if a settlement, judgment, recovery or award has been or could be made. Congress passed the MSP law to ensure that Medicare Trust Funds would have enough money to pay for medical care that beneficiaries may need in the future. Congress decided that, if a recovery was available to pay for a Medicare beneficiary's medical care, then that money should be used to pay for the care. Any amounts already paid by Medicare should be refunded to the Medicare Trust Funds.

Federal law may require you to repay Medicare if: (1) you are/were a Medicare beneficiary; (2) you recover from General Motors LLC; ***and*** (3) Medicare paid for medical care you received related to your claim. You or your attorney should contact Medicare to verify your status as a Medicare beneficiary, report your potential claim, and obtain information from Medicare on payments it has made or may make on your behalf for medical services related to the incident/accident.

If we make a decision to offer you a settlement, and you accept, we will not be able to pay the settlement funds until we (1) have a final demand letter from Medicare, showing the amount of total Medicare payments it made on your behalf for medical services related to the incident/accident, if any, and (2) insure payment is made to Medicare to resolve its claim. A final demand letter cannot be obtained from Medicare until settlement terms have been reached.

D. More Information

If you or your attorney want more information on Medicare's reporting requirements and recovery rights please contact the Medicare Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for any hearing and speech impaired) or at the following address:

Medicare Benefits Coordination & Recovery Center
PO BOX 138832
Oklahoma City, OK 73113

Sincerely,

Christine Ballas

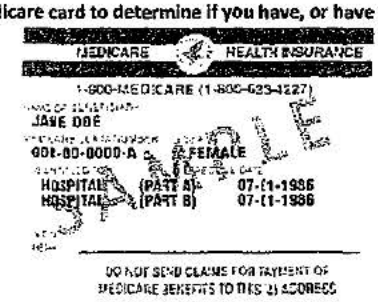
Encl.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare Program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary, and recover after the other insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to the answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had, a similar Medicare card.



SECTION I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?	☐ YES	☐ NO
Are you presently, or have you ever been, enrolled in Medicare Part C (Medicare Advantage Plan)?	☐ YES	☐ NO
If yes, please complete the following. If no, proceed to Section II.		
FULL NAME: *(Please print the name exactly as it appears on your SSN or Medicare card if available.)*		
Medicare Number:	**Date of Birth (Mo/Day/Year)**	- -
Social Security Number: *(If Medicare Number is Unavailable)* - -	**Sex** ☐ Female ☐ Male	

SECTION II

I understand that the information requested is to assist General Motors to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

Claimant Name ***(Please Print)*** **Claim Number**

Name of Person Completing This Form If Claimant Is Unable ***(Please Print)***

Signature of Person Completing this Form **Date**

If you have completed Sections I and II above, stop here.
If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

SECTION III

Claimant Name *(Please Print)* **Claim Number**

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Signature of Person Completing This Form **Date**

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors LLC for an incident which occurred on or about 11/16/17.

The confidential information from my medical records and/or x-rays to be disclosed has no limitations as to the dates of visits or injuries to be disclosed. I understand that full disclosure is authorized. This includes interviews of doctors, EMTs, and other attendants regarding all matters relating to my examination, diagnosis, care, and treatment.

I understand that:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- If my confidential health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed by the recipient and would no longer be protected.
- I may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.
- The above-listed medical providers may not condition (withhold or refuse) treating me on whether I sign this Authorization.

A photocopy of this Authorization can be accepted with the same authority as the original.

[redacted]	**Date of Birth**	**Social Security Number**
Address, City, State and Zip		**Medicare Health Insurance Claim Number (HICN)**
Signature of Patient or Personal Representative*		**Date Signed**
Relationship to individual*	**Authority to act for individual***	

*If you are a personal representative signing this Authorization, please provide a description of your relationship to the individual and a description of your authority to act for the individual below.

EXPIRATION OF AUTHORIZATION: THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS LLC IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING BY ME AS NOTED ABOVE.

ESIS–General Motors Claims
PO Box 300
M/C 482-C19-B61
Detroit, MI 48265-3000

Claim Number: [redacted]
Claims Administrator: Christine Ballas

ESIS is the third-party administrator for General Motors LLC.

December 29, 2017

Isuzu Motors America, LLC
1400 S. Douglass Road. Suite 100
Anaheim, Ca. 92806

To Whom It May Concern:

Approximately 6 weeks ago I was driving down I-5 South between Pocket Road and Laguna Blvd. in the Sacramento/Elk Grove area in my 2005 Isuzu Ascender when without warning and randomly the upper airbags deployed. Luckily I did not lose consciousness and was able to pull over to the side of the road.

The vehicle was taken to Caliber Collision in Elk Grove, California. The estimate to repair was over $6,000.00 and my insurance company totaled the vehicle. The vehicle was purchased new from the Lasher Group in Sacramento. I retained the salvaged vehicle.

I went to the urgent care two days later and followed up with my regular doctor the following week. It was determined I had a concussion and whiplash. I have gone back to the doctor two times because of continued pain throughout my body, fatigue, and headaches that will not go away. I am also being treated 2 to 3 times a week by my chiropractor. I wanted to let Isuzu be aware of this. On a positive note, the Ascender lasted for 323,098 miles

Sincerely,

[redacted]
Elk Grove, Ca. [redacted]
[redacted]

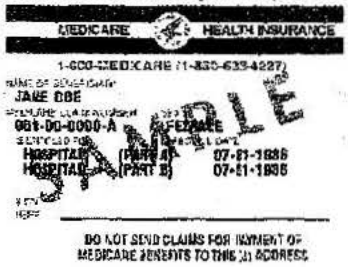
cc: The Lasher Group

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare Program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary, and recover after the other insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to the answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had, a similar Medicare card.



