

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Liberty (KJ)

Customer Assistance Inquiry Record (CAIR)#**16972388**

VIN	1J4GK58K1	7W [REDACTED]	Open Date	11/26/2007	Built Date	05/11/2007
Model Year	2007	Body	KJTP74	JEEP LIBERTY LTD EDITION 4X2 SPORT UTILITY		
In Service Dt	07/31/2007	Mileage	2,500	Dealer Zone	66	ORLANDO
Plant	W	TOLEDO NORTH ASSEMBLY PLANT	Market	U	US	
Color	PRH	INFERNO RED CRYSTAL PEARL COAT				
Engine	EKG	3.7L V6 ENGINE				
Transmission	DGV	4-SPD. AUTOMATIC VLP 42RLE TRANS				

Dealer	26630	NALLEY ROSWELL CHRYSLER JEEP				
Dealer Address	11505 ALPHARETTA HWY					
Dealer City	ROSWELL	Dealer State	GA	Dealer Zip	30076	

Owner	[REDACTED]	Contact Type	TELEPHONE			
Address	[REDACTED]	Home Phone	[REDACTED]			
	NEWMAN GA [REDACTED]	Country	UNITED STATES			

Referral - Other - Default - Default - Default	Other referral.
Corporate - Property Damage - Default - Default - Default	
Product - Body / Trim / Paint Finish - Seat Belts - Other - Default	
Product - Body / Trim / Paint Finish - Seat Tracks / Frames - Broken, Cracked - Front-Driver	
Product - Unknown - Unknown - Accident - Default	

Special Investigation related contact - Escalated to Tier 2 Internal per TLD50

COIN Updated & CAIR reassigned to 82S

Contact: [REDACTED] wife of [REDACTED]

Telephone #1 [REDACTED]

Telephone #2 [REDACTED]

LOCATION OF VEHICLE - INCLUDING THE ADDRESS:

McWilliams Collision Center

102 Auburn Court

Peachtree City, GA 30269

LOCATION OF VEHICLE PHONE NUMBER (770) 631-6601

What happened?: Customer states she was rear-ended, three people in the vehicle. States that rear passenger seat belt did not lock, and she hit something very hard inside the seat. Driver seat broke and came backwards. Advises that the fuel tank was punctured.

Per OGC Matrix, reassigned to 82T. JSS15.

_11/26/07 Assigned to tk27/mjm169

CAIR NUMBER 16972388 REQUEST EAA INSPECTION 11-26-2007 15:09

CAIR NUMBER 16972388 E-MAIL SENT TO EAA 11-26-2007 15:10

CCRG Open Date: 11/26/2007 14:20:13

Letter Sent: Acknowledgement 11/27/2007 09:56:20

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 11/29/07 AT 13:04:57 16972388

Letter Sent: Denial 12/11/2007











▲ WARNING: HIGHER ROLL OVER RISK



AVOID ABRUPT MANEUVERS
AND EXCESSIVE SPEED.

ALWAYS BUCKLE UP

SEE OWNER'S MANUAL
FOR FURTHER INFORMATION.



