

**SWEENEY PFEIFER
MORGAN & STESLAK**

53600 NORTH IRONWOOD DRIVE
SOUTH BEND, INDIANA 46635
219-272-2870 / SOUTH BEND
219-674-9886 / ELKHART
219-271-4329 / FAX
E-MAIL: pt-info@pllawyers.com

ATTORNEYS AT LAW

November 5, 2001

COPIED

NHTSA
US Department of Transportation
Washington, DC 20590


566924

To Whom it May Concern:

On October 9, 2001, my client, [REDACTED] was driving her 2001 Chevrolet Venture, VIN # 1GNDX03E31D [REDACTED], when another driver ran a stop sign and struck my client's vehicle. [REDACTED] vehicle rolled over side to side at least three times, as is indicated in the accident report. [REDACTED] had subscribed to OnStar, and a copy of the subscription service agreement is enclosed. After the accident, OnStar did not contact emergency services, and, in fact, did not assistance my client in any way following her accident.

We are reporting this to you as a potential problem for other OnStar users. I would be interested in learning if any similar reports have been made to you.

Very truly yours,



Jon A. Chiss

JAC/kc
Enclosures

cc: [REDACTED]

RECEIVED
NOV 12 2 41 PM '01
OFFICE INVESTIGATION

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PARALEGALS

COPY

Feb
C

INDIANA OFFICER'S STANDARD CRASH REPORT

State Form 33400(03/7-01) Stock 302
Mail to: Indiana State Police, Crash Records Section 2001-10-1214
100 North Senate Avenue, Indianapolis, IN 46204

Crash Log No. **2001-10-022**

7. 2

Date of Crash Month 10 DAY 09 YEAR 2001	Day of Week Tuesday	Actual Local Time 1100	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	No Motor Vehicle? <input checked="" type="checkbox"/> 2	No Injured? <input checked="" type="checkbox"/> 3	No Dead? <input type="checkbox"/>	No Towed? <input type="checkbox"/>
County La Porte	Township Pleasant	City/Town or Nearest City/Town La Porte					
Inside Corporate Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Property? <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other	Distance and Direction From Corporate Limits Miles North _____ Miles South <u>2</u> Miles East _____ Miles West _____					
Road Crash Occurred On State Road <u>4</u>				Intersecting Road/like Major Interchange <u>300 East</u>			
If not at intersection, number of feet from _____		Direction _____		Nearest Intersecting Road/like Major Interchange _____			

8. 1
9. 4

Driver's Name (Last, First, MI) [REDACTED]							
Address (Street, City, State, Zip) [REDACTED] La Porte, IN [REDACTED]							
Apparent Phys. Sex	F	Date of Birth	MONTH 8 DAY 20 YEAR 74	Accepted? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Driver's License No.	[REDACTED]	Lic. Type	OP	Lic. St.	IN	Rank	
Color	Blue	Veh. Yr.	'91	Make	Chevrolet	Model Name	Venture
Veh. Type	3	Lic. Yr.	101	Lic. State	IN		
Veh. Use	1	Speed Limit	55	Pub. Tax No.			
Direction of Travel	NW	No. Occupants	1	Fire? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	No. Axles	2	Transporting Hazardous Mat. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Towed To	Ace - La Porte	Towed By	Ace - La Porte				

Driver's Name (Last, First, MI) [REDACTED]							
Address (Street, City, State, Zip) [REDACTED] Walkerton, IN [REDACTED]							
Apparent Phys. Sex	F	Date of Birth	MONTH 10 DAY 17 YEAR 40	Accepted? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Driver's License No.	[REDACTED]	Lic. Type	OP	Lic. St.	IN	Rank	
Color	Tan	Veh. Yr.	'95	Make	Toyota	Model Name	Camry LE
Veh. Type	1	Lic. Yr.	101	Lic. State	IN		
Veh. Use	1	Speed Limit	55	Pub. Tax No.			
Direction of Travel	North	No. Occupants	2	Fire? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	No. Axles	2	Transporting Hazardous Mat. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Towed To	Shew's	Towed By	Shaw's				