SECTION I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?	☐ YES	☒ NO
Are you presently, or have you ever been, enrolled in Medicare Part C (Medicare Advantage Plan)?	☐ YES	☒ NO

If yes, please complete the following. If no, proceed to Section II.

FULL NAME: *(Please print the name exactly as it appears on your SSN or Medicare card if available.)*

Medicare Number:	**Date of Birth (Mo/Day/Year)**
Social Security Number: *(If Medicare Number is Unavailable)*	**Sex** ☐ Female ☐ Male

SECTION II

I understand that the information requested is to assist General Motors to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

[redacted] _____

Claimant Name *(Please Print)* **Claim Number**

[redacted] _____

Name of Person Completing This Form If Claimant is Unable *(Please Print)*

[redacted] 1/21/19

Signature of Person Completing this Form **Date**

If you have completed Sections I and II above, stop here.
If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

SECTION III

Claimant Name *(Please Print)* **Claim Number**

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Signature of Person Completing This Form **Date**

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.

[redacted] ROSS MODULE REPORT

REPORT [redacted]ON		ROSS MODULE		
ID#	[redacted]	TYPE / SW	ROSSA	1.12
ID		PART#	15233599	
REPORT DATE	April 1	SERIAL#	[redacted]	
CUSTOMER CONTACT		BUILD DATE	November 25, 2004	
NAME		VEHICLE INFORMATION		
COMPANY	GM	MODEL YEAR	05	
POSITION		NAME	Isuzu Ascender LS	
EMAIL		CODE	GMT360/370/305	
PHONE		VIN / MILEAGE	4NUDT13S452[redacted]	No Data

MODULE ANALYSIS

The EDR did not record any acceleration and angular rate history.
Reference Document "AOS_ROSS_SW1_12 EDR Sensor Data Issue".

HISTORICAL MODULE DIAGNOSTIC CODES

SUPPLY_VOLTAGE_ABOVE_THRES_FAULT
77 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

SUPPLY_VOLTAGE_BELOW_THRES_FAULT
9 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

AOS_COMM_FAULT
7 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

RUNNING_RESET_FAULT
5 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

CRASH DATA EDR BLOCK 1

Item	Parameter	Value
1	Active faults	NONE
2	Time from Event Enable to Rollover Decision	53 ms
3	Time from Event Enable to DRA1	NONE
4	Criterion which first triggered Rollover decision	IKEC
5	Time between two consecutive events in a multiple event sequence	NONE
6	# of polls from SDM, from Event Enable to Rollover Decision, or to DRA1 if Rollover Decision not met, or to Event Concluded if DRA1 and Rollover Decision not met	11
7	Deployment commanded off of energy reserve or battery	Battery
8	Quarter turns count	0-1/4 turns
9	Speed input signal range at Event Enable	Speed Range 6
10	Speed input signal validity at Event Enable	Valid
11	ROS sync counter	10321
12	Time from event enable to DRA threshold 1	NONE
13	Time from event enable to DRA threshold 2	NONE
14	Time from event enable to DRA threshold 3	NONE
15	Event lock indicator	Locked Forever
16	Decision (Near Roll or Roll)	Roll
17	Number of ignition cycles out of plant mode at that event	60078

ROSS MODULE REPORT

REPORT INFORMATION		ROSS MODULE		
ID#	K340	TYPE / SW	ROSSA	1.12
ID	[redacted]	PART#	15233599	
REPORT DATE	April 18, 2018	SERIAL#	[redacted]	
CUSTOMER CONTACT		BUILD DATE	November 25, 2004	
NAME		VEHICLE INFORMATION		
COMPANY	GM	MODEL YEAR	05	
POSITION		NAME	Isuzu Ascender LS	
EMAIL		CODE	GMT360/370/305	
PHONE		VIN / MILEAGE	4NUDT13S452[redacted]	No Data

MODULE ANALYSIS

The EDR did not record any acceleration and angular rate history.
Reference Document "AOS_ROSS_SW1_12 EDR Sensor Data Issue".

HISTORICAL MODULE DIAGNOSTIC CODES

SUPPLY_VOLTAGE_ABOVE_THRES_FAULT
77 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

SUPPLY_VOLTAGE_BELOW_THRES_FAULT
9 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

AOS_COMM_FAULT
7 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

RUNNING_RESET_FAULT
5 Key-cycles with the fault present
250 or greater key-cycles since the fault has not been present

CRASH DATA EDR BLOCK 1

Item	Parameter	Value
1	Active faults	NONE
2	Time from Event Enable to Rollover Decision	53 ms
3	Time from Event Enable to DRA1	NONE
4	Criterion which first triggered Rollover decision	IKEC
5	Time between two consecutive events in a multiple event sequence	NONE
6	# of polls from SDM, from Event Enable to Rollover Decision, or to DRA1 if Rollover Decision not met, or to Event Concluded if DRA1 and Rollover Decision not met	11
7	Deployment commanded off of energy reserve or battery	Battery
8	Quarter turns count	0-1/4 turns
9	Speed input signal range at Event Enable	Speed Range 6
10	Speed input signal validity at Event Enable	Valid
11	ROS sync counter	10321
12	Time from event enable to DRA threshold 1	NONE
13	Time from event enable to DRA threshold 2	NONE
14	Time from event enable to DRA threshold 3	NONE
15	Event lock indicator	Locked Forever
16	Decision (Near Roll or Roll)	Roll
17	Number of ignition cycles out of plant mode at that event	60078