www.chrysler.com



















Jeep

002590

6

7



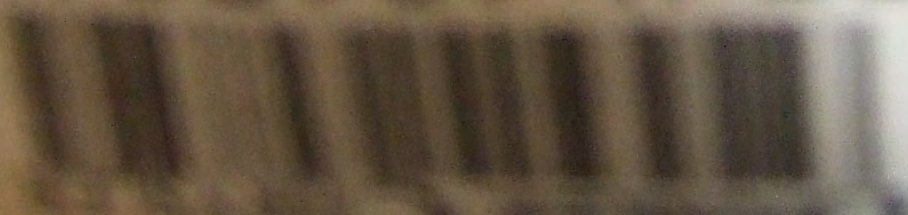


MEETS FINANCING

TR2110731514



PSJL40105AL









▲ WARNING

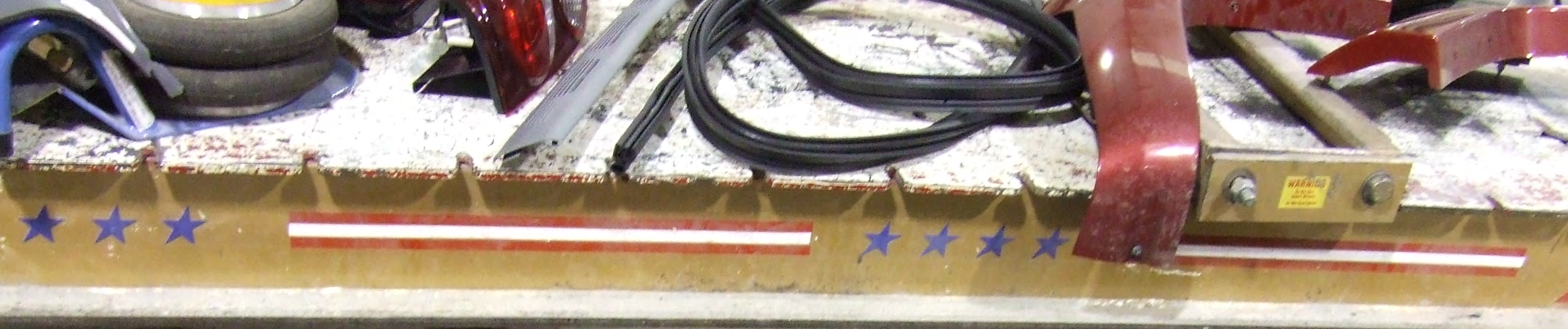
EVEN WITH ADVANCED AIR BAGS



- CHILDREN CAN BE KILLED OR SERIOUSLY INJURED BY THE AIR BAG.
- THE BACK SEAT IS THE SAFEST PLACE FOR CHILDREN.
- NEVER PUT A REAR-FACING CHILD SEAT IN THE FRONT.
- ALWAYS USE SEAT BELTS AND CHILD RESTRAINTS.
- SEE OWNER'S MANUAL FOR MORE INFORMATION ABOUT AIR BAGS.















1J4GK58K17W















▲ WARNING

EVEN WITH ADVANCED AIR BAGS



www.nhtsa.gov

- CHILDREN CAN BE KILLED OR SERIOUSLY INJURED BY THE AIR BAG.
- THE BACK SEAT IS THE SAFEST PLACE FOR CHILDREN.
- NEVER PUT A REAR-FACING CHILD SEAT IN THE FRONT.
- ALWAYS USE SEAT BELTS AND CHILD RESTRAINTS.
- SEE OWNER'S MANUAL FOR MORE INFORMATION ABOUT AIR BAGS.





