

DP14-004

CHRYSLER

9/15/2014

LEGALS AND CUSTOM  
COMPLAINTS PUBLIC

9T

POLICE ACCIDENT REPORT

DP14-004

CHRYSLER

9/15/2014

9T

Police Accident Report

# Gwinnett County Police Investigator's Report

Reporting Officer: Badge #: B832 Officer: HOLLIS, J

Case Number(s): Case # 1: [REDACTED] Case # 2: Case # 3: Case # 4: Case # 5:

Court Jurisdiction: STATE COURT

Case Status: Case Key: AA Case Literal: CLEARED ARREST - ADULT

Defendant(s):			Warrant Number(s):	Date of Warrant:	Date of Arrest:
Last Name	First Name	Mi Initial			
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	07-11-2011	07-11-2011
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	07-11-2011	07-11-2011
3. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	07-11-2011	07-11-2011
4. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	07-11-2011	07-11-2011
5. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

Have any of these defendants been convicted of a felony?  N

Identified as a serious/habitual offender as defined by O.C.G.A 17-10- 6.1 or 17-10-7?  N

Approving Supervisor: Sgt. W. Barnhart # 704

Reviewing Authority: \_\_\_\_\_

RECEIVED NOV 25 2011

Property Disposition: \_\_\_\_\_ Contraband / Destroy  
 \_\_\_\_\_ Release to Owner  
 \_\_\_\_\_ Release Only Items Listed

If Property disposition varies for different items, identify them separately below.

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Mail To: Records & Property Section Manager, G.C.P.D.

Court Official Authorizing Release: \_\_\_\_\_

  
 11-57496  
 11/30/11

# Highway Collision Report

---

S.R. 124 (Braselton Highway) @ [REDACTED]  
Buford, Georgia  
June 16, 2011

State Court

Gwinnett County Police Case Number [REDACTED]

Inv. J.E. Hollis #832



Case Number [REDACTED]  
June 16<sup>th</sup>, 2011

Gwinnett County Police Department  
770 Hi-Hope Road  
Lawrenceville, GA 30045

---

# Contents

<b>Drivers, Deceased, Date/Time, Location</b> .....	3
<b>Collision Scenario</b> .....	4
<b>Vehicles</b> .....	5-7
2004 Jeep Grand Cherokee.....	5
2008 Jeep Wrangler.....	6
2009 Dodge Journey.....	7
<b>Witness List</b> .....	8-12
<b>Exhibit List</b> .....	13-14
<b>Emergency Response</b> .....	16
<b>Initial Observations</b> .....	17
<b>Factual Information</b>	
Pre-collision events.....	15
Roadway.....	20
Driver 1.....	22
Driver 2.....	22
Driver 3.....	22
Injuries.....	22
Vehicle Inspection.....	23-33
Witness statement.....	34

---

## Drivers

Driver #1

[REDACTED]

Lawrenceville, GA [REDACTED]  
Black / Male / 30 years old  
D.O.B. - [REDACTED]

Driver #2

[REDACTED]

Buford, GA [REDACTED]  
White / Male / 38 years old  
D.O.B. - [REDACTED]

Driver #3

[REDACTED]

Lawrenceville, GA [REDACTED]  
White / Female / 36 years old  
D.O.B. - [REDACTED]

Victim

Passenger

Vehicle #3

[REDACTED] (deceased)

Dawsonville, GA [REDACTED]  
White / Female / 58 years old  
D.O.B. - [REDACTED]  
D.O.D. - [REDACTED]

## Charges:

Homicide by Vehicle in the 2<sup>nd</sup> Degree-  
Driving on the Wrong side of the way-  
Failure to Maintain Lane-  
Following Too Close-

[REDACTED]

## Date / Time

Thursday, June 16<sup>th</sup>, 2011 4:53 p.m.

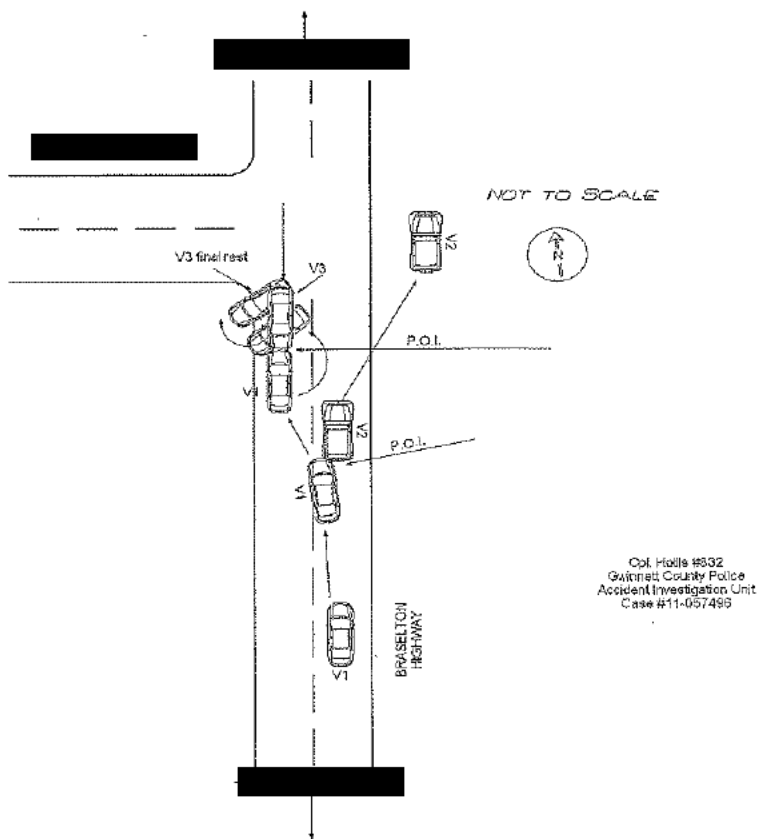
## Location

[REDACTED] Buford, GA [REDACTED]

[REDACTED]

# Collision Scenario

Vehicle #1, a 2004 Jeep Grand Cherokee, operated by [REDACTED], was traveling north on S.R. 124 ([REDACTED]) and intended to continue north. Vehicle #2, a 2008 Jeep Wrangler, operated by [REDACTED], was stopped on S.R. 124 at the intersection of [REDACTED] and intended to turn left. Vehicle #3, a 2009 Dodge Journey, operated by [REDACTED] was headed south on S.R.124 and intended to continue south. Vehicle #1 swerved out of its lane in to the left lane (southbound lane of travel) and struck the left rear bumper of vehicle #2 and continued in to the southbound lane where it struck vehicle #3 head on. [REDACTED] (driver#1), [REDACTED] (driver #3) and the passenger in vehicle#3, Mrs. [REDACTED], were all transported for serious injuries. Mrs. [REDACTED] died on July 2, 2011 from the injuries she sustained in this collision.



---

## Vehicle #1

1. 2004 Jeep Grand Cherokee  
Gray in Color  
Georgia Vehicle Registration Number: [REDACTED] Expiration: 02/2012  
VIN: 1J4GX48S94C [REDACTED]  
Driven by: [REDACTED]  
Lawrenceville, GA [REDACTED]  
Registered Owner: [REDACTED]  
Lawrenceville, GA [REDACTED]  
Insurance Company: Allstate  
Insurance Policy Number: [REDACTED]



Figure #1: Vehicle #1, 2004 Jeep Grand Cherokee final rest.





---

## Vehicle #2

2. 2008 Jeep Wrangler  
Silver in Color  
Georgia Vehicle Registration Number [REDACTED] Expiration: 10/2011  
VIN: 1J4GA69178L [REDACTED]  
Driven by: [REDACTED]  
[REDACTED]  
Buford, GA [REDACTED]  
Registered Owner: [REDACTED]  
[REDACTED]  
Buford, GA [REDACTED]  
Insurance Company: Allstate  
Insurance Policy Number: [REDACTED]



Figure #2: Vehicle #2, 2008 Jeep Wrangler final rest.

---

## Vehicle #3

3. 2009 Dodge Journey  
Blue in Color  
Georgia Vehicle Registration Number: [REDACTED] Expiration: 03/2012  
VIN: 3D4GG57V49T [REDACTED]  
Driven by: [REDACTED]  
Lawrenceville, GA [REDACTED]  
Registered Owner: [REDACTED]  
Lawrenceville, GA [REDACTED]  
Insurance Company: Liberty Mutual  
Insurance Policy Number: [REDACTED]



Figure #3: Vehicle #3, 2009 Dodge Journey final rest.

---

## Witnesses

1. Amrehein, D. Ofc. #1406 (GCPD Initial Responding Officer)  
770 Hi Hope Road  
Lawrenceville, GA 30045  
(770) 513-5000
2. McCall, H. Ofc. #1152 (GCPD Initial Responding Officer)  
770 Hi- Hope Rd  
Lawrenceville, GA 30045  
(770)513-5000
3. Duncan, J.D. Ofc. #1281 (GCPD Initial Responding Officer)  
770 Hi- Hope Rd  
Lawrenceville, GA 30045  
(770)513-5000
4. Ingalls, B.E. #346 (GCPD –North Precinct Evening Watch Sergeant)  
770 Hi- Hope Rd  
Lawrenceville, GA 30045  
(770)513-5000
5. Falkenhagen, J. Ofc. #951 (GCPD –AIU Investigator)  
770 Hi- Hope Rd  
Lawrenceville, GA 30045  
(770)513-5000
6. Hollis, J.E. Cpl. #832 (GCPD-Lead AIU Investigator)  
770 Hi- Hope Rd  
Lawrenceville, GA 30045  
(770)513-5000
7. Pennyman, Jonathan #F850 (GCFD-M18)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
8. Holmes, Megan #1398 (GCFD-M18)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800

- 
9. Mims, Thorstein #285 (GCFD-E27)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
10. Holder, Mark #210 (GCFD-E27)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
11. Steele, Kenneth #1123 (GCFD-E27)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
12. Kump, Brian #F903 (GCFD-E24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
13. Hall, Justin #F1129 (GCFD-E24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
14. Franchiseur, Ed #F158 (GCFD-E24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
15. Wilson, Rusty #F475 (GCFD-B3)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
16. Jugenheimer, Angela #F652 (GCFD-MS2)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800

- 
17. Pollack, Paul #F345 (GCFD-S24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
18. Hendricks, Edward #F664 (GCFD-S24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
19. Gonzalez, Charlie #F864 (GCFD-S24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
20. Keiser, Bryant #F1313 (GCFD-S24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
21. Harris, James #F1156 (GCFD-M10)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
22. Williams, Adrian #F872 (GCFD-M10)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678) 518-4800
23. Strother, Donald #F1017 (GCFD-M10)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800

- 
24. Strother, Donald #F1017 (GCFD-M10)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
25. Pazinets, Jessica #F1289 (GCFD-M10)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
26. Rutledge, Tommy #F385 (GCFD-FD10)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
27. Edling, Jerry #F704 (GCFD-M16)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
28. Thomas, Brandon #F852 (GCFD-M16)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
29. Hilsman, Ashley #F1063 (GCFD-M24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800
29. White, Christopher #F1253 (GCFD-M24)  
Gwinnett County Fire and Emergency Services  
408 Hurricane Shoals Road  
Lawrenceville, GA 30045  
(678)518-4800

---

30. Reeves, Eddie E. (Investigator from Medical Examiner's Office)  
Gwinnett County Medical Examiner's Office  
363 Swanson Drive Suite A  
Lawrenceville, GA 30043  
(770) 995-5558

31. [REDACTED] (Witness)  
Lawrenceville, GA [REDACTED]  
[REDACTED]

32. [REDACTED] (Embracing Hospice)  
Cumming, GA [REDACTED]  
[REDACTED]

33. Cook, V. Ofc. #1279 (GCPD Initial Responding Officer)  
770 Hi- Hope Rd  
Lawrenceville, GA 30045  
(770)513-5000

---

## Exhibits

- E-1 Copy of State of Georgia Collision Report, Form DMVS 523, Case # [REDACTED] Completed by: Inv. J. E. Hollis #832 (witness #6), Completed on: June 16<sup>th</sup>, 2011.
- E-2 Gwinnett County Police Department Computer Aided Dispatch (CAD) call, Police Call # [REDACTED] Generated on: June 16<sup>th</sup>, 2011 @ 4:53 p.m.
- E-3 Gwinnett County Police Department Computer Aided Dispatch (CAD) call, Fire Call # [REDACTED] Generated on: June 16<sup>th</sup>, 2011 @ 4:53 p.m.
- E-4 Gwinnett County Police Department Supplement Report completed by Investigator Hollis [REDACTED] on June 16<sup>th</sup>, 2011.
- E-5 Gwinnett County Police Department Witness Statement completed on June 16<sup>th</sup>, 2011 by [REDACTED] (witness #31), obtained by Officer Amrhein # [REDACTED] (witness #1).
- E-6 Copy of Facsimile Transmission Verification Report to State of Georgia Department of Motor Vehicle Safety (F.A.R.S.) sent on July 5<sup>th</sup>, 2011 by Investigator Hollis #832.
- E-7 Copy of NHTSA, Office of Defects Investigation (ODI), for a 2004 Jeep Grand Cherokee, obtained on July 16<sup>th</sup>, 2011 by Investigator J.E. Hollis #832.
- E-8 Copy of NHTSA, Office of Defects Investigation (ODI), for a 2008 Wrangler 4x4, obtained on June 16<sup>th</sup>, 2011 by Investigator J.E. Hollis #832.
- E-9 Copy of Gwinnett County Police Impound Form for a 2004 Jeep Grand Cherokee, VIN: 1J4GX48594C [REDACTED] completed on June 16<sup>th</sup>, 2011 by Officer Amrhein #1406.
- E-10 Copy of Gwinnett County Police Impound Form for a 2009 Dodge Journey, VIN: 3D4GG57V49T [REDACTED] completed on June 16<sup>th</sup>, 2011 by Officer Amrhein #1406.
- E-11 Copy of Gwinnett County Police Impound Form for a 2008 Jeep Wrangler, VIN: 1J4GA69178L [REDACTED] completed on June 16<sup>th</sup>, 2009 by Officer Amrhein #1407.
- E-12 Copy of Scene photos obtained on June 16<sup>th</sup>, 2011 by Investigator Falkenhagen #951 (witness #5).
- E-13 Copy of Inspection photos obtained on June 17<sup>th</sup>, 2011 by Investigator J.E. Hollis #832.
- E-14 Copy of Division of Gwinnett County Magistrate Court Warrant Application for [REDACTED], [REDACTED] obtained by Investigator Hollis #832 on July 11<sup>th</sup>, 2011.
- E-15 Copy of Gwinnett County Magistrate Court Warrant [REDACTED] for Vehicular Homicide 2<sup>nd</sup> Degree for [REDACTED] obtained by Investigator Hollis #832 on July 11<sup>th</sup>, 2011.



- 
- E-16 Copy of Gwinnett County Magistrate Court Warrant # [REDACTED] for Following Too Closely for [REDACTED], obtained by Investigator Hollis #832 on July 11th, 2011.
  - E-17 Copy of Gwinnett County Magistrate Court Warrant # [REDACTED] for Failure to Maintain Lane for [REDACTED] obtained by Investigator Hollis #832 on July 11th, 2011.
  - E-18 Copy of Gwinnett County Magistrate Court Warrant [REDACTED] for Driving on the Wrong side of the Roadway for [REDACTED] obtained by Investigator Hollis #832 on July 11th, 2011.
  - E-19 Copy of Gwinnett County Medical Examiner's Investigative Report [REDACTED] completed on July 22<sup>nd</sup>, 2011 by Forensic Investigator Eddie E. Reeves (witness #30).
  - E-20 Gwinnett County Police Accident Investigation Unit Fatal/Serious Injury Collision Vehicle Inspection Report for a 2004 Jeep Grand Cherokee, VIN: 1J4GX48S94C [REDACTED] completed By Investigator J.E. Hollis #832 on June 17<sup>th</sup>, 2011.
  - E-21 Gwinnett County Police Accident Investigation Unit Fatal/Serious Injury Collision Vehicle Inspection Report for a 2008 Jeep Wrangler, VIN: 1J4GA69178L [REDACTED] completed By Investigator J.E. Hollis #832 on June 17<sup>th</sup>, 2011.
  - E-22 Gwinnett County Police Accident Investigation Unit Fatal/Serious Injury Collision Vehicle Inspection Report for a 2009 Dodge Journey Truck, VIN: 3D4GG57V49T [REDACTED] completed By Investigator J.E. Hollis #832 on June 17<sup>th</sup>, 2011.
  - E-23 Copy of NHTSA recalls for 2009 Dodge Journey obtained by Investigator Hollis #832.
  - E-24 Copy of DMVS523 Final Report, case [REDACTED] completed by Investigator Hollis #832.

# Fatality Motor Vehicle Collision, [REDACTED] at the intersection of [REDACTED] Buford, Georgia

## Factual Information

### Pre-collision Events

At approximately 1653 hours on June 16, 2011, Mr. [REDACTED] was operating a 2004 Jeep Grand Cherokee on [REDACTED], traveling north near the City of Buford. [REDACTED] was on his way to meet a few friends for dinner in [REDACTED] before being involved in a motor vehicle collision at the intersection of [REDACTED] Drive.

Mr. [REDACTED] was operating a 2008 Jeep Wrangler on [REDACTED] headed north, stopped and waiting to turn left on to [REDACTED] near the City of Buford. [REDACTED] was on his way home in the [REDACTED] Subdivision.

Mrs. [REDACTED], was operating a 2009 Dodge Journey on [REDACTED], headed south, [REDACTED] were headed home.

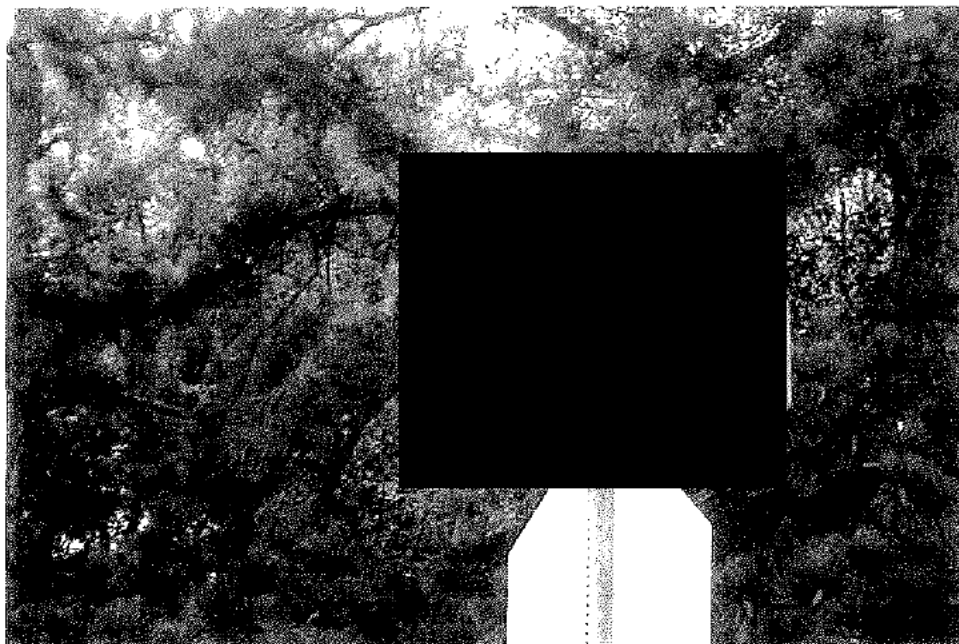


Figure 1. S.R.124 (Braselton Highway) @ Amber Creek Drive.

---

## Emergency Response

On June 16<sup>th</sup>, 2011 at 4:53 p.m., the Gwinnett County Police Department Communication Center dispatched Ofc. D. Amrhein #1406 (witness #1) to [REDACTED] With the collision's reported severity and possible traffic obstruction, Ofc. V. Cook #1279 (witness #33) also proceeded to [REDACTED]

Ofc. Amrhein #1406 arrived at the collision scene approximately 7 minutes after the first report of the collision. Shortly after arriving, Ofc. Cook #1279 arrived on scene and advised Police Dispatch that the intersection would be shut down for extrication of the passenger of one of the vehicles. Sgt. Ingalls #346 (witness #4), the North Precinct Evening watch Supervisor arrived at the collision scene at approximately 5:09 p.m. Given the collision's severity, the Accident Investigation Unit was requested to investigate the collision at 5:17 p.m.

On June 16<sup>th</sup>, 2011, at 4:53 p.m., the Gwinnett County Fire Department Communication Center dispatched Medic 18, Engine 27 and Engine 24 to the reported collision scene. At approximately 5:00 p.m., 7 minutes after the first reports of the collision were received by the 9-1-1 Call Center, Gwinnett County Fire Department Medic 18 and Engine 27 arrived at the collision scene. Battalion 3, who also responded to the scene, advised radio dispatch there were three vehicles involved and there were a total of three patients, three possibly critical. Medic 10, Medic 18 and Medic 24 also responded to the collision scene after radio dispatch was notified of how many patients there were, which was a total of three.

Mrs. [REDACTED] were the occupants of vehicle #3, Mrs. [REDACTED] was the driver and Mrs. [REDACTED] was the front seat passenger. Mr. [REDACTED] was the lone occupant and the driver of vehicle #1. All three were possibly had critical injuries and were transported. At 5:21 p.m. Medic 10 and Medic 18 transported two patients, Mr. [REDACTED] to Gwinnett Medical Center (GMC)- Lawrenceville, 1000 Medical Center Boulevard, Lawrenceville, Georgia; both units arrived at approximately 5:34 p.m.

Medic 24 transported Mrs. [REDACTED] to Atlanta Medical Center and arrived at approximately 6:22 p.m.

June 16<sup>th</sup>, 2011, Investigator Falkenhagen #951 (witness #5) and myself were on duty and responded to the scene.

---

## Initial Observations

Myself and Investigator Falkenhagen arrived at the collision scene at approximately 5:41 p.m. and observed several GCPD vehicles blocking the entire intersection of [REDACTED] east, west, north and south of the collision scene; all vehicle traffic was prohibited from traveling through the collision scene.



**Figure 2:** Initial observation.

We stopped our Police vehicles south of [REDACTED], to begin the on scene collision investigation. On the shoulder of the southbound lane of S.R.124, I observed two S.U.V.'s, a gray Jeep Grand Cherokee and a blue Dodge Journey facing southwest and off the road in the southbound lane. The two vehicles were south of [REDACTED]. I also observed a silver Jeep Wrangler approximately 100 feet north of the collision scene, stopped on the right shoulder of the northbound lane of S.R. 124.

I walked north towards the damaged vehicles and their final rest positions and observed scattered debris and fluids from the vehicles scattered throughout the collision scene. I found the gray Jeep Grand Cherokee with heavy damage to the front end and the blue Dodge Journey with heavy damage to the front end as well. I continued walking approximately 200 feet north of the collision scene and was not able to locate any more roadway evidence. I observed the silver Jeep Wrangler on the right shoulder of the northbound lane and there did not appear to be any damage. I then turned around and began walking south towards the collision scene. I continued past the collision scene and continued approximately 200 feet south of the collision scene. Walking south of the collision scene, I was not able to locate any roadway evidence.



Figure 7: Front end damage to vehicle #1, Jeep Grand Cherokee.



Figure 8: Front end damage to vehicle #3, Dodge Journey.



Figure 9: Damage to left rear tail light and bumper, vehicle #2, Jeep Wrangler.

*See collision scene photos obtained by Investigator J.E. Hollis #832 (witness #7), Exhibit #15.*

---

## Roadway Information

### Design

The collision occurred in the southbound lane of travel on [REDACTED] at the intersection of [REDACTED] Drive.

This portion of [REDACTED] is outside the geographic and jurisdictional boundaries of the City of Buford which is located in Gwinnett County, Georgia. This portion of [REDACTED] proceeds north and south with one travel lane constituting northbound traffic and one travel lane constituting southbound traffic. The travel lanes are divided by a double-yellow line and the roadway surface is black asphalt. The roadway surface was free of any defects at the time of the collision, no physical or testimonial evidence was obtained indicating a roadway defect was a contributing factor in this collision.

This portion of [REDACTED] proceeds east and west with one travel lane constituting east bound traffic and one travel lane constituting westbound traffic. The travel lanes are not divided by a yellow line and the roadway surface is black asphalt. The roadway surface was free of major defects at the time of the collision, no physical or testimonial evidence was obtained indicating a roadway defect was a contributing factor in this collision.

The posted speed limit for the portion of [REDACTED] is 45 mph. Two GDOT speed limit signs are posted to the right on either side of the roadway, north and south bound lanes.

The air temperature at the time of the collision was approximately 84 degrees Farenheight and the roadway was dry.

---

## Physical Evidence

*This collision involved injuries which were ultimately fatal; therefore, the investigation of this collision followed a particular methodology which included a detailed examination of the collision scene.*

The collision scene examination consisted of identifying and photographing physical evidence related to this collision. The collision scene physical evidence consisted of road evidence as well as contact and induced damage which the 2004 Jeep Grand Cherokee, 2008 Jeep Wrangler and 2009 Dodge Journey sustained during the collision.

I began the on scene collision investigation by starting approximately 200 feet south of the collision scene, walking in the northbound lane of travel in which the Jeep Grand Cherokee and Jeep Wrangler was traveling. While walking in the northbound lane I did not notice any yaw marks, skid marks or any other type of evidence that would lead me to believe there was any braking involved from the Jeep Grand Cherokee. I continued to walk north in the northbound lane of travel approximately 250 feet past the collision scene. I turned around and walked south in the south bound lane of travel. As I approached the collision scene at the intersection of [REDACTED] I did not notice any yaw marks or skid marks.

As I approached the collision scene I observed debris in the immediate area of the collision in the southbound lane which was from the vehicles and was caused after the vehicles made contact. I observed a road gouge in the roadway where Vehicle #1 and Vehicle #3 hit head on. Given the vehicles final rest, and Driver #2's testimony, it was determined that vehicle #1 was traveling north in the north bound lane of travel when driver #1 suddenly turned his vehicle to the left, "clipping" the left rear (driver side) tail light/ bumper/ quarter panel and then crossed over in to the south bound lane of travel and struck vehicle #3 head on. Once vehicle #1 and vehicle #2 hit head on, vehicle #1 rotated counter clockwise and vehicle #3 rotated clockwise, both coming to a final rest near the shoulder of the south bound lane of S.R. 124, at the intersection of [REDACTED]. The driver of Vehicle #2 pulled forward to the right shoulder of the north bound lane to get his vehicle out of traffic.



Figure 10: Road gouges in the south bound lane where vehicle#1 and vehicle #3 collided head on.



---

## Driver Information

### 2004 Jeep Grand Cherokee- Monkonji Lindsey

The driver of the 2004 Jeep Grand Cherokee, [REDACTED] is a 30 year old male, D.O.B. [REDACTED]. At the time of the collision [REDACTED] possessed a valid class "C" Georgia driver's license. [REDACTED] license was issued in January 2010 and is set to expire in February 2013. A GCIC/NCIC driver's license inquiry revealed [REDACTED] license did not have any current or pending suspensions.

### 2008 Jeep Wrangler- Aaron Watts

The driver of the 2008 Jeep Wrangler, [REDACTED] is a 38 year old male, D.O.B. [REDACTED]. At the time of the collision [REDACTED] possessed a valid class "C" Georgia drivers license with no endorsements. [REDACTED] license was issued in October 2007 and is set to expire in October 2012. A GCIC/NCIC driver's license inquiry revealed [REDACTED] license did not have any current or pending suspensions.

### 2009 Dodge Journey- [REDACTED]

The driver of the 2009 Dodge Journey, [REDACTED], is a 36 year old female, D.O.B. [REDACTED]. At the time of the collision Lyle possessed a valid class "C" Georgia drivers license with no endorsements. [REDACTED] license was issued in March 2011 and is set to expire in March 2019. A GCIC/NCIC driver's license inquiry revealed [REDACTED] license did not have any current or pending suspensions.

## Injuries

When I arrived on scene I was advised by Sgt. Ingalls that the injuries to both of the occupants of vehicle #3, were possibly life threatening and were being transported. Gwinnett County EMS stated both of the occupant's of vehicle #3 injuries were possibly life threatening and [REDACTED] was being transported to Gwinnett Medical Center while Mrs. [REDACTED] was being transported to Atlanta Medical Center. Sgt. Ingalls stated that the driver of Vehicle #1, Mr. [REDACTED] suffered injuries that were not life threatening but was transported to Gwinnett Medical Center and driver #2, Mr. [REDACTED] Watts was not injured.

---

## Vehicle Inspections

### Exterior and Interior Post Collision Inspection of the 2004 Jeep Grand Cherokee

On June 17, 2011 I conducted an interior and exterior post collision vehicle inspection of the 2004 Jeep Grand Cherokee; VIN:1J4GX48S94C [REDACTED]. The inspection was completed at the Gwinnett County Police Department Accident Investigation Unit impound lot which is located at Gwinnett County Police Headquarters, 770 Hi-Hope Road, Lawrenceville, Georgia, 30045. The vehicle was secured at that location on June 16, 2009 by Investigator Falkenhagen #951 (witness #5); the vehicle was towed to the location on a straight truck roll back wrecker operated by Willards Wrecker Service. During the post collision inspection, GCPD AIU standard operating procedure, photos were obtained both of the vehicle's exterior and interior, (See Vehicle Inspection Photos, Exhibit 13).

The vehicle is identified as a four door, 2004 Jeep Grand Cherokee, gray in color. The vehicle was registered in the State of Georgia to Monkonji Lindsey of 398 Timber Gate Drive, Lawrenceville, Georgia, 30045. At the time of the collision the vehicle was being operated by [REDACTED] there were no other occupants in the vehicle.

The exterior of the Jeep Grand Cherokee presented contact damage which was concentrated about the vehicle's front end. (see figure 11-12).



Figure 11: Front end damage to 2004 Jeep Grand Cherokee.



Figure 12: Damage to 2004 Jeep Grand Cherokee roof and doors.

The vehicle's front end presented extensive contact damage which was characterized by closely crumpled, torn, and deeply abraded metal. The vehicle's front end, roof and doors were most significantly displaced from its manufactured position. (see figure 11-12).