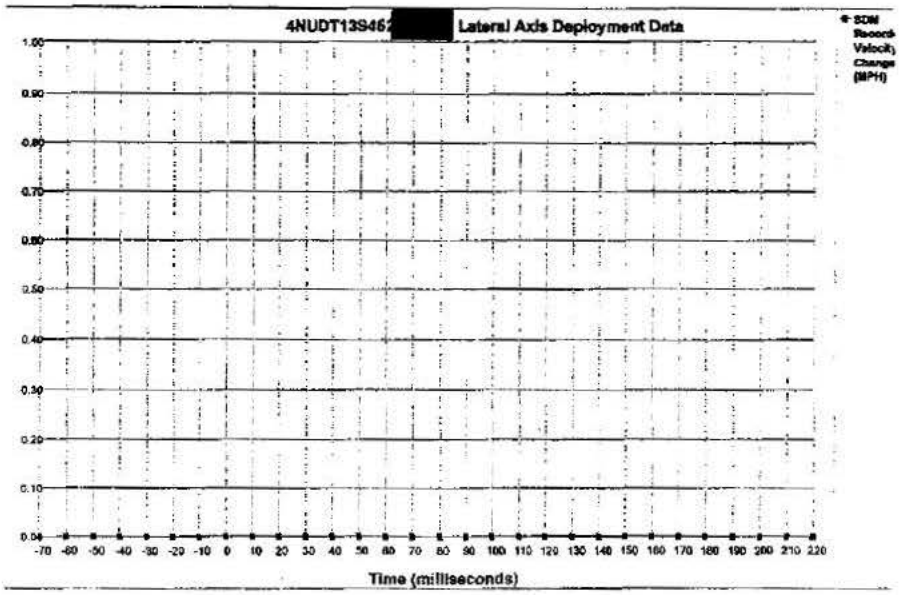
$52	00	FF	FF	06	86	00
$53	FF	E8	F0	00	00	00
$54	FF	FF	FF	FF	FF	FF
$55	FF	FF	FF	FF	FF	FF
$56	FF	FF	FF	FF	FF	FF
$57	00	00	00	00	00	00
$58	00	00	00	00	00	00
$59	00	00	00	00	00	00
$5A	00	00	00	00	00	00
$5B	00	00	00	00	00	00
$5C	00	00	00	00	00	00
$5D	00	00	00	00	00	00
$5E	00	00	00	00	00	00
$5F	00	00	00	00	00	00
$60	00	00	00	00	00	00
$61	00	00	00	00	00	00
$62	D0	00	00	50	00	00
$63	00	80	28	51	DC	00
$64	00	00	00	00	03	03
$65	00	00	00	00	00	00
$66	00	C0	00	00	00	00
$67	00	00	00	00	00	28
$68	26	00	00	00	00	00
$70	00	00	00	00	00	00
$71	00	00	00	00	00	00
$72	00	00	00	00	00	00
$73	00	00	00	00	00	00
$74	00	00	00	00	00	00
$75	00	00	00	00	00	00
$76	00	00	00	00	00	00
$77	00	00	00	00	00	00
$78	00	00	00	00	00	00
$79	00	FF	28	6D	00	00
$80	00	00				
$81	3F	0C	00	67	C0	E2
$82	48	08	EC	58		

Disclaimer of Liability

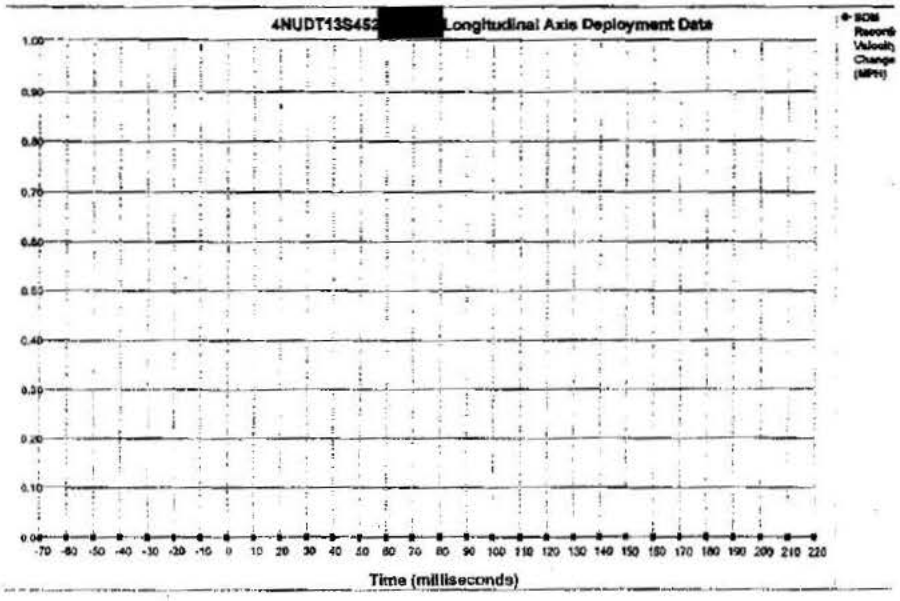
The users of the CDR product and reviewers of the CDR reports and exported data shall ensure that data and information supplied is applicable to the vehicle, vehicle's system(s) and the vehicle ECU. Robert Bosch LLC and all its directors, officers, employees and members shall not be liable for damages arising out of or related to incorrect, incomplete or misinterpreted software and/or data. Robert Bosch LLC expressly excludes all liability for incidental, consequential, special or punitive damages arising from or related to the CDR data, CDR software or use thereof.