H04-27

165071R

PRODOTTO IN ITALIA

LAZIO

CHRYSLER







17511772782



CHRYSLER
MOPAR
175071N
HO4-28



P5H036105A0













Jeep

Jeep











A		FDID * <u>03801</u>	State * <u>GA</u>	Incident Date * MM <u>11</u> DD <u>22</u> YYYY <u>2007</u>	Station <u>12</u>	Incident Number * <u>07-0007196</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.								
<input checked="" type="checkbox"/> Street address		<u>3680</u>	<u>HIGHWAY 154</u>	Street Type		Suffix				
<input type="checkbox"/> Intersection		Number/Milepost	Prefix	Street or Highway						
<input type="checkbox"/> In front of										
<input type="checkbox"/> Rear of										
<input type="checkbox"/> Adjacent to										
<input type="checkbox"/> Directions										
		Cross street or directions, as applicable								
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms				
<u>321</u> <u>EMS call, excluding vehicle acc.</u>		Check boxes if same as Alarm Date.				Local Option				
Incident Type		Month Day Year Hr Min Sec				Shift or District				
		Alarm * <u>11</u> <u>22</u> <u>2007</u> <u>11:32:00</u>				<u>B</u> <u>01</u>				
		ARRIVAL required, unless canceled or did not arrive				Platoon				
D Aid Given or Received *		<input checked="" type="checkbox"/> Arrival * <u>11</u> <u>22</u> <u>2007</u> <u>11:37:00</u>				E3 Special Studies				
1 <input type="checkbox"/> Mutual aid received		CONTROLLED Optional, Except for wildland fires				Local Option				
2 <input type="checkbox"/> Automatic aid rcv.		<input type="checkbox"/> Controlled				Special Study ID#				
3 <input type="checkbox"/> Mutual aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study Value				
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Last Unit								
5 <input type="checkbox"/> Other aid given		Cleared <u>11</u> <u>22</u> <u>2007</u> <u>11:56:00</u>								
N <input checked="" type="checkbox"/> None										
F Actions Taken *		G1 Resources *			G2 Estimated Dollar Losses & Values					
<u>86</u> <u>Investigate</u>		<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.			LOSSES: Required for all fires if known. Optional for non fires. None					
Primary Action Taken (1)		Apparatus			Property \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
<u> </u>		Suppression			Contents \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
Additional Action Taken (2)		EMS <u>0002</u> <u>0003</u>			PRE-INCIDENT VALUE: Optional					
<u> </u>		Other <u> </u>			Property \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
Additional Action Taken (3)		<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ <u> </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
Completed Modules		H1* Casualties <input type="checkbox"/> None			H3 Hazardous Materials Release			I Mixed Use Property		
<input type="checkbox"/> Fire-2		Deaths Injuries			N <input type="checkbox"/> None			NN <input type="checkbox"/> Not Mixed		
<input type="checkbox"/> Structure-3		Fire Service <u> </u> <u> </u>			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			10 <input type="checkbox"/> Assembly use		
<input type="checkbox"/> Civil Fire Cas.-4		Civilian <u> </u> <u> </u>			2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			20 <input type="checkbox"/> Education use		
<input type="checkbox"/> Fire Serv. Cas.-5					3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use		
<input type="checkbox"/> EMS-6					4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7		H2 Detector			5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			51 <input type="checkbox"/> Row of stores		
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.			6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants			7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them			8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown			9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			60 <input type="checkbox"/> Industrial use		
								63 <input type="checkbox"/> Military use		
								65 <input type="checkbox"/> Farm use		
								00 <input type="checkbox"/> Other mixed use		
J Property Use* Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs					
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair					
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station					
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling			599 <input type="checkbox"/> Business office					
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling			615 <input type="checkbox"/> Electric generating plant					
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house			629 <input type="checkbox"/> Laboratory/science lab					
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel			700 <input type="checkbox"/> Manufacturing plant					
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care			819 <input type="checkbox"/> Livestock/poultry storage (barn)					
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks			882 <input type="checkbox"/> Non-residential parking garage					
		519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse					
Outside		936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site					
124 <input type="checkbox"/> Playground or park		938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard					
655 <input type="checkbox"/> Crops or orchard		946 <input type="checkbox"/> Lake, river, stream								
669 <input type="checkbox"/> Forest (timberland)		951 <input type="checkbox"/> Railroad right of way			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street			Property Use <u>961</u>					
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input checked="" type="checkbox"/> Highway/divided highway			<u>Highway on divided highway</u>					
931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway								

K1 Person/Entity Involved _____ - _____ - _____
Local Option Business name (if applicable) Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section. _____ - _____ - _____
Local Option Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks
Local Option

WE RESPONDED TO A REPORT OF A 2 VEHICLE MVA, WITH MINOR TO MODERATE DAMAGE TO BOTH VEHICLES. NO INJURIES. ONE VEHICLE HAD A LEAK IN THE FUEL TANK. WE PATCHED IT WITH THE PUTTY.

L Authorization

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. _____
4493 Member making report ID Signature _____
FFEB Position or rank Assignment _____
11 22 2007 Month Day Year

EA12-005- Chrysler -006093

A	FDID 03801 *	State GA *	Incident Date 11 22 2007 *	Station 12	Incident Number 07-0007196 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
----------	---------------------	-------------------	-----------------------------------	-------------------	-------------------------------------	-----------------------	--	---

B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID <input type="text" value="6774"/> Type <input type="text" value="70"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2007"/> <input type="text" value="11:32"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2007"/> <input type="text" value="11:37"/> Clear <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2007"/> <input type="text" value="11:56"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
2 ID <input type="text" value="8797"/> Type <input type="text"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2007"/> <input type="text" value="11:32"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2007"/> <input type="text" value="11:37"/> Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>