10. 2
11. 1
12. 1
13. 2
14. 1

Registered Owner's Name (Last, First, MI) [REDACTED]							
Address (Street, City, State, Zip) SAA							
License No. _____ Make _____ Year _____ Lic. St. _____ Lic. Yr. _____							

Registered Owner's Name (Last, First, MI) [REDACTED]							
Address (Street, City, State, Zip) SAA							
License No. _____ Make _____ Year _____ Lic. St. _____ Lic. Yr. _____							

15. 1
16. 2

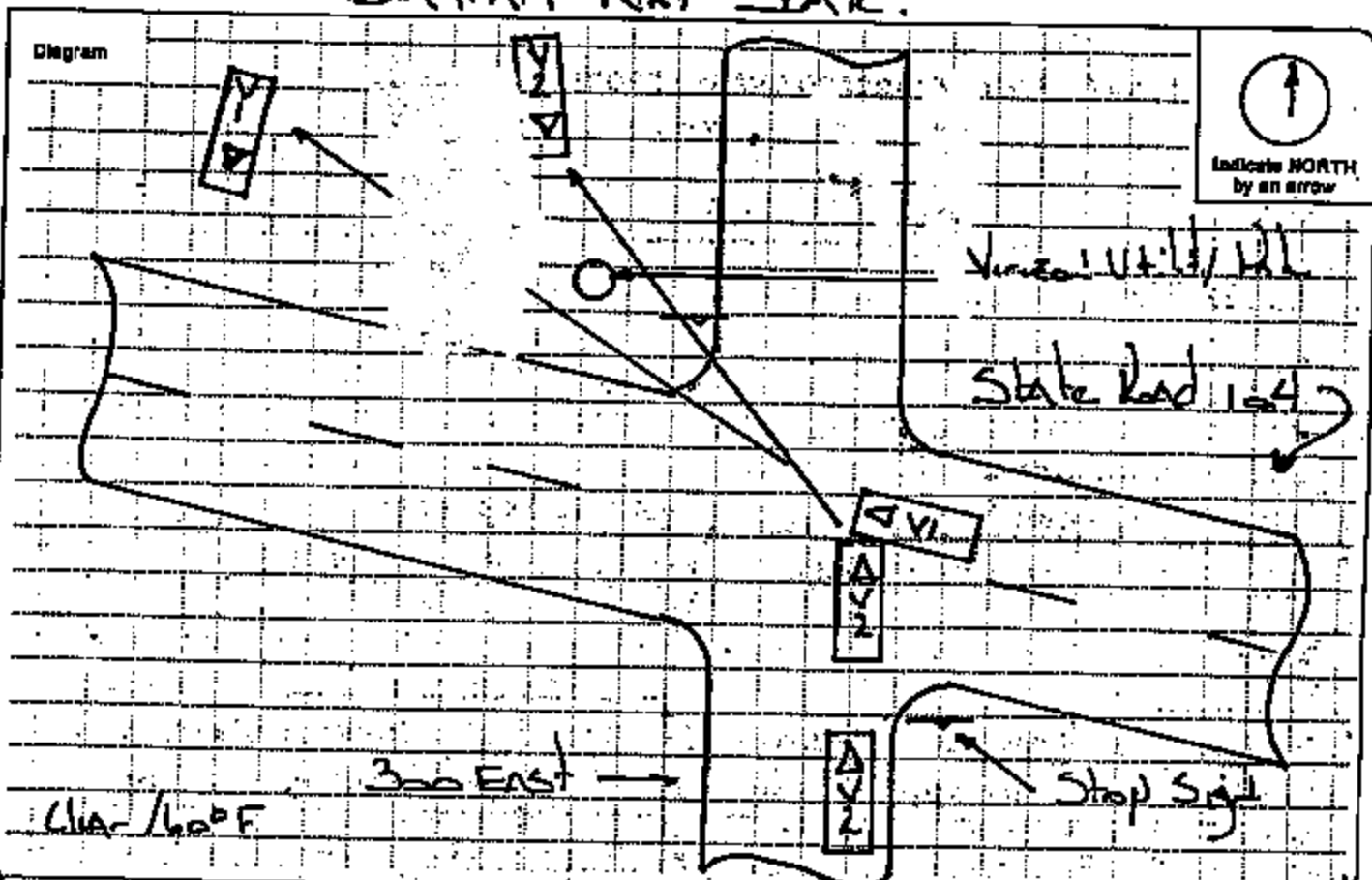
ROYAL IMPACT	4	2	Areas Damaged (Multiple)	
DAMAGE EST	8	8	1-4	5-12
Name of Object	Utility Pole	OWNER'S NAME AND ADDRESS	Verizon Telephone Company	
	Lawn	MCMANON, Jim	Damage Est	3
		1414 South 300 East La Porte		1