Hexadecimal Data

$01	B2	3C	00	E6	64	69
$02	00	00	00	E0	18	00
$03	00	00	00	00	00	00
$04	F0	08	A0	00	00	00
$05	3F	0C	00	67	C0	E2
$06	3F	0C	00	67	C0	E2
$07	00	00	C0	00	72	00
$08	00	08	08	50	50	00
$09	04	64	04	64	7F	00
$0A	00	00	00	00	00	00
$0B	08	F6	00	00	FE	00
$12	FF	7F	00	84	40	00
$17	03	03	03	02	00	00
$18	07	07	00	00	00	00
$19	00	07	07	00	00	00
$1A	00	00	00	00	00	00
$1B	4F	4F	00	00	00	00
$1C	4F	4F	00	4F	00	4F
$1D	33	C1	00	00	00	00
$1E	50	A0	00	00	05	00
$1F	0D	0D	32	32	5C	5C
$20	20	99	03	00	00	00
$21	7F	7F	7E	80	80	7F
$22	C0	00	00	00	00	00
$23	80	03	3D	00	13	00
$24	FF	FF	E9	03	00	00
$25	82	C0	00	00	00	00
$26	08	00	00	00	00	00
$27	18	01	01	01	01	01
$29	0D	0D	0E	10	10	00
$2A	0D	0E	0E	0F	11	00
$2B	00	00	00	00	00	80
$2C	01	01	00	01	00	40
$2F	00	00	00	00	00	80
$30	00	00	00	00	00	80
$36	00	00	00	00	00	00
$37	00	FF	00	00	00	00
$38	00	00	00	00	00	00
$39	00	FF	FF	FF	FF	00
$3A	FF	FF	FF	00	00	00
$3B	00	00	00	00	00	00
$3C	00	00	00	00	00	00
$3D	00	00	00	00	00	00
$3E	FF	FF	FF	FF	FF	FF
$3F	FF	FF	FF	FF	FF	FF
$40	FF	FF	FF	FF	FF	FF
$41	FF	FF	FF	FF	FF	FF
$42	FF	FF	FF	FF	FF	FF
$43	FF	FF	FF	FF	FF	FF
$44	FF	FF	FF	FF	FF	FF
$45	FF	FF	FF	FF	FF	FF
$46	FF	FF	FF	FF	FF	FF
$47	FF	FF	FF	FF	FF	FF
$48	FF	FF	FF	00	00	00
$49	00	00	00	00	00	00
$4A	00	00	FF	FF	00	00
$4B	FF	FF	FF	FF	FF	FF
$4C	FF	FF	FF	FF	FF	FF
$4D	00	00	00	00	00	00
$4E	FF	FF	FF	FF	FF	FF
$4F	FF	00	00	00	00	00
$50	80	A5	00	00	00	00
$51	18	18	00	00	00	00



Time (milliseconds)	-70	-60	-50	-40	-30	-20	-10	0	10	20	30	40	50	60	70
SDM Lateral Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Time (milliseconds)	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220
SDM Lateral Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Time (milliseconds)	-70	-60	-50	-40	-30	-20	-10	0	10	20	30	40	50	60	70
SDM Longitudinal Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Time (milliseconds)	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220
SDM Longitudinal Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

System Status At Deployment

SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time Continuously (seconds)	655350
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	1670
Ignition Cycles At Investigation	59651
Ignition Cycles At Event	59632
Ignition Cycles Since DTCs Were Last Cleared	255
Driver's Belt Switch Circuit Status	BUCKLED
Passenger's Belt Switch Circuit Status	UNBUCKLED
Driver Seat Position Switch Circuit Status	Rearward
Passenger Seat Position Switch Circuit Status	Rearward
Automatic Passenger SIR Suppression System Status at AE	Air Bag Suppressed
Rollover Sensor Status	Rollover Event
Number of Consecutive Error Free Messages Received From Rollover Sensor	Last 128 Consecutive Message Were Error Free
SDM Synchronization Counter	10321
Side Air Bag(s) Were First Commanded to Deploy Due to Side Impact Event	No
Side Air Bag(s) Were First Commanded to Deploy Due to Rollover Event	Yes
Driver 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Driver 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Passenger 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Passenger 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Driver Thorax/Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	50
Passenger Thorax/Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	50
Driver 1st Stage Deployment Loop Commanded	No
Driver 2nd Stage Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	Yes
Driver Roof Rail/Head Curtain Loop Commanded (If Equipped)	Yes
Supplemental Deployment Loop #1 Commanded (If Equipped)	No
Passenger 1st Stage Deployment Loop Commanded	No
Passenger 2nd Stage Deployment Loop Commanded	No
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	Yes
Passenger Roof Rail/Head Curtain Loop Commanded (If Equipped)	Yes
Supplemental Deployment Loop #2 Commanded (If Equipped)	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded (If Equipped)	No
Supplemental Deployment Loop #3 Commanded (If Equipped)	No
Second Row Right Side Deployment Loop Commanded (If Equipped)	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Supplemental Deployment Loop #4 Commanded (If Equipped)	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Diagnostic Trouble Codes at Event, fault number: 1	N/A
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Diagnostic Trouble Codes at Event, fault number: 7	N/A
Diagnostic Trouble Codes at Event, fault number: 8	N/A
Diagnostic Trouble Codes at Event, fault number: 9	N/A
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Event Recording Complete	Yes