The 2004 Jeep Grand Cherokee was equipped with four steel radial tires each in which the front two tires were manufactured by Destination and the two rear tires were manufactured by Stampede. The two front tires were LE Radial Model, P245/70R16. Both tires were flat. The tread depth on the left front tire was 3/32 of an inch and the right front tire was 0/32 of inch. The rear tires were Radial Sun model, P245/70R16. Both tires air pressure was 35 PSI. The tread depth on the left rear tire was 0/32 of an inch and the right rear had a tread depth of 6/32.



Figure 13: Front right tire of 2004 Jeep Grand Cherokee.



Figure 14: Right rear tire of 2004 Jeep Grand Cherokee.

Both the driver side and passenger side mirror was missing due to the collision damage.

The vehicle was equipped with a standard automatic transmission which was in drive at the time of inspection.

The interior of the vehicle also presented extensive contact damage which was concentrated about the front dashboard. The steering wheel was connected to the steering column by four supports, all of which were still attached to the steering column. The steering wheel was also displaced from its original manufactured position by collision. The light switch and all other switches which control various mechanical fixtures in the vehicle were all displaced as a result from the collision.

### Air Bag

The 2004 Jeep Grand Cherokee was equipped with driver side and passenger side airbags, both of which were deployed. (see figure 15-16).

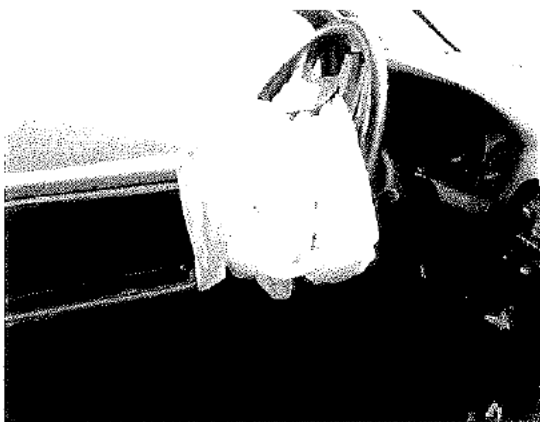


Figure 15: Deployed driver side air bag.



Figure 16: Deployed passenger side air bag.

---

## Seat Belt

As is customary while completing a post collision inspection, I examined the driver's seat belt assembly for evidence as part of the collision. The 2004 Jeep Grand Cherokee was equipped two active seat belt restraints, in the front driver seat compartment and the front passenger side compartment. The rear seat were also equipped with seat belts However, because the vehicle was occupied by only the driver at the time of collision, only the driver's seat belt was inspected. The seat belt was not in a fully extended position and was locked back, this is a clear indication the seat belt was not in use at the time of the collision.



**Figure 17:** Driver side seat belt in the 2004 Jeep Grand Cherokee.

---

## Vehicle Recall Data

As part of the post collision vehicle inspection, I conducted an on line search for recalls pertaining to a 2004 Jeep Grand Cherokee. I completed the vehicle recall search of NHTSA's on line vehicle recall database.

NHTSA reported 11 possible recalls or defects for a 2004 Jeep Grand Cherokee which would not have an impact on the collision. To see a complete list of all vehicle recall's for the 2004 Jeep Grand Cherokee see exhibit 7.

The vehicle was released to Willard's Wrecker Service at the completion of the post vehicle inspections. Mr. Lindsey was notified that the vehicle was released and where the vehicle was.

## Exterior and Interior Post Collision Inspection of the 2008 Jeep Wrangler

On June 17, 2011 I conducted an interior and exterior post collision vehicle inspection of the 2008 Jeep Wrangler; VIN:1J4GX48S94C [REDACTED]. The inspection was completed at the Gwinnett County Police Department Accident Investigation Unit impound lot which is located at Gwinnett County Police Headquarters, 770 Hi-Hope Road, Lawrenceville, Georgia, 30045. The vehicle was secured at that location on June 16, 2011 by Investigator Falkenhagen #951 (witness #5); the vehicle was towed to the location on a straight truck roll back wrecker operated by Willard's Wrecker Service. During the post collision inspection, Gwinnett County Police Department Accident Investigation Unit standard operating procedure, photos were obtained both of the vehicle's exterior and interior, (See Vehicle Inspection Photos, exhibit 13).

The vehicle is identified as a four-door, 2008 Jeep Wrangler, silver in color. The vehicle was registered in the State of Georgia to [REDACTED] Buford, Georgia, [REDACTED]. At the time of the collision the vehicle was being operated by Aaron Watts; there were no other occupants in the vehicle.

The exterior of the 2008 Jeep Wrangler presented contact damage which was concentrated about the vehicle's left rear bumper/ tail light (See figure 18-19).



Figure 18: 2008 Jeep Wrangler



Figure 19: 2008 Jeep Wrangler

The vehicle's left rear bumper/ tail light presented minor contact damage which was characterized by closely crumpled, metal and broken plastic. The vehicle's left rear bumper was most significantly displaced from its manufactured position (see figure 18-19).

The interior of the 2008 Jeep Wrangler did not sustain any damage related to the collision (see figure 21).

The 2008 Jeep Wrangler was equipped with four steel radial tires each of which was manufactured by BF Goodrich. Each tire was Mud Terrain, P255/75R17. All four tire's air pressure ranged between 32 PSI to 34 PSI and the tread depth on all four tires ranged from 4/32 to 8/32 of an inch.



Figure 20: Tire for 2008 Jeep Wrangler.

The left and right side mirror were still attached to the vehicle. The vehicle was equipped with a standard automatic transmission which was in park at the time of inspection.

---

## Air Bag

During post collision vehicle inspection it was noted the 2008 Jeep Wrangler was equipped with two air bags, one for each forward occupant position. The driver and passenger side air bag were not deployed during the collision (see figure 28).



**Figure 21:** Non deployed air bags in 2008 Jeep Wrangler.

---

## Seat Belt

I examined the driver's seat belt assembly for evidence as part of the collision. The 2008 Jeep Wrangler was equipped with five active seat belt restraints, one for each occupant position. However, because the vehicle was occupied by only the driver at the time of collision, only the driver's seat belt was inspected. Based on the driver testimony and no other evidence to prove otherwise, it was determined that the seat belt was in use at time of the collision.



Figure 22: Driver side seat belt in 2008 Jeep Wrangler.



---

## Vehicle Recall Data

As part of the post collision vehicle inspection, I conducted an on line search for recalls pertaining to a 2008 Jeep Wrangler. I completed the vehicle recall search of NHTSA's on line vehicle recall database.

NHTSA reported 5 possible recalls or defects for a 2008 Jeep Wrangler which would not have an impact on the collision. To see a complete list of recalls for a 2008 Jeep Wrangler see exhibit 8.

The vehicle was released to Willard's Wrecker Service at the completion of the post vehicle inspections. Mr. Watts was notified that the vehicle was released and where the vehicle was.

## Exterior and Interior Post Collision Inspection of the 2009 Dodge Journey

On June 17, 2011 I conducted an interior and exterior post collision vehicle inspection of the 2009 Dodge Journey; VIN:3D4GG57V49T [REDACTED]. The inspection was completed at the Gwinnett County Police Department Accident Investigation Unit impound lot which is located at Gwinnett County Police Headquarters, 770 Hi-Hope Road, Lawrenceville, Georgia, 30045. The vehicle was secured at that location on June 16, 2011 by Investigator Falkenhagen #951 (witness #5); the vehicle was towed to the location on a straight truck roll back wrecker operated by Willard's Wrecker Service. During the post collision inspection, Gwinnett County Police Department Accident Investigation Unit standard operating procedure, photos were obtained both of the vehicle's exterior and interior, (See Vehicle Inspection Photos, exhibit 13).

The vehicle is identified as a four-door, 2009 Dodge Journey, blue in color. The vehicle was registered in the State of Georgia to [REDACTED], Lawrenceville, Georgia, [REDACTED]. At the time of the collision the vehicle was being operated by [REDACTED] and Mrs. [REDACTED] (deceased) was a passenger in the front seat.

The exterior of the 2009 Dodge Journey presented contact damage which was concentrated about the vehicle's front end (See figure 23).



Figure 23: Front end damage to 2009 Dodge Journey.

The vehicle's front end presented extensive contact damage which was characterized by closely crumpled, torn, and deeply abraded metal. The vehicle's front end, roof and doors were most significantly displaced from its manufactured position. (see figure 23).

The interior of the vehicle also presented extensive contact damage which was concentrated about the front dashboard. The steering wheel was connected to the steering column by four supports, all of which were still attached to the steering column. The steering wheel was also displaced from its original manufactured position by collision. The light switch and all other switches which control various mechanical fixtures in the vehicle were all displaced as a result from the collision (see figure 27).

### **Air Bag**

The 2009 Dodge Journey was equipped with four steel radial tires each in which the front two tires and right rear tire were manufactured by Kumho and the left rear tire was manufactured by Goodyear. The two front and right rear tires were Solus Radial Model, P225/65R17. Both front tires were flat and the right rear tire was at 28 PSI. The tread depth on the three tires ranged from 5/32 to 7/32 of an inch. The left rear tire Integrity Radial model, P225/65R17. The air pressure was 30 PSI. The tread depth on the left rear tire was 5/32 of an inch.



Figure 24: Left Front tire and left rear tire on 2009 Dodge Journey.

The left and right side mirror were still attached to the vehicle. The vehicle was equipped with a standard automatic transmission which was in park at the time of inspection.

---

## Air Bag

During post collision vehicle inspection it was noted the 2009 Dodge Journey was equipped with two air bags, one for each forward occupant position. The driver and passenger side air bag were deployed during the collision (see figure 28).



Figure 25: Deployed air bags in the 2009 Dodge Journey. Figure 26: Deployed air bags in the 2009 Dodge Journey.

## Seat Belt

I examined the driver and passenger seat belt assembly for evidence as part of the collision. The 2008 Dodge Journey was equipped with five active seat belt restraints, one for each occupant position. However, because the vehicle was occupied by only the driver and the front seat passenger at the time of collision, only the driver's seat belt front passenger seat belt was inspected. Both driver side and passenger side seat belts were locked out and extended. Both seat belts were also cut so the Gwinnett County EMT could extricate the driver and passenger. Based on this evidence it was determined that the seat belts were in use at the time of the collision.



Figure 27: Passenger side seat belt that was cut in the 2009 Dodge Journey.



Figure 28: Driver side seat belt that was cut in the 2009 Dodge Journey.

### Vehicle Recall Data

As part of the post collision vehicle inspection, I conducted an on line search for recalls pertaining to a 2009 Dodge Journey. I completed the vehicle recall search of NHTSA's on line vehicle recall database.

NHTSA reported 7 possible recalls or defects for a 2009 Dodge Journey which would not have an impact on the collision. To see a complete list of recalls for a 2008 Jeep Wrangler see exhibit 23.

The vehicle was released to Willard's Wrecker Service at the completion of the post vehicle inspections. Mr. [REDACTED] who is [REDACTED] husband, was notified that the vehicle was released and where the vehicle was.

---

## Witness Statements

### Monkonji Lindsey

June 30, 2011 I went to the residence of Driver #1, [REDACTED] I made contact with [REDACTED] who stated that he was just released from Gwinnett Medical Center in which he stated that he was there due to the injuries that he sustained in the collision. Lindsey was on crutches and stated that he had a broken foot.

I asked [REDACTED] if he recalled what happened the day of the collision and he stated that he did not remember anything about the collision other than driving on S.R. 124 and then being removed from his vehicle by Gwinnett County EMT's. I asked [REDACTED] if he was drinking the day of the collision and he stated that he did not have anything to drink that day. [REDACTED] stated that he was not feeling good that day so he called in sick to work. Lindsey stated that he went to bed on the morning of June 16, 2011 at approximately 3:00 a.m. because he could not sleep and then woke up at approximately 8:30-9:00 a.m. [REDACTED] stated that he had a few beers that night/ morning but he was not drunk. I asked [REDACTED] where he was headed to before he was in the collision and he stated that he was on his way to a location on Buford Highway called "Triple Play" to meet friends for dinner and a few beers. I also asked Lindsey if he was on the phone or texting at the time of the collision and he stated no and that his phone was not working so he was not able to use it.

### Curtis Moore

June 16, 2011 Mr. [REDACTED] (witness #31) who lives at [REDACTED], Lawrenceville, GA. Stated that he was behind the Dodge Journey and observed the Jeep Grand Cherokee swerve in to the south bound lane of travel on S.R. 124 and strike the blue Dodge Journey head on. See witness statement (exhibit 5).

### Aaron Watts

June 16, 2011 Mr. [REDACTED], Driver #2, stated that he was stopped for traffic so he could turn left in to his subdivision, [REDACTED] Subdivision. [REDACTED] stated that while he was stopped he had his left turn signal activated. [REDACTED] said as he was waiting for traffic to clear so he could turn, he felt his Jeep get hit from behind and then heard the collision in the southbound lanes of S.R. 124. [REDACTED] stated that he pulled his vehicle out of traffic to right side of the northbound lanes of S.R. 124 and went to see if he could help any of the drivers and passengers but stated that the vehicles were so bad that he thought he should wait for the Police and Fire Dept. to show up

### Patti Braaten

On July 2, 2011 [REDACTED] (witness #32), who is a nurse with an organization called "Embracing Hospice", located at [REDACTED] Cumming, GA, contacted Eddie Reeves of the Gwinnett County Medical Examiner's Office. Patti advised Reeves that on June 22, 2011 Mrs. [REDACTED] was transported to her facilities from Gwinnett Medical Center. Patti stated that Mrs. [REDACTED] died on July 2, 2011 at approximately 0022 hours from the injuries that she sustained in the collision that she was involved in on June 16, 2011 at [REDACTED]

---

## Medical Examiner's Report

### Deborah Samples

On October 21<sup>st</sup>, 2011 I received the Gwinnett County Medical Examiner's Office Medical Examiner's Investigative Report, Case Number (██████████), which documented Eddie Reeves Investigative Report. Reeves stated in the report that The Gwinnett County Medical Examiner's Office would accept jurisdiction for the purpose of certifying the death certificate for ██████████ but would not need the deceased female in for an autopsy. Reeves stated that he was going to subpoena the medical records from the Gwinnett Medical Center. Reeves indicated that the cause of death for ██████████ was "Generalized Blunt -Force Trauma with closed Head Injury, Delayed effects" that was consistent with injuries caused from a head on traffic collision.

### Conclusion

On the afternoon of June 16, 2011, at approximately 4:53 p.m. vehicle #1, a 2004 Jeep Grand Cherokee, operated by Mr. ██████████, was traveling north on ██████████. Vehicle #2, a 2008 Jeep Wrangler, operated by ██████████, was headed north on ██████████ stopped for traffic so he could turn left on to Amber Creek Drive. Vehicle #3, a 2009 Dodge Journey, operated by ██████████ and had passenger ██████████ in the front seat, was headed south on ██████████ to head home.

Mr. ██████████ quickly swerved out of his lane in an attempt to avoid a collision with Jeep Wrangler, due to following too closely and the Wrangler stopped in front of him, striking vehicle #2 in the left rear tail light/ bumper and crossed over the double-yellow line and struck vehicle #3 head on. The driver of vehicle #1, ██████████, was transported to Gwinnett Medical Center with serious, but non-life threatening injuries. Driver #3 was also transported to Gwinnett Medical Center for with what were at the time life threatening injuries. The passenger of vehicle #3, Mrs. ██████████ was also transported for life threatening injuries to Atlanta Medical Center. Mrs. ██████████ was in and out of consciousness, but never gained full consciousness after the collision and died on July 2, 2011 due to injuries she sustained in this collision. Driver #2 did not sustain any type of injuries and was not transported.

After examining all three vehicles, physical evidence and speaking to witnesses, I concluded this collision was not the result of a mechanical failure or roadway defect and was completely driver error on ██████████ whom was charged with Following Too Closely, in violation of O.C.G.A. 40-6-49(a), Failure to Maintain Lane, in violation of O.C.G.A. 40-6-48(a), Driving on the Wrong Side of the Roadway, in violation of O.C.G.A. 40-6-40(a) and Vehicular Homicide in the 2<sup>nd</sup> Degree, in violation of O.C.G.A. 40-6-393(c). These violations ultimately resulted in the death of Mrs. ██████████

### Case closed-AA-Adult Arrest

Accident Number [redacted] Agency NCIC # [redacted] GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT County GWINNETT Date Rec by DMVS [redacted]  
Date 06-16-2011 Day of Week Sun M T W Th F S 1653 Off. Arrived 1700 Vehicles 3 Injuries 3 Fatalities 0 Inside City of: [redacted]

Road of Occurrence S.R. 124 (BRASELTON HIGHWAY) At Its Intersection With AMBER CREEK DRIVE  
1  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St. 1  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St.  
Not at Its Intersection But \_\_\_\_\_ Miles \_\_\_\_\_ North \_\_\_\_\_ East \_\_\_\_\_ Feet \_\_\_\_\_ South \_\_\_\_\_ West 1  Interstate 2  Lowest St. Rt. 3  County Rd. 4  City St. 5  Co. Line  
And continuing in the direction checked above, the Next Reference Point is 1  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St. 5  Co. Line  
Corrected Report? Yes  No  N  
Suppl to Original? Yes  No  N  
Hit & Run Yes  No  N  
City BUFORD  
Grid 421058

Inv:  DRV LAST NAME [redacted] MIDDLE INITIAL [redacted] Inv:  DRV LAST NAME [redacted] MIDDLE INITIAL [redacted]  
#: 1 #: 2  
City LAWRENCEVILLE State GA Zip [redacted] City BUFORD State GA Zip [redacted]  
Driver's License No. [redacted] Class C State GA  Male  Female Driver's License No. [redacted] Class C State GA  Male  Female

Posted Speed 45 Insurance Co. ALLSTATE Policy No. [redacted] Year 2004 Make JEEP Model GRAND CHE VIN 1J4GX48S94C Vehicle Color GRY  
Year 2008 Make JEEP Model WRANGLER Telephone No. [redacted] VIN 1J4GA69178L Vehicle Color SIL  
Tag # [redacted] State GA County GWINNETT Month / Year 02 / 2012 Tag # [redacted] State GA County GWINNETT Month / Year 10 / 2011  
Trailer Tag # [redacted] State GA County GWINNETT Month / Year [redacted] Trailer Tag # [redacted] State GA County GWINNETT Month / Year [redacted]

Same as Driver Owner's Name (last first middle initial) [redacted]  Same as Driver Owner's Name (last first middle initial) [redacted]  
Address [redacted] Address [redacted]  
City [redacted] State GA Zip [redacted] City [redacted] State GA Zip [redacted]

Removed By WILLARDS  Request  List Removed By WILLARDS  Request  List  
Alcohol Test 2 Type [redacted] Results [redacted] Drug Test 2 Type [redacted] Results [redacted] Alcohol Test 2 Type [redacted] Results [redacted] Drug Test 2 Type [redacted] Results [redacted]  
Driver Cond 2 Direction of Travel 1 Vision Obscured 1 Contributing Factors 07 03 Driver Cond 1 Direction of Travel 1 Vision Obscured 1 Contributing Factors 01  
Veh Cond 1 Veh Maneuver 5 Ped Maneuver [redacted] Veh Cond 1 Veh Maneuver 4 Ped Maneuver [redacted]  
Most Harmful Event 11 Veh Class: 1 Veh Type: 11 Most Harmful Event 11 Veh Class: 1 Veh Type: 11  
Traffic Ctrl 7 Device Inoperative?  Yes  No Traffic Ctrl 7 Device Inoperative?  Yes  No

Injured Taken To: ATLANTA MEDICAL CENTER By: M24  
EMS Notified Time [redacted] EMS Arrival Time [redacted] Hospital Arrival Time [redacted] Photos Taken  Yes  No By: INV. FAULKENHAGEN #951

Report By: BB32 <- Badge # Department Gwinnett County Police Dept. Report Date 06-16-2011 Checked By: B704 BARNHART, WB Date Checked 06-16-2011  
Witness(es): 1. NAME (last first middle initial) [redacted] Street Address [redacted] City [redacted] State [redacted] Zip [redacted] Telephone No. [redacted]  
2. NAME (last first middle initial) [redacted] Street Address [redacted] City [redacted] State [redacted] Zip [redacted] Telephone No. [redacted]

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Commercial Vehicle Only  
Carrier Name [redacted] Vehicle # [redacted] Address [redacted] City [redacted] State [redacted] Zip [redacted]  
No. of Axles [redacted] G.V.W.R. [redacted] Fed. Reportable  Yes  No Cargo Body Type. [redacted]  
Vehicle Config. [redacted] I.C.C.M.C.# [redacted] U.S.D.O.T.# [redacted] Interstate  Intrastate

C.D.L.? 1.  Yes 2.  No C.D.L. Suspended? 1.  Yes 2.  No  
Vehicle Placarded? 1.  Yes 2.  No Hazardous Materials? 1.  Yes 2.  No  
Released? 1.  Yes 2.  No  
If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_  
1 Digit Number from Bottom of Diamond: \_\_\_\_\_  
\_\_\_\_ Ran Off Road \_\_\_\_ Down Hill Runaway \_\_\_\_ Cargo Loss/Shift \_\_\_\_ Separation of Units

Exhibit 1  
11-057496

Accident Number [REDACTED]

Nature of Call: 5101

From Time: 1653

Date From: 06-16-2011

REMARKS:

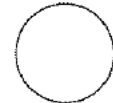
VEHICLE #1 WAS TRAVELING NORTH ON [REDACTED] AND INTENDED TO CONTINUE NORTH. VEHICLE #2 WAS STOPPED ON [REDACTED] AT THE INTERSECTION OF [REDACTED] AND INTENDED TO TURN LEFT. VEHICLE #3 WAS HEADED SOUTH ON [REDACTED] AND INTENDED TO CONTINUE SOUTH.

FOR REASONS UNKNOWN, VEHICLE #1 SWERVED OUT OF HIS LANE IN TO THE LEFT LANE (SOUTHBOUND LANE OF TRAVEL) AND STRUCK THE LEFT REAR BUMPER OF VEHICLE #2 AND CONTINUED ON IN TO THE SOUTHBOUND LANE OF TRAVEL AND STRUCK VEHICLE #3 HEAD ON. DRIVER #1 AND THE PASSENGER OF VEHICLE #3 WERE TRANSPORTED TO GWINNETT MEDICAL CENTER WITH SERIOUS INJURIES WHILE DRIVER #3 WAS TRANSPORTED TO ATLANTA MEDICAL CENTER WITH SERIOUS INJURIES. DRIVER #2 DID NOT SUFFER ANY INJURIES. ALL THREE VEHICLES WERE IMPOUNDED BY WILLARDS WRECKER SERVICE AND TRANSPORTED TO THE GWINNETT COUNTY POLICE ACCIDENT INVESTIGATION UNIT IMPOUND LOT WHICH HAS LIMITED ACCESS. A VEHICLE INSPECTION WILL BE CONDUCTED AT A LATER DATE ON ALL THREE VEHICLES.

ALCOHOL DOES NOT APPEAR TO BE A FACTOR IN THIS COLLISION.  
THIS IS A PRELIMINARY REPORT AND THE INVESTIGATION CONTINUES.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # 1

Veh 1 Violation: PEND

Citation #: [REDACTED]

Citations - Vehicle # 2

Veh 2 Violation: NONE

Citation #: [REDACTED]

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

Veh # 1		Veh # 2		Skid Distance Before Impact	0 AFTER 0		Width of Road
Number of Occupants	1	1	Veh 1		Veh 1		
Point of Initial Contact	01	07	0 AFTER 0		24'		
Damage to Vehicles	4	3	Veh 1	Veh 1			

Damage Other Than Vehicle	Owner: Name Address:		AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
Occupants (List Below):	Driver # 1 or Pedestrian #		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2	1	1	3	1	1
	Driver # 2 or Pedestrian #		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0	2	1	3	2	2
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX



Accident Number	Agency NCIC No. GA0670200	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT		County GWINNETT	Date Rec by DMVS
Date 06-16-2011	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 1653	Off. Arrived 1700	Vehicles 3	Total Number of: Injuries 3 Fatalities 0

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 its Intersection With <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St.	Corrected Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Not at its Intersection But <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West	Of: <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> County Rd. <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line	Suppl to Original? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
And continuing in the direction checked above, the Next Reference Point is <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line		Hit & Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		City BUFORD
		Grid 421058

Invl: <input type="checkbox"/> DRVJ	MIDDLE INITIAL S	Invl: <input type="checkbox"/>	LAST NAME	FIRST	MIDDLE INITIAL
#: 3		#:	Address		

City LAWRENCEVILLE	State GA	City	State	Zip	DOB
Driver's License No.	Class C	State GA	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Driver's License No.	Class C

Posted Speed 45	Insurance Co. LIBERTY MUTUAL	Policy No.	Posted Speed	Insurance Co.	Policy No.
Year 2009	Make DODG	Model JOURNEY	Year	Make	Model
VIN 3D4GG57V49	Vehicle Color BLU	VIN	Vehicle Color		
Tag #	State GA	County GWINNETT	Month / Year 03 / 2012	Tag #	State GA

<input checked="" type="checkbox"/> Same as Driver	Owner's Name (last first middle initial)	<input type="checkbox"/> Same as Driver	Owner's Name (last first middle initial)
Address		Address	
City		City	

Removed By WILLARDS	<input type="checkbox"/> Request <input checked="" type="checkbox"/> List	Removed By	<input type="checkbox"/> Request <input type="checkbox"/> List
Alcohol Test 2	Type	Results	Drug Test 2
Driver Cond 1	Direction of Travel 2	Vision Obscured 1	Contributing Factors 01
Veh Cond 1	Veh Maneuver 5	Ped Maneuver	
Most Harmful Event 11	Veh Class: 1	Veh Type: 11	Most Harmful Event

Injured Taken To: ATLANTA MEDICAL CENTER	By: M24			
EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: INV. FAULKENHAGEN #951

Report By: B832	< - Badge #	Department Gwinnett County Police Dept.	Report Date 06-16-2011	Checked By: B704 BARNHART, WB	Date Checked 06-16-2011
Witness(es):	NAME (last first middle initial)	Street Address	City	State	Zip
1					
2					

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Commercial Vehicles Only							
Carrier Name	Vehicle #	Address	City	State	Zip	Carrier Name	Vehicle #
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
Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/>	Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#
C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:				If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:			
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units				___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units			

Accident Number: [REDACTED]

Nature of Call: 5101

From Time: 1653

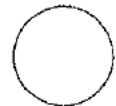
Date From: 06-16-2011

REMARKS:

[REDACTED]

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # 3

Citations - Vehicle #

Veh 1 Violation: NONE

Citation #: [REDACTED]

Veh 2 Violation: [REDACTED]

Citation #: [REDACTED]

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

Veh # 3		Veh #	Skid Distance Before Impact	0	AFTER	0	Width of Road
Number of Occupants	2			Veh 3		Veh 3	
Point of Initial Contact	12				AFTER		
Damage to Vehicles	4			Veh		Veh	

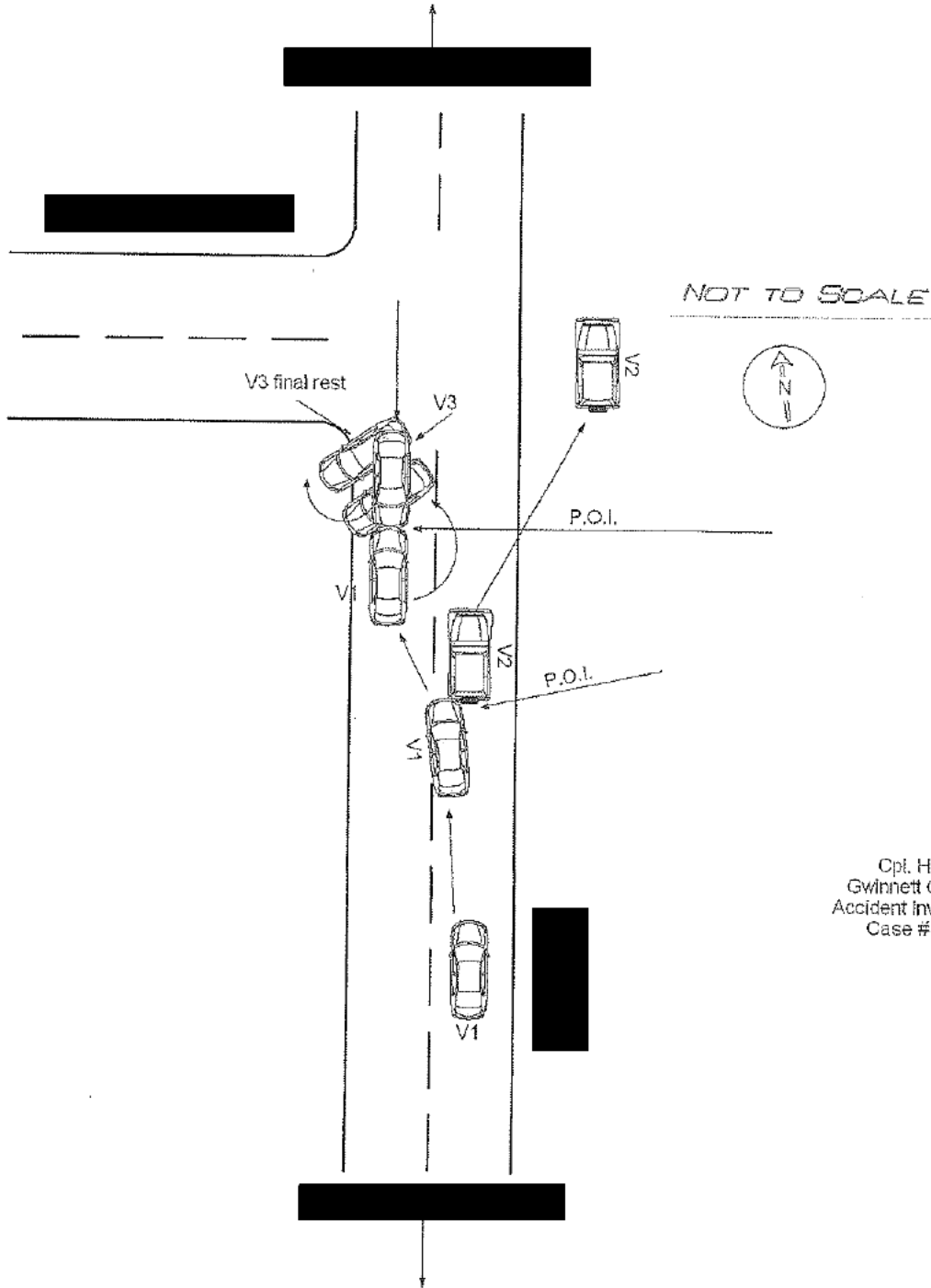
Damage Other Than Vehicle	Owner: Name	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG				
	Address:														
Occupants (List Below):		Driver # 3 or Pedestrian #	[REDACTED]			2	1	1	3	1	1				
		Driver # or Pedestrian #	[REDACTED]												
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX
[REDACTED]	[REDACTED]	[REDACTED]	LAWRENCEVILLE	GA	[REDACTED]	58	F	3	3	2	1	1	3	1	1

Case Number:

Date:

Location:

Description:



Cpt. Hollis #832  
Gwinnett County Police  
Accident Investigation Unit  
Case #11-057496

Detailed History for Police Event [REDACTED] As of 6/16/2011 19:28:33

Output for: B832

Priority: I Type: 41C8 - VEH ACC-TRAPPED

Location [REDACTED] <2434/ 2000> [Route Map It](#)  
 Map: 580-J9

Created:	06/16/2011 16:53:06	CT18	CO374
Entered:	06/16/2011 16:53:22	CT18	CO374
Dispatch:	06/16/2011 16:54:59	DP03	CO433
Enroute:	06/16/2011 16:55:16	DP03	CO433
Onscene:	06/16/2011 17:00:22	90592	B1406
Control:	06/16/2011 17:01:37	DP03	CO433
Closed:	06/16/2011 19:08:20	91710	B951

ICUnit: PrimeUnit:2123 Dispo:C19 Type:41C8 - VEH ACC-TRAPPED  
 Agency:GP DAREA:NS Zone:332 RD:421058  
 Case # [REDACTED]

XREF::Fire Event: [#F11037683](#) Type:41I Agency:GF  Detail

- 16:53:06 CREATE [REDACTED]  
 TypeDesc:VEHICLE ACC-INJ LocDesc: <2434/ 2000>  
 Priority:1 Response:1P Agency:GP Map:580-J9  
 LocType:H
- 16:53:06 ALI [REDACTED]
- 16:53:22 ENTRY
- 16:53:22 -ASSOC Service:F Event:[REDACTED] Type:41I Agency:GF
- 16:53:22 -PREMIS Comment:PPR
- 16:53:23 -NFPREM
- 16:53:34 INFO DAREA:NS Comment:COMP ADV THAT ONE PERSON IS UNC...
- 16:53:51 CHANGE Type:41I-->41C8 TypeDesc:VEHICLE ACC-INJ-->VEH ACC-TRAPPED
- 16:54:21 INFO DAREA:NS Comment:2 PATS UNC...ONE PASSENGER UNC...DRIVER OF OTHER VEHICLE IS UNC....
- 16:54:34 INFO DAREA:NS Comment:UNSURE OF WHERE DRIVER IS BLEEDING FROM....