Type of Apparatus or Resources Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> More Apparatus? Use Additional Sheets </div>
Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined	
NFIRS-9 Revision 11/17/98	

A	FDID * <u>03801</u>	State * <u>GA</u>	Incident Date * MM <u>11</u> DD <u>22</u> YYYY <u>2007</u>	Station <u>12</u>	Incident Number * <u>07-0007196</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
----------	---------------------	-------------------	--	-------------------	-------------------------------------	-----------------------	--	---------------------------------

B Apparatus or Resource *	Date and Times	Sent	Number of * People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID <u>6774</u>	Dispatch <input checked="" type="checkbox"/> <u>11</u> <u>22</u> <u>2007</u> <u>11:32</u>	Arrival <input checked="" type="checkbox"/> <u>11</u> <u>22</u> <u>2007</u> <u>11:37</u>	Clear <input checked="" type="checkbox"/> <u>11</u> <u>22</u> <u>2007</u> <u>11:56</u>	Sent <input checked="" type="checkbox"/>	Number of * People <u>1</u>	Use	Actions Taken
---	----------------	---	--	--	--	-----------------------------	-----	---------------

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
4493	Maycumber, Jeffry	FFEI	X				

2	ID <u>8797</u>	Dispatch <input checked="" type="checkbox"/> <u>11</u> <u>22</u> <u>2007</u> <u>11:32</u>	Arrival <input checked="" type="checkbox"/> <u>11</u> <u>22</u> <u>2007</u> <u>11:37</u>	Clear <input checked="" type="checkbox"/> <u>11</u> <u>22</u> <u>2007</u> <u>11:56</u>	Sent <input checked="" type="checkbox"/>	Number of * People <u>2</u>	Use	Actions Taken
---	----------------	---	--	--	--	-----------------------------	-----	---------------

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
4134 8160	Broadwell, Timothy Scott, Joseph	FFEI FFEI	X X				

3	ID <u> </u>	Dispatch <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	Arrival <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	Clear <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u>	Sent <input type="checkbox"/>	Number of * People <u> </u>	Use	Actions Taken
---	--------------------	---	--	--	-------------------------------	--------------------------------	-----	---------------