Direction	Street/Highway	Arrested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Apparent Phys. Est. (w/obj. No.)
What were post-crash actions before crash? Enter No.			
1 Not in roadway			
2 Stopping in roadway			
3 Playing in roadway			
4 Pushing or working on vehicle			
5 Other working in roadway			
6 Working in roadway with traffic			
7 Working in roadway against traffic			
8 Getting on or off vehicle			
9 Getting on or off school bus			
10 Crossing or entering w/o of intersection			
11 Crossing or entering at intersection			
12 Other			
Pedestrian Traffic Control? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

16	17	18	19	20	21	22	23	24	25	26	27	28	29
	3	1	4		10	1	2	1					%
	3	1	1		10	2	1	1					%
2	3	3	1	1	10	1	1	2	M	1			%
													%
													%

2001-10-1214

Diagram Not Scale!



NARRATIVE (Refer to Vehicle by Number)

Driver of Vehicle 1 (V1) stated that she had been traveling northwest on State Road 4 when Vehicle 2 (V2) suddenly pulled into her path, from the south on County Road 300 East. Driver of V1 was unable to avoid the collision and struck V2 in the intersection of State Road 4/300 East. Vehicle 1 left the road to the right (north) and through a yard, rolling over side-to-side several times. Driver of V1 thought that her van rolled at least three times. V1 came to rest in a yard, located at 1414 South 300 East, facing south.

Driver of Vehicle 2 stated that she had been traveling north on County Road 300 East and was suddenly struck by V1 in the middle of the State Road 4. Driver of V2 stated that as she was struck by V1 that she had not seen the stop sign on 300 East south of State Road 4. She stated that she is unfamiliar with 300 East. Vehicle 2 struck V1 in the middle of the intersection and left the roadway to the north, striking a Verizon utility pole. Vehicle 1 came to rest facing south.

The driver of vehicle 1 and the driver and lone passenger in Vehicle 2 were transported to La Porte Hospital by La Porte County Emergency Medical Service.

It should be noted that a stop sign is posted at the intersection of 300 East at State Road 4 and is easily visible.

D1 Insured By American Family Insurance		D2 Insured By State Farm Insurance	
Other Participant(s) Name, Address (etc.)			
Name of Witness No. 1		Address	Location at Time of Crash
Name of Witness No. 2		Address	Location at Time of Crash
Name of Person Arrested		I.C. Code(s)	Name of Person Arrested
I.C. Code(s)		Name of Person Arrested	
Time Reported 11:00 AM		Time Arrived 11:01 AM	
Other Location of Investigation La Porte Hospital		Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Assisting Officer Captain George Ritter		I.D. No. 7	Agency La Porte County Sheriff
Assisting Officer Captain Scott Bell		I.D. No. 8	Agency La Porte County Sheriff
Investigating Officer Sgt. John T. Boyd		I.D. No. 18	Agency La Porte County Sheriff's Department
Date of Report 10-9-2001		Driver Report Form Furnished <input checked="" type="checkbox"/> D1 <input type="checkbox"/> D2	



