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

# RICHARDS ⚜ PENN, LLP

**ATTORNEYS AT LAW**


**R.W. (Ricky) RICHARDS**
**Partner**
rwr@richardspenn.com

516 E. Commerce
P.O. Box 1309
Jacksonville, Texas 75766-1309
Telephone: (903) 586-2544
Facsimile: (903) 586-6529

**JILL C. PENN**
**Partner**
jill@richardspenn.com

**DEMI B. SCHINDLER**
**Associate**
demi@richardspenn.com

***STAFF:***
Debbie Brown
Allyson Earle

**PAUL MASCOT**
**Of Counsel**
paul@richardspenn.com


August 13, 2020

**Certi** [redacted]
**RRR** [redacted]
NHTSA
1200 New Jersey Ave, SE
Washington, DC 20590

CL-11480707-1000

**Certi** [redacted]
**RRR** [redacted]
Dodge Motor Company
1000 Chrysler Dr.
Auburn Hills, MI 48326

Re: [redacted]
2010 Dodge Ram Pic [redacted]
VIN #1D7RB1CT4A [redacted]

Dear Sirs:

Please be advised that I have been retained by [redacted] to represent him in regard to injuries he sustained when an airbag failed to deploy in regard to the above entitled and numbered cause. Please direct all future correspondence of any type concerning this matter through this office. You will please find enclosed a copy of the Texas Crash Report showing that the airbag did not deploy. You will please find enclosed photographs of the vehicle showing that airbag where it had become dislodged and was in the floorboard in the truck after impact. Obviously, it did not deploy and did not work properly at all. Please have your representatives contact me within 14 days so that we can try to take care of the damages and injuries sustained by my client.

By copy of this letter, I am notifying the National Highway Traffic Safety Administration of this airbag failure. I am asking that the National Highway Traffic Safety Administration take all action necessary to record this failure of this airbag and to do whatever investigation they can do in regard to this product to ensure the safety of other people driving similar vehicles, with similar airbags.

Thank you for your kind and prompt attention in this matter.

Sincerely,

R.W. (Ricky) RICHARDS

RWR/aje
Encl.
cc: [redacted]

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

| Total Num. Units | Total Num. Prsns. | TxDOT Crash ID |
|---|---|---|
| 1 | 1 | [redacted] |

# Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).



## IDENTIFICATION & LOCATION

| *Crash Date (MM/DD/YYYY) | *Crash Time (24HRMM) | Case ID | Local Use |
|---|---|---|---|
| [redacted] | 1125 | | |

| *County Name | *City Name | Outside City Limit |
|---|---|---|
| SMITH | | ☒ |

In your opinion, did this crash result in at least $1,000 damage to any one person's property? ☒ Yes ☐ No

Latitude (decimal degrees): 32.15005

Longitude (decimal degrees): -095.39014

**ROAD ON WHICH CRASH OCCURRED**

| *1 Rdwy. Sys. | *Hwy. Num. | 2 Rdwy. Part | Block Num. | 3 Street Prefix | * Street Name | 4 Street Suffix |
|---|---|---|---|---|---|---|
| FM | [redacted] | 1 | | | | |

| ☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | ☐ Toll Road/ Toll Lane | Speed Limit | Const. Zone | Workers Present | Street Desc. |
|---|---|---|---|---|---|
| | | 55 | ☐ Yes ☒ No | ☐ Yes ☒ No | |

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER**

| At Int. | 1 Rdwy. Sys. | Hwy. Num. | 2. Rdwy. Part | Block Num. | 3 Street Prefix | Street Name | 4 Street Suffix |
|---|---|---|---|---|---|---|---|
| ☐ Yes ☒ No | FM | [redacted] | 1 | | | | |

| Distance from Int. or Ref. Marker | FT / MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street Desc. | RRX Num. |
|---|---|---|---|---|---|
| [redacted] | ☐ FT ☒ MI | E | | | |

## VEHICLE, DRIVER, & PERSONS

| Unit Num. | 5 Unit Desc. | Parked Vehicle | Hit and Run | LP State | LP Num. | VIN |
|---|---|---|---|---|---|---|
| 1 | 1 | ☐ | ☐ | TX | [redacted] | 1D7RB1CT4A[redacted] |

| Veh. Year | 6. Veh. Color | Veh. Make | Veh. Model | 7 Body Style | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |
|---|---|---|---|---|---|
| 2010 | RED | DODGE | RAM TRUCK 1500 | PK | ☐ |

| 8 DL/ID Type | DL/ID State | DL/ID Num. | 9 DL Class | 10 CDL End. | 11 DL Rest. | DOB (MM/DD/YYY |
|---|---|---|---|---|---|---|
| 1 | TX | [redacted] | C | 96 | A | [redacted] |

Address (Street, City, State, ZIP): [redacted] Frankston, TX [redacted]

| Person Num. | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line) | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Ejct. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Sol. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | [redacted] | B | [redacted] | W | 1 | 1 | 96 | 1 | 97 | N | 96 | | 96 | 97 | 97 |