Multiple Event Data

Associated Events Not Recorded	0
An Event(s) Preceded the Recorded Event(s)	No
An Event(s) was in Between the Recorded Event(s)	No
An Event(s) Followed the Recorded Event(s)	No
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Event(s)	No

System Status At 1 second

Left Front Door Ajar	No
Right Front Door Ajar	No
Left Rear Door Ajar	No
Right Rear Door Ajar	No

Pre-Crash Data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	21	19	17	17	16
Engine Speed (RPM)	1024	1024	896	832	832
Percent Throttle	0	0	0	0	3
Brake Switch Circuit State	ON	ON	OFF	OFF	OFF

-Brake Switch Circuit Status indicates the open/closed state of the brake switch circuit.
-Pre-Crash data is recorded asynchronously. The 1.0 second Pre-crash data value (most recent recorded data point) is the data point last sampled before AE. That is to say, the last data point may have been captured just before AE but no more than 1.0 second before AE. All subsequent Pre-crash data values are referenced from this data point.
-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if:
    -The SDM receives a message from the module sending the pre-crash data
    -No data is received from the module with an "invalid" flag sending the pre-crash data
    -No module present to send the pre-crash data
-Pre-crash data associated with this event will always be for the first event even if it is not recorded.
-Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit.
-The Time Between Non-Deployment to Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.
-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
-All data should be examined in conjunction with other available physical evidence from the vehicle and scene.

Data Source:
All SDM recorded data is measured, calculated, and stored internally, except for the following:
-Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.
-The Belt Switch Circuit is wired directly to the SDM.

Hexadecimal Data:
Data that the vehicle manufacturer has specified for data retrieval is shown in the hexadecimal data section of the CDR report. The hexadecimal data section of the CDR report may contain data that is not translated by the CDR program. The control module contains additional data that is not retrievable by the CDR tool.

01013_SDMDS_r006

BOSCH

CDR CRASH DATA RETRIEVAL

IMPORTANT NOTICE: Robert Bosch LLC and the manufacturers whose vehicles are accessible using the CDR System urge end users to use the latest production release of the Crash Data Retrieval system software when viewing, printing or exporting any retrieved data from within the CDR program. Using the latest version of the CDR software is the best way to ensure that retrieved data has been translated using the most current information provided by the manufacturers of the vehicles supported by this product.

CDR File Information

User Entered VIN	4NUDT13S452[redacted]
User	Mark Fimbres
Case Number	[redacted]
EDR Data Imaging Date	01/23/2018
Crash Date	11/16/2017
Filename	4NUDT13S452[redacted] ACM [redacted] CDRX
Saved on	Tuesday, January 23 2018 at 11:48:45
Imaged with CDR version	Crash Data Retrieval Tool 17.6
Imaged with Software Licensed to (Company Name)	Fimbres Investigations
Reported with CDR version	Crash Data Retrieval Tool 17.6
Reported with Software Licensed to (Company Name)	Fimbres Investigations
EDR Device Type	Airbag Control Module
Event(s) recovered	Deployment

Comments

lamp status - chimed then stopped, SIR light flashed then went off
mileage - 323098
vehicle runs
downlowd through DLC
downloeded at claimant's residence, [redacted] Elk Grove, CA[redacted]

Data Limitations

Recorded Crash Events:

There are two types of recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event records data but does not deploy the air bag(s). The minimum SDM Recorded Vehicle Velocity Change, that is needed to record a Non-Deployment Event, is five MPH. A Non-Deployment Event may contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle velocity change. This event will be cleared by the SDM, after approximately 250 ignition cycles. This event can be overwritten by a second Deployment Event, referred to as Deployment Event #2, if the Non-Deployment Event is not locked. The data in the Non-Deployment Event file will be locked, if the Non-Deployment Event occurred within five seconds of a Deployment Event. A locked Non Deployment Event cannot be overwritten or cleared by the SDM.

The second type of SDM recorded crash event is the Deployment Event. It also may contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events. If a second Deployment Event occurs any time after the Deployment Event, the Deployment Event #2 will overwrite any non-locked Non-Deployment Event. Deployment Events cannot be overwritten or cleared by the SDM. Once the SDM has deployed an air bag, the SDM must be replaced.

Data:

-SDM Recorded Vehicle Velocity Change reflects the change in velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. For Deployment Events, the SDM will record 220 milliseconds of data after Deployment criteria is met and up to 70 milliseconds before Deployment criteria is met. For Non-Deployment Events, the SDM can record up to the first 300 milliseconds of data after algorithm enable. Velocity Change data is displayed in SAE sign convention.

-The CDR tool displays time from Algorithm Enable (AE) to time of Deployment command in a Deployment event and AE to time of maximum SDM recorded vehicle velocity change in a Non-Deployment event. Time from AE begins when the first air bag system enable threshold is met and ends when Deployment command criteria is met or at maximum SDM recorded vehicle velocity change. Air bag systems such as frontal, side, or rollover, may be a source of an enable. The time represented in a CDR report can be that of the enable of one air bag system to the Deployment time of another air bag system.