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

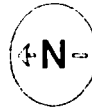
EA12-005- Chrysler -006095

Accident Number: 07-11-000939		Agency NCIC No. GA0380000		County: COWETA		Date Rec. by DMVS:	
Date: 11-22-07	Day of Week: <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	Time Notified: 1134	Time Arrived: 1134	Vehicles: 2	Total Number of Injuries: 0	Fatalities: 0	Inside City Of:
Road of Occurrence: <input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. At It's Intersection With: <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. HAMMOCK ROAD				Corrected Report? <input type="checkbox"/> Yes		Suppl. To Original? <input type="checkbox"/> Yes	
Not At Its Intersection But: 15 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West				Of: SPRING WATER WAY		Hit and Run? <input type="checkbox"/> Yes	
And continuing in the direction checked above, the next reference point is: <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line							
Driver #1 Last Name: _____ First: _____ Middle: _____ or Address: _____ <input type="checkbox"/> Ped. #1				Driver #2 Last Name: _____ First: _____ Middle: _____ or Address: _____ <input type="checkbox"/> Ped. #2			
City: SHARPSBURG State: GA Zip: _____				City: NEWNAN State: GA Zip: _____			
OLN: 054208847 Class: C State: GA Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>				OLN: 067185305 Class: C State: GA Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>			
Posted Speed 55 Insurance Co. STATE FARM Policy Number: _____				Posted Speed 55 Insurance Co. STATE FARM Policy Number: _____			
Year: 1994 Make: GMC Model: SONOMA Telephone Number: _____				Year: 2007 Make: JEEP Model: LIBERTY Telephone Number: _____			
VIN: YGTC519Z3R8 Vehicle Color: BLACK				VIN: 1J4GK58K17W Vehicle Color: RED			
State: GA County: COWETA Year: 2008				State: GA County: COWETA Year: 2008			
Trailer Tag # _____ State: _____ County: _____ Year: _____				Trailer Tag # _____ State: _____ County: _____ Year: _____			
Same as Driver <input checked="" type="checkbox"/> Owner's Last Name: _____ First: _____ Middle: _____				Same as Driver <input checked="" type="checkbox"/> Owner's Last Name: _____ First: _____ Middle: _____			
Address: _____				Address: _____			
City: _____ State: _____ Zip: _____				City: _____ State: _____ Zip: _____			
Removed By: CASWELLS Request: <input type="checkbox"/> List: <input checked="" type="checkbox"/>				Removed By: WILSON'S WRECKER Request: <input type="checkbox"/> List: <input checked="" type="checkbox"/>			
Alcohol Test 2		Type	Results	Drug Test 2		Type	Results
Driver Cond. 1		Direction Of Travel 2	Vision Obscured 1	Contributing Factors 3			
Veh. Cond. 1		Veh. Maneuver 5	Ped. Maneuver	Veh. Cond. 1		Veh. Maneuver 2	Ped. Maneuver
Most Harmful Event 11		Veh. Class 1	Veh. Type 1	Most Harmful Event 11		Veh. Class 1	Veh. Type 1
Traffic Ctrl. 6		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl. 6		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Injured Taken To:				By:			
EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:		Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:	
Report By: THOMAS, JASON		Department: Coweta Co. S.O.		Report Date: 11-22-0		Checked By: <i>[Signature]</i> Date Checked: 11/22/07	
Witness(es) Name:		Address:		City:		State: Zip: Telephone No.:	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)							
COMMERCIAL VEHICLES ONLY							
Carrier Name Vehicle #1				Carrier Name Vehicle #2			
Address State Zip				Address State Zip			
No. of Axles	G.V.W.R.	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type
Veh. Config.	I.C.C.M.C.#	U.S. D.O.T.#	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Veh. Config.	I.C.C.M.C.#	U.S. D.O.T.#	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Released? <input type="checkbox"/> Yes <input type="checkbox"/> No				Released? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Name or 4 Digit from Diamond or Box _____ 1 Digit Number from Bottom of Diamond _____				If YES, Name or 4 Digit from Diamond or Box _____ 1 Digit Number from Bottom of Diamond _____			
___ Ran Off Road		___ Cargo Loss or Shift		___ Ran Off Road		___ Cargo Loss or Shift	
___ Down Hill Runaway		___ Separation of Units		___ Down Hill Runaway		___ Separation of Units	

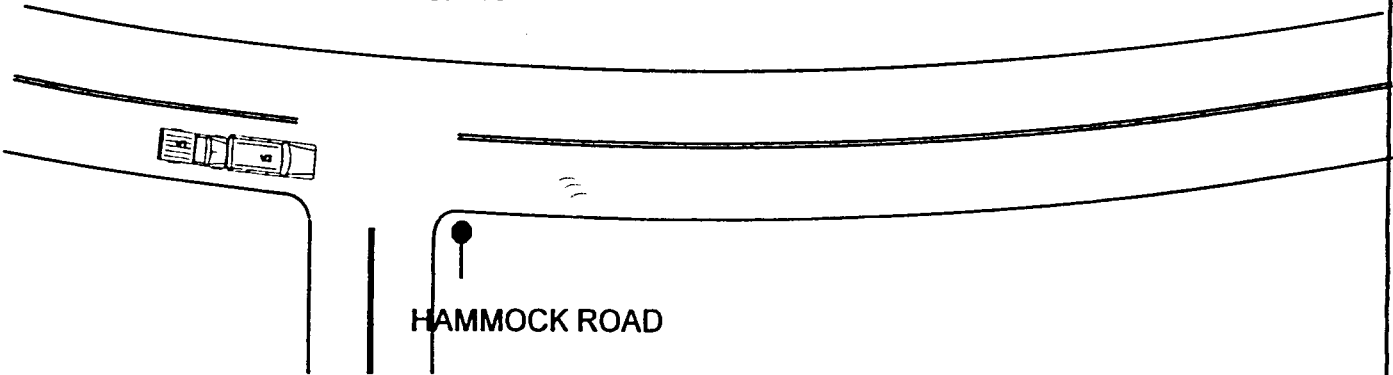
THE DRIVER OF VEHICLE # 2 STATED THAT WHILE ATTEMPTING TO MAKE A RIGHT TURN ONTO HAMMOCK ROAD THAT VEHICLE # 1 REAR ENDED HIM. THE DRIVER OF VEHICLE # 1 STATED THAT DUE TO FOLLOWING TO CLOSE HE REAR ENDED VEHICLE # 2.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