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

| ☒ Owner ☐ Lessee | Owner/Lessee Name & Address |
|---|---|
| | [redacted] Frankston, TX [redacted] |

| Proof of Fin. Resp. | 26 Fin. Resp. Type | Fin. Resp. Name | Fin. Resp. Num. |
|---|---|---|---|
| ☒ Yes ☐ No ☐ Expired ☐ Exempt | 2 | Germania Select Insurance Company | [redacted] |

| Fin. Resp. Phone Num. | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried |
|---|---|---|---|
| 800-392-2202 | 3-RAT-3 | -TP-0 | ☒ Yes ☐ No |

| Towed By | Towed To |
|---|---|
| Crow Towing | 2929 Crow Rd.; Tyler, TX |

| Unit Num. | 5 Unit Desc. | Parked Vehicle | Hit and Run | LP State | LP Num. | VIN |
|---|---|---|---|---|---|---|
| | | ☐ | ☐ | | | |

| Veh. Year | 6. Veh. Color | Veh. Make | Veh. Model | 7 Body Style | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |
|---|---|---|---|---|---|
| | | | | | ☐ |

| 8 DL/ID Type | DL/ID State | DL/ID Num. | 9 DL Class | 10 CDL End. | 11 DL Rest. | DOB (MM/DD/YYYY) |
|---|---|---|---|---|---|---|
| | | | | | | / / |

Address (Street, City, State, ZIP):

| Person Num. | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line) | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Ejct. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Sol. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | |

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

| ☐ Owner ☐ Lessee | Owner/Lessee Name & Address |
|---|---|
| | |

| Proof of Fin. Resp. | 26 Fin. Resp. Type | Fin. Resp. Name | Fin. Resp. Num. |
|---|---|---|---|
| ☐ Yes ☐ No ☐ Expired ☐ Exempt | | | |

| Fin. Resp. Phone Num. | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried |
|---|---|---|---|
| | - | - | ☐ Yes ☐ No |

| Towed By | Towed To |
|---|---|
| | |

**DISPOSITION OF INJURED/KILLED**

| Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|---|---|---|---|---|---|
| 1 | 1 | Christus Mother Frances | UT Health EMS | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**CHARGES**

| Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**DAMAGE**

| Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|---|---|---|
| | | |
| | | |

**CMV**

| | | | | | | |
|---|---|---|---|---|---|---|
| Unit Num. | ☐ 10,001+ LBS. | ☐ TRANSPORTING HAZARDOUS MATERIAL | ☐ 9+ CAPACITY | CMV Disabling Damage? ☐ Yes ☐ No | 28 Veh. Oper. | 29 Carrier ID Type / Carrier ID Num. |
| Carrier's Corp. Name | Carrier's Primary Addr. | | | | | 30 Veh. Type |
| 31 Bus Type | ☐ RGVW ☐ GVWR | HazMat Released ☐ Yes ☐ No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num. / 33 Cargo Body Type |
| Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No | Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type / CMV Disabling Damage? ☐ Yes ☐ No |
| Sequence Of Events | 35 Seq. 1 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit ☐ Yes ☐ No | Actual Gross Weight / Total Num. Axles |

**FACTORS & CONDITIONS**

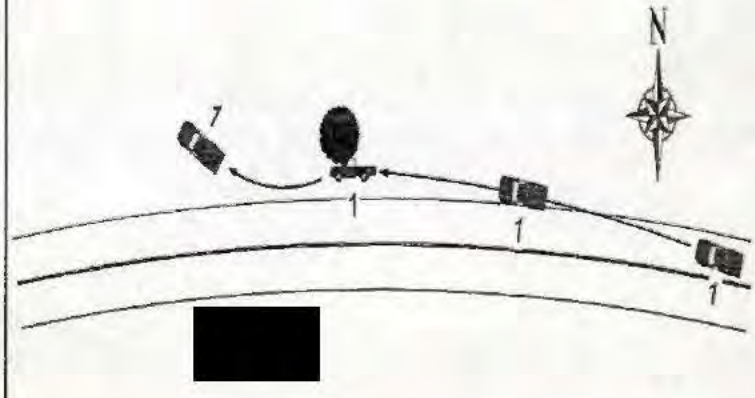
| Unit # | 36 Contributing Factors (Investigator's Opinion) Contributing | | | 36 May Have Contrib. | | | 37 Vehicle Defects (Investigator's Opinion) Contributing | | | 37 May Have Contrib. | | | 38 Weather Cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 19 | 20 | | | | | | | | | | | 1 | 1 | 97 | 1 | 4 | 1 | 12 |
| | | | | | | | | | | | | | | | | | | | |

**NARRATIVE AND DIAGRAM**

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)

Unit 1 was traveling [redacted]. The driver stated that he dropped an item in the floorboard and reached down to get it, taking his attention off of the roadway. Unit 1 left the North side of the roadway, rolled on to it's passenger side, struck several trees with its top, then came to rest upright.