-Maximum Recorded Vehicle Velocity Change is the maximum square root value of the sum of the squares for the vehicle's combined "X" and "Y" axis change in velocity.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected by various factors, including but not limited to the following:

- -Significant changes in the tire's rolling radius
- -Final drive axle ratio changes
- -Wheel lockup and wheel slip

ROSS MODULE REPORT

REPORT INFORMATION		ROSS MODULE		
ID#	[redacted]	TYPE / SW	ROSSA	1.12
ID	[redacted]	PART#	15233599	
REPORT DATE	April 18, 2018	SERIAL#	[redacted]	
CUSTOMER CONTACT		BUILD DATE	November 25, 2004	
NAME		VEHICLE INFORMATION		
COMPANY	GM	MODEL YEAR	05	
POSITION		NAME	Isuzu Ascender LS	
EMAIL		CODE	GMT360/370/305	
PHONE		VIN / MILEAGE	4NUDT135452[redacted]	No Data

MODULE ANALYSIS

The EDR did not record any acceleration and angular rate history.
Reference Document "AOS_ROSS_SW1_12 EDR Sensor Data Issue".

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CRASH DATA EDR BLOCK 1

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9	Speed input signal range at Event Enable	Speed Range 6
10	Speed input signal validity at Event Enable	Valid
11	ROS sync counter	10321
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13	Time from event enable to DRA threshold 2	NONE
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15	Event lock indicator	Locked Forever
16	Decision (Near Roll or Roll)	Roll
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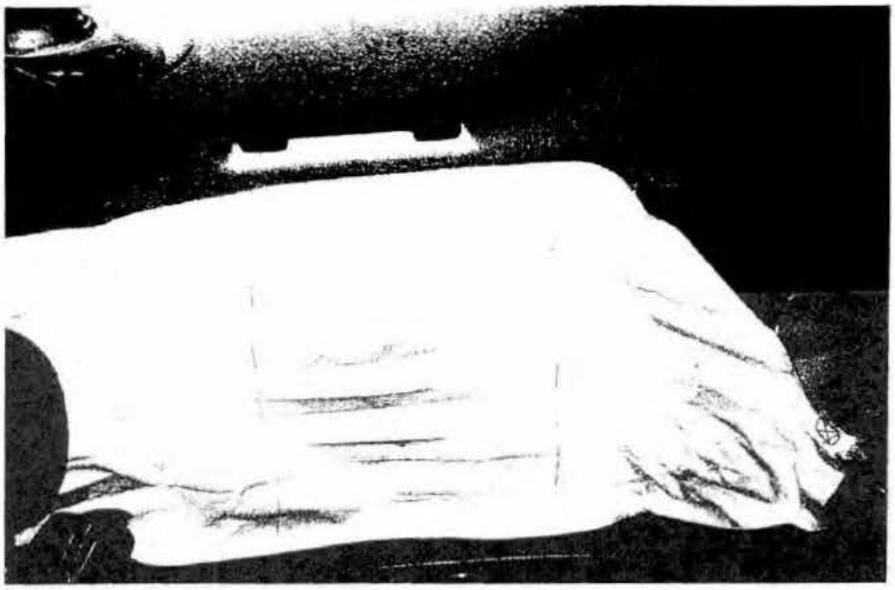