NOT TO SCALE



GA 154



HAMMOCK ROAD

CITATIONS - VEHICLE # 1 CITATIONS - VEHICLE # 2

4C-6-49

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Rd.Character	Const. / Maint. Zone
11	1	1	1	1	3	1	2	1	1	0

VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT	0'	AFTER	0'	Width of Road
Number of Occupants		1	3		VEH. 1		VEH. 1	
Point of Initial Contact		12	6		0'		0'	
Damage Vehicles		4	3		VEH. 2		VEH. 2	12 Ft. Lanes

Damage Other Than Vehicle: Owner:

		AG	SE	V	P	INJURY	TAKEN FLOW TO...	FRCT	SAFETY EQUIP	EXTRC	AIP HAZ			
Driver # 1 Or Pedestrian #1						0	2	1	3	2	2			
Driver # 2 Or Pedestrian #2						0	2	1	3	2	2			
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			NEWNAN GA			M	1	3	0	2	1	3	2	2
			NEWNAN GA.			F	1	6	0	2	1	3	2	0

EA12-005- Chrysler -006039

MATTER # 1186765
FILE TYPE Customer Assistance Inquiry Report and Legal Claim
FILE NAME [REDACTED]
CAIR # 16972388
DATE OF INCIDENT 11/22/2007
DATE OF NOTICE 11/26/2007
MODEL/MODEL YEAR 2007 Jeep Liberty (KJ)
VIN 1J4GK58K17W [REDACTED]
MILEAGE 2,500
OWNER [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
COURT
DOCKET #
FIRE ALLEGED Yes
DESCRIPTION On November 22, 2007, a 2007 Jeep Liberty (KJ), operated by [REDACTED], was travelling on Georgia Highway 154 near the intersection of Hammock Road in Coweta County, Georgia. The posted speed limit at the site of the accident was 55 mph. According to the police accident report, the Jeep Liberty (KJ) was attempting to make a right turn onto Hammock Road when it was struck in the rear by a GMC Sonoma pickup truck. The police accident report reflects that there were no braking skid marks left by the GMC Sonoma pickup truck. The driver of the GMC Sonoma pickup truck reported to the investigating police officer that he was following too close to the Jeep Liberty (KJ). Fuel leakage from the Jeep Liberty (KJ) occurred as a result of the accident. There was no vehicle fire.
PROPERTY DAMAGE ALLEGED No
INJURIES 2
FATALITIES 0
ANALYSIS Chrysler Group does not have sufficient information about the accident to determine a likely relative impact velocity between the Jeep Liberty (KJ) and the GMC Sonoma pickup truck but notes that the posted speed limit at the site of the accident was 55 mph, the Jeep Liberty (KJ) had slowed to make a right turn and the investigating police officer reported that there were no braking skid marks from the GMC Sonoma pickup truck prior to the impact. Based on an inspection of the 2007 Jeep Liberty (KJ) and other available information, including the police accident report and fire report, Chrysler Group concludes

that, during the impact, the fuel tank of the Jeep Liberty (KJ) was punctured at the lower-right horizontal surface of the fuel tank.¹ The rear bumper and cross member of the Jeep Liberty (KJ) were damaged during the impact and may have been the cause of the fuel tank puncture. The damage to the rear of the Jeep Liberty (KJ) is depicted in the photographs in Enclosure 3 Public, Bates page numbers EA12-005- Chrysler – 006045, 6075, and 6085.

¹ An inspection was conducted at the request of counsel in anticipation of litigation and the report is being withheld under a claim of attorney work-product privilege.