16:54:39 SELECT

16:54:59 DISP

331C Operator:B1406 OperNames [REDACTED]

16:54:59 -PRIU

331C

16:54:59 -HOLD

16:55:01 INFO

16:55:14 MISC

16:55:16 BACKER

16:55:23 INFO

16:55:27 BACKER

16:56:00 INFO

16:56:51 INFO

16:56:57 \*ENRTE

16:57:06 INFO

16:58:36 INFO

16:59:21 INFO

16:59:31 NOMORE

17:00:21 INFO

17:00:22 \*ONSCN

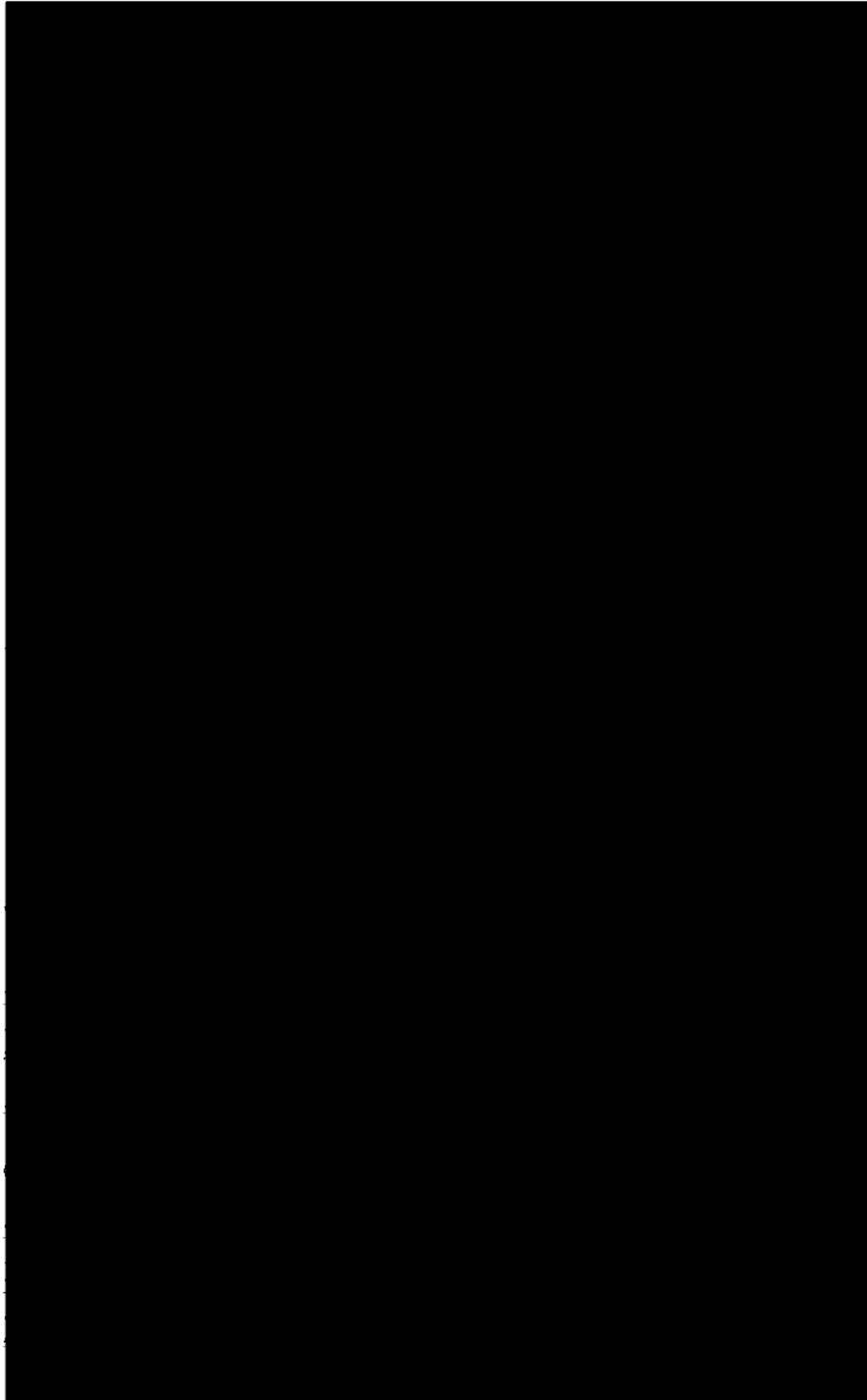
17:00:49 ONSCN

17:01:20 BACKOS

17:01:32 CLEAR

17:01:37 OK

17:02:58 MISC



17:04:10 BACKER

17:04:54 MISC

17:09:31 ONSCN

17:11:16 OK

17:17:00 BACKER

17:17:34 \*RFT

17:17:38 \*RFT

17:17:47 \*RFT

17:17:53 BACKER

17:22:45 OK

17:23:34 \*CASE

17:23:48 PRIOR

17:29:39 \*RI

17:41:40 ONSCN

17:41:45 OK

17:50:05 OK

17:53:24 \*RFT

17:55:22 \*RFT

17:57:00 MISC

17:58:07 MISC

17:58:40 OK

18:22:23 OK 331C 310C 2123 2124 2174 2175 Contact:20  
 18:31:03 \*CLEAR 2175  
 18:31:34 CLEAR 310C  
 18:37:14 MISC 2174 Comment:124 OPEN  
 18:37:15 CLEAR 2174  
 18:37:24 CHGLOC 2124 Location:HQ, LAW Comment:AIULOT  
 18:37:26 PRIU 2123  
 18:37:30 CLEAR 2123 Dispo:C19 DispoLevel:0  
 18:37:38 CLEAR 331C  
 18:45:26 \*ONSCN 2124  
 18:45:53 OK 2124 Contact:30  
 19:08:20 \*CLEAR 2124  
 19:08:20 -CLEAR  
 19:08:20 \*CLOSE

CONTACT INFO:

Name	Phone	RPaddr	PremPhn#	Aud/Sil?	AlrmInd	AltNumber
[REDACTED]	[REDACTED]					
[REDACTED]						

Detailed History for Fire Event # [REDACTED] As of 6/16/2011 19:31:10

Output for: B832

Priority:1 Type:41C8 - VEH ACC-TRAPPED

Locatio [REDACTED] F <2434/ 2000> [Route Map It](#)  
 Map:580-J9

Created:	06/16/2011 16:53:06	CT18	CO374
Entered:	06/16/2011 16:53:22	CT18	CO374
Dispatch:	06/16/2011 16:53:52	DF01	CO375
Enroute:	06/16/2011 16:54:05	90764	F285
Onscene:	06/16/2011 17:00:11	DF02	CO450
Control:	06/16/2011 17:28:02	DF02	CO452
Transprt:	06/16/2011 17:21:03	DF02	CO452
Complete:	06/16/2011 17:33:21	DF02	CO452

ICUnit: PrimeUnit:E27 Dispo: Type:41C8 - VEH ACC-TRAPPED  
 Agency:GF DAREA:FD1 Station:27 RD:060112  
 Case # [REDACTED]

XREF::Police Event: [REDACTED] Type:41I Agency:GP  Detail

16:53:06 CREATE

16:53:22 ENTRY

16:53:06 ALI

16:53:22 -ASSOC

16:53:22 -PREMIS

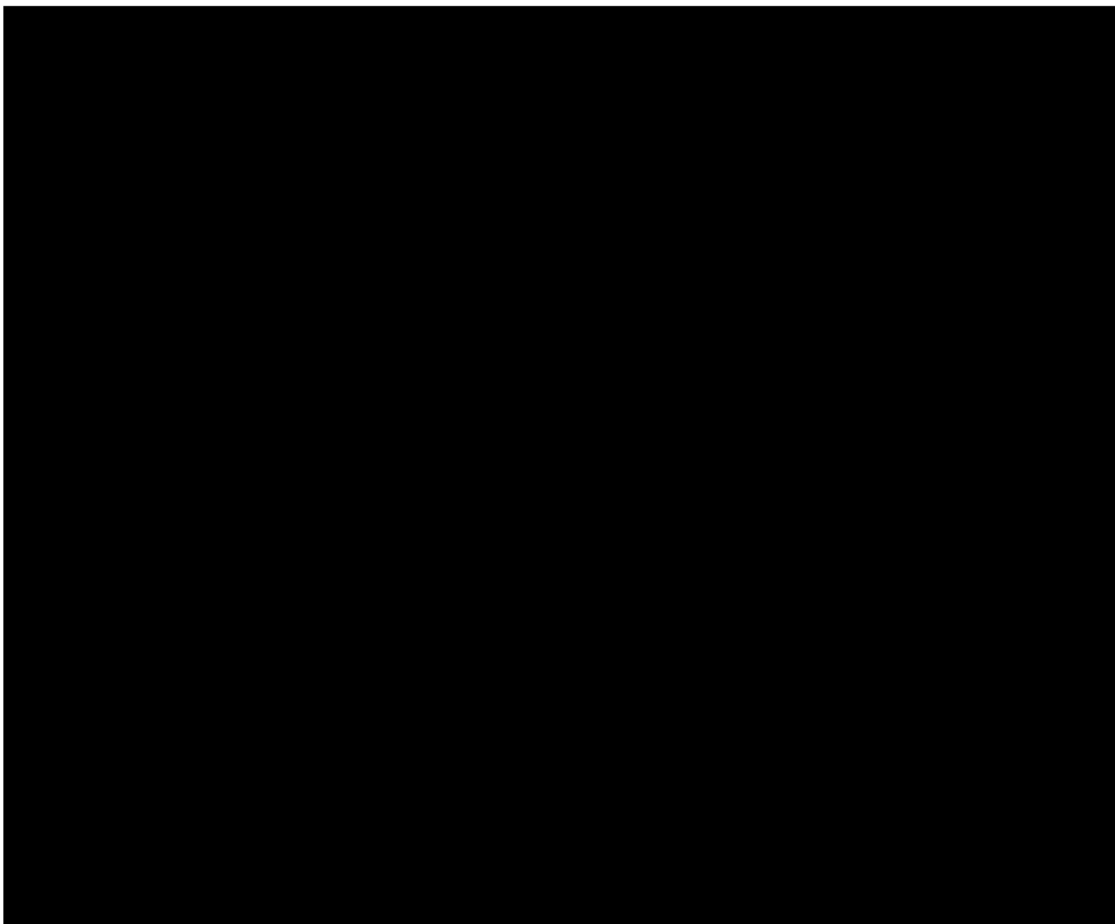
16:53:24 -NFPREM

16:53:27 SELECT

16:53:34 INFO

16:53:51 CHANGE

16:53:52 DISP





16:53:52 DISP

16:53:52 DISP

16:53:52 -PRIU

16:53:52 -CASE

16:53:53 -HOLD

16:54:05 \*ENRTE

16:54:21 INFO

16:54:34 INFO

16:54:52 \*ENRTE

16:55:01 INFO

16:55:23 INFO

16:55:43 ENRTE

16:56:00 INFO

16:56:45 DISP

16:56:45 DISP

16:56:45 DISP

16:56:51 INFO

16:57:05 BACKER

16:57:06 INFO

16:57:13 MISC

16:57:19 MISC  
16:58:03 \*ENRTE  
16:58:19 \*RI  
16:58:32 BACKER  
  
16:58:36 INFO  
  
16:58:42 \*ENRTE  
16:59:21 INFO  
16:59:31 NOMORE  
16:59:59 CHGLOC  
17:00:11 ONSCN  
17:00:11 -PRIU  
17:00:21 INFO  
  
17:03:29 \*ONSCN  
17:04:54 BACKOS  
  
17:05:39 \*ONSCN  
17:06:37 ONSCN  
  
17:08:38 \*ONSCN  
17:09:05 MISC  
17:09:20 ONSCN  
17:10:17 BACKER  
  
17:10:46 \*ENRTE

17:12:07 \*ENRTE  
17:12:37 BACKER

17:12:44 \*RETURN  
17:13:06 MISC

17:14:44 \*AIQ  
17:14:44 \*CLEAR

17:20:54 MISC  
17:21:03 TRANSP  
17:21:08 TRANSP

17:21:22 \*ONSCN  
17:25:29 MISC

17:27:58 MISC  
17:28:02 OK

17:33:21 CMPLT  
17:34:23 \*CMPLT

17:36:28 ONSCN  
17:36:30 OK

17:39:47 TRANSP  
17:39:59 MISC

17:44:40 MISC

17:46:20 CLEAR  
17:47:57 CHGLOC

17:49:59 RETURN E24

17:50:02 AIQ B3

17:50:02 CLEAR B3

3  
2

24

17:51:06 \*RETURN MS2  
 17:51:10 \*AIQ MS2  
 17:51:10 \*CLEAR MS2  
 17:54:05 \*RI E24  
 17:58:59 RETURN E27  
 17:59:19 PRMPT E27 Comment:Preempted and dispatched to call #F11037683  
 17:59:32 AIQ TAC3  
 17:59:32 CLEAR TAC3  
 18:02:41 \*AIQ E24  
 18:02:41 \*CLEAR E24  
 18:22:55 \*CMPLT M24  
 18:34:57 \*RETURN M18  
 18:38:27 \*RETURN M10  
 18:42:25 \*AIQ S24  
 18:42:25 \*CLEAR S24  
 18:48:15 \*AIQ M10  
 18:48:15 \*CLEAR M10  
 18:55:20 \*AIQ M18  
 18:55:20 \*CLEAR M18  
 19:18:32 \*RETURN M24

CONTACT INFO:

Name	Phone	RPaddr	PremPhn#	Aud/Sil?	AlrInd	AltNumber
	[REDACTED]					
[REDACTED]						

REPORT DATE:  
06-16-2011

REPORT TIME:  
1653

# GWINNETT COUNTY POLICE DEPARTMENT

JUVENILE INVOLVED?  
 Yes  No

CASE NUMBER:  
[REDACTED]

INVL: [REDACTED] NAME (FULL): [REDACTED]

NATURE OF CALL:  
5102

Report Type:  
INVESTIGATOR SUPP

NARRATIVE:

1 ON 7.11.11 I OBTAINED ARREST WARRANTS FOR VEHICULAR HOMICIDE IN THE SECOND DEGREE, FOLLOWING TOO CLOSELY, FAILURE TO MAINTAIN  
2 LANE AND DRIVING ON THE WRONG SIDE OF THE ROADWAY FOR DRIVER #1, [REDACTED] DRIVER #1 TURNED HIMSELF IN ON 7.11.11 AT THE  
3 GWINNETT COUNTY DETENTION CENTER.

**Exhibit 4**  
[REDACTED]

CASE STATUS:  
AC CASE ACTIVE

DATE CLEARED:  
[REDACTED]

BADGE #: 8832 OFFICER: HOLLIS J

Assignment/Shift:  
FAU

INCIDENT No. 1: 40-6-393(B) VEHICLE HOMICIDE 2ND OFFENSE CODE: 5102 COUNTS: 1 ASSIGNMENT/SHIFT: FAIL GZONE: 421058 DIST: 9  
INCIDENT No. 2: 40-6-49(A) FOLLOWING TOO CLOSELY OFFENSE CODE: 5102 COUNTS: 1 NATURE OF CALL: 5102 REPORT TYPE: INCIDENT/ARREST  
INCIDENT No. 3: 40-6-48(1) IMP LN CHG/FAIL TO MAINT S/LN OFFENSE CODE: 5102 COUNTS: 1

JUVENILE INVOLVED?  Yes  No STUDENT?  Yes  No STUDENT WHERE?:  
ALCOHOL INVOLVED?  Yes  No ALCOHOL INVOLVEMENT: DRUGS INVOLVED?  Yes  No DRUG INVOLVEMENT: DRUG TYPE:  
SUBDIVISION / APARTMENT / SHOPPING CENTER NAME:

CITY: BUFORD STATE: GA ZIP: 30518 PREMISE VACANT?  Yes  No UNDER CONSTRUCTION?  Yes  No OFFENSE LOC: 1 PREMISE TYPE: 18 HIGHWAY

INV: NAME (FULL) (last first middle initial): STREET ADDRESS:  
SUBDIVISION / APARTMENT / SHOPPING CENTER NAME: CITY: STATE: GA ZIP: E-MAIL ADDRESS:  
RACE: ETHNICITY: SEX: DATE OF BIRTH: OLN: STATE: OCCUPATION: EMPLOYER / SCHOOL:  
TYPE: HOME PHONE: TYPE: BUS. PHONE: BUS EXT #: TYPE: CELL PHONE: TYPE: OTHER PHONE: MISC:  
H B C O

INV: NAME (FULL) (last first middle initial): STREET ADDRESS:  
SUBDIVISION / APARTMENT / SHOPPING CENTER NAME: CITY: STATE: GA ZIP: E-MAIL ADDRESS:  
RACE: ETHNICITY: SEX: DATE OF BIRTH: OLN: STATE: OCCUPATION: EMPLOYER / SCHOOL:  
TYPE: HOME PHONE: TYPE: BUS. PHONE: BUS EXT #: TYPE: CELL PHONE: TYPE: OTHER PHONE: MISC:  
H B C O

INV: NAME (FULL) (last first middle initial): STREET ADDRESS:  
SUBDIVISION / APARTMENT / SHOPPING CENTER NAME: CITY: STATE: GA ZIP: E-MAIL ADDRESS:  
RACE: ETHNICITY: SEX: DATE OF BIRTH: OLN: STATE: OCCUPATION: EMPLOYER / SCHOOL:  
TYPE: HOME PHONE: TYPE: BUS. PHONE: BUS EXT #: TYPE: CELL PHONE: TYPE: OTHER PHONE: MISC:  
H B C O

INV: NAME (FULL) (last first middle initial): STREET ADDRESS:  
SUBDIVISION / APARTMENT / SHOPPING CENTER NAME: CITY: STATE: GA ZIP: E-MAIL ADDRESS:  
RACE: ETHNICITY: SEX: DATE OF BIRTH: OLN: STATE: OCCUPATION: EMPLOYER / SCHOOL:  
TYPE: HOME PHONE: TYPE: BUS. PHONE: BUS EXT #: TYPE: CELL PHONE: TYPE: OTHER PHONE: MISC:  
H B C O

OFFENDER INVI: DRV CHARGES: 1 VEHICLE HOMICIDE 2ND COUNTS: 1 WARRANT #: CITATION #:  
GZONE: 421058 2 FOLLOWING TOO CLOSELY COUNTS: 1  
3 DRIVING ON HWY LANED FOR TRAFFIC COUNTS: 1  
ARREST LOCATION: CITY: STATE: GA ZIP:

NAME (FULL) (last first middle initial) OFFENDER: ALIAS:  
WEAPON: COLOR: DESCRIPTOR: ALIAS:  
STREET ADDRESS: CITY: STATE: GA ZIP:  
RACE: ETHN: SEX: DATE OF BIRTH: SSN: OLN: STATE: GA OCCUPATION: EMPLOYER / SCHOOL:  
HAIR: EYE: WGT: HGT: SKIN: MARKS: TYPE: DESCRIPTION: TYPE: HOME PHONE: TYPE: BUS. PHONE: BUS EXT:  
BLK BRO 225 5' 11" DBR TYPE: C TYPE: H H TYPE: B B TYPE: B B  
TYPE: CELL PHONE: SUSPECT VEHICLE: YEAR: MAKE: MAKE LITERAL: MODEL:  
TYPE: OTHER PHONE: OFFENDER VEHICLE: INVOLVEMENT: STYLE: STYLE LITERAL: COLOR: COLOR: LICENSE #: STATE: LIC YEAR: LIC TYPE:

SOLVABILITY: ADMINISTRATIVE SECTION WEATHER: 1 CLEAR LIGHT: 1 DAYLIGHT ATTACHMENTS: OTHER  
IDS IDENTIFIABLE SUSPECTS  
Victim Prosecute:  Yes  No Uniform Follow Up?  Yes  No Ofc Take Photos?  Yes  No CSI Called?  Yes  No CID called?  Yes  No Forward to CID?  Yes  No Possible Hate Crime?  Yes  No  
Stranger to Stranger?  Yes  No Gang Related?  Yes  No Gang Name: Case Status: AC CASE ACTIVE Date Cleared:  
Supplemental:  Yes  No Impound?  Yes  No Statements?  Yes  No Other?  Yes  No Other Description:

Accident Number: [REDACTED]		Agency NCIC No.: GA0670200		<b>GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT</b>			County: GWINNETT		Date Rec by DMVS: _____		
Date: 06-16-2011		Day of Week: <input checked="" type="checkbox"/> Th		Time: 1653		Off. Arrived: 1700		Total Number of: Vehicles: 3, Injuries: 2, Fatalities: 1		Inside City of: _____	
Road of Occurrence: [REDACTED] At its Intersection With: [REDACTED]						Corrected Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St.						<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St.		Suppl to Original? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Not at Its Intersection But _____ Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West						Hit & Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		City: BUFORD			
And continuing in the direction checked above, the Next Reference Point is _____						<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line		Grid: 421058			
Inv: <input type="checkbox"/> DRV LAST NAME FIRST MIDDLE INITIAL				Inv: <input type="checkbox"/> DRV LAST NAME FIRST MIDDLE INITIAL							
#: 1				#: 2							
City: LAWRENCEVILLE State: GA				City: BUFORD State: GA				Zip: [REDACTED] DOB: [REDACTED]			
Driver's License No. [REDACTED] Class: C State: GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				Driver's License No. [REDACTED] Class: C State: GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female							
Posted Speed 45 Insurance Co. ALLSTATE Policy No. [REDACTED]				Posted Speed 45 Insurance Co. ALLSTATE Policy No. [REDACTED]							
Year: 2004 Make: JEEP Model: GRAND CHE Telephone No. (678) 650-9356		Year: 2008 Make: JEEP Model: WRANGLER Telephone No. [REDACTED]									
VIN: 1J4GX48S940 [REDACTED] Vehicle Color: GRY		VIN: 1J4GA69178L [REDACTED] Vehicle Color: SIL									
Tag #: [REDACTED] State: GA County: GWINNETT Month/Year: 02 / 2012		Tag #: [REDACTED] State: GA County: _____ Month/Year: _____									
Trailer Tag #: _____ State: _____ County: _____ Month/Year: _____		Trailer Tag #: _____ State: _____ County: _____ Month/Year: _____									
<input checked="" type="checkbox"/> Same as Driver Owner's Name (last first middle initial)						<input checked="" type="checkbox"/> Same as Driver Owner's Name (last first middle initial)					
Address: _____						Address: _____					
City: _____ State: _____ Zip: _____						City: _____ State: _____ Zip: _____					
Removed By: <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By: <input type="checkbox"/> Request <input type="checkbox"/> List					
Alcohol Test		Type		Results		Drug Test		Type		Results	
Driver Cond		Direction of Travel		Vision Obscured		Contributing Factors		Driver Cond		Direction of Travel	
Veh Cond		Veh Maneuver		Ped Maneuver				Veh Cond		Veh Maneuver	
Most Harmful Event		Veh Class:		Veh Type:		Most Harmful Event		Veh Class:		Veh Type:	
Traffic Ctrl: Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No						Traffic Ctrl: Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Injured Taken To: _____ By: _____											
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		By: _____			
Report By: B832		<- Badge #		Department: Gwinnett County Police Dept.		Report Date: 07-11-2011		Checked By: B704 BARNHART, WB		Date Checked: _____	
Witness(es):		NAME (last first middle initial)		Street Address		City		State		Zip Telephone No.	
1		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
2		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
Commercial Vehicles Only											
Carrier Name: _____ Vehicle #: _____						Carrier Name: _____ Vehicle #: _____					
Address: _____ City: _____ State: _____ Zip: _____						Address: _____ City: _____ 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.	
Vehicle Config.		I.C.C.M.C.#		U.S.D.O.T.#		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C.#	
C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____					
1 Digit Number from Bottom of Diamond: _____						1 Digit Number from Bottom of Diamond: _____					
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units						___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units					

Accident Number

Nature of Call: 5102

From Time: 2230

Date From: 07-11-2011

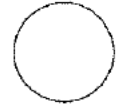
REMARKS:

ADDITIONAL CHARGE: DRIVING ON THE WRONG SIDE OF THE ROADWAY O.C.G.A. 40-6-40(A).

ON 7.11.11 I OBTAINED ARREST WARRANTS FOR VEHICULAR HOMICIDE IN THE SECOND DEGREE, O.C.G.A. 40-6-393 (C) WARRANT # 11W-11951, FOLLOWING TOO CLOSELY O.C.G.A. 40-6-48 WARRANT# [REDACTED] FAILURE TO MAINTAIN LANE O.C.G.A. 40-6-48 WARRANT# [REDACTED] AND DRIVING ON THE WRONG SIDE OF THE ROADWAY O.C.G.A. 40-6-40(A) WARRANT # [REDACTED], FOR DRIVER #1, [REDACTED] DRIVER #1 [REDACTED] TURNED HIMSELF IN ON 7.11.11 AT THE GWINNETT COUNTY DETENTION CENTER AT APPROXIMATELY 2230 HOURS. THE INVESTIGATION CONTINUES.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # 1

Citations - Vehicle #

Veh 1 Violation: 40-6-393(B)

Citation #: 11W-11951

Veh 2 Violation:

Citation #:

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone
---------------------	------------------	---------	---------------	-------------	---------------------	----------------------------	------------	-----------	----------------	-------------------------------

Veh #		Veh #		Skid Distance Before Impact	_____ AFTER _____		Width of Road
Number of Occupants			Veh _____		Veh _____		
Point of Initial Contact			_____ AFTER _____				
Damage to Vehicles			Veh _____	Veh _____			

Damage Other Than Vehicle	Owner: Name	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
	Address:										
Occupants (List Below):		Driver #	or Pedestrian #								
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX



Accident Number 110057496		Agency NCIC No. GA0670200		<b>GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT</b>			County GWINNETT		Date Rec by DMVS														
Date 06-16-2011		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 1653		Off. Arrived 1700		Vehicles 3		Total Number of: Injuries 2 Fatalities 1													
Road of Occurrence [REDACTED] At Its Intersection With [REDACTED]								Corrected Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N															
<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St.								Suppl to Original? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Y															
Not at Its Intersection But _____ Miles _____ North _____ East _____ South _____ West Of: _____ <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> County Rd. <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line								Hit & Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N															
And continuing in the direction checked above, the Next Reference Point is _____ <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line								City BUFORD															
Inv: <input type="checkbox"/> DRV LAST NAME FIRST MIDDLE INITIAL S #: <input type="checkbox"/> 3 [REDACTED]								Inv: _____ LAST NAME FIRST MIDDLE INITIAL #: _____ Address _____															
City LAWRENCEVILLE State GA Zip [REDACTED] DOB [REDACTED]				City State Zip DOB				Driver's License No. Class State <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female															
Posted Speed 45 Insurance Co. LIBERTY MUTUAL Policy No. [REDACTED]				Posted Speed Insurance Co. Policy No.				Year 2009 Make DODG Model JOURNEY Telephone No.															
VIN 3D4GG57V49T [REDACTED] Vehicle Color BLU				VIN Vehicle Color				Tag # State County Month / Year [REDACTED] GA GWINNETT 03 / 2012															
Trailer Tag # State County Month / Year				Trailer Tag # State County Month / Year				<input checked="" type="checkbox"/> Same as Driver Owner's Name (last first middle initial) <input type="checkbox"/> Same as Driver Owner's Name (last first middle initial)															
Address				Address				City State Zip															
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Alcohol Test</th> <th>Type</th> <th>Results</th> <th>Drug Test</th> <th>Type</th> <th>Results</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Alcohol Test	Type	Results	Drug Test	Type	Results						
Alcohol Test	Type	Results	Drug Test	Type	Results																		
Driver Cond Direction of Travel Vision Obscured Contributing Factors				Driver Cond Direction of Travel Vision Obscured Contributing Factors				Veh Cond Veh Maneuver Ped Maneuver															
Most Harmful Event Veh Class: Veh Type:				Most Harmful Event Veh Class: Veh Type:				Traffic Ctrl Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Injured Taken To: By:				Injured Taken To: By:				EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No By:															
Report By: B832 <- Badge # Department Gwinnett County Police Dept. Report Date 07-11-2011				Checked By: B704 BARNHART, WB Date Checked				Witness(es): NAME (last first middle initial) Street Address City State Zip Telephone No.															
1. NAME (last first middle initial) Street Address City State Zip Telephone No.				2. NAME (last first middle initial) Street Address City State Zip Telephone No.				DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)															

Commercial Vehicles Only							
Carrier Name Vehicle #				Carrier Name Vehicle #			
Address City State Zip				Address City 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
Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____				If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____			
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units				___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units			

Accident Number: [REDACTED]

Nature of Call: 5102

From Time: 2230

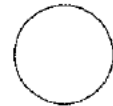
Date From: 07-11-2011

REMARKS:

[REDACTED REMARKS]

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # \_\_\_\_\_

Citations - Vehicle # \_\_\_\_\_

Veh 1 Violation: \_\_\_\_\_

Citation #: \_\_\_\_\_

Veh 2 Violation: \_\_\_\_\_

Citation #: \_\_\_\_\_

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone
---------------------	------------------	---------	---------------	-------------	---------------------	----------------------------	------------	-----------	----------------	-------------------------------

Veh # _____ Veh # _____		Skid Distance Before Impact	_____ AFTER _____		Width of Road
Number of Occupants			Veh _____	Veh _____	
Point of Initial Contact			_____ AFTER _____		
Damage to Vehicles			Veh _____	Veh _____	

Damage Other Than Vehicle	Owner: Name Address:	AGE	SEX	VEH#	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG						
Occupants (List Below):		Driver #	or Pedestrian #		[REDACTED]												
Last Name		First	Address		City	State	ZIP	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX
[REDACTED]			[REDACTED]		LAWRENCEVILLE	[REDACTED]	[REDACTED]	58	F	3	3	1	1	2	3	1	1

GWINNETT COUNTY POLICE DEPARTMENT  
WITNESS STATEMENT FORM

Case Number: [REDACTED] Page Number: \_\_\_\_\_ of \_\_\_\_\_

Statement of [REDACTED]  
Address: [REDACTED] Lawrenceville G.A.