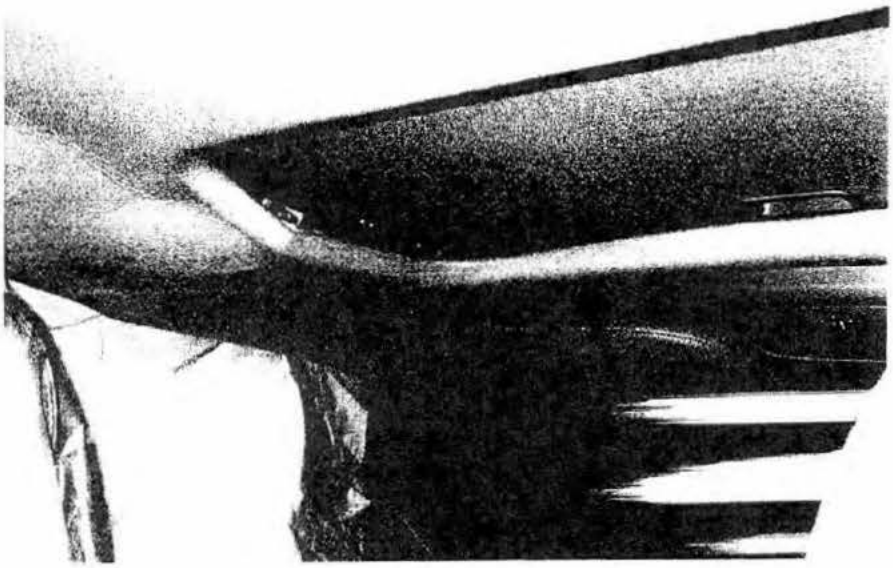

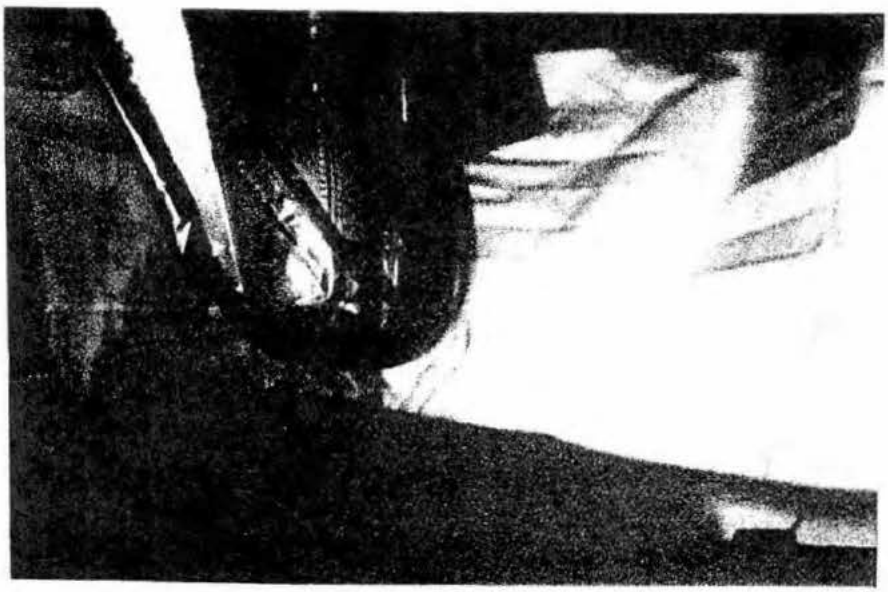

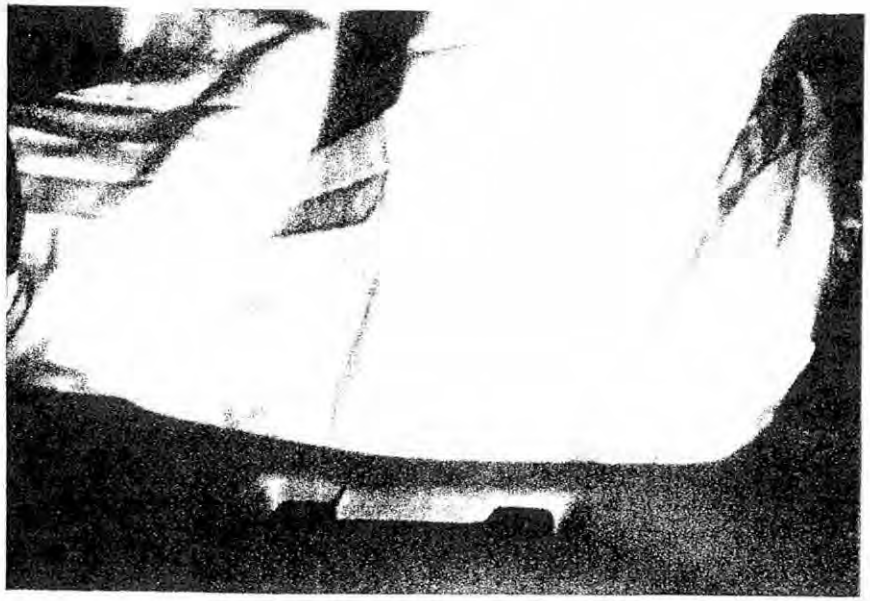

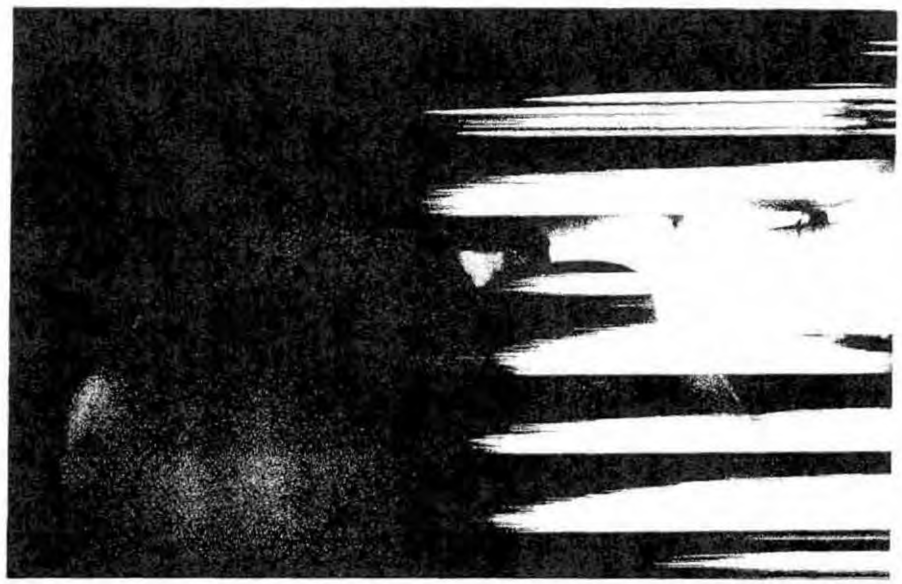

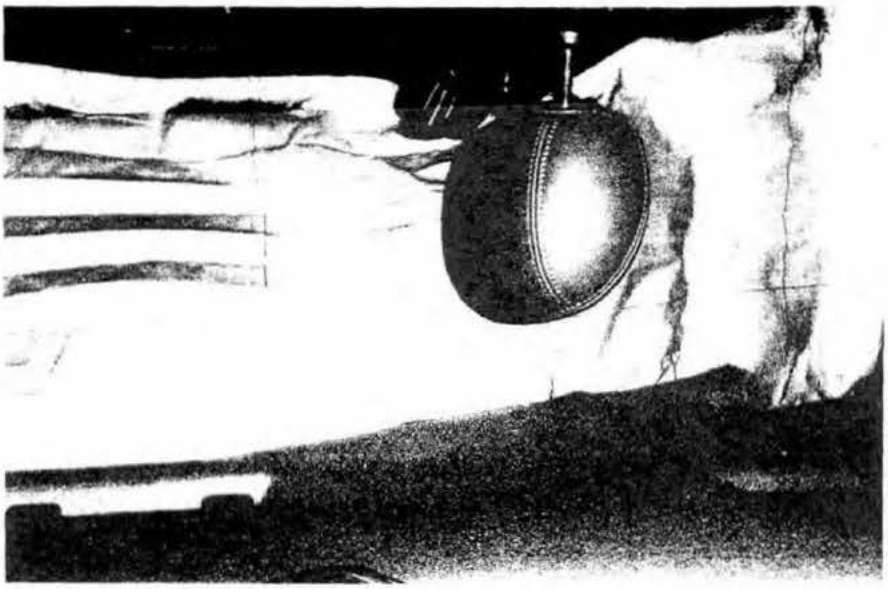

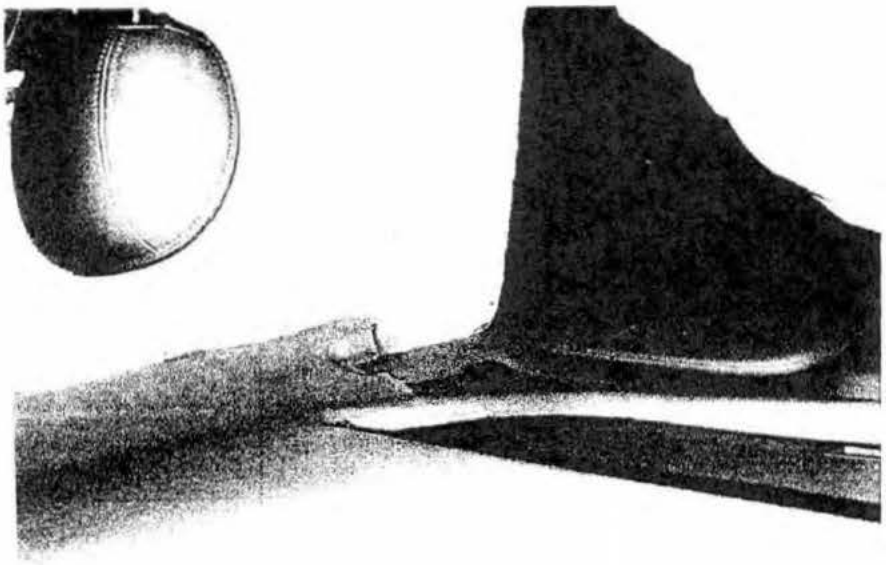

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08/10/18
11082187

FROM: [redacted]
Elk Grove, CA [redacted]

TO:
National Transportation Board
505 South 336th St #540
Federal Way, Washington
98003

Expected Delivery Day: 08/13/2018

USPS TRACKING NUMBER

9505 5265 0661 8222 2219 73

PS00001000014

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OD: 12.5 x 9.5

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Bransom, Rhonda CTR (NHTSA)

From: Korkor, Julie (NHTSA)
Sent: Thursday, August 30, 2018 3:19 PM
To: Bransom, Rhonda CTR (NHTSA)
Subject: FW: NTSB CORRESPONDENCE
Attachments: 58491_out.pdf; 58491_inc.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Rhonda,

Please control this to NEF-200.

Thanks,

Julie Korkor
Office of Executive Correspondence
U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE
Washington, DC 20590
202-366-5470 (office)
julie.korkor@dot.gov (email)

From: Correspondence [mailto:Correspond@ntsb.gov]
Sent: Thursday, August 30, 2018 9:06 AM
To: Korkor, Julie (NHTSA) <julie.korkor@dot.gov>; O'Donnell, Melanie (NHTSA) <Melanie.ODonnell@dot.gov>
Subject: NTSB CORRESPONDENCE

LaSean R. McCray
Assistant Executive Secretariat
Office of the Managing Director
National Transportation Safety Board
490 L'Enfant Plaza SW
Washington, DC 20594

Tel: (202) 314-6047
Fax: (202) 459-9321
Mobile: (240) 479-0165

Our network limits attachments to 20mb total. Please email us at correspondence@ntsb for instructions on how to submit larger documents.

National Transportation Safety Board

Washington, DC 20594

Office of the Managing Director

August 28, 2018