Type of Account:
 Personal Business Fleet
 Dealer Demo Daily Rental

SUBSCRIPTION SERVICE AGREEMENT

Dealer Block # 462 238 Temporary PIN 0004 Account Number 2056652
Issued by OnStar

Customer Account Information:

Year: 01 Color of Vehicle: Blue License Plate Number: LA P024 State: LA Delivery Date: 7/14/00 Vehicle Identification Number (VIN): 1GNDX03E31D

Subscriber Last Name: _____ Title: _____
 _____ State: LaPorte LA _____
 Business Account Name: _____ Tax ID / Exempt Number: _____
 Business Address: _____ City: _____ State: _____ Zip: _____
 Primary FAN (Fleet Acct. #): _____ Secondary FAN: _____
 Primary Dealer Name: _____ Dealer Address: _____
 Primary Dealer Address: _____ State: _____ Zip: _____

All factory installed OnStar Equipment includes at least one year of service.

SAFETY & SECURITY PLAN:		PREMIUM SERVICE PLAN:	
Notification of Airbag Deployment	Roadside Assistance	All Safety and Security Plan Services +	Ride Assist
Emergency Services (Police, Fire, EMS)	Accident Assist	Route Support	Concierge Service
Stolen Vehicle Tracking	Remote Diagnostics	Convenience Service	
Remote Door Unlock	OnStar MED-NET* <small>* Requires Activation and Additional Fee.</small>	<small>Reminder: Route Support is included only with Premium Service.</small>	

EXTENDED/UPGRADE SERVICE PLAN Ex.: Upgrading from Safety & Security to two (2) additional years of Premium Service. \$200 (service upgrade) + \$779 (two additional years) = \$979

Service Upgrade (from Safety & Security to Premium) \$200 _____ \$ _____
 Additional Years of Service _____ \$ _____

	Premium	Safety & Security	Payment Options	TOTAL \$
1 Year	<input type="checkbox"/> \$389	<input checked="" type="checkbox"/> \$199	<input type="checkbox"/> Collect by Dealer	_____
2 Years	<input type="checkbox"/> \$779	<input type="checkbox"/> \$379	<input checked="" type="checkbox"/> Credit Card (see below)	_____
3 Years	<input type="checkbox"/> \$1069	<input type="checkbox"/> \$549		_____

OnStar PERSONAL CALLING (Personal Calling and Virtual Advisors may not be available in all areas.) Your Personal Calling phone number: _____
(Assigned by OnStar Center)

Bundle Purchased: _____ Price: \$ _____ Call OnStar with Credit Card

Subscriber must provide OnStar with a major credit card in order to use the included Trial Calling Units or the Personal Calling Service. Charges are subject to change at any time.

OnStar Virtual Advisor... Your vehicle connection to Internet services! (Included with your OnStar Personal Calling subscription.)

OnStar services are subject to applicable federal, state and local taxes, surcharges and other similar fees.

Visa MasterCard AmEx

Number: (_____)
 Ex. Date ____ / ____

Dealer Information:

Salesperson Name: Ken [unclear] Dealer Code: 11388
 Phone #: 29-324-2137

Finance Lease Cash
 Contract Expiration Date: _____ Lien holder: _____

Subscriber understands that, by applying for service, OnStar may obtain any and all credit information about subscriber. Subscriber agrees to release OnStar for and against any claims made as a result of the obtaining and use of said information. Subscriber acknowledges that credit card will be used for any additional wireless airtime purchased and for automatic renewal of OnStar services for successive 30-day terms upon expiration of your initial Service Plan.

Subscriber has received, read, and agrees to the terms and conditions for OnStar's services.

OnStar Subscriber Signature: _____
 Date: _____
Push the OnStar BLUE BUTTON with this completed information!

By declining services, I understand that OnStar is not obligated to provide services to the vehicle or its occupants. Any voluntary provision of services by OnStar in such cases will not be considered a waiver of this provision and I agree to release OnStar from any and all liability arising out of the provision of such voluntary services. Contact OnStar 1-888-667-8271 to notify OnStar.

Declined Signature: _____ Date: _____