Date of Birth: April 7, 1990 Age: 21 Today's Date: 6/16/11 Time: 5:15

Social Security [REDACTED] Driver's License #: [REDACTED]  
Home Phone [REDACTED] Work/Cell Phone #: [REDACTED]

Interview Location: Amber Creek Drive

I, [REDACTED], am making these statements to \_\_\_\_\_  
whom I know to be a police officer with the Gwinnett County Police Department. No threats or  
promises have been made to or against me to obtain these statements. These statements are true  
to the best of my knowledge.

AS I was driving home from work, I was one car behind  
the blue car when the silver jeep veered into incoming  
traffic and hit the blue van head on. [REDACTED]

[REDACTED] 6/16/11  
Signature Date

D.P. Antheim <sup>1466</sup> 6/16/11  
Witness 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.



STATE OF GEORGIA  
DEPARTMENT OF MOTOR VEHICLE SAFETY

FACSIMILE TRANSMITTAL SHEET

TO: GA Dept. of Transportation	DATE: 7/5/11
P.O. Box 80447 Conyers, GA 30013 Attn: Accident Reporting FARS Unit	FROM: Gwinnett County Police Department Accident Investigation Unit P.O. Box 602 Lawrenceville, Ga. 30046
FAX NUMBER: (404) 635-8174	TOTAL NO. OF PAGES INCLUDING COVER: 8
PHONE NUMBER: (404) 635-8234	SENDER'S PHONE NUMBER: (770) 338-7430 Ext. 5678
RE: DOT Traffic Fatality Notification	SENDER'S FAX NUMBER: (770) 338-7431

Name: [REDACTED]

Age: 58 . Driver:  Passenger:  Pedestrian:  (Check One)

Date of Accident: 06/16/11 .

Date of Death (if different): 07/02/11 .

County: Gwinnett Time: \_\_\_\_\_

Location: Embracing Hospice House . City: Cumming .

Remarks: Delayed death due to injuries that were sustained in 3 vehicle traffic collision which the deceased was a passenger in vehicle #3. The case # for the collision is Gwinnett County Police case [REDACTED]. The time of death is unknown at this point, I was notified by a family member and the Gwinnett County Medical Examiner that it was in the early hours of July 2, 2011.

Investigating Agency: Gwinnett County Police Department

Investigating Officer: Inv. J. E. Hollis #832 .



## Defects - Search Results

2 Record(s) Displayed.

Report Date: October 11, 2011 at 08:12 PM

Search Type: VEHICLE

Model Year : 2004

Make: JEEP

Model: GRAND CHEROKEE

**NHTSA Action Number:**

DP09005

**Make:** JEEP**Manufacturer :** CHRYSLER GROUP LLC**Model Year :** 2004**Component(s) :**

FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER PIPE AND CAP

FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, AND FITTINGS

**Date Investigation Opened :** November 6, 2009**Date Investigation Closed :** August 23, 2010**Summary:**

In a letter dated October 2, 2009, the Center for Auto Safety (CAS) petitioned NHTSA to open a defect investigation and recall model year 1993-2004 Jeep Grand Cherokees. CAS alleged that the subject vehicles have defective fuel tank storage systems that present a fire hazard in crashes. CAS alleged that the plastic fuel tank's placement behind the rear axle and below the rear bumper, and the lack of adequate shielding, make it more vulnerable to rupture or leakage from a rear-impact by another vehicle (including damage from other components located on the Grand Cherokee), or in the case of rollover crashes, from other external objects. CAS also alleged that the fuel filler neck tears off in crashes. In its petition, CAS cites data from NHTSA's Fatality Analysis Reporting System (FARS) showing 172 fatal fire crashes with 254 fatalities involving the subject vehicles from calendar years 1992 through 2008. CAS stated that there have been at least 44 crashes with 64 total fatalities (subject and non-subject vehicles) where fire was entered as the Most Harmful Event (MHE) in the FARS database. In response to the CAS petition, ODI made a preliminary examination of available data. FARS data showed 2,988 occupants of the subject vehicles have died in crashes since 1992. Of those, 55 died in 44 crashes where fire was listed as the Most Harmful Event. Identifying crashes most likely associated with the alleged defect as described by CAS (defined as the subject vehicle being struck at the 5, 6 or 7 o'clock positions) isolated 10 crashes with 13 occupant fatalities. ODI also reviewed the Vehicle Owner Questionnaires (VOQ) database and identified 12 reports alleging A) a post-crash fuel tank leak and/or B) a post-crash fire potentially related to a fuel tank leak. Of the 12 reports, 10 involved fires (two involved fuel leaks only) with 9 alleged injuries and 1 alleged fatality. The existence of these post-crash fires does not, by itself, establish a defect trend. Further review and investigation into these incidents is needed to determine the existence of any relationship between the alleged defect and each fire or leak. It should be noted that ODI also conducted a preliminary review of the Early Warning Reporting (EWR) data that did not find the subject vehicles to be over-represented for post-crash fires. ODI's initial review neither supports nor excludes the possibility that a defect exists in the subject vehicles. However, ODI has always taken the position that vehicle fires pose a significant safety risk. Accordingly, ODI has granted the petition to further investigate the conditions associated with post-crash fires in these vehicles.

**NHTSA Action Number:**

PE10031

**Make:** JEEP**Manufacturer :** CHRYSLER GROUP LLC**Model Year :** 2004**Component(s) :**

FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER PIPE AND CAP

FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, AND FITTINGS

**Date Investigation Opened :** August 23, 2010**Date Investigation Closed :** Open**Summary:**

In a letter dated October 2, 2009, the Center for Auto Safety (CAS) petitioned NHTSA to open a defect investigation and recall model year 1993-2004 Jeep Grand Cherokees. CAS alleged that the subject vehicles have defective fuel tank storage systems that present a fire hazard in crashes. CAS alleged that the plastic fuel tank's placement behind the rear axle and

**NHTSA Recall Campaign Number:**

N/A

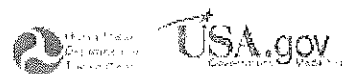
**Model:** GRAND CHEROKEE

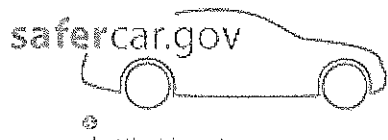
**Exhibit 7**  
**11-057496**

below the rear bumper, and the lack of adequate shielding, make it more vulnerable to rupture or leakage from a rear-impact by another vehicle (including damage from other components located on the Grand Cherokee), or in the case of rollover crashes, from other external objects. CAS also alleged that the fuel filler neck tears off in crashes. In its petition, CAS cites data from NHTSA's Fatality Analysis Reporting System (FARS) showing 172 fatal fire crashes with 254 fatalities involving the subject vehicles from calendar years 1992 through 2008. CAS stated that there have been at least 44 crashes with 64 total fatalities (subject and non-subject vehicles) where fire was entered as the Most Harmful Event (MHE) in the FARS database. In response to the CAS petition, ODI conducted a preliminary examination of available data. FARS data showed 2,988 occupants of the subject vehicles have died in crashes since 1992. Of those, 55 died in 44 crashes where fire was listed as the Most Harmful Event. Identifying crashes most likely associated with the alleged defect as described by CAS (defined as the subject vehicle being struck at the 5, 6 or 7 o'clock positions) isolated 10 crashes with 13 occupant fatalities. ODI also reviewed the Vehicle Owner Questionnaires (VOQ) database and identified 12 reports alleging A) a post-crash fuel tank leak and/or B) a post-crash fire potentially related to a fuel tank leak. Of the 12 reports, 10 involved fires (two involved fuel leaks only) with 9 alleged injuries and 1 alleged fatality. The existence of these post-crash fires does not, by itself, establish a defect trend. Further review and investigation into these incidents is needed to determine the existence of any relationship between the alleged defect and each fire or leak. It should be noted that ODI also conducted a preliminary review of the Early Warning Reporting (EWR) data that did not find the subject vehicles to be over-represented for post-crash fires. ODI has granted the petition to further investigate the conditions associated with post-crash fires in these vehicles.

---

1200 New Jersey Avenue, SE, West Building Washington DC 20590 USA  
1.888.327.4236 TTY 1.800.424.9153





**Defects - Search Results**

4 Record(s) Displayed.

Report Date: October 11, 2011 at 08:13 PM  
 Search Type: **VEHICLE**  
 Model Year : **2008**  
 Make: **JEEP**  
 Model: **WRANGLER 4-DR 4X4**

**NHTSA Action Number:**

EQ09006

**Make:** JEEP

**Manufacturer :** CHRYSLER GROUP LLC

**Model Year :** 2008

**Component(s) :**

EQUIPMENT

EQUIPMENT:MECHANICAL

**Date Investigation Opened :** July 22, 2009

**Date Investigation Closed :** August 19, 2009

**Summary:**

THE DEFECTIVE TOW BAR ASSEMBLIES INVOLVED IN THIS RECALL WERE SUPPLIED TO CHRYSLER FOR USE ON SOME OF ITS JEEP WRANGLER VEHICLES. THE PURPOSE OF THIS INVESTIGATION WAS TO IDENTIFY ANY ADDITIONAL PURCHASERS OF IDENTICAL OR SUBSTANTIALLY SIMILAR DEFECTIVE ASSEMBLIES AND TO INITIATE ADDITIONAL DEFECT REPORTING AND SAFETY RECALLS AS NECESSARY. TO ACCOMPLISH THIS RMD CONTACTED THE SUPPLIER OF THE ASSEMBLIES, VALLEY TOWING PRODUCTS, AND CONFIRMED NO OTHER SUCH ASSEMBLIES WERE DISTRIBUTED. THIS EQ IS THEREFORE CLOSED.

**NHTSA Recall Campaign Number:**

N/A

**Model:** WRANGLER 4-DR 4X4

**NHTSA Action Number:**

PE09037

**Make:** JEEP

**Manufacturer :** CHRYSLER GROUP LLC

**Model Year :** 2008

**Component(s) :**

POWER TRAIN

POWER TRAIN:MANUAL TRANSMISSION

POWER TRAIN:AUTOMATIC TRANSMISSION

**Date Investigation Opened :** August 12, 2009

**Date Investigation Closed :** November 17, 2009

**Summary:**

IN A LETTER DATED NOVEMBER 3, 2009, CHRYSLER GROUP LLC (CHRYSLER), NOTIFIED NHTSA THAT IT WILL CONDUCT A SAFETY RECALL OF APPROXIMATELY 161,000 MODEL YEAR (MY) 2007 AND 2008 JEEP WRANGLER VEHICLES BUILT WITH AUTOMATIC TRANSMISSIONS. CHRYSLER STATED THAT "THESE VEHICLES WERE NOT EQUIPPED WITH A TRANSMISSION FLUID TEMPERATURE WARNING SYSTEM AND THE OPERATION OF THESE VEHICLES BEYOND THE LIMITS OF REASONABLE USAGE OVER A PERIOD OF TIME COULD RESULT IN TRANSMISSION FAILURE AND IN SOME CASES TRANSMISSION FLUID EXPULSION." THE EXPELLED FLUID COULD COME IN CONTACT WITH A HOT ENGINE OR EXHAUST COMPONENT AND CAUSE A FIRE. CHRYSLER WILL CONDUCT A SAFETY RECALL TO INSTALL A "HOT OIL" WARNING MESSAGE IN THE INSTRUMENT CLUSTER AND A CHIME INDICATING AN ELEVATED TRANSMISSION FLUID TEMPERATURE CONDITION. AN OWNER'S MANUAL ADDENDUM STATING THE PURPOSE OF THE "HOT OIL" MESSAGE AND CHIME TO INCLUDE CAUTION AND WARNING STATEMENTS REGARDING ELEVATED TRANSMISSION FLUID TEMPERATURE CONDITIONS WILL BE PROVIDED TO OWNERS. BASED ON CHRYSLER'S DECISION TO CONDUCT A SAFETY RECALL THIS ENGINEERING ANALYSIS IS CLOSED.

**NHTSA Recall Campaign Number:**

09V436000

**Model:** WRANGLER 4-DR 4X4

**NHTSA Action Number:**

PE10032

**NHTSA Recall Campaign Number:**

N/A

**Exhibit 8  
11-057496**



**Make:** JEEP**Model:** WRANGLER 4-DR 4X4**Manufacturer :** CHRYSLER GROUP LLC**Model Year :** 2008**Component(s) :**

FUEL SYSTEM, GASOLINE:STORAGE

FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER PIPE AND CAP

FUEL SYSTEM, OTHER:STORAGE:TANK ASSEMBLY:FILLING/CHARGING

**Date Investigation Opened :** August 23, 2010**Date Investigation Closed :** February 16, 2011**Summary:**

ODI found the rate of warranty claims related to fuel spit back on the subject vehicles is lower than other vehicles previously recalled to correct defects related to fuel spit back. Although the rate of complaints reported to the agency on the subject vehicles is higher than or similar to the rates experienced in previous investigations where safety recalls were conducted, ODI suspects that the NHTSA safety complaints submitted by subject vehicles owners may have been influenced by internet related publicity both before and during this investigation. A safety-related defect trend has not been identified at this time and further use of agency resources does not appear to be warranted. Accordingly, this investigation is closed. The closing of this investigation does not constitute a finding by NHTSA that no safety-related defect exists. The agency will monitor the issue and reserves the right to take future action if warranted by the circumstances. See attached report for additional information. In addition, Chrysler is initiating a lifetime warranty program, at no cost to the consumer, to address the fuel spit back problem in approximately 135,000 model year 2007-2008 Jeep Wrangler vehicles built from March 1, 2007 to March 31, 2008. Chrysler will notify all affected vehicle owners of this action. Consumers should refer to the warranty and service bulletins and sample owner notification letter available in the investigative file. The vehicle build date can be found on the certification label located on the driver door or door jamb.

**NHTSA Action Number:**

PE11019

**Make:** JEEP**Manufacturer :** CHRYSLER GROUP LLC**Model Year :** 2008**Component(s) :**

AIR BAGS: ROLL PROTECTION

AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

AIR BAGS:ON-OFF SWITCH ASSEMBLY

AIR BAGS:KNEE BOLSTER

AIR BAGS:FRONTAL:DRIVER SIDE INFLATOR MODULE

AIR BAGS:SIDE/WINDOW

**Date Investigation Opened :** May 23, 2011**Date Investigation Closed :** Open**Summary:**

ODI has received 29 consumer complaints of airbag light illumination and/or clockspring failure on model years 2007-2008 Jeep Wrangler. Twenty-three of the 29 complaints specifically identified the airbag clockspring wiring assembly as the source of the issue. The remaining six complaints referenced only the airbag light being illuminated. Among the fourteen owners contacted, six stated that they owned a Right Hand Drive version of the vehicle typically used by postal carriers. Sixteen of the 29 complaints were received since January 1, 2011. A broken electrical circuit in the airbag clockspring wiring assembly can lead to non-deployment of the driver side frontal airbag.

**NHTSA Recall Campaign Number:**

N/A

**Model:** WRANGLER 4-DR 4X4

1200 New Jersey Avenue, SE, West Building Washington DC 20590 USA  
1.888.327.4236 TTY 1.800.424.9153



Gr Innett County Police Impound Form

DATE OF IMPOUND 6/16/11

GRID # 421058

INCIDENT: ACCIDENT  ARREST \_\_\_\_\_ ABANDONED \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

MVT RECOVERY \_\_\_\_\_ REPORTING AGENCY CASE #: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

YEAR: 04 MAKE: Jeep MODEL: Grand Cherokee COLOR: Silver

VIN #: 1J4G48594 [REDACTED] DECAL #: \_\_\_\_\_ STATE: GA YEAR: 2012

[REDACTED] Lawrenceville, GA [REDACTED]

IMPOUND LOCATION: S.R. 124/Amber Crest Dr IMPOUND DESTINATION: HQ CONTRACTOR: Willard

WRECKER DRIVER: (PRIN [REDACTED] SIGNATURE: [REDACTED]

TIME CALLED: 1000 TIME ARRIVED: 815 TIME DEPARTED: 1825

CONDITION OF VEHICLE: EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_ TOTALED  STRIPPED \_\_\_\_\_ BURNED \_\_\_\_\_

INVENTORY:
Clother
CD's
stroller

NARRATIVE: (if vehicle has been red tagged, attach red tag to report)
Driver transported to hospital

THIS SECTION MUST BE COMPLETED

RELEASE VEHICLE YES  NO \_\_\_\_\_ \*\*Do NOT hold vehicle for insurance, tag or driver information.

HOLD VEHICLE FOR:
EVIDENCE \_\_\_\_\_ (Fatality, Hit & Run, Court, etc.)
PROCESSING \_\_\_\_\_ (Vehicle to be released following processing: yes \_\_\_\_\_ no \_\_\_\_\_)

If not, give reason \_\_\_\_\_

CONDEMNATION \_\_\_\_\_
REPORTING OFFICER: D. Amrhein BADGE #: 1406 APPROVING OFFICER: \_\_\_\_\_ BADGE #: \_\_\_\_\_

PLEASE HAVE PROPER PICTURE I.D. OF PERSON CLAIMING VEHICLE.

Vehicle Released to:
Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_
Towing Charges:
Towing: \_\_\_\_\_ Storage: \_\_\_\_\_ Admin. Fees: \_\_\_\_\_ Total \_\_\_\_\_

Exhibit 9
11-057496

CASE #

Gwinnett County Police Impound Form

DATE OF IMPOUND

06/16/2011

GRID #

[Redacted]

INCIDENT: ACCIDENT  ARREST \_\_\_\_\_ ABANDONED \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

MVT RECOVERY \_\_\_\_\_ REPORTING AGENCY CASE #: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

YEAR: 2009 MAKE: DODGE MODEL: JOURNEY COLOR: BLUE

VIN #: 3D4GG57V49T TAG #: BLU 8559 DECAL #: STATE: GA YEAR: 2012

OWNER (NAME, ADDRESS, CITY, STATE, ZIP):

[Redacted] LAWRENCEVILLE GA [Redacted]  
DRIVER (if different from owner) (NAME, ADDRESS, CITY, STATE, ZIP):

IMPOUND DESTINATION: CONTRACTOR:

WRECKER DRIVER: (PRINT) Greg Rex Nade SIGNATURE: [Signature] GCPD HEADQUARTERS

TIME CALLED: TIME ARRIVED: TIME DEPARTED:

CONDITION OF VEHICLE: EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_ TOTALED  STRIPPED \_\_\_\_\_ BURNED \_\_\_\_\_

INVENTORY:

Table with 3 columns and 5 rows for inventory tracking.

NARRATIVE: (if vehicle has been red tagged, attach red tag to report)

See Accident Inv. Report

THIS SECTION MUST BE COMPLETED

RELEASE VEHICLE YES  NO \_\_\_\_\_ \*\*Do NOT hold vehicle for insurance, tag or driver information.

HOLD VEHICLE FOR:

EVIDENCE \_\_\_\_\_ (Fatality, Hit & Run, Court, etc.)

PROCESSING \_\_\_\_\_ (Vehicle to be released following processing: yes \_\_\_\_\_ no \_\_\_\_\_)

If not, give reason \_\_\_\_\_

CONDEMNATION \_\_\_\_\_

REPORTING OFFICER: \_\_\_\_\_ BADGE #: \_\_\_\_\_ APPROVING OFFICER: \_\_\_\_\_ BADGE #: \_\_\_\_\_

PLEASE HAVE PROPER PICTURE I.D. OF PERSON CLAIMING VEHICLE.

Vehicle Released to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_

Towing Charges:

Towing: \_\_\_\_\_  
Storage: \_\_\_\_\_  
Admin. Fees: \_\_\_\_\_  
Total: \_\_\_\_\_

Walton County Police Impound Form

DATE OF IMPOUND 6/16/11

GRID # [Redacted]

INCIDENT: ACCIDENT  ARREST \_\_\_\_\_ ABANDONED \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_  
MVT RECOVERY \_\_\_\_\_ REPORTING AGENCY CASE #: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

YEAR: 08 MAKE: Jeep MODEL: Wrangler COLOR: Silver

VIN #: 1S4GA1C9178L TAG # [Redacted] DECAL #: \_\_\_\_\_ STATE: GA YEAR: 2011

OWNER (NAME, ADDRESS, CITY, STATE, ZIP): [Redacted] Buena GA [Redacted]

DRIVER (if different from owner) (NAME, ADDRESS, CITY, STATE, ZIP):  
Same As Owner

IMPOUND LOCATION [Redacted] IMPOUND DESTINATION: AIU CONTRACTOR: [Redacted]

WRECKER DRIVER: (PRINT) Chad SIGNATURE: [Redacted]

TIME CALLED: 1758 TIME ARRIVED: \_\_\_\_\_ TIME DEPARTED: \_\_\_\_\_

CONDITION OF VEHICLE: EXCELLENT \_\_\_\_\_ GOOD  FAIR \_\_\_\_\_ POOR \_\_\_\_\_ TOTALED \_\_\_\_\_ STRIPPED \_\_\_\_\_ BURNED \_\_\_\_\_

INVENTORY:

Clothes		
Campers Chairs		

NARRATIVE: (if vehicle has been red tagged; attach red tag to report)

Vehicle Involved in Accident (AIU Callout)

THIS SECTION MUST BE COMPLETED

RELEASE VEHICLE YES  NO \_\_\_\_\_ \*\*Do NOT hold vehicle for insurance, tag or driver information.

HOLD VEHICLE FOR:  
EVIDENCE \_\_\_\_\_ (Fatality, Hit & Run, Court, etc.)  
PROCESSING \_\_\_\_\_ (Vehicle to be released following processing: yes \_\_\_\_\_ no \_\_\_\_\_)  
If not, give reason \_\_\_\_\_  
CONDEMNATION \_\_\_\_\_

REPORTING OFFICER: D.R. Donahue BADGE #: 2406 APPROVING OFFICER: \_\_\_\_\_ BADGE #: \_\_\_\_\_

PLEASE HAVE PROPER PICTURE I.D. OF PERSON CLAIMING VEHICLE.

Vehicle Released to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_

Towing Charges:  
Towing: \_\_\_\_\_  
Storage: \_\_\_\_\_  
Admin. Fees: \_\_\_\_\_  
Total \_\_\_\_\_