[redacted]

Dear [redacted]

Thank you for your recent letter to the National Transportation Safety Board regarding the sudden deployment of the airbag in your 2005 Isuzu Ascender that resulted in numerous injuries to you. I am sorry to hear that you were injured.

To provide you some background, the National Transportation Safety Board is an independent federal agency charged by Congress with investigating every civil aviation accident in the United States and significant accidents in the other modes of transportation—railroad, highway, marine, and pipeline. We determine the probable cause of the accidents we investigate and issue safety recommendations aimed at preventing future accidents. In addition, we coordinate the resources of the federal government and other organizations to provide assistance to victims and their family members affected by major transportation disasters. We derive this authority from Title 49 of the *United States Code*, Chapter 11. We do not regulate the automotive industry or any other transportation industry. Those responsibilities have been assigned to the respective agencies of the US Department of Transportation.

The regulation of motor vehicle safety equipment, the investigation of potential vehicle defects, and the supervision of recalls are the responsibility of another federal agency, the National Highway Traffic Safety Administration (NHTSA). As a courtesy, we have forwarded your letter to NHTSA. If you wish to contact NHTSA directly with your complaint, you can do so at https://www-odi.nhtsa.dot.gov/VehicleComplaint/ or write to the following address:

NHTSA Headquarters
1200 New Jersey Avenue, SE
West Building
Washington, DC 20590

58491

Best wishes to you for a speedy recovery.

Sincerely,

Shavonne L. Austin
Acting Chief
Executive Secretariat

cc: w/Enclosure
Executive Secretariat
NHTSA