Field Diagram - Not to Scale

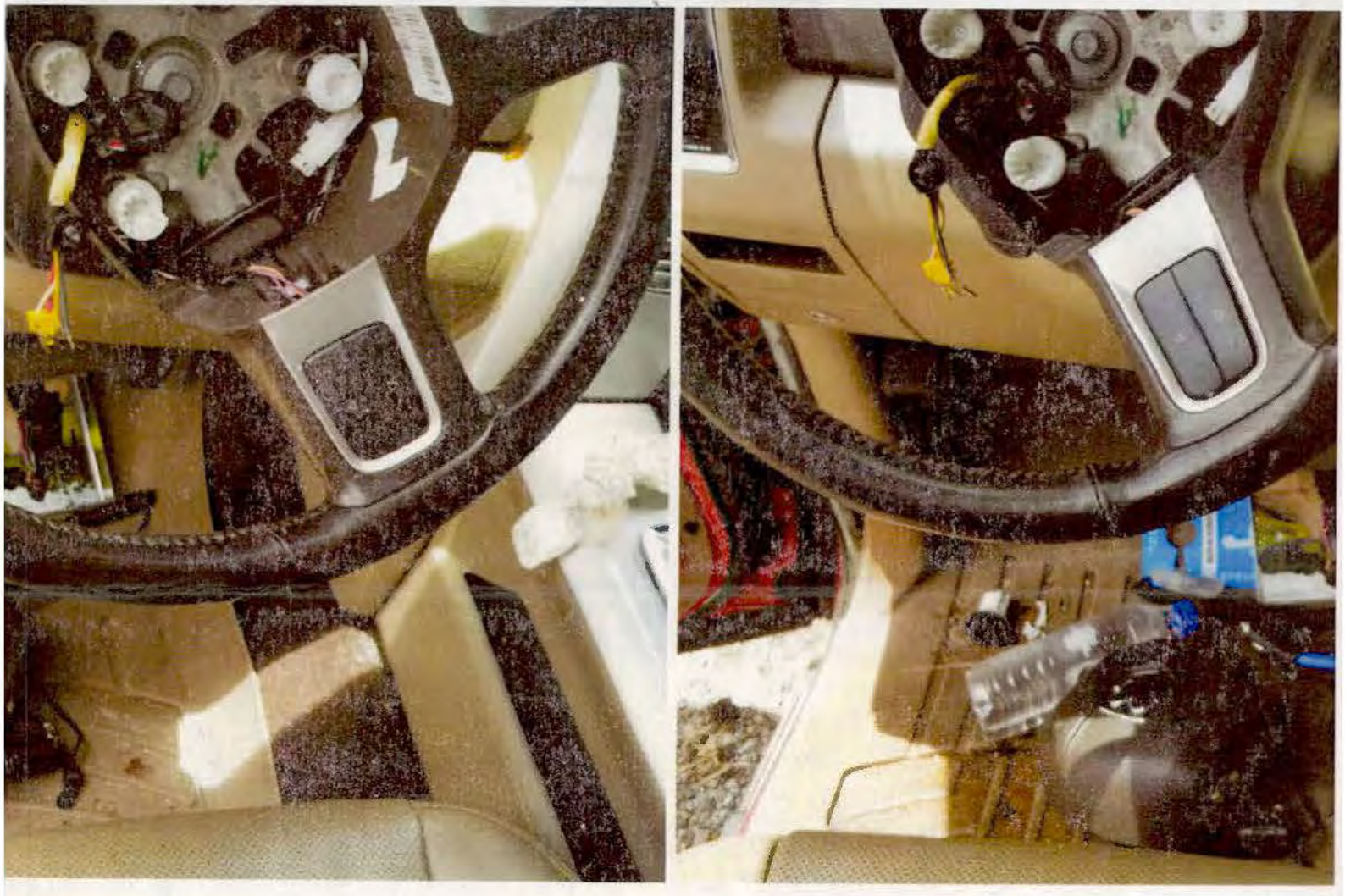



**INVESTIGATOR**

| | | | | | |
|---|---|---|---|---|---|
| Time Notified (24HR:MM) 1240 | How Notified DPS Communications | Time Arrived (24HRMM) 1240 | Report Date (MM/DD/YYYY) 06/18/2020 | | |
| Invest. Comp. ☒ Yes ☐ No | Investigator Name (Printed) Loftin II, Charles R. | | ID Num. 13560 | | |
| ORI Num. TXDPS5500 | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | | Service/ Region/DA HP 1B14 | | |

Note For. Texas Peace Officer Crash Report Form CR-3

[redacted] Told me He had a hard time taking his Seat bealt off after the Crash because his body was twisted in the Seat bealt and he was laying over The center Console.



RICHARDS ✦ PENN, LLP
ATTORNEYS AT LAW
P.O. BOX 1309
JACKSONVILLE, TEXAS 75766

CERTIFIED MAIL

7019 2970 0000 2628 1521

UNITED STATES POSTAGE PITNEY BOWES 03 1P $ 007.05⁰

NEF

W41-306

NHTSA
1200 New Jersey Ave, SE
Washington, DC 20590

**Company Name**

To: **W41- 306**

| | |
|---|---|
| Mailstop: | 4 West |
| Department: | NEC, NOA, NIA |
| **Phone:** | |
| Purchase Order (itemVarName4) | **USPS Certified Mail** |

Route

20590-

70192970000026281521