Exhibit 11  
11-057496

CASE # 11-057496



IMG\_0001



IMG\_0002



IMG\_0003



IMG\_0004



IMG\_0005



IMG\_0006



IMG\_0007



IMG\_0008



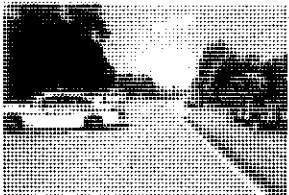
IMG\_0009



IMG\_0010



IMG\_0011



IMG\_0012



IMG\_0013



IMG\_0014



IMG\_0015



IMG\_0016



IMG\_0017



IMG\_0018



IMG\_0019



IMG\_0020



IMG\_0021



IMG\_0022



IMG\_0023



IMG\_0024



IMG\_0025



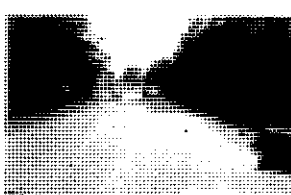
IMG\_0026



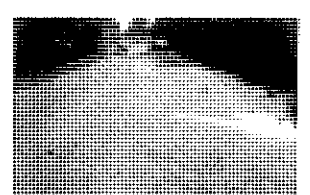
IMG\_0027



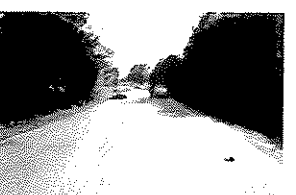
IMG\_0028



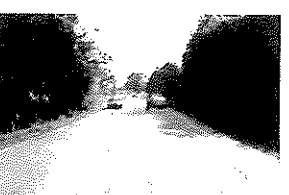
IMG\_0029



IMG\_0030



IMG\_0031



IMG\_0032



IMG\_0033



IMG\_0034

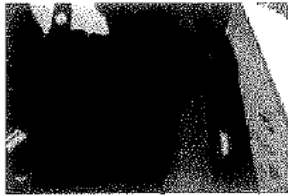


IMG\_0035





IMG\_0071



IMG\_0072



IMG\_0073



IMG\_0074



IMG\_0075



IMG\_0076



IMG\_0077



IMG\_0078



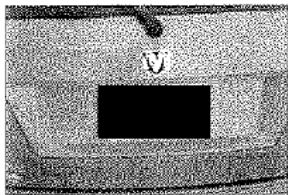
IMG\_0079



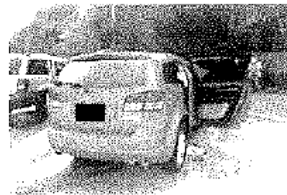
IMG\_0080



IMG\_0081



IMG\_0082



IMG\_0083



IMG\_0084



IMG\_0085



IMG\_0086



IMG\_0087



IMG\_0088



IMG\_0089



IMG\_0090



IMG\_0091



IMG\_0092



IMG\_0093



IMG\_0094



IMG\_0095



IMG\_0096



IMG\_0097



IMG\_0098



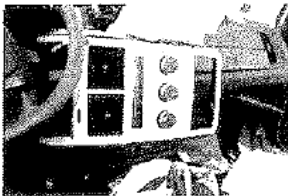
IMG\_0099



IMG\_0100



IMG\_0101



IMG\_0102



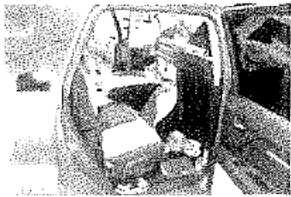
IMG\_0103



IMG\_0104



IMG\_0105



IMG\_0106



IMG\_0107



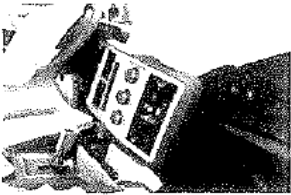
IMG\_0108



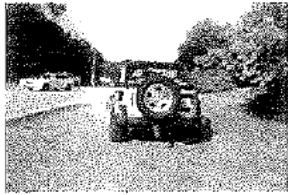
IMG\_0109



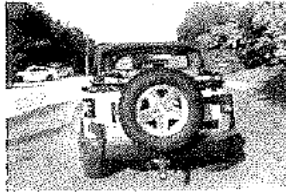
IMG\_0110



IMG\_0111



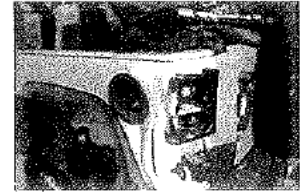
IMG\_0112



IMG\_0113



IMG\_0114



IMG\_0115



IMG\_0116



IMG\_0117



IMG\_0118



IMG\_0119



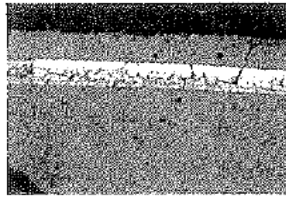
IMG\_0120



IMG\_0121



IMG\_0122



IMG\_0123



IMG\_0124



IMG\_0125



IMG\_0126



IMG\_0127



IMG\_0128



IMG\_0129



IMG\_0130



IMG\_0131



IMG\_0132



IMG\_0133



IMG\_0134



IMG\_0135



IMG\_0136



IMG\_0137



IMG\_0138

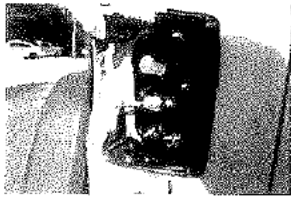


IMG\_0139



IMG\_0140





IMG\_0141



IMG\_0142



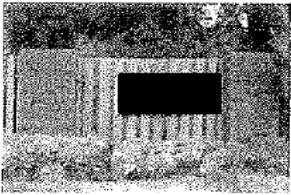
IMG\_0143



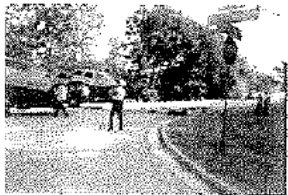
IMG\_0144



IMG\_0145



IMG\_0146



IMG\_0147



IMG\_0001



IMG\_0002



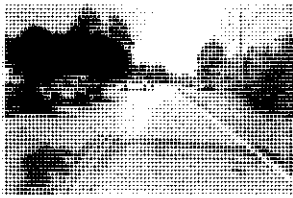
IMG\_0003



IMG\_0004



IMG\_0005



IMG\_0006



IMG\_0007



IMG\_0008



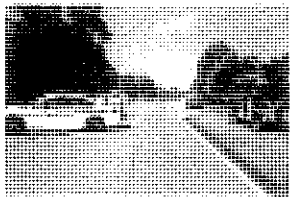
IMG\_0009



IMG\_0010



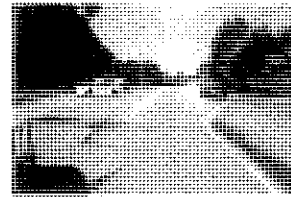
IMG\_0011



IMG\_0012



IMG\_0013



IMG\_0014



IMG\_0015



IMG\_0016



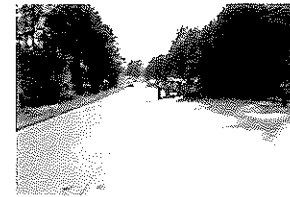
IMG\_0017



IMG\_0018



IMG\_0019



IMG\_0020



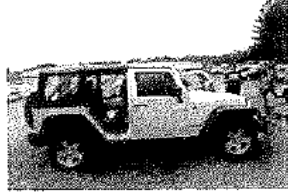
IMG\_0021



IMG\_9834



IMG\_9835



IMG\_9836



IMG\_9837



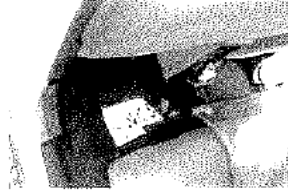
IMG\_9838



IMG\_9839



IMG\_9840



IMG\_9841



IMG\_9842



IMG\_9843



IMG\_9844



IMG\_9845



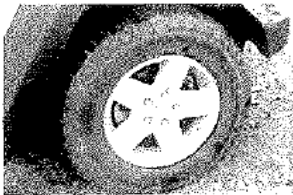
IMG\_9846



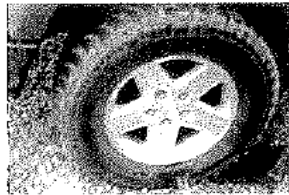
IMG\_9847



IMG\_9848



IMG\_9849



IMG\_9850



IMG\_9851



IMG\_9852



IMG\_9853



IMG\_9854



IMG\_9855



IMG\_9856



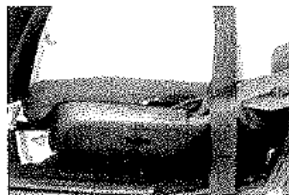
IMG\_9857



IMG\_9858



IMG\_9859



IMG\_9860



IMG\_9861



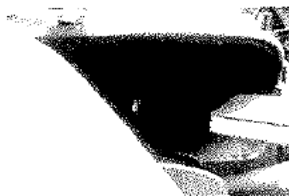
IMG\_9862



IMG\_9863



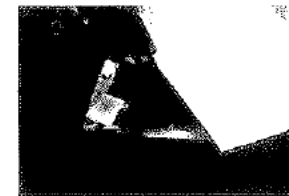
IMG\_9864



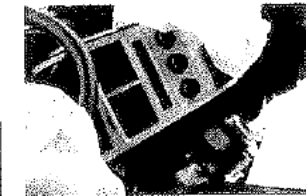
IMG\_9865



IMG\_9866



IMG\_9867



IMG\_9868



IMG\_9869



IMG\_9870



IMG\_9871



IMG\_9872



IMG\_9873



IMG\_9874



IMG\_9875



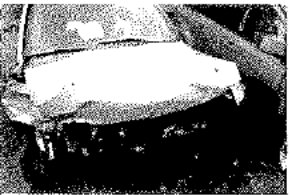
IMG\_9876



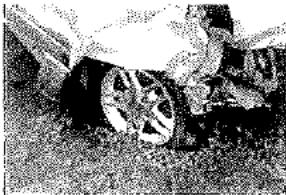
IMG\_9877



IMG\_9878



IMG\_9879



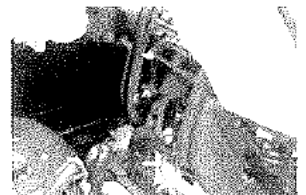
IMG\_9880



IMG\_9881



IMG\_9882



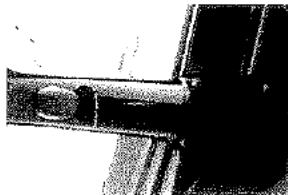
IMG\_9883



IMG\_9884



IMG\_9885



IMG\_9886



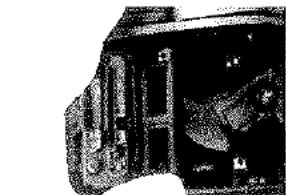
IMG\_9887



IMG\_9888



IMG\_9889



IMG\_9890

PROSECUTOR/APPLICANT: Inv. J.E. Hollis #832 AGENCY: GCPD  
ADDRESS: [REDACTED]  
CITY: Lawrenceville STATE: GA ZIP: 30044  
PHONE NO. (770)513-5100 (MOBILE/PGR.)

ACCUSED: [REDACTED]  
# of Co-Defendant(s)  The ATTACHED arrest/incident report contains the below address and personal data.

ADDRESS: [REDACTED]  
CITY: Lawrenceville STATE: GA ZIP: [REDACTED]  
PHONE NO. (HOME) [REDACTED] (WORK) (MOBILE/PGR.)  
RACE B AGE 30 SEX M HT 5'11 WT 225 EYES Brown HAIR Black  
DOB [REDACTED] SSN [REDACTED] AUTO TAG

RELATIONSHIP TO VICTIM:  PRESENT SPOUSE  FORMER SPOUSE  LIVE TOGETHER  FORMERLY LIVED TOGETHER  
 NONE  PARENTS OF SAME CHILD(REN)  PARENT  CHILD  STEPPARENT  STEPCHILD  
 FOSTER PARENT  FOSTER CHILD  OTHER

The accused represented that he/she lived at the above address for \_\_\_\_\_ Years \_\_\_\_\_ Months  Unknown  
Has the accused lived outside Georgia within the past ten years?  Yes  No  Unknown  
Does the accused have significant family ties outside Georgia?  Yes  No  Unknown  
Has the accused used any false names or aliases?  Yes  No  Unknown

If yes, list all such names known: \_\_\_\_\_  
Indicators that the accused may flee this jurisdiction if released on bond:  
 Lack of community ties  Significant ties outside Georgia  Attempts to hide, flee, or conceal identity  
Factors which indicate the accused may try to intimidate witnesses or obstruct justice pending trial:  
 Expressed fears of victim  History of the accused  Threats by the accused  
Aggravating or mitigating circumstances which should be considered in setting bond:  
 Gang related  Other  
Do you request to be present at future bond hearings in this case?  Yes, Contact # \_\_\_\_\_  No  
Factors concerning the accused's mental condition:  
 Threats or acts of violence  Past mental treatment  Delusions  Disoriented  Use of intoxicants  
Accused is known or suspected of having been convicted of the following offenses:  
 Rape  Murder  Aggravated Sodomy  Armed Robbery  Aircraft Hijacking  
 Treason  Aggravated Child Molestation  Manufacture/Distribution of Controlled Substances  
 Trafficking in Cocaine or Marijuana  Other Felonies  Other Misdemeanors  
Other factors indicating that the accused would pose a significant threat to the community if released on bond:

have  have not conducted a criminal history check.  No probation/parole/bond; Accused is on  probation  parole  bond for:

I hereby swear or affirm that the above information is true and correct to the best of my knowledge.

Sworn to and subscribed before me this 11 day of July 2011 at 5:47  AM  PM

Cpl. Hollis #832  
Prosecutor/Applicant

[Signature]  
Magistrate

I prefer  AM  PM committal hearing times.

TO BE COMPLETED BY MAGISTRATE  
APPLICATION FEE:  WAIVED  
REPEAT OFFENDER:  PROBATION  PAROLE  NO INFORMATION  NONE  
ARREST WARRANT ISSUED:  YES  NO  HEARING SCHEDULED  
OFFENSE(S): Rebecca Hernandez from cocaine, heroin, marijuana  
 IMMEDIATE/CONTINUING THREAT  EVADE ARREST/OBSTRUCT JUSTICE  ACCUSED IN CUSTODY WRITTEN  
 BAD CHECK - 10 DAY NOTICE GIVEN  FAMILY VIOLENCE  FUGITIVE FROM JUSTICE Revel  
 FELONY  MISDEMEANOR  FAMILY VIOLENCE  SPECIAL CONDITIONS OF BOND

vs [Redacted]

WARRANT NO [Redacted]  
POLICE CASE NO [Redacted]

Lawrenceville, GA [Redacted]  
Accused

AFFIDAVIT

Personally appeared before me the undersigned Prosecutor, Inv. J.E. Hollis #832

who on oath says that, to the best of his/her knowledge and belief, the above-listed Accused, on June 16, 2011

between the hours of 4:50 p.m. and 4:55 p.m. did commit the offense of Vehicle Homicide

in the 2nd degree in violation of O.C.G.A. 40-6-393 (C) at [Redacted]

near [Redacted]

Gwinnett County, Georgia, and against [Redacted], the victim, and the laws of the state of Georgia. The facts upon which this affidavit for arrest is based are as follows: Accused did

Accused was traveling north on [Redacted] when he struck a vehicle in the rear that stopped to make a left turn and then crossed over the double yellow line and struck another vehicle head on. The passenger in the vehicle that was struck head on (Vehicle #3) died a few weeks later as a result of injuries sustained in the collision.

Prosecutor makes this affidavit that a warrant may issue for the Accused's arrest.  
Sworn to and subscribed before me

this 11th day of July, 2011.  
[Signature]  
Judge, Magistrate Court of Gwinnett County

Col. Hollis #832  
Prosecutor

STATE WARRANT FOR ARREST

To any Sheriff, Deputy Sheriff, Constable, Marshal or other Law Enforcement Officer of this State - Greetings:

For sufficient cause made known to me in the above affidavit, incorporated by reference herein, and other sworn testimony, you are hereby commanded to arrest the Accused named in the above affidavit, charged by the prosecutor therein with the above offense against the laws of this State at the time, place and manner named in the above affidavit, and bring the Accused before me or some other Judicial Officer of this State to be dealt with as the law directs. Herein fail not.

This 11 day of July, 2011.  
[Signature]  
Judge, Magistrate Court

ORDER FOR BOND

IT IS HEREBY ORDERED that the aforesaid Accused be and is hereby granted bail to be made with sufficient surety as provided by the Sheriff of Gwinnett County in the amount of Seven Thousand Dollars (\$ 7000 ) dollars to assure the presence of said Accused at arraignment, trial and final disposition in the  STATE  SUPERIOR Court of Gwinnett County, Georgia.  CASH ONLY.

Witness my hand and seal, this 11 day of July, 2011.

Superior Court only:  17-6-1  15-11-5(b)

[Signature]  
Judge, Magistrate Court (Mar 02)

Bond Hearing:  17-10-1

FELONY  MISDEMEANOR  FAMILY VIOLENCE  SPECIAL CONDITIONS OF BOND

vs. [REDACTED]

WARRANT NO [REDACTED]  
POLICE CASE NO [REDACTED]

Lawrenceville, GA [REDACTED]  
Accused

AFFIDAVIT

Personally appeared before me the undersigned Prosecutor, Inv. J.E. Hollis #832  
who on oath says that, to the best of his/her knowledge and belief, the above-listed Accused, on June 16, 2011  
between the hours of 4:50 p.m. and 4:55 p.m. did commit the offense of Following too  
Closely in violation of O.C.G.A. 40-6-49(a) at [REDACTED]  
near [REDACTED]  
Gwinnett County, Georgia, and against [REDACTED], the victim, and the  
laws of the state of Georgia. The facts upon which this affidavit for arrest is based are as follows: Accused did  
Accused was traveling north on [REDACTED] when he struck a vehicle in the rear that stopped to make a left turn  
and then crossed over the double yellow line and struck another vehicle head on. The passenger in the vehicle  
that was struck head on (Vehicle #3) died a few weeks later as a result of injuries sustained in the collision.

Prosecutor makes this affidavit that a warrant may issue for the Accused's arrest.  
Sworn to and subscribed before me

this 11<sup>th</sup> day of July, 2011  
[Signature]  
Judge, Magistrate Court of Gwinnett County

Cap. Hollis #832  
Prosecutor

STATE WARRANT FOR ARREST

To any Sheriff, Deputy Sheriff, Constable, Marshal or other Law Enforcement Officer of this State - Greetings:  
For sufficient cause made known to me in the above affidavit, incorporated by reference herein, and other sworn testimony, you are  
hereby commanded to arrest the Accused named in the above affidavit, charged by the prosecutor therein with the above offense against  
the laws of this State at the time, place and manner named in the above affidavit, and bring the Accused before me or some other Judicial  
Officer of this State to be dealt with as the law directs. Herein fail not.

This 11 day of July, 2011  
[Signature]  
Judge, Magistrate Court

ORDER FOR BOND

IT IS HEREBY ORDERED that the aforesaid Accused be and is hereby granted bail to be made with sufficient surety as provided  
by the Sheriff of Gwinnett County in the amount of ONE THOUSAND DOLLARS  
(\$ 1,000) dollars to assure the presence of said Accused at arraignment, trial and final disposition in the  STATE  
 SUPERIOR Court of Gwinnett County, Georgia.  CASH ONLY.

Witness my hand and seal, this 11 day of July, 2011

Superior Court only:  17-6-1  15-11-5(b)

[Signature]  
Judge, Magistrate Court (Mar 02)

Bond Hearing:  17-10-1

FELONY  MISDEMEANOR  FAMILY VIOLENCE  SPECIAL CONDITIONS OF BOND

vs. [REDACTED]  
[REDACTED]  
Lawrenceville, GA

WARRANT NO [REDACTED]  
POLICE CASE NO [REDACTED]

Accused

**AFFIDAVIT**

Personally appeared before me the undersigned Prosecutor, Inv. J.E. Hollis #832  
who on oath says that, to the best of his/her knowledge and belief, the above-listed Accused, on June 16, 2011  
between the hours of 4:50 p.m. and 4:55 p.m. did commit the offense of Failure to  
maintain lane in violation of O.C.G.A. 40-6-48(1) a [REDACTED]  
near [REDACTED] ve

Gwinnett County, Georgia, and against [REDACTED], the victim, and the  
laws of the state of Georgia. The facts upon which this affidavit for arrest is based are as follows: Accused did  
Accused was traveling north on [REDACTED] when he struck a vehicle in the rear that stopped to make a left turn  
and then crossed over the double yellow line and struck another vehicle head on. The passenger in the vehicle  
that was struck head on (Vehicle #3) died a few weeks later as a result of injuries sustained in the collision.

Prosecutor makes this affidavit that a warrant may issue for the Accused's arrest.  
Sworn to and subscribed before me

this 11<sup>th</sup> day of July, 2011

Cpl. Hollis #832  
Prosecutor

Judge, Magistrate Court of Gwinnett County

**STATE WARRANT FOR ARREST**

To any Sheriff, Deputy Sheriff, Constable, Marshal or other Law Enforcement Officer of this State - Greetings:  
For sufficient cause made known to me in the above affidavit, incorporated by reference herein, and other sworn testimony, you are  
hereby commanded to arrest the Accused named in the above affidavit, charged by the prosecutor therein with the above offense against  
the laws of this State at the time, place and manner named in the above affidavit, and bring the Accused before me or some other Judicial  
Officer of this State to be dealt with as the law directs. Herein fail not.

This 11 day of July, 2011

[Signature]  
Judge, Magistrate Court

**ORDER FOR BOND**

IT IS HEREBY ORDERED that the aforesaid Accused be and is hereby granted bail to be made with sufficient surety as provided  
by the Sheriff of Gwinnett County in the amount of one thousand Dollars  
(\$ 1,000) dollars to assure the presence of said Accused at arraignment, trial and final disposition in the  STATE  
 SUPERIOR Court of Gwinnett County, Georgia.  CASH ONLY.

Witness my hand and seal, this 11 day of July, 2011

Superior Court only:  17-6-1  15-11-5(b)

[Signature]  
Judge, Magistrate Court (Mar 02)

Bond Hearing:  17-10-1

**Exhibit 17**  
[REDACTED]



Warrant Format  
STATE OF GEORGIA

CRIMINAL ARREST WARRANT

GEORGIA, GWINNETT COUNTY

vs. [Redacted]

WARRANT NO [Redacted]  
POLICE CASE NO [Redacted]

Lawrenceville, GA [Redacted]  
Accused

AFFIDAVIT

Personally appeared before me the undersigned Prosecutor, Inv. J.E. Hollis #832

who on oath says that, to the best of his/her knowledge and belief, the above-listed Accused, on June 16, 2011

between the hours of 4:50 p.m. and 4:55 p.m. did commit the offense of Driving on the

wrong side of the roadway in violation of O.C.G.A. 40-6-40(a) at [Redacted]

near [Redacted]

Gwinnett County, Georgia, and against [Redacted], the victim, and the laws of the state of Georgia. The facts upon which this affidavit for arrest is based are as follows: Accused did

Accused was traveling north on [Redacted] when he struck a vehicle in the rear that stopped to make a left turn

and then crossed over the double yellow line and struck another vehicle head on. The passenger in the vehicle

that was struck head on (Vehicle #3) died a few weeks later as a result of injuries sustained in the collision.

Prosecutor makes this affidavit that a warrant may issue for the Accused's arrest.

Sworn to and subscribed before me

this 11<sup>th</sup> day of July, 2011

[Signature]  
Prosecutor

[Signature]  
Judge, Magistrate Court of Gwinnett County

STATE WARRANT FOR ARREST

To any Sheriff, Deputy Sheriff, Constable, Marshal or other Law Enforcement Officer of this State - Greetings:

For sufficient cause made known to me in the above affidavit, incorporated by reference herein, and other sworn testimony, you are hereby commanded to arrest the Accused named in the above affidavit, charged by the prosecutor therein with the above offense against the laws of this State at the time, place and manner named in the above affidavit, and bring the Accused before me or some other Judicial Officer of this State to be dealt with as the law directs. Herein fail not.

This 11 day of July, 2011

[Signature]  
Judge, Magistrate Court

ORDER FOR BOND

IT IS HEREBY ORDERED that the aforesaid Accused be and is hereby granted bail to be made with sufficient surety as provided

by the Sheriff of Gwinnett County in the amount of one thousand

(\$ 1,000 ) dollars to assure the presence of said Accused at arraignment, trial and final disposition in the  STATE

SUPERIOR Court of Gwinnett County, Georgia.  CASH ONLY.

Witness my hand and seal, this 11 day of July, 2011.

Superior Court only:  17-6-1  15-11-5(b)

[Signature]  
Judge, Magistrate Court (Mar 02)

Bond Hearing:  17-10-1

FELONY  MISDEMEANOR  FAMILY VIOLENCE  SPECIAL CONDITIONS OF BOND

Investigative Report: [REDACTED]

Report By: Eddie E. Reeves, Forensic Investigator

Deceased: [REDACTED]

Report of Death:

On Saturday, July 2, 2011 at 0050 hours, I received a page instructing me to contact Patti with Embracing Hospice, telephone number 678-965-2360. Patti Braaten reported the death of a 58-year-old white female who was involved in a motor vehicle accident on June 16, 2011. She had been transported from the scene to Gwinnett Medical Center-Lawrenceville, then admitted to hospice on June 29, 2011. She stated she pronounced the female dead at 0022 hours on July 2, 2011.

Patti stated the deceased female had died of injuries sustained in the motor vehicle accident and had not regained consciousness.

I advised Patti our office would accept jurisdiction for the purpose of certifying the death certificate; however, we would not need to bring the deceased female in for an autopsy. I would subpoena medical records from the hospital and the deceased female could be released to the funeral home of the family's choice. I requested the decedent's medical record number and was given [REDACTED]

Jurisdiction:

Under the provisions of the Georgia Death Investigation Act, jurisdiction was accepted in this death. I began a Medical Examiner's investigation and inquiry in accordance with OCGA 45-16-24.

Identification of Decedent:

[REDACTED] a 58-year-old white female, date of birth [REDACTED]  
[REDACTED] was a resident at [REDACTED] Dawsonville, Georgia [REDACTED]  
Her next-of-kin was her husband, [REDACTED] telephone number [REDACTED]  
[REDACTED]

Conversation with Sergeant Chris Hyde – GCPD AIU:

I telephoned Sergeant Chris Hyde with the Gwinnett County Police Department Accident Investigation Unit. I informed Sergeant Hyde of the death of the decedent as per his e-mail. He stated he would have Investigator Hollis e-mail a copy of the accident report.

Investigative Report: [REDACTED]  
Page 2

Additional Information:

A copy of the Gwinnett County Police Department Motor Vehicle Accident Report, case number [REDACTED], was received by this office and will be made a part of this file.

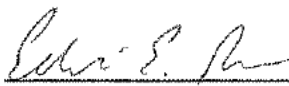
The report stated, in part, the decedent had been a passenger in a Dodge that had been involved in a head-on collision on Highway 124 at the intersection with [REDACTED] Buford, Georgia [REDACTED]. The Dodge had been southbound on Highway 124 when a Jeep Cherokee had struck another vehicle in the rear, crossed the center line and struck the vehicle the decedent was a passenger in.


The decedent was transported from the scene to the hospital.

A subpoena for the production of medical records was prepared and faxed to Gwinnett Medical Center-Lawrenceville.

Summary and Conclusion:

It is of the opinion of this investigator that the decedent died as a result of injuries sustained in a motor vehicle accident. This opinion is, however, in no way conclusive. Upon receipt of the medical records, all available information will be provided to the Medical Examiner. The final cause and manner of death will be determined by the Medical Examiner.

 07 22 2011  
Eddie E. Reeves  
Forensic Investigator

sc-0574:eer 

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

EXTERIOR ANALYSIS

Case: [REDACTED] Date: 6.17.11 Time: 1700  
 Vehicle #1 VIN: [REDACTED] Inspection Location: GCPD / HQ  
 Year: 2004 Make: Jeep Model: Grand Cherokee Color: Gray

**NOTE:** Tires numbered left to right from front to rear

TIRES						
POSITION	MANUFACTURER	MODEL NAME	TREAD TYPE	SIZE	PRESSURE	TREAD DEPTH
1 / LF	Destination	LE	R	P245/70R16	Flat	3/32
2 / RF	Destination	LE	R	P245/70R16	Flat	0/32
3 / LR	Stampede	Radial Sun	R	P245/70R16	35PSI	0/32
3A / ILR						
4 / RR	Stampede	Radial Sun	R	P245/70R16	35PSI	6/32
4A / IRR						
5						
5A / ILR						
6						
6A / IRR						
7						
7A / ILR						
8						
8A / IRR						
9						
9A / ILR						
10						
10A / IRR						

<p style="text-align: center;"><b>Outside Mirror</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><i>Left</i></td> <td style="width: 50%; border: none; text-align: center;"><i>Right</i></td> </tr> <tr> <td style="border: none;">Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/></td> <td style="border: none;">Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/></td> </tr> </table>	<i>Left</i>	<i>Right</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/>	<p>EXTERNAL CARGO Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Describe: _____</p> <p>WINDSHIELD WIPERS Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Bad <input type="checkbox"/> Missing <input type="checkbox"/></p>
<i>Left</i>	<i>Right</i>				
Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/>				

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

**ELECTRICAL ANALYSIS**

Case# [REDACTED] Date: 6.17.11 Time: 1700  
 Vehicle # 1 VIN [REDACTED] Location: GCPD / HQ  
 Year: 2004 Make: Jeep Model: Grand Cherokee Color: Gray  
 Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**VEHICLE TYPE:**

- CAR       PICKUP       LARGE TRUCK       BOBTAIL TRACTOR       BUS  
 TRACTOR TRAILER       MOTORCYCLE       VAN       RV       SPORT UTILITY

**EXTERIOR LIGHTING**

*Inspection completed without electrical power applied*

HEADLIGHTS		PARKING LIGHTS	
Left	Right	Left	Right
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>
HIGHBEAM	HIGHBEAM	FRONT TURN SIGNALS	
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>

FOG/DRIVING LIGHTS		TAIL LIGHTS	
#1	#2	Left	Right
Clear <input type="checkbox"/> Amber <input type="checkbox"/>	Clear <input type="checkbox"/> Amber <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>		

BRAKE LIGHTS		REAR TURN SIGNALS	
Left	Right	Left	Right
Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

INTERIOR ANALYSIS

Case# [REDACTED]

Date: 6.17.11

Time: 1700

Vehicle # 1

VIN: [REDACTED]

Inspection Location: GCPD / HQ

Year: 2004

Make: Jeep

Model: Grand Cherokee

Color: Gray

DOORS				WINDOWS		
LEFT FRONT	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	****	LEFT FRONT	Broken <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
RIGHT FRONT	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RIGHT FRONT	Broken <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
LEFT REAR	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	LEFT REAR	Broken <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
RIGHT REAR	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RIGHT REAR	Broken <input type="checkbox"/>	Closed <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input checked="" type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
REAR	Locked <input checked="" type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	WINDSHIELD	Broken <input checked="" type="checkbox"/> Not Broken <input type="checkbox"/> Contact <input type="checkbox"/> Induced <input type="checkbox"/>	
				BACK GLASS	Broken <input type="checkbox"/> Not Broken <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Induced <input type="checkbox"/>	

SEATS / SAFETY RESTRAINTS							
SEAT	SEAT TYPE	SEAT POSITION		RESTRAINT DESCRIPTION	TYPE	IN USE	
#1	Bucket <input checked="" type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#2	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#3	Bucket <input checked="" type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#4	Bucket <input type="checkbox"/> Bench <input checked="" type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#5	Bucket <input type="checkbox"/> Bench <input checked="" type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#6	Bucket <input type="checkbox"/> Bench <input checked="" type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#7	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
AIR BAG			TRANSMISSION		SPEEDOMETER		
SEAT	EQUIPPED	DEPLOYED	MANUAL <input type="checkbox"/>	AUTOMATIC <input checked="" type="checkbox"/>	Digital <input checked="" type="checkbox"/> Needle <input type="checkbox"/>		
#1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Position R <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Broken <input type="checkbox"/>	Position P <input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> D <input checked="" type="checkbox"/> D1 <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> Broken <input type="checkbox"/>	Reading 0		
#3	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Mileage unknown		
HEAD REST	SEAT 1 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	SEAT 3 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 4 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 5 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	SEAT 6 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 7 Yes <input type="checkbox"/> No <input type="checkbox"/>
TILT STEERING Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Up <input type="checkbox"/> 3/4 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Down <input type="checkbox"/>			HORN Yes <input type="checkbox"/> No <input type="checkbox"/>	LOOSE CARGO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type? _____			

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

ELECTRICAL ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700 Location: GCPD / HQ

Vehicle # 1 VIN: [REDACTED]

Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_

<b>IGNITION SWITCH</b>	<b>HEADLIGHT SWITCH</b>	<b>HIGHBEAM SWITCH</b>
On <input checked="" type="checkbox"/> Off <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>
<b>WIPER SWITCH</b>	<b>TURN SIGNAL SWITCH</b>	<b>CRUISE CONTROL</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Delay <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	Off <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>
<b>HEATER SWITCH</b>	<b>DEFROSTER SWITCH</b>	<b>AIR CONDITIONING SWITCH</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
<b>DOME LIGHT</b>	<b>AM/FM RADIO</b>	<b>CELLULAR TELEPHONE</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	On <input type="checkbox"/> Off <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Volume: Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/> Unk <input type="checkbox"/>	Equipped: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On Hook <input type="checkbox"/> Off Hook <input type="checkbox"/> Unknown <input type="checkbox"/>

REMARKS

\_\_\_\_\_

Gwinnett County Police Department

winnett County Police Department  
 Accident Investigation Unit  
**Serious/Fatal Collision Report**  
 Vehicle Information

BRAKE ANALYSIS

Case#: [REDACTED] Date: 6.17.11 Time: 1700 Inspection Location: GCPD / HQ

Vehicle #1 VIN: [REDACTED]  
 Year: 2001 Make: Jeep Model: Grand Cherokee Color: Gray  
 Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**VEHICLE TYPE:**

- CAR       PICKUP       LARGE TRUCK       BOBTAIL TRACTOR       BUS  
 TRACTOR TRAILER       MOTORCYCLE       VAN       RV       SPORT UTILITY

**NOTE: Axles are numbered front to rear in sequence**

<b>FRONT WHEELS (Axle #1)</b>	<b>Axle #2</b>
Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Axle #3    N/A <input type="checkbox"/></b>	<b>Axle #4    N/A <input type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #5    N/A <input type="checkbox"/></b>	<b>Axle #6    N/A <input type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #7    N/A <input type="checkbox"/></b>	<b>Axle #8    N/A <input type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>

- Brake Pedal Pressure? Yes  No   
 ( Full Pedal  3/4 Pedal  1/2 Pedal  1/4 Pedal  )  
 Brake System inoperative due to collision damage? Yes  No   
 Brake Pedal Assembly? Destroyed  Pinned   
 Trailer Brake switch activated? Yes  No  N/A   
 Parking Brake working? Yes  No   
 Parking Brake set? Yes  No



Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

EXTERIOR ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700  
 Vehicle #2 VIN: [REDACTED] Inspection Location: GCPD / HQ  
 Year: 2008 Make: Jeep Model: Wrangler Color: Silver

**NOTE:** Tires numbered left to right from front to rear

TIRES						
POSITION	MANUFACTURER	MODEL NAME	TREAD TYPE	SIZE	PRESSURE	TREAD DEPTH
1 / LF	BF Goodrich	Mud Terrain	R	255/75R17	32 PSI	7/32
2 / RF	BF Goodrich	Mud Terrain	R	255/75R17	33 PSI	8/32
3 / LR	BF Goodrich	Mud Terrain	R	255/75R17	32 PSI	7/32
3A / ILR						
4 / RR	BF Goodrich	Mud Terrain	R	255/75R17	34 PSI	4/32
4A / IRR						
5						
5A / ILR						
6						
6A / IRR						
7						
7A / ILR						
8						
8A / IRR						
9						
9A / ILR						
10						
10A / IRR						

<p style="text-align: center;">Outside Mirror</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;"> <i>Left</i>            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            Missing <input type="checkbox"/> </td> <td style="width: 50%; text-align: center;"> <i>Right</i>            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            Missing <input type="checkbox"/> </td> </tr> </table>	<i>Left</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>	<i>Right</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>	<p>EXTERNAL CARGO    Yes <input type="checkbox"/>    Describe: _____                                      No <input checked="" type="checkbox"/></p> <p>WINDSHIELD WIPERS    Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Bad <input type="checkbox"/> Missing <input type="checkbox"/></p>
<i>Left</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>	<i>Right</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>		

Gwinnett County Police Department

Gwinnett County Police Department  
 Accident Investigation Unit  
**Serious/Fatal Collision Report**  
 Vehicle Information

ELECTRICAL ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700  
 Vehicle # 2 VIN: [REDACTED] Location: GCPD / HQ  
 Year: 2008 Make: Jeep Model: Wrangler Color: Silver  
 Trailer # VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VEHICLE TYPE:

- CAR       PICKUP       LARGE TRUCK       BOBTAIL TRACTOR       BUS  
 TRACTOR TRAILER       MOTORCYCLE       VAN       RV       SPORT UTILITY

**EXTERIOR LIGHTING**

*Inspection completed without electrical power applied*

HEADLIGHTS		PARKING LIGHTS	
Left	Right	Left	Right
Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>
HIGHBEAM	HIGHBEAM	FRONT TURN SIGNALS	
Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>

FOG/DRIVING LIGHTS		TAIL LIGHTS	
#1	#2	Left	Right
Clear <input checked="" type="checkbox"/> Amber <input type="checkbox"/>	Clear <input type="checkbox"/> Amber <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>		

BRAKE LIGHTS		REAR TURN SIGNALS	
Left	Right	Left	Right
Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

INTERIOR ANALYSIS

Case: XXXXXXXXXX Date: 6.17.11 Time: 1700  
 Vehicle # 2 VIN: XXXXXXXXXX Inspection Location: GCPD / HQ  
 Year: 2008 Make: Jeep Model: Wrangler Color: Silver

DOORS				WINDOWS		
LEFT FRONT	Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input type="checkbox"/>	****	LEFT FRONT	Broken <input type="checkbox"/>	Closed <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input checked="" type="checkbox"/>
RIGHT FRONT	Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RIGHT FRONT	Broken <input type="checkbox"/>	Closed <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input checked="" type="checkbox"/>
LEFT REAR	Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	LEFT REAR	Broken <input type="checkbox"/>	Closed <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input checked="" type="checkbox"/>
RIGHT REAR	Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RIGHT REAR	Broken <input type="checkbox"/>	Closed <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input checked="" type="checkbox"/>
REAR	Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	WINDSHIELD	Broken <input type="checkbox"/> Not Broken <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Induced <input type="checkbox"/>	
				BACK GLASS	Broken <input type="checkbox"/> Not Broken <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Induced <input type="checkbox"/>	

SEATS / SAFETY RESTRAINTS							
SEAT	SEAT TYPE	SEAT POSITION			RESTRAINT DESCRIPTION	TYPE	IN USE
#1	Bucket <input type="checkbox"/> Bench <input checked="" type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
#2	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
#3	Bucket <input type="checkbox"/> Bench <input checked="" type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#4	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#5	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
#6	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
#7	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
AIR BAG		TRANSMISSION			SPEEDOMETER		
SEAT	EQUIPPED	DEPLOYED	MANUAL <input type="checkbox"/>	AUTOMATIC <input checked="" type="checkbox"/>	Digital <input type="checkbox"/>	Needle <input checked="" type="checkbox"/>	
#1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Position R <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Broken <input type="checkbox"/>	Position P <input checked="" type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> D1 <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> Broken <input type="checkbox"/>	Reading 0		
#3	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Mileage unknown		
HEAD REST	SEAT 1 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	SEAT 3 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 4 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 5 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 6 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SEAT 7 Yes <input type="checkbox"/> No <input type="checkbox"/>
TILT STEERING Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Up <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input checked="" type="checkbox"/> 1/4 <input type="checkbox"/> Down <input type="checkbox"/>			HORN Yes <input type="checkbox"/> No <input type="checkbox"/>	LOOSE CARGO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type? _____			

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

ELECTRICAL ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700 Location: GCPD / HQ

Vehicle # 2 VIN: [REDACTED]

Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_

<b>IGNITION SWITCH</b>	<b>HEADLIGHT SWITCH</b>	<b>HIGHBEAM SWITCH</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>
<b>WIPER SWITCH</b>	<b>TURN SIGNAL SWITCH</b>	<b>CRUISE CONTROL</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Delay <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	Off <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>
<b>HEATER SWITCH</b>	<b>DEFROSTER SWITCH</b>	<b>AIR CONDITIONING SWITCH</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
<b>DOME LIGHT</b>	<b>AM/FM RADIO</b>	<b>CELLULAR TELEPHONE</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>  Volume: Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/> Unk <input type="checkbox"/>	Equipped: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  On Hook <input type="checkbox"/> Off Hook <input type="checkbox"/> Unknown <input type="checkbox"/>

REMARKS

\_\_\_\_\_

Gwinnett County Police Department

winnett County Police Department  
 Accident Investigation Unit  
**Serious/Fatal Collision Report**  
 Vehicle Information

BRAKE ANALYSIS

Case#: [REDACTED] Date: 6.17.11 Time: 1700 Inspection Location: GCPD / HQ

Vehicle #1 VIN: [REDACTED]  
 Year: 2004 Make: Jeep Model: Grand Cherokee Color: Gray  
 Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**VEHICLE TYPE:**

- CAR     
  PICKUP     
  LARGE TRUCK     
  BOBTAIL TRACTOR     
  BUS  
 TRACTOR TRAILER     
  MOTORCYCLE     
  VAN     
  RV     
 SPORT UTILITY

**NOTE: Axles are numbered front to rear in sequence**

<b>FRONT WHEELS (Axle #1)</b>	<b>Axle #2</b>
Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Axle #3 N/A <input checked="" type="checkbox"/></b>	<b>Axle #4 N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #5 N/A <input checked="" type="checkbox"/></b>	<b>Axle #6 N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #7 N/A <input checked="" type="checkbox"/></b>	<b>Axle #8 N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>

- Brake Pedal Pressure? Yes  No   
 ( Full Pedal  3/4 Pedal  1/2 Pedal  1/4 Pedal  )  
 Brake System inoperative due to collision damage? Yes  No   
 Brake Pedal Assembly? Destroyed  Pinned   
 Trailer Brake switch activated? Yes  No  N/A   
 Parking Brake working? Yes  No   
 Parking Brake set? Yes  No

winnett County Police Department  
 Accident Investigation Unit  
**Serious/Fatal Collision Report**  
 Vehicle Information

BRAKE ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700 Inspection Location: GCPD / HQ

Vehicle #2 VIN: [REDACTED]  
 Year: 2008 Make: Jeep Model: Wrangler Color: Silver  
 Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**VEHICLE TYPE:**

- CAR       PICKUP       LARGE TRUCK       BOBTAIL TRACTOR       BUS  
 TRACTOR TRAILER       MOTORCYCLE       VAN       RV       SPORT UTILITY

**NOTE: Axles are numbered front to rear in sequence**

<b>FRONT WHEELS (Axle #1)</b>	<b>Axle #2</b>
Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Axle #3    N/A <input checked="" type="checkbox"/></b>	<b>Axle #4    N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #5    N/A <input checked="" type="checkbox"/></b>	<b>Axle #6    N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #7    N/A <input checked="" type="checkbox"/></b>	<b>Axle #8    N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>

- Brake Pedal Pressure? Yes  No   
 ( Full Pedal  3/4 Pedal  1/2 Pedal  1/4 Pedal  )  
 Brake System inoperative due to collision damage? Yes  No   
 Brake Pedal Assembly? Destroyed  Pinned   
 Trailer Brake switch activated? Yes  No  N/A   
 Parking Brake working? Yes  No   
 Parking Brake set? Yes  No

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

EXTERIOR ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700  
 Vehicle #3 VIN: [REDACTED] Inspection Location: GCPD / HQ  
 Year: 2009 Make: Dodge Model: Journey Color: Blue

**NOTE:** Tires numbered left to right from front to rear

TIRES						
POSITION	MANUFACTURER	MODEL NAME	TREAD TYPE	SIZE	PRESSURE	TREAD DEPTH
1 / LF	Kumho	Solus	R	225/65R17	Flat	5/32
2 / RF	Kumho	Solus	R	225/65R17	Flat	6/32
3 / LR	Goodyear	Integrity	R	225/65R17	30 PSI	5/32
3A / ILR						
4 / RR	Kumho	Solus	R	225/65R17	28 PSI	7/32
4A / IRR						
5						
5A / ILR						
6						
6A / IRR						
7						
7A / ILR						
8						
8A / IRR						
9						
9A / ILR						
10						
10A / IRR						

<p style="text-align: center;">Outside Mirror</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <i>Left</i>            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            Missing <input type="checkbox"/> </td> <td style="width: 50%; border: none; text-align: center;"> <i>Right</i>            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            Missing <input type="checkbox"/> </td> </tr> </table>	<i>Left</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>	<i>Right</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>	<p>EXTERNAL CARGO Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Describe: _____</p> <p>WINDSHIELD WIPERS Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Bad <input type="checkbox"/> Missing <input type="checkbox"/></p>
<i>Left</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>	<i>Right</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/>		

Gwinnett County Police Department

Exhibit 22  
 [REDACTED]

Gwinnett County Police Department  
 Accident Investigation Unit  
**Serious/Fatal Collision Report**  
 Vehicle Information

ELECTRICAL ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700  
 Vehicle # 3 VIN: [REDACTED] Location: GCPD / HQ  
 Year: 2009 Make: Dodge Model: Journey Color: Blue  
 Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VEHICLE TYPE:

- CAR       PICKUP       LARGE TRUCK       BOBTAIL TRACTOR       BUS  
 TRACTOR TRAILER       MOTORCYCLE       VAN       RV       SPORT UTILITY

**EXTERIOR LIGHTING** *Inspection completed without electrical power applied*

HEADLIGHTS		PARKING LIGHTS	
Left	Right	Left	Right
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>
HIGHBEAM		FRONT TURN SIGNALS	
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>

FOG/DRIVING LIGHTS		TAIL LIGHTS	
#1	#2	Left	Right
Clear <input type="checkbox"/> Amber <input type="checkbox"/>	Clear <input type="checkbox"/> Amber <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input type="checkbox"/>		

BRAKE LIGHTS		REAR TURN SIGNALS	
Left	Right	Left	Right
Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Unknown <input type="checkbox"/>
Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Hot shock <input type="checkbox"/> Cold Break <input type="checkbox"/> Unk <input checked="" type="checkbox"/>



Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

INTERIOR ANALYSIS

Case# [REDACTED]

Date: 6.17.11

Time: 1700

Vehicle # 3

VIN: [REDACTED]

Inspection Location: GCPD / HQ

Year: 2009

Make: Dodge

Model: Journey

Color: Blue

DOORS				WINDOWS		
LEFT FRONT	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/>	<i>None</i>	LEFT FRONT	Broken <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
RIGHT FRONT	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RIGHT FRONT	Broken <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
LEFT REAR	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/>	N/A <input type="checkbox"/>	LEFT REAR	Broken <input checked="" type="checkbox"/>	Closed <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
RIGHT REAR	Locked <input type="checkbox"/> Unlocked <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RIGHT REAR	Broken <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> open <input type="checkbox"/>
REAR	Locked <input checked="" type="checkbox"/> Unlocked <input type="checkbox"/> Unknown <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	WINDSHIELD	Broken <input checked="" type="checkbox"/> Not Broken <input type="checkbox"/> Contact <input type="checkbox"/> Induced <input type="checkbox"/>	
				BACK GLASS	Broken <input type="checkbox"/> Not Broken <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Induced <input type="checkbox"/>	

SEATS / SAFETY RESTRAINTS						
SEAT	SEAT TYPE	SEAT POSITION		RESTRAINT DESCRIPTION	TYPE	IN USE
#1	Bucket <input checked="" type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
#2	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
#3	Bucket <input checked="" type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input type="checkbox"/>	Lap <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
#4	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
#5	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
#6	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
#7	Bucket <input type="checkbox"/> Bench <input type="checkbox"/>	Front <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Rear <input type="checkbox"/> Fixed <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Childseat <input type="checkbox"/> None <input type="checkbox"/>	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

AIR BAG			TRANSMISSION		SPEEDOMETER	
SEAT	EQUIPPED	DEPLOYED	MANUAL <input type="checkbox"/>	AUTOMATIC <input checked="" type="checkbox"/>	Digital <input type="checkbox"/>	Needle <input type="checkbox"/>
#1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Position R <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Broken <input type="checkbox"/>	Position P <input type="checkbox"/> R <input type="checkbox"/> N <input checked="" type="checkbox"/> D <input type="checkbox"/> D1 <input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> Broken <input type="checkbox"/>	Reading 49 mph	
#3	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Mileage unknown	

HEAD REST	SEAT 1	SEAT 2	SEAT 3	SEAT 4	SEAT 5	SEAT 6	SEAT 7
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

TILT STEERING Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Up <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Down <input type="checkbox"/>	HORN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	LOOSE CARGO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type? _____
--	--	--

Gwinnett County Police Department  
 Accident Investigation Unit  
 Serious/Fatal Collision Report  
 Vehicle Information

ELECTRICAL ANALYSIS

Case# [REDACTED] Date: 6.17.11 Time: 1700 Location: GCPD / HQ

Vehicle # 3 VIN [REDACTED]

Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_

<b>IGNITION SWITCH</b>	<b>HEADLIGHT SWITCH</b>	<b>HIGHBEAM SWITCH</b>
On <input checked="" type="checkbox"/> Off <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Broken <input type="checkbox"/>
<b>WIPER SWITCH</b>	<b>TURN SIGNAL SWITCH</b>	<b>CRUISE CONTROL</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Delay <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	Off <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>
<b>HEATER SWITCH</b>	<b>DEFROSTER SWITCH</b>	<b>AIR CONDITIONING SWITCH</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Broken <input type="checkbox"/>	On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	On <input type="checkbox"/> Off <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>
<b>DOME LIGHT</b>	<b>AM/FM RADIO</b>	<b>CELLULAR TELEPHONE</b>
On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	On <input type="checkbox"/> Off <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Volume: Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/> Unk <input type="checkbox"/>	Equipped: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On Hook <input type="checkbox"/> Off Hook <input type="checkbox"/> Unknown <input type="checkbox"/>

REMARKS

\_\_\_\_\_

Gwinnett County Police Department

winnett County Police Department  
 Accident Investigation Unit  
**Serious/Fatal Collision Report**  
 Vehicle Information

BRAKE ANALYSIS

Case: [REDACTED] Date: 6.17.11 Time: 1700 Inspection Location: GCPD / HQ

Vehicle #3 VIN: [REDACTED]  
 Year: 2009 Make: Dodge Model: Journey Color: Blue  
 Trailer # \_\_\_\_\_ VIN: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**VEHICLE TYPE:**

- CAR     
  PICKUP     
  LARGE TRUCK     
  BOBTAIL TRACTOR     
  BUS  
 TRACTOR TRAILER     
  MOTORCYCLE     
  VAN     
  RV     
 SPORT UTILITY

**NOTE: Axles are numbered front to rear in sequence**

<b>FRONT WHEELS (Axle #1)</b>	<b>Axle #2</b>
Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #3 N/A <input checked="" type="checkbox"/></b>	<b>Axle #4 N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #5 N/A <input checked="" type="checkbox"/></b>	<b>Axle #6 N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Axle #7 N/A <input checked="" type="checkbox"/></b>	<b>Axle #8 N/A <input checked="" type="checkbox"/></b>
Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>	Standard <input type="checkbox"/> ABS <input type="checkbox"/> Air <input type="checkbox"/> None <input type="checkbox"/>
Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>	Contributed to collision cause Yes <input type="checkbox"/> No <input type="checkbox"/>

- Brake Pedal Pressure? Yes  No   
 ( Full Pedal  3/4 Pedal  1/2 Pedal  1/4 Pedal  )  
 Brake System inoperative due to collision damage? Yes  No   
 Brake Pedal Assembly? Destroyed  Pinned   
 Trailer Brake switch activated? Yes  No  N/A   
 Parking Brake working? Yes  No   
 Parking Brake set? Yes  No



## Recalls - Search Results

7 Record(s) Displayed.

Report Date : <b>October 18, 2011 at 08:28 PM</b>
Search Type : <b>VEHICLE</b>
Make: <b>DODGE</b>
Model or Model No.: <b>JOURNEY</b>
Model Year: <b>2009</b>

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER LLC**Mfr's Report Date:** JUN 03, 2008**NHTSA CAMPAIGN ID Number:** 08V247000**NHTSA Action Number:** N/A**Component:** ELECTRICAL SYSTEM:WIRING**Potential Number of Units Affected:** 6,692**Summary:**

CHRYSLER IS RECALLING 6,692 MY 2009 DODGE JOURNEY VEHICLES EQUIPPED WITH A 3.5L ENGINE. THE ENGINE WIRING HARNESS MAY CONTACT THE LEFT TRANSAXLE MOUNT.

**Consequence:**

DAMAGE TO THE WIRING HARNESS COULD RESULT IN AN ENGINE COMPARTMENT FIRE.

**Remedy:**

DEALERS WILL INSPECT THE ENGINE WIRING HARNESS FOR DAMAGE. IF THE HARNESS IS DAMAGED, THE WIRING WILL BE REPAIRED AND A TIE WRAP INSTALLED TO SECURE THE HARNESS AWAY FROM THE LEFT TRANSAXLE MOUNT. IF NO DAMAGE IS FOUND, A TIE WRAP WILL BE INSTALLED TO SECURE THE HARNESS AWAY FROM THE LEFT TRANSAXLE MOUNT. THE RECALL BEGAN ON JULY 7, 2008. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER RECALL NO. H21. CUSTOMERS MAY CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY: 1-800-424-9153); OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER LLC**Mfr's Report Date:** OCT 07, 2008**NHTSA CAMPAIGN ID Number:** 08V528000**NHTSA Action Number:** N/A**Component:** POWER TRAIN:AUTOMATIC TRANSMISSION:CONTROL MODULE (TCM, PCM)**Summary:**

CHRYSLER IS RECALLING 712 MY 2009 SEBRING, DODGE CALIBER, AVENGER, JOURNEY, JEEP PATRIOT, AND COMPASS VEHICLES. A NEW ADHESIVE USED IN THE POWER TRAIN CONTROL MODULE (PCM) MANUFACTURING PROCESS CAN CAUSE THE PRINTED CIRCUIT BOARD TO BREAK.

**Consequence:**

THIS CAN CAUSE THE ENGINE TO STALL AND CAUSE A CRASH WITHOUT WARNING.

**Remedy:**

DEALERS WILL REPLACE THE PCM FREE OF CHARGE. THE RECALL BEGAN ON NOVEMBER 10, 2008. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER RECALL NO. H33. CUSTOMERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER LLC**Mfr's Report Date:** MAR 09, 2009**NHTSA CAMPAIGN ID Number:** 09V082000**NHTSA Action Number:** N/A**Component:** ELECTRICAL SYSTEM**Potential Number of Units Affected:** 16,852**Summary:**

CHRYSLER IS RECALLING 16,852 MY 2009 DODGE JOURNEY VEHICLES EQUIPPED WITHOUT OPTIONAL 115 VOLT AUXILIARY POWER OUTLET. AN UNUSED ELECTRICAL CONNECTOR FOR THE OPTIONAL 115 VOLT AUXILIARY POWER OUTLET OPTION MAY BECOME CORRODED AND COULD SHORT CIRCUIT.

**Consequence:**

IF THE FUSE FOR THIS CIRCUIT DOES NOT BLOW, THE CONNECTOR COULD OVERHEAT AND POTENTIALLY CATCH FIRE.

**Remedy:**

DEALERS WILL RE-ROUTE AND STOW THE 115 VOLT AUXILIARY POWER OUTLET CONNECTOR AND PULL THE 25 AMP FUSE TO REMOVE POWER FROM THIS UNUSED CIRCUIT FREE OF CHARGE. THE RECALL BEGAN ON MARCH 30, 2009. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER RECALL NO. J09. OWNERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER LLC**Mfr's Report Date:** APR 07, 2009**NHTSA CAMPAIGN ID Number:** 09V118000**NHTSA Action Number:** N/A**Component:** ELECTRICAL SYSTEM:WIRING**Summary:**

CHRYSLER IS RECALLING 4,314 MY 2009 DODGE JOURNEY, JEEP GRAND CHEROKEE, COMMANDER AND WRANGLER VEHICLES. WIRING MAY BE REVERSED ON THE STEERING COLUMN CONTROL MODULE DRIVER AIRBAG SQUIB CONNECTOR. THE DRIVER'S AIRBAG MAY NOT DEPLOY AS INTENDED.

**Consequence:**

IN THE EVENT OF A CRASH, THE DRIVER'S AIRBAG MAY NOT PROPERLY INFLATE AND MAY NOT BE ABLE TO PROPERLY PROTECT AN OCCUPANT, INCREASING THE RISK OF INJURIES.

**Remedy:**

DEALERS WILL INSPECT THE DRIVER'S AIRBAG SQUIB WIRES AND REPLACE THE STEERING COLUMN CONTROL MODULE FREE OF CHARGE. THE RECALL IS EXPECTED TO BEGIN DURING MAY 2009. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER RECALL NO. J13. OWNERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER LLC**Mfr's Report Date:** APR 07, 2009

**NHTSA CAMPAIGN ID Number:** 09V118000**NHTSA Action Number:** N/A**Component:** AIR BAGS**Summary:**

CHRYSLER IS RECALLING 4,314 MY 2009 DODGE JOURNEY, JEEP GRAND CHEROKEE, COMMANDER AND WRANGLER VEHICLES. WIRING MAY BE REVERSED ON THE STEERING COLUMN CONTROL MODULE DRIVER AIRBAG SQUIB CONNECTOR. THE DRIVER'S AIRBAG MAY NOT DEPLOY AS INTENDED.

**Consequence:**

IN THE EVENT OF A CRASH, THE DRIVER'S AIRBAG MAY NOT PROPERLY INFLATE AND MAY NOT BE ABLE TO PROPERLY PROTECT AN OCCUPANT, INCREASING THE RISK OF INJURIES.

**Remedy:**

DEALERS WILL INSPECT THE DRIVER'S AIRBAG SQUIB WIRES AND REPLACE THE STEERING COLUMN CONTROL MODULE FREE OF CHARGE. THE RECALL IS EXPECTED TO BEGIN DURING MAY 2009. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER RECALL NO. J13. OWNERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER LLC**Mfr's Report Date:** APR 07, 2009**NHTSA CAMPAIGN ID Number:** 09V118000**NHTSA Action Number:** N/A**Component:** AIR BAGS:FRONTAL**Summary:**

CHRYSLER IS RECALLING 4,314 MY 2009 DODGE JOURNEY, JEEP GRAND CHEROKEE, COMMANDER AND WRANGLER VEHICLES. WIRING MAY BE REVERSED ON THE STEERING COLUMN CONTROL MODULE DRIVER AIRBAG SQUIB CONNECTOR. THE DRIVER'S AIRBAG MAY NOT DEPLOY AS INTENDED.

**Consequence:**

IN THE EVENT OF A CRASH, THE DRIVER'S AIRBAG MAY NOT PROPERLY INFLATE AND MAY NOT BE ABLE TO PROPERLY PROTECT AN OCCUPANT, INCREASING THE RISK OF INJURIES.

**Remedy:**

DEALERS WILL INSPECT THE DRIVER'S AIRBAG SQUIB WIRES AND REPLACE THE STEERING COLUMN CONTROL MODULE FREE OF CHARGE. THE RECALL IS EXPECTED TO BEGIN DURING MAY 2009. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER RECALL NO. J13. OWNERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

**Make:** DODGE**Model:** JOURNEY**Model Year:** 2009**Manufacturer:** CHRYSLER GROUP LLC**Mfr's Report Date:** DEC 23, 2010**NHTSA CAMPAIGN ID Number:** 10V658000**NHTSA Action Number:** N/A**Component:** ELECTRICAL SYSTEM:WIRING**Potential Number of Units Affected:** 64,934**Summary:**

CHRYSLER IS RECALLING CERTAIN MODEL YEAR 2009 DODGE JOURNEY VEHICLES MANUFACTURER FROM NOVEMBER 1, 2007, THROUGH NOVEMBER 7, 2008. THE WIRES WITHIN THE FRONT DOOR WIRE HARNESSSES MAY FATIGUE AND BREAK, WHICH CAN INTERRUPT THE CIRCUITS FOR THE SIDE IMPACT SENSOR(S), RESULTING IN AN AIRBAG WARNING LAMP ILLUMINATION AND LOSS OF SIDE CRASH SENSING CAPABILITY.

**Consequence:**

IN THE EVENT OF A CRASH, THE SIDE AIRBAG MAY NOT DEPLOY, REDUCING THE PROTECTION INTENDED FOR THE OCCUPANT AND INCREASING THE RISK OF INJURIES.

**Remedy:**

CHRYSLER WILL NOTIFY OWNERS AND REPLACE THE LEFT AND RIGHT DOOR WIRING HARNESSSES FREE OF CHARGE. THE SAFETY RECALL BEGAN ON FEBRUARY 18, 2011. OWNERS MAY CONTACT CHRYSLER AT 1-800-853-1403.

**Notes:**

CHRYSLER SAFETY RECALL NO. K07. OWNERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

1200 New Jersey Avenue, SE, West Building Washington DC 20590 USA  
1.888.327.4236 TTY 1.800.424.9153



JUVENILE INVOLVED?  Yes  No COMMERCIAL?  N PRIVATE PROPERTY?  N

PAGE \_\_\_\_\_ Of \_\_\_\_\_

Accident Number		Agency NCIC No. GA0670200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT		County GWINNETT		Date Rec'd by DMVS			
Date 06-16-2011		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 1653		Off. Arrived 1700		Total Number of: Vehicles 3 Injuries 2 Fatalities 1		Inside City of:	
Road of Occurrence S.R.124 (BRASELTON HIGHWAY)						At Its Intersection With AMBER CREEK DRIVE					
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.						1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.					
Not at Its Intersection But _____ Miles _____ North _____ East _____ South _____ West						Of: 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> County Rd. 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line					
And continuing in the direction checked above, the Next Reference Point is						1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line					
Inv: <input type="checkbox"/> DRV LAST NAME FIRST MIDDLE INITIAL				Inv: <input type="checkbox"/> DRV LAST NAME FIRST MIDDLE INITIAL							
#: <input type="checkbox"/> 1				#: <input type="checkbox"/> 2							
City LAWRENCEVILLE State GA Zip _____ DOB _____				City BUFORD State GA Zip _____ DOB _____							
Driver's License No. _____ Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				Driver's License No. _____ Class _____ State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female							
Posted Speed 45 Insurance Co. ALLSTATE Policy No. _____				Posted Speed 45 Insurance Co. ALLSTATE Policy No. _____							
Year 2004 Make JEEP Model GRAND CHE Telephone No. _____				Year 2008 Make JEEP Model WRANGLER Telephone No. _____							
VIN 1J4GX48S94C190256 Vehicle Color GRY				VIN 1J4GA69178 _____ Vehicle Color SIL							
Tag # _____ State GA County GWINNETT Month / Year 02 / 2012				Tag # _____ State GA County GWINNETT Month / Year 10 / 2011							
Trailer tag # _____ State _____ County _____ Month / Year _____				Trailer tag # _____ State _____ County _____ Month / Year _____							
<input checked="" type="checkbox"/> Same as Driver Owner's Name (last first middle initial)				<input checked="" type="checkbox"/> Same as Driver Owner's Name (last first middle initial)							
Address _____				Address _____							
City _____ State _____ Zip _____				City _____ State _____ Zip _____							
Removed By WILLARDS WRECKER SERVICE <input type="checkbox"/> Request <input checked="" type="checkbox"/> List				Removed By WILLARDS WRECKER SERVICE <input type="checkbox"/> Request <input checked="" type="checkbox"/> List							
Alcohol Test 2 Type _____ Results _____		Drug Test 2 Type _____ Results _____		Alcohol Test 2 Type _____ Results _____		Drug Test 2 Type _____ Results _____					
Driver Cond 2 Direction of Travel 1 Vision Obscured 1		Contributing Factors 07 03		Driver Cond 1 Direction of Travel 1 Vision Obscured 1		Contributing Factors 01					
Veh Cond 1 Veh Maneuver 5 Ped Maneuver _____		Veh Cond 1 Veh Maneuver 1 Ped Maneuver _____		Veh Cond 1 Veh Maneuver 1 Ped Maneuver _____		Veh Cond 1 Veh Maneuver 1 Ped Maneuver _____					
Most Harmful Event 11 Veh Class: 1 Veh Type: 11				Most Harmful Event 11 Veh Class: 1 Veh Type: 11							
Traffic Ctrl 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Ctrl 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To: ATLANTA MEDICAL CENTER By: M24				Injured Taken To: ATLANTA MEDICAL CENTER By: M24							
EMS Notified Time 1653		EMS Arrival Time 1700		Hospital Arrival Time 1733		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: INV. FALKENHAGEN #951			
Report By: B832 <- Badge #		Department Gwinnett County Police Dept.		Report Date 11-21-2011		Checked By: B704 BARNHART, WB		Date Checked			
Witness(es): 1 NAME (last first middle initial) Street Address _____ City _____ State _____ Zip _____ Telephone No. _____		2 NAME (last first middle initial) Street Address _____ City _____ State _____ Zip _____ Telephone No. _____		3 NAME (last first middle initial) Street Address _____ City _____ State _____ Zip _____ Telephone No. _____		4 NAME (last first middle initial) Street Address _____ City _____ State _____ Zip _____ Telephone No. _____					
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
Commercial Vehicles Only						Commercial Vehicles Only					
Carrier Name Vehicle # _____ Address _____ City _____ State _____ Zip _____						Carrier Name Vehicle # _____ Address _____ City _____ 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 _____	
Vehicle Config. I.C.C.M.C.# _____		U.S.D.O.T.# _____		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config. I.C.C.M.C.# _____		U.S.D.O.T.# _____		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____					
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units						___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss/Shift ___ Separation of Units					

Exhibit 25  
11-057496



**REMARKS:**

SEE NEXT PAGE.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # 1

Veh 1 Violation:

Citation #:

Citations - Vehicle # 2

Veh 2 Violation:

Citation #:

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

Veh # 1		Veh # 2		Skid Distance Before Impact	0	AFTER	0	Width of Road
Number of Occupants	1	1	Veh 1		AFTER	Veh 1		
Point of Initial Contact	01	07	Veh 2		AFTER	Veh 2		
Damage to Vehicles	4	3					24'	

Damage Other Than Vehicle	Owner: Name	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
	Address:										
Occupants (List Below):	Driver # 1 or Pedestrian #					2	1	1	3	1	1
	Driver # 2 or Pedestrian #					0	2	1	3	2	2
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX

JUVENILE INVOLVED?  Yes  No

Accident Number 110057496	Agency NCIC No. GA0670200	Accident Date 06-16-2011	GEORGIA UNIFORM MOTOR VEHICLE REPORT CONTINUATION
------------------------------	------------------------------	-----------------------------	---

Occupants (List Below):							AGE	SEX	VEH#	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP.	EXTRIC	AIR BAG	
Last Name	First	Address	City	State	ZIP												

Injured Taken to: \_\_\_\_\_ By: \_\_\_\_\_

Witness - Name (Last, First, MI Initial)	Address: (Street Address, City, State, Zip)	Phone: (Home, Business, Cell)
		H
		H
		H
		H
		H
		H
		H
		H

**REMARKS:**

On the afternoon of June 16, 2011, at approximately 4:53 p.m. vehicle #1, a 2004 Jeep Grand Cherokee, operated by Mr. [REDACTED] was traveling north on S.R. 124. Vehicle #2, a 2008 Jeep Wrangler, operated by [REDACTED] was headed north on S.R.124, stopped for traffic so he could turn left on to [REDACTED] Drive. Vehicle #3, a 2009 Dodge Journey, operated by Amy Lyle and had passenger [REDACTED] in the front seat, was headed south on [REDACTED] to head home.

Mr. [REDACTED] quickly swerved out of his lane in an attempt to avoid a collision with Jeep Wrangler, due to following too closely and the Wrangler stopped in front of him, striking vehicle #2 in the left rear tail light/ bumper and crossed over the double-yellow line and struck vehicle #3 head on. The driver of vehicle #1 [REDACTED] was transported to Gwinnett Medical Center with serious, but non-life threatening injuries. Driver #3 was also transported to Gwinnett Medical Center for with what were at the time life threatening injuries. The passenger of vehicle #3, Mrs. [REDACTED] was also transported for life threatening injuries to Atlanta Medical Center. Mrs. [REDACTED] was in and out of consciousness, but never gained full consciousness after the collision and died on July 2, 2011 due to injuries she sustained in this collision. Dr iver #2 did not sustain any type of injuries and was not transported.

After examining all three vehicles, physical evidence and speaking to witnesses, I concluded this collision was not the result of a mechanical failure or roadway defect and was completely driver error on [REDACTED] whom was charged with Following Too Closely, in violation of O.C.G.A. 40-6-49(a), Failure to [REDACTED] in violation of O.C.G.A. 40-6-48(a), Driving on the Wrong Side of the Roadway, in violation of O.C.G.A. 40-6-40(a) and Vehicular Homicide in the 2nd Degree, in violation of O.C.G.A. 40-6-393(c). These violations ultimately resulted in the death of Mrs. [REDACTED]

Case closed-AA-Adult Arrest

Report By: HOLLIS, J  
 Badge # B832

Accident Number		Agency NCIC No. GA0670200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County GWINNETT		Date Rec by DMVS		
Date 06-16-2011		Day of Week <input checked="" type="checkbox"/> Th		Time 1653		Off. Arrived 1700		Vehicles 3		Total Number of: Injuries 2 Fatalities 1	
Road of Occurrence		At Its Intersection With		Corrected Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Suppl to Original? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Hit & Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		City BUFORD	
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.		Miles <input type="checkbox"/> North <input type="checkbox"/> East		Feet <input type="checkbox"/> South <input type="checkbox"/> West		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> County Rd. 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Grid 421058	
Inv: <input type="checkbox"/> DRV		LAST NAME FIRST MIDDLE INITIAL S		Inv: <input type="checkbox"/>		LAST NAME FIRST MIDDLE INITIAL		City		State Zip DOB	
# 3		City LAWRENCEVILLE State GA Zip DOB		#		Address		City		State Zip DOB	
Class		State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Driver's License No.		Class State <input type="checkbox"/> Male <input type="checkbox"/> Female		City		State Zip DOB	
Posted Speed 45		Insurance Co. LIBERTY MUTUAL		Policy No.		Posted Speed		Insurance Co.		Policy No.	
Year 2009		Make DODG		Model JOURNEY		Year		Make		Model Telephone No.	
VIN 3D4GG57V49T		Vehicle Color BLU		VIN		Vehicle Color		City		State Zip DOB	
Tag #		State GA		County GWINNETT		Month / Year 03 / 2012		Tag #		State County Month / Year	
Trailer Tag #		State		County		Month / Year		Trailer Tag #		State County Month / Year	
<input checked="" type="checkbox"/> Same as Driver		Owner's Name (last first middle initial)		<input type="checkbox"/> Same as Driver		Owner's Name (last first middle initial)		City		State Zip	
Address		City		Address		City		State		Zip	
Removed By WILLARDS WRECKER SERVICE		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List		Removed By		<input type="checkbox"/> Request <input type="checkbox"/> List		Alcohol Test		Type Results	
Alcohol Test 2		Type		Results		Drug Test 2		Type		Results	
Driver Cond 1		Direction of Travel 2		Vision Obscured 1		Contributing Factors 01		Driver Cond		Direction of Travel	
Veh Cond 1		Veh Maneuver 5		Ped Maneuver				Veh Cond		Veh Maneuver	
Most Harmful Event 11		Veh Class: 1		Veh Type: 11		Most Harmful Event		Veh Class:		Veh Type:	
Traffic Ctrl 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Injured Taken To:		By: M24	
ATLANTA MEDICAL CENTER		EMS Notified Time 1653		EMS Arrival Time 1700		Hospital Arrival Time 1733		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: INV. FALKENHAGEN #951	
Report By: B832		<- Badge #		Department Gwinnett County Police Dept.		Report Date 11-21-2011		Checked By: B704 BARNHART, WB		Date Checked	
Witness(es):		NAME (last first middle initial)		Street Address		City		State		Zip Telephone No.	
1.		NAME (last first middle initial)		Street Address		City		State		Zip Telephone No.	
2.		NAME (last first middle initial)		Street Address		City		State		Zip Telephone No.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
Commercial Vehicles Only											
Carrier Name Vehicle #						Carrier Name Vehicle #					
Address City State Zip						Address City 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.	
Vehicle Config.		I.C.C.M.C.#		U.S.D.O.T.#		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C.#	
C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
If YES, Name or 4 Digit Number from Diamond or Box: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____					
1 Digit Number from Bottom of Diamond: _____						1 Digit Number from Bottom of Diamond: _____					
___Ran Off Road ___Down Hill Runaway ___Cargo Loss/Shift ___Separation of Units						___Ran Off Road ___Down Hill Runaway ___Cargo Loss/Shift ___Separation of Units					

Accident Number: [REDACTED]

Nature of Call: 5101

From Time: 1653

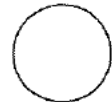
Date From: 06-16-2011

REMARKS:

Large empty rectangular box for accident remarks.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # <u>3</u>	Citations - Vehicle # _____
Veh 1 Violation: <u>NONE</u> Citation #: _____	Veh 2 Violation: _____ Citation #: _____

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

Veh # <u>3</u> Veh # _____		Skid Distance Before Impact	0 _____ AFTER 0 _____	Width of Road
Number of Occupants	2		Veh <u>3</u> _____ Veh <u>3</u> _____	
Point of Initial Contact	12		_____ AFTER _____	
Damage to Vehicles	4	Veh _____ Veh _____	_____ 24' _____	

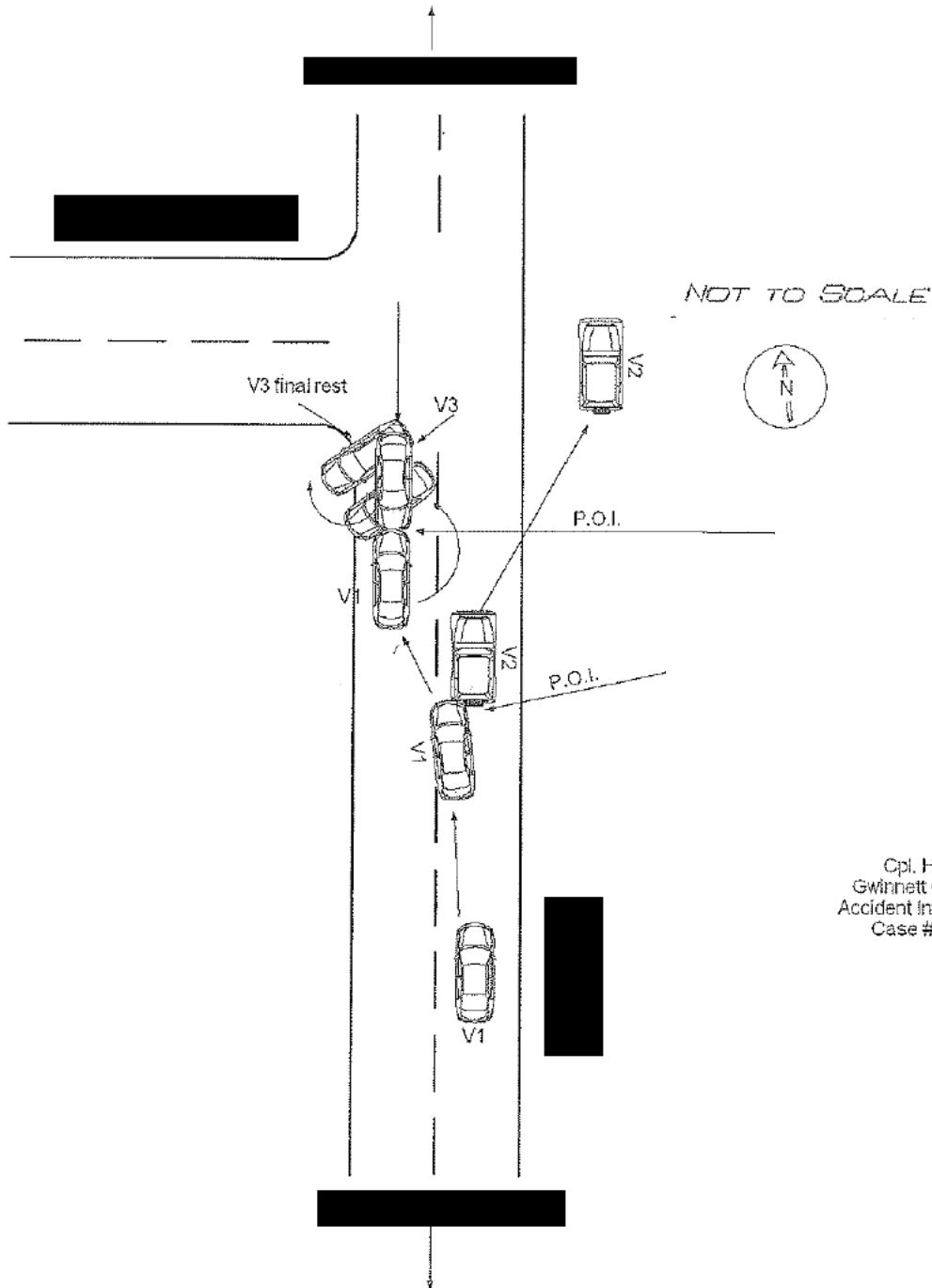
Damage Other Than Vehicle	Owner: Name	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
	Address:					2	1	1	3	1	1
Occupants (List Below):		Driver # <u>3</u> or Pedestrian #									
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX
[REDACTED]		[REDACTED]	LAWRENCEVILLE	GA	[REDACTED]	58	F	3	3	1	1

Case Number:

Date:

Location:

Description:



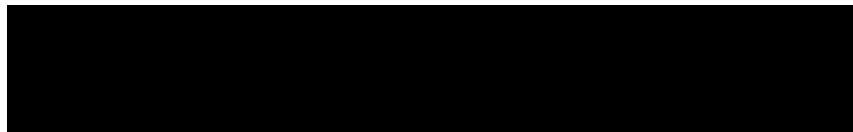
Cpl. Hollis #832  
Gwinnett County Police  
Accident Investigation Unit  
Case #11-057496

DP14-004

CHRYSLER

9/15/2014

LEGALS AND CUSTOM  
COMPLAINTS PUBLIC



CLAIM AND COMPLAINT

DP14-004

CHRYSLER

9/15/2014



Claim and Complaint



ATLANTA OFFICE  
400 Colony Square  
1201 Peachtree Street, NE  
Suite 300  
Atlanta, Georgia 30306  
404/861-7650  
877/888-7405 TOLL FREE  
404/861-7651 FAX

SAVANNAH OFFICE  
405 East Perry Street  
Savannah, Georgia 31401  
912/551-9967  
866/310-9992 TOLL FREE  
912/551-1276 FAX

Reply To: Savannah

October 12, 2011

Chrysler Group, LLC  
Corporate Headquarters  
Attention: Legal Department  
1000 Chrysler Drive  
Auburn Hills, MI 48326

Chrysler Group, LLC  
By Its Registered Agent:  
The Corporation Company (FL)  
328 Alexander Street, Suite 10  
Marietta, GA 30060

M. Diane Owens, Esquire  
Swift, Currie, McGhee & Hiers, LLP  
1355 Peachtree Street, NE  
Suite 300, Atlanta, GA 30309

Re: Our Client: [REDACTED] (deceased)  
Date of Accident: June 16, 2011

Dear Sir or Madam and Ms. Owens:


Our firm has been asked by the [REDACTED] family to look into the matter of the death of Deborah Samples, which was the result of an auto accident which occurred on June 16, 2011 in Gwinnett County, Georgia. A copy of the accident report is enclosed.

This firm, along with our consultants will be inspecting, photographing and removing the right front passenger side restraint system, in accordance with the protocol which is attached. We also intend to download the data recorder pursuant to Chrysler's Service Manual on the 2009 Dodge Journey. The inspection, removal and download will take place on Thursday, November 17, 2011 beginning at 9:30 a.m. at Co-Part, 6089 Highway 20, Loganville, Georgia 30052. We hereby invite representatives of Chrysler to be present at the inspection/removal.

Thank you in advance for your prompt attention to this request. If you have any questions or concerns, please call me at the Savannah office.

With kind regards, I am

Very truly yours,  
HARRIS PENN LOWRY DELCAMPO, LLP

  
Stephen G. Lowry

Chrysler Group LLC  
Office of the General Counsel

SGL:ims  
Enclosures - as stated

[www.hpllegal.com](http://www.hpllegal.com)

By   
Eliot of State/Proc. Service



2009 Dodge Journey / Removal of front passenger side restraint system

**Protocol:**

4-6 hours to document SV and remove passenger side front restraint system, photo document, and place in approved storage containment.

JUVENILE INVOLVED?  YES  NO COMMERCIAL  PRIVATE PROPERTY?

REPORT NUMBER: [REDACTED] POLICY NUMBER: [REDACTED] COUNTY: GWINNETT COUNTY

DATE: 05-16-2011 TIME: 1700 VEHICLE 1: MAKE: JEEP MODEL: GRAND CHE YEAR: 2004 VIN: 1JGXA85940

VEHICLE 2: MAKE: JEEP MODEL: WRANGLER YEAR: 2008 VIN: 1JGAB91700

DRIVER 1: NAME: [REDACTED] ADDRESS: [REDACTED] CITY: LAWRENCEVILLE STATE: GA

DRIVER 2: NAME: [REDACTED] ADDRESS: [REDACTED] CITY: BUFORD STATE: GA

INSURED BY: ALLSTATE

REPORT MADE BY: [REDACTED] CHECKED BY: BARNHART, W.S. DATE CHECKED: 05-18-2011

WITNESS(es): NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] TELEPHONE NO: [REDACTED]

DMV MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE):

CARRIER NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

VEHICLE 1: C.D.L.?  YES  NO VEHICLE 2: C.D.L.?  YES  NO

VEHICLE 1: HAZARDOUS MATERIALS?  YES  NO VEHICLE 2: HAZARDOUS MATERIALS?  YES  NO

IF YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_

IF YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_

MS-883 (1203) MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT P.O. BOX 15647, COLUMBUS, GA 31916-0407

Registration Fee: PAID

Accident Number: [REDACTED] Number of Calls: 2131 Pen Time: 1853 Date Filed: 06-18-2011

**REMARKS:**

VEHICLE #1 WAS TRAVELING NORTH ON [REDACTED] AND INTENDED TO CONTINUE NORTH. VEHICLE #2 WAS STOPPED ON [REDACTED] AND INTENDED TO TURN LEFT. VEHICLE #3 WAS HEADED SOUTH ON [REDACTED]. FOR REASONS UNKNOWN, VEHICLE #1 SWERVED OUT OF HIS LANE INTO THE LEFT LANE (SOUTHBOUND LANE OF TRAVEL) AND STRUCK THE LEFT REAR BUMPER OF VEHICLE #2 AND CONTINUED ON IN TO THE SOUTHBOUND LANE OF TRAVEL AND STRUCK VEHICLE #3 HEAD ON. DRIVER #1 AND THE PASSENGER OF VEHICLE #3 WERE TRANSPORTED TO GWINNETT MEDICAL CENTER WITH SERIOUS INJURIES WHILE DRIVER #2 WAS TRANSPORTED TO ATLANTA MEDICAL CENTER WITH SERIOUS INJURIES. DRIVER #2 DID NOT SUFFER ANY INJURIES. ALL THREE VEHICLES WERE IMPLOADED BY WILLYARD WRECKER SERVICE AND TRANSPORTED TO THE GWINNETT COUNTY POLICE ACCIDENT INVESTIGATION UNIT W/POUND LOT WHICH HAS LIMITED ACCESS. A VEHICLE INSPECTION WILL BE CONDUCTED AT A LATER DATE ON ALL THREE VEHICLES. ALCOHOL DOES NOT APPEAR TO BE A FACTOR IN THIS COLLISION. THIS IS A PRELIMINARY REPORT AND THE INVESTIGATION CONTINUES.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Distraction - Vehicle # 1: [REDACTED] Distraction - Vehicle # 2: [REDACTED]  
 Veh 1 Violation: PENDING Citation #: [REDACTED] Veh 2 Violation: NONE Citation #: [REDACTED]

First Hazard Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Number of Collisions	Location of Area of Impact	Road Comp.	Road Def.	Road Obstacles	Construction/Obstructions
11	1	1	1	1	2	1	2	1	1	0

Veh # 1		Veh # 2		Slid Distance Before Impact	Width of Road		
Number of Occupants	1	1			0	0	
Point of Initial Contact	01	07			Veh 1	Veh 1	
Damage to Vehicle	4	3		0	0	26'	
				Veh 1	Veh 1		

Damage Other Than Vehicle: [REDACTED] Owner: Name: [REDACTED] Address: [REDACTED]

AGE	SEX	VEH#	POS	DRIVER	TAKEN FOR TRBAT	EJECT	SAFETY EQUIP	DRYNO	AIR BAG
				2	1	1	3	1	1
				0	2	1	3	2	2

Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX

VEHICLE INVOLVED?  Yes  No COMMERCIAL?  PRIVATE PROPERTY?

Accident Report No. [REDACTED] COUNTY SWINNETT DATE 08-18-2011

Time 1700 Vehicles 2 Total Number of Injuries 3 Fatalities 0

Road of Occurrence: [REDACTED] At the Intersection of [REDACTED]

Direction of Travel: [REDACTED]

City: LAWRENCEVILLE State: GA Zip: [REDACTED]

Driver's License No. [REDACTED] Class: C State: GA

Year: 2009 Make: DODG Model: JOURNEY VIN: 3DR63YV45 [REDACTED]

Year: 2009 Make: DODG Model: JOURNEY VIN: 3DR63YV45 [REDACTED]

Tag # [REDACTED] State: GA County: SWINNETT Month / Year: 08 / 2012

Driver's Name (last first middle initial) [REDACTED]

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

Removed By [REDACTED] Request [REDACTED] List [REDACTED]

Alcohol Test	Type	Results	Drug Test	Type	Results
2					

Driver Cond	Direction of Travel	Violation Observed	Contributing Factors
1			

Most Hazardous Event	Veh Cause	Veh Type
1		

Traffic Cit [REDACTED] Device Inoperative?  Yes  No

Injured Taken To: ATLANTA MEDICAL CENTER By: M24

EMS Notified Time [REDACTED] EMS Arrival Time [REDACTED] Hospital Arrival Time [REDACTED] Photos Taken  Yes  No By: INV, FALKENHAGEN 8051

Report By: RAGG <- Badge # [REDACTED] Department: Gwinnett County Police Dept. Report Date: 08-18-2011 Created By: BARNHART WB Date Checked: 08-18-2011

Witness(es): 1 NAME (last first middle initial) [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone No. [REDACTED]

2 NAME (last first middle initial) [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone No. [REDACTED]

DRIVER MICROPLIM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name	Vehicle #	Address	City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

No. of Axles	G.V.W.R.	Exd. Requirements	Cargo Body Type
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate	Intrastate
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>

C.D.L.?  Yes  No C.D.L. Suspended?  Yes  No

Vehicle Placed?  Yes  No Hazardous Materials?  Yes  No

Released?  Yes  No


If YES, Name or 4 Digit Number from Diamond or Box: [REDACTED]

1 Digit Number from Bottom of Diamond: [REDACTED]

Run Off Road Down Hill Runaway Cargo Loss/Shift Separation of Units

Accident Number: [REDACTED] (Hours of Day: 8:00) (Police Case: 1685) (Date/Time: 05-15-2011)

**REMARKS:**

INDICATE ON THIS DIAGRAM WHAT HAPPENED INDICATE NORTH 

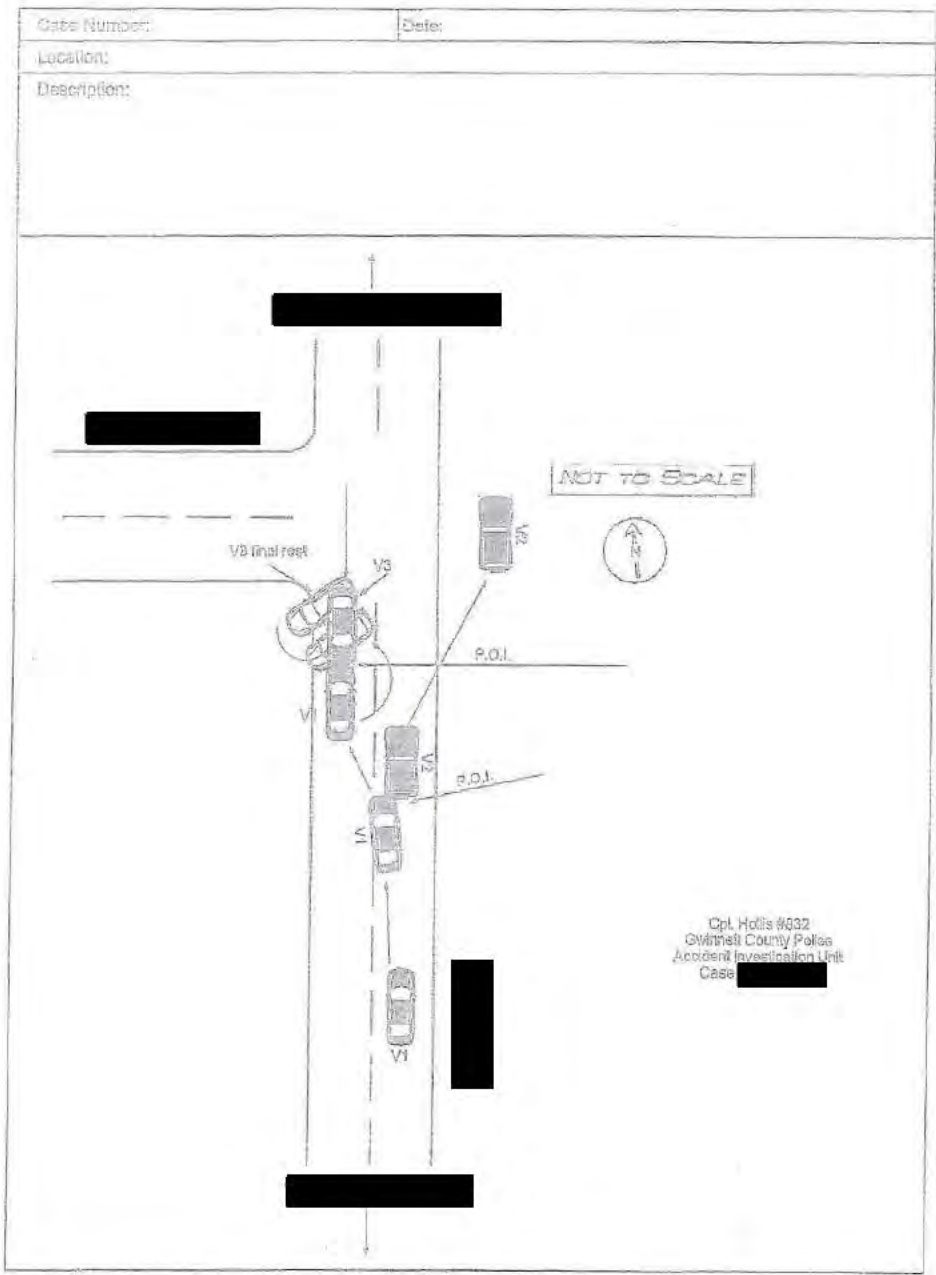
Citations - Vehicle # 3  
 Veh 1 Violation: NONE Citation #:            Veh 2 Violation:            Citation #:           

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location & Area of Impact	Road Comp.	Road Def.	Road Character	Construction/ Maintenance Zone
11	1	1	1	1	2	1	2	1	1	0

Veh # 3		Veh #		Side Distance Before Impact	Width of Road		
Number of Occupants	2				0	AFTER 0	
Point of Initial Contact	12				Veh 3	Veh 3	30
Damage to Vehicle	4				AFTER		
				Veh	Veh		

Damage Other Than Vehicle	Owner's Name	Address	AGE	SEX	VEH #	DOB	INJURY	TAXES FOR TREAT	OBJECT	CAPET EQUIP	ETREX	AIR BAG
	Driver #3 or Pedestrian #						2	1	1	3	1	1
	Driver # or Pedestrian #											
Occupants (List Below):												
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX
			LAWRENCEVILLE	GA		SS	F	3	3	2	1	1

DAV5602 (12/03) MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT P.O. BOX 80647, COLUMBUS, GA 31913-8447 Judgmental/BSM FAIL



Created using Easy Street Draw. Licensed customer: GWINNETT CO, GA

[www.easystreet.com](http://www.easystreet.com)

R03-16-2011 10:186 FROM: C. SM WHITE AGENCY 770 446 8087 TO: 151926541878 P.6

DP14-004

CHRYSLER

9/15/2014



Claim and Complaint



**Service of Process  
Transmittal**

06/04/2012  
CT Log Number 520620424

**TO:** Melissa Gravlin  
Chrysler Group LLC  
Office Of General Counsel, 000 Chrysler Drive  
C MS: 485 3 62  
Auburn Hills, M 48326 2766

**RE: Process Served in Georgia**

**FOR:** Chrysler Group LLC (Domestic State: DE)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** RE: Our Client: [REDACTED] (deceased) Date of Acc den :  
June 16, 2011 // o: Chrysler Group, LLC

**DOCUMENT(S) SERVED:** Letter, Exhibits

**COURT/AGENCY:** None Specified  
Case # None Specified

**NATURE OF ACTION:** Letter of notification Threatening Litigation Wrongful death claim and demand for  
\$3,400,000.00 to release claim

**ON WHOM PROCESS WAS SERVED:** The Corporation Company, Marietta, GA

**DATE AND HOUR OF SERVICE:** By Certified Mail on 06/04/2012 postmarked on 05/31/2012

**JURISDICTION SERVED :** Georgia

**APPEARANCE OR ANSWER DUE:** 30 days from date of 05/31/2012

**ATTORNEY(S) / SENDER(S):** Stephen G. Lowry  
Harris Penn Lowry Delcampo, LLP  
400 Colony Square  
1201 Peachtree Street NE  
Suite 900  
Atlanta, GA 30361  
404 961 7650

**ACTION ITEMS:** CT has retained the current log, Return Date: 06/04/2012, Expedited Purge Date:  
06/09/2012  
Image SOP

**SIGNED:** The Corporation Company  
**PER:** Amy McLaren  
**ADDRESS:** 328 Alexander Street  
Suite 10  
Marietta, GA 30060  
**TELEPHONE:** 800 592 9023





ATLANTA OFFICE  
400 Colony Square  
1201 Peachtree Street NE  
Suite 900  
Atlanta, Georgia 30361  
404/961.7650 PHONE  
877/688.7405 TOLL FREE  
404/961.7651 FAX

SAVANNAH OFFICE  
405 East Perry Street  
Savannah, Georgia 31401  
912/651.9967 PHONE  
866/310.7272 TOLL FREE  
912/651.1276 FAX

May 31, 2012

VIA CERTIFIED MAIL

Chrysler Group, LLC  
Corporate Headquarters  
Attention: Legal Department  
1000 Chrysler Drive  
Auburn Hills, MI 48326

✓Chrysler Group, LLC  
By Its Registered Agent:  
The Corporation Company (FL)  
328 Alexander Street, Suite 10  
Marietta, GA 30060

M. Diane Owens, Esquire  
Swift, Currie, McGhee & Hiers, LLP  
1355 Peachtree Street, NE  
Suite 300, Atlanta, GA 30309

Re: Our Client [REDACTED] (deceased)  
Date of Accident: June 16, 2011

Dear Sir or Madam and Ms. Owens:

As you know, this firm represents [REDACTED], individually and as executor of the Estate of [REDACTED] regarding wrongful death and estate claims for the death of his wife, [REDACTED]. For the purposes of pre-suit settlement, this firm is also representing the interests of [REDACTED] daughter, [REDACTED] in her claim for Negligent Infliction of Emotional Distress. The purpose of this letter is to set forth the following facts and information in attempt to negotiate a settlement on behalf [REDACTED]. The information contained within this letter is for settlement purposes only and is inadmissible at trial. O.C.G.A. § [REDACTED] v. McBride [REDACTED]. This entire letter and all of the exhibits are submitted with a view toward compromise of this claim.

To assist in your evaluation, we have included a copy of the police report (Exhibit A), a summary of medical expenses incurred (Exhibit B), the EMS Report (Exhibit C), June 16, 2011 CT (Exhibit D), June 27, 2011 Operative Report (Exhibit E), June 17, 2011 Consultation (Exhibit F), June 17, 2011 MRI (Exhibit G); June 17, 2011 Chart Notes (Exhibit H); Discharge Summary (Exhibit I); Death Certificate (Exhibit J); ICU Flow Sheet (Exhibit K); and June 18, 2011 EEG Report (Exhibit L).

Chrysler Group, LLC  
M. Diane Owens, Esquire  
May 31, 2012  
Page 2

On June 16, 2011, [REDACTED] sustained injuries, which proved fatal, when the seatbelt and airbag restraint system in her daughter's 2009 Dodge Journey failed to protect her in an offset frontal head-on motor vehicle collision. As [REDACTED] daughter, [REDACTED] drove south in the Dodge Journey on [REDACTED] Highway, [REDACTED] was properly restrained by her seat belt as a front seat passenger. See Exhibit A. [REDACTED] seat was positioned as far back to the rear as possible on the seat track, exactly as Chrysler instructed in its manual. At the same time, [REDACTED] was traveling north, and in front of [REDACTED], who was also traveling north on [REDACTED] Highway. When Mr. [REDACTED] came to a stop in order to turn left onto [REDACTED] Drive, [REDACTED] attempted to pass her by pulling into the southbound lane of [REDACTED] Highway. In doing so, Mr. [REDACTED] ran into the back of Mr. [REDACTED] vehicle and then collided with [REDACTED] Dodge Journey, with an approximate principal direction of force of eleven o'clock.

[REDACTED] did not die immediately upon impact. Although the Gwinnett County EMS extricated [REDACTED] from the Dodge Journey with severe injuries, she regained consciousness and her initial Glasgow Coma Score was 13. (Exhibit C, Exhibit J) Over the next two weeks [REDACTED] incurred medical expenses totaling approximately \$211,830.00. (Exhibit B) Although [REDACTED] was properly restrained and the airbag deployed, [REDACTED] suffered a complex laceration of the left kidney, which caused hemorrhaging throughout the retroperitoneum, abdomen and pelvis. (Exhibit E) Her abdominal injuries also included a traumatic ventral hernia of 6 cm, in which a small bowel protruded into the subcutaneous tissue of the abdomen. (Exhibit E) As a result, [REDACTED] required immediate surgical attention including a laparotomy, colon resection and colostomy. (Exhibit E, Exhibit I) [REDACTED] abdominal injuries were so severe that acute edema (swelling) of [REDACTED] intestines prevented the surgeons from closing her abdomen for several days. (Exhibit E)

[REDACTED] traumatic, closed head, brain injury included multiple foci of acute subacute infarction throughout both cerebral hemispheres, as well as edema (swelling) of the brain. (Exhibit D, Exhibit G, Exhibit M) From the very beginning, [REDACTED] prognosis for neurocognitive recovery was unfavorable and ultimately resulted in her death. (Exhibit F) An MRI of [REDACTED] brain revealed embolic strokes and an EEG (electroencephalogram) of [REDACTED] brain revealed an abnormal EEG record due to a moderate degree of mixed persistent, poorly reactive slowing. (Exhibit L) The films further revealed evidence of embolic stroke, even though [REDACTED] had no prior history of strokes. (Exhibit F, Exhibit H) [REDACTED] was also unable to communicate meaningfully with her family or treating physicians. (Exhibit H-I) As

Chrysler Group, LLC  
M. Diane Owens, Esquire  
May 31, 2012  
Page 3

neurocognitive condition worsened, she was changed to a DNR on June 20, 2011. (Exhibit I) On June 29, 2011, her life support was discontinued and was discharged to hospice care, where she died three days later on July 2, 2012. (Exhibit I-J)

pain and suffering extended beyond the traumatic brain and abdominal injuries. Upon her arrival to the emergency room, she was intubated due to respiratory failure and remained on a ventilator until her life support was discontinued on June 29, 2011. (Exhibit I) also suffered multiple skeletal fractures, including a fracture to her left clavicle and 7 rib fractures. (Exhibit I) Although received a superficial laceration to the scalp on the back of her head, it was only three inches long and was sutured and dressed without complication in the emergency room. (Exhibit K, Exhibit I)

died as a result of complications from an acute traumatic abdominal injury and a traumatic brain injury caused by a defective seatbelt and airbag system in the Dodge Journey. Evidence that was properly wearing her seatbelt, which left marks appropriately referred to as "seatbelt tattooing" by physicians, will be uncontroverted. (Exhibit F) However, seat belt spooled out upon impact, and as Chrysler is aware, left an 18 inch D-ring transfer on the belt. Due to the defective restraint systems, submarined under her lap belt and jackknifed over the lap belt, causing her head to collide with the center console. upper torso landed in her daughter's lap. The fact that sustained her abdominal injuries as a result of submarining under and jackknifing over the seatbelt will be undisputed. (Exhibit E) Although received a laceration to her scalp, it was superficial, and unrelated to the injuries which lead to her death. Her fatal head injury was sustained when the airbag provided no protection, her seatbelt spooled out, and she slammed into the center console. When an occupant, who is properly wearing their seatbelt, is involved in a frontal car collision, but does not have the benefit of the airbag, then they will undoubtedly be left unprotected and are virtually unrestrained.

As a devoted wife, mother and grandmother, was very involved in the lives of her two children, age 39 and age 36. also had two grandchildren, age 11 and age 6. A pastor's daughter, was devoutly religious, taught bible school classes and provided one-on-one religious counseling to women in her church. In her shortened life, she directly impacted countless parishioners, many of whom would be called as witnesses to illustrate the full value of her life at trial.

Chrysler Group, LLC  
M. Diane Owens, Esquire  
May 31, 2012  
Page 4

In the spirit of compromise, Mr. [REDACTED] is willing to settle his claims, individually and on behalf of the Estate of [REDACTED]. Pursuant to O.C.G.A. §51-12-14, a demand is hereby made for **\$3,400,000.00**. In exchange for meeting this demand, Mr. [REDACTED] will release Chrysler of any and all wrongful death and survival claims arising out of [REDACTED] fatality caused by the defective auto products in the 2009 Dodge Journey.

Should you accept this demand, the check should be made payable to "Harris Penn Lowry DelCampo, LLP attorneys for [REDACTED] and the Estate of [REDACTED]" Our firm's Tax ID number is [REDACTED]. The check would need to be received by this office within seven (7) days of acceptance.

As a result of these traumatic events, Amy Lyle experienced severe emotional distress as a result of her own injuries, as well as watching her mother sustain fatal injuries right before her eyes. When Amy opened her eyes just after the collision, she saw her mother laying her lap. Amy started to scream and desperately wanted to reach out and hold her mom, but her arms would not move because they were broken. Helpless, she could only listen to her mother groan until EMS arrived. Since the traumatic event, Amy is physically tormented every time she fastens her seatbelt and every time she buckles her children into their seatbelts.

Ms. [REDACTED] asserts a claim against Chrysler for the Negligent Infliction of Emotional Distress. See [REDACTED]. In the spirit of compromise, Ms. [REDACTED] is willing to settle her claims against Chrysler. A demand is hereby made for **\$375,000.00**. In exchange with meeting this demand, Ms. [REDACTED] will release Chrysler of any and all claims arising out the defective occupant restraint system in the Dodge Journey. See [REDACTED]. In the spirit of compromise, [REDACTED] is willing to settle her claims against Chrysler. A demand is hereby made for **\$375,000.00**. In exchange with meeting this demand, Ms. [REDACTED] will release Chrysler of any and all claims arising out the defective occupant restraint system in the Dodge Journey.

Should you accept this demand, the check should be made payable to "Harris Penn Lowry DelCampo, LLP attorneys for [REDACTED]. Our firm's Tax ID number is [REDACTED]. The check would need to be received by this office within seven (7) days of acceptance.

As you know, failure to accept the demand as to either [REDACTED], individually and on behalf of [REDACTED], or Amy Lyle will expose you interest on unliquidated damages

Chrysler Group, LLC  
M. Diane Owens, Esquire  
May 31, 2012  
Page 5

pursuant to O.C.G.A. §51-12-14. I have sent this letter directly to you, as the attorney of record for Chrysler, as well as to Chrysler's registered agent, via certified mail. Should you contend this demand is in any manner non-compliant with O.C.G.A. § 51-12-14, please respond accordingly within seven (7) days of receipt of this demand. Failure to respond accordingly will constitute waiver of any objection to the procedural requirement(s) set forth in O.C.G.A., § 51-12-14.

**Both offers expire and are withdrawn thirty (30) days from the date of this letter. This offer is also withdrawn and terminates by law upon a counteroffer or rejection by Chrysler.**

Please be advised that we are prepared to take all actions necessary to protect our clients' interest. Should we be unable to resolve this matter, we will take this case to trial and seek all available damages.

With kind regards, I am

Very truly yours,

**HARRIS PENN LOWRY DELCAMPO, LLP**

Stephen G. Lowry

SGL/clw  
Enclosures – as stated

# EXHIBIT A

JUVENILE INVOLVED?  Yes  No COMMERCIAL?  PRIVATE PROPERTY?  PAGE 1 of 1

Accident Number: [Redacted] Agency NCIC No. GA0670200 GEORGIA UNIFORM COUNTY GWINNETT Date Rec by DMVS

Date: 06-18-2011 Day of Week: [Sun] [M] [T] [W] [Th] [F] [S] Time: 1653 Off. Arrived: 1700 Vehicles: 3 Total Number of Injuries: 3 Total Number of Fatalities: 0 Inside City of:

Road of Occurrence: [Redacted] At Its Intersection With: [Redacted] Corrected Report? Yes  No

Not at Its Intersection But: [Miles] [Feet] [North] [South] [East] [West] 1 [Interstate] 2 [Lowest St. Rt. 3] 3 [Co. Road 4] 4 [City St. 5] 5 [Co. Line 6] 6

And continuing in the direction checked above, the Next Reference Point is: 1 [Interstate] 2 [Lowest St. Rt. 3] 3 [Co. Road 4] 4 [City St. 5] 5 [Co. Line 6] 6

Inv: 1 [DRY] LAST NAME FIRST MIDDLE INITIAL # 1 [Redacted] City LAWRENCEVILLE State GA [Redacted] Driver's License No. Class GA [Redacted] Sex  Male  Female

Inv: 2 [DRY] LAST NAME FIRST MIDDLE INITIAL # 2 [Redacted] City BUFORD State GA [Redacted] Driver's License No. Class GA [Redacted] Sex  Male  Female

Posted Speed 45 Insurance Co. ALLSTATE Police No. [Redacted] Year 2004 Make JEEP Model GRAND CHE Telephone No. (878) 950-9356 VIN 1J4GX48S940 [Redacted] Vehicle Color GRY

Posted Speed 45 Insurance Co. ALLSTATE Police No. [Redacted] Year 2008 Make JEEP Model WRANGLER Telephone No. (678) 306-3289 VIN 1J4GA69176 [Redacted] Vehicle Color SIL

Month / Year 02 / 2012 State GA County GWINNETT Trailer Tag # State County Month / Year

Month / Year 10 / 2011 State GA County GWINNETT Trailer Tag # State County Month / Year

Same as Driver Owner's Name (last first middle initial) Address City State Zip

Same as Driver Owner's Name (last first middle initial) Address City State Zip

Removed By WILLARDS  Request  List Alcohol Test 2 Type Results Drug Test 2 Type Results

Driver Cond 2 Direction of Travel 1 Vision Obscured 1 Contributing Factors 02 03

Van Cond 1 Veh Manuever 5 Pad Manuever Most Harmful Event 11 Veh Class: 1 Veh Type: 11

Traffic Clr 7 Device Inoperativ?  Yes  No Traffic Clr 7 Device Inoperativ?  Yes  No

Injured Taken To: ATLANTA MEDICAL CENTER By: M24

EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken  Yes  No By: INV. FALKENHAGEN #951

Report By: B932 <- Badge # Department Gwinnett County Police Dept. Report Date 06-15-2011 Checked By: B704 BARNHART, WB Date Checked 06-16-2011

Witness(es): 1 NAME (last first middle initial) Street Address City State Zip Telephone No.

2 NAME (last first middle initial) Street Address City State Zip Telephone No.

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name Vehicle # Address City State Zip

Carrier Name Vehicle # Address City State Zip

No. of Axles G.V.W.R. Fed. Reportable Cargo Body Type

Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate  Intra-state

C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No

Vehicle Recycled? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No

Released? 1  Yes 2  No

If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_

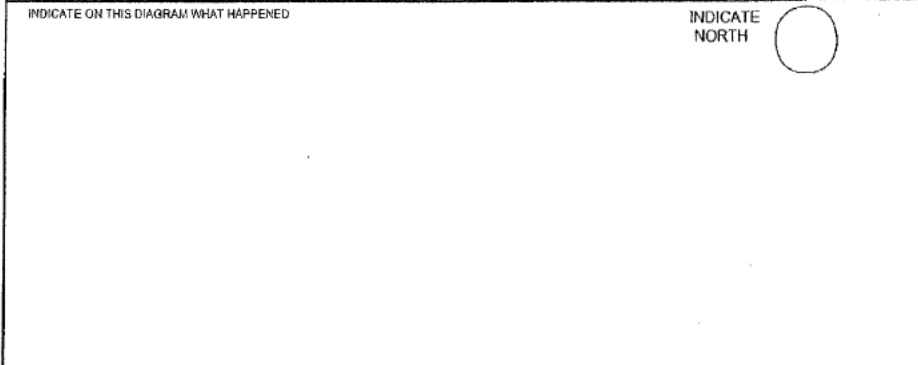
1 Digit Number from Bottom of Diamond: \_\_\_\_\_

Run Off Road Down Hill Runaway Cargo Loss/Shift Separation of Units

Run Off Road Down Hill Runaway Cargo Loss/Shift Separation of Units

Accident Number: 110057498 Nature of Call: 6101 From Time: 1653 Date From: 08-16-2011

**REMARKS:**  
 VEHICLE #1 WAS TRAVELING NORTH ON [REDACTED] AND INTENDED TO CONTINUE NORTH. VEHICLE #2 WAS STOPPED ON [REDACTED] TO TURN LEFT. VEHICLE #3 WAS HEADED SOUTH ON [REDACTED] INTENDED TO CONTINUE SOUTH.  
 FOR REASONS UNKNOWN, VEHICLE #1 SWERVED OUT OF HIS LANE INTO THE LEFT LANE (SOUTHBOUND LANE OF TRAVEL) AND STRUCK THE LEFT REAR BUMPER OF VEHICLE #2 AND CONTINUED ON IN TO THE SOUTHBOUND LANE OF TRAVEL AND STRUCK VEHICLE #3 HEAD ON. DRIVER #1 AND THE PASSENGER OF VEHICLE #3 WERE TRANSPORTED TO GWINNETT MEDICAL CENTER WITH SERIOUS INJURIES WHILE DRIVER #3 WAS TRANSPORTED TO ATLANTA MEDICAL CENTER WITH SERIOUS INJURIES. DRIVER #2 DID NOT SUFFER ANY INJURIES. ALL THREE VEHICLES WERE IMPOUNDED BY WILLARDS WRECKER SERVICE AND TRANSPORTED TO THE GWINNETT COUNTY POLICE ACCIDENT INVESTIGATION UNIT IMPOUND LOT WHICH HAS LIMITED ACCESS. A VEHICLE INSPECTION WILL BE CONDUCTED AT A LATER DATE ON ALL THREE VEHICLES.  
 ALCOHOL DOES NOT APPEAR TO BE A FACTOR IN THIS COLLISION.  
 THIS IS A PRELIMINARY REPORT AND THE INVESTIGATION CONTINUES.



Citations - Vehicle # 1  
 Veh 1 Violation: PEND Citation #:           

Citations - Vehicle # 2  
 Veh 2 Violation: NONE Citation #:           

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

Veh # 1		Veh # 2		Slid Distance Before Impact	Width of Road		
Number of Occupants	1	1	0		AFTER	0	
Point of Initial Contact	01	07	0		AFTER	0	21'
Damage to Vehicles	4	3	0	AFTER	0		

Damage Other Than Vehicle		Driver Name Address:		AGE	SEX	VEHS	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRAC	AIR BAG
		Driver # 1 or Pedestrian #						2	1	1	3	1	1
		Driver # 2 or Pedestrian #						0	2	1	3	2	2
Last Name	First	Address		City	State	ZIP	X	X	X	X	XXX	XXX	XXX



JUVENILE INVOLVED?  Yes  No COMMERCIAL?  PRIVATE PROPERTY?  PAGE 01

Accident Number: [REDACTED] Agency NCIC No. GA0570200 Georgia Uniform Motor Vehicle Accident Report # [REDACTED] County GWINNETT Date Rec by DMVS [REDACTED]

Date 08-16-2011 Day of Week Th Time 1653 Oil Arrived 1700 Vehicles 3 Total Number of Injuries 3 Fatalities 0 Inside City of [REDACTED]

Road of Occurrence [REDACTED] At Its Intersection With [REDACTED] Corrected Report? Yes  No

Not at Its Intersection But [REDACTED] City BUFORD

And continuing in the direction checked above, the Next Reference Point is [REDACTED] Grid 421050

Invt. # 3 Invt. # [REDACTED] City LAWRENCEVILLE State GA Zip [REDACTED] Driver's License No. [REDACTED] Class C State GA

Postal Speed 45 Insurance Co. LIBERTY MUTUAL Year 2009 Make DODG Model JOURNEY VIN 3D4GG57V48

Driver's Name (last first middle initial) [REDACTED] Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

Removed By WILLARDS Request  List

Alcohol Test 2 Type [REDACTED] Results [REDACTED] Drug Test 2 Type [REDACTED] Results [REDACTED]

Driver Cond 1 Direction of Travel 2 Vision Obscured 1 Contributing Factors 01

Most Harmful Event 11 Veh Class: 1 Veh Type: 11 Traffic Cld 7 Device Inoperative? Yes  No

Injured Taken To: ATLANTA MEDICAL CENTER By: M24

EMS Notified Time [REDACTED] EMS Arrival Time [REDACTED] Hospital Arrival Time [REDACTED] Photos Taken  Yes  No By: INV. FALKENHAGEN #951

Report By: D832 < Badge # Department Gwinnett County Police Dept. Report Date 08-16-2011 Checked By: BARNHART, WB Date Checked 08-16-2011

Witness(es): 1 NAME (last first middle initial) Street Address City State Zip Telephone No.

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name Vehicle # Address City State Zip

No. of Axles G.V.W.R. Exp. Reportable Cargo Body Type Vehicle Config. I.C.M.C.# U.S.D.O.T.# Interstate  Intra-state

C.D.L.? 1 Yes  2 No  C.D.L. Suspended? 1 Yes  2 No  Vehicle Placarded? 1 Yes  2 No  Hazardous Materials? 1 Yes  2 No  Released? 1 Yes  2 No

IF YES, Name or 4 Digit Number from Diamond or Box: [REDACTED]

Run Off Road Down Hill Runway Cargo Loss/Shift Separation of Units


Sep. 12. 2011 7:40AM

No. 7585 P. 9

Accident Number: [REDACTED] Nature of Coll: 5101 From Time: 1653 Date From: 06-16-2011

REMARKS:

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH 

Citations - Vehicle # 3  
 Veh 1 Violation: NONE Citation #: [REDACTED] Veh 2 Violation: [REDACTED] Citation #: [REDACTED]

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

Veh # 3		Veh #		Skid Distance Before Impact	0 AFTER 0		Width of Road
Number of Occupants	2		Veh 3		Veh 3		
Point of Initial Contact	12						
Damage to Vehicles	4						

Damage Other Than Vehicle	Owner Name	Address	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
								2	1	1	3	1
Occupants (List Below):												
Driver #3 or Pedestrian #												
Driver # or Pedestrian #												
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX
			LAWRENCEVILLE	GA		58	F	3	3	2	1	1

DAVS-523 (12/02) MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT P.O. BOX 80447, CONYERS, GA 30913-0447 Assignment/Unit: FAU

JUVENILE INVOLVED?  Yes  No COMMERCIAL?  PRIVATE PROPERTY?  PAGE \_\_\_\_\_ OF \_\_\_\_\_

Accident Number: [Redacted] Agency NCIC No. GA0670200 Georgia Uniform Motor Vehicle Accident Report County GWINNETT Date Rec by DMVS

Date 06-10-2011 Day of Week  Sun  M  Tu  W  Th  F  S Time 1653 Off. Arrived 1700 Vehicles 2 Injured 2 Fatalities 1 Inside City of: [Redacted]

Road of Occurrence: [Redacted] At Its Intersection With: [Redacted] Corrected Report? Yes  No   
 Interstate  Lowest St. Rt. 3  Co. Road 4  City St. 5  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St. 5  
 Not at Its Intersection But:  Miles  North  East  Feet  South  West Of:  Interstate 2  Lowest St. Rt. 3  County Rd. 4  City St. 5  Co. Line  
 And continuing in the direction checked above, the Next Reference Point is:  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St. 5  Co. Line  
 Grid 421058

Inv: LAST NAME FIRST MIDDLE INITIAL Inv: LAST NAME FIRST MIDDLE INITIAL  
 # Address # Address  
 City State Zip DOB City State Zip DOB  
 Driver's License No. Class State  Male  Female Driver's License No. Class State  Male  Female

Posted Speed Insurance Co. Policy No. Posted Speed Insurance Co. Policy No.  
 Year Make Model Telephone No. Year Make Model Telephone No.  
 VIN Vehicle Color VIN Vehicle Color  
 Tag # State County Month / Year Tag # State County Month / Year  
 Trailer Tag # State County Month / Year Trailer Tag # State County Month / Year

Same as Driver Owner's Name (last first middle initial)  Same as Driver Owner's Name (last first middle initial)  
 Address Address  
 City State Zip City State Zip

Removed By  Request  List Removed By  Request  List

Alcohol Test	Type	Results	Drug Test	Type	Results	Alcohol Test	Type	Results	Drug Test	Type	Results
Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors			Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors		
Veh Cond	Veh Maneuver	Ped Maneuver				Veh Cond	Veh Maneuver	Ped Maneuver			

Most Harmful Event Veh Class: Veh Type: Most Harmful Event Veh Class: Veh Type:  
 Traffic Cit Device Inoperative?  Yes  No Traffic Cit Device Inoperative?  Yes  No

Injured Taken To: By:  
 EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken  Yes  No By: INV. FAULKENHAGEN #951

Report By: BARNHART <- Badge # Department Gwinnett County Police Dept. Report Date 07-05-2011 Checked By: BARNHART WB Date Checked  
 HOLLIS, J

Witness (ea) NAME (last first middle initial) Street Address City State Zip Telephone No.  
 NAME (last first middle initial) Street Address City State Zip Telephone No.

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name	Vehicle #	Address	City	State	Zip	Carrier Name	Vehicle #	Address	City	State	Zip
No. of Axles	G.V.W.R.	Egd. Regtable	Cargo Body Type		No. of Axles	G.V.W.R.	Egd. Regtable	Cargo Body Type			
Vehicle Config	I.C.M.C.#	U.S.D.O.T.#	Interstate	Intrastate	Vehicle Config	I.C.M.C.#	U.S.D.O.T.#	Interstate	Intrastate		

C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No  
 Vehicle Placarded? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No Vehicle Placarded? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No  
 Released? 1  Yes 2  No Released? 1  Yes 2  No Released? 1  Yes 2  No Released? 1  Yes 2  No

If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_ If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_  
 1 Digit Number from Bottom of Diamond: \_\_\_\_\_ 1 Digit Number from Bottom of Diamond: \_\_\_\_\_

Ran Off Road Down Hill Runway Cargo Load/Shift Separation of Units Ran Off Road Down Hill Runway Cargo Load/Shift Separation of Units

Accident Number: [REDACTED] Nature of Call: 5102 From Time: 1053 Date From: 06-16-2011

**REMARKS:**

ON JULY 2, 2011 I WAS NOTIFIED BY THE OWINNETT COUNTY MEDICAL EXAMINERS OFFICE, EDDIE REEVES, THAT MRS. [REDACTED] PASSENGER OF VEHICLE #3, DIED DUE TO INJURIES SHE SUSTAINED IN THE COLLISION. MRS. [REDACTED] DIED IN THE EARLY MORNING OF JULY 2, 2011. A F.A.R.S. REPORT HAS BEEN SUBMITTED. THE INVESTIGATION CONTINUES.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # \_\_\_\_\_ Citation # \_\_\_\_\_  
 Vch 1 Violation: \_\_\_\_\_ Citation #: \_\_\_\_\_  
 Vch 2 Violation: \_\_\_\_\_ Citation #: \_\_\_\_\_

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location of Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone
---------------------	------------------	---------	---------------	-------------	---------------------	----------------------------	------------	-----------	----------------	-------------------------------

Veh # _____ Veh # _____		Skid Distance Before Impact	_____ AFTER _____		Width of Road _____
Number of Occupants			Veh _____	Veh _____	
Point of Initial Contact			Veh _____	Veh _____	
Damage to Vehicle					

Damage Other Than Vehicle	Owner Name Address:	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG				
Occupants (List Below):	Driver # or Pedestrian #														
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX
[REDACTED]	[REDACTED]	[REDACTED]	LAWRENCEVILLE	GA	[REDACTED]	58	F	3	3	1	1	2	3	1	1

JUVENILE INVOLVED?  Yes  No COMMERCIAL?  N PRIVATE PROPERTY?  N PAGE 1 OF 1

Accident No. GA0670200 Agency No. GA0670200 Georgia Uniform Motor Vehicle Accident Report County WINNETT Date Rec'd by DMV \_\_\_\_\_

Date 06-16-2011 Day of Week  Sun  M  T  W  Th  F  S Time 1653 Of. Arrived 1700 Vehicle 2 Total Number of Injuries 2 Fatalities 1 Inmate City of: \_\_\_\_\_

Road of Occurrence \_\_\_\_\_ At Its Intersection With \_\_\_\_\_ Corrected Report? Yes  No  Y

Interstate  Lowest St. Rt.  Co. Road  City St.  Interstate  Lowest St. Rt.  Co. Road  City St. Suppl to Original? Yes  No  Y

Not at Its Intersection But \_\_\_\_\_ Milea \_\_\_\_\_ North \_\_\_\_\_ East \_\_\_\_\_ Of \_\_\_\_\_ Hit & Run Yes  No  N

\_\_\_\_\_ Feet \_\_\_\_\_ South \_\_\_\_\_ West \_\_\_\_\_ Interstate  Lowest St. Rt.  County Rd.  City St.  Co. Line City BUFORD

And continuing in the direction checked above, the Next Reference Point Is \_\_\_\_\_ Interstate  Lowest St. Rt.  Co. Road  City St.  Co. Line Grd 421058

Invt:  DRV LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ Invt:  DRV LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

City LAWRENCEVILLE State GA Zip \_\_\_\_\_ DOB \_\_\_\_\_ City BUFORD State GA Zip \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class C State GA  Male  Female Driver's License No. \_\_\_\_\_ Class C State GA  Male  Female

Posted Speed 45 Insurance Co. ALLSTATE Policy No. \_\_\_\_\_ Posted Speed 45 Insurance Co. ALLSTATE Policy No. \_\_\_\_\_

Year 2004 Make JEEP Model GRAND CHE Telephone No. \_\_\_\_\_ Year 2005 Make JEEP Model WRANGLER Telephone No. \_\_\_\_\_

Vin 1J4GX16S94C Vehicle Color GRY Vin 1J4GAG9179L Vehicle Color Stl

State GA County WINNETT Month / Year 02 / 2012 State GA County WINNETT Month / Year 10 / 2011

Trailer Tag # \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Month / Year \_\_\_\_\_ Trailer Tag # \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Month / Year \_\_\_\_\_

Same as Driver Owner's Name (last first middle initial) \_\_\_\_\_  Same as Driver Owner's Name (last first middle initial) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Removed By \_\_\_\_\_ Request  List  Removed By \_\_\_\_\_ Request  List

Alcohol Test	Type	Results	Drug Test	Type	Results
Driver Cond	Direction of Travel	Vehicle Observed	Contributing Factors	Driver Cond	Direction of Travel
Veh Cond	Veh Maneuver	Ped Maneuver		Veh Cond	Veh Maneuver

Most Harmful Event \_\_\_\_\_ Veh Class: \_\_\_\_\_ Veh Type: \_\_\_\_\_ Most Harmful Event \_\_\_\_\_ Veh Class: \_\_\_\_\_ Veh Type: \_\_\_\_\_

Traffic Cit \_\_\_\_\_ Device Inoperative?  Yes  No Traffic Cit \_\_\_\_\_ Device Inoperative?  Yes  No

Injured Taken To: \_\_\_\_\_ By: \_\_\_\_\_

EMS Notified Time \_\_\_\_\_ EMS Arrival Time \_\_\_\_\_ Hospital Arrival Time \_\_\_\_\_ Photos Taken  Yes  No By: INV. FAULKENHAGEN #851

Report By: B032 < - Badge # Department Cowlenn County Police Dept. Report Date 07-05-2011 Checked By: DARNHART, WB Date Checked \_\_\_\_\_

Witness (es): HOLLIS, J NAME (last first middle initial) Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

1 \_\_\_\_\_ NAME (last first middle initial) Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

2 \_\_\_\_\_ NAME (last first middle initial) Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

Driver's MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE) \_\_\_\_\_

Carrier Name	City	State	Zip	Carrier Name	City	State	Zip
No. of Axles	G.V.W.R.	End. Reportable	Cargo Body Type	No. of Axles	G.V.W.R.	End. Reportable	Cargo Body Type
Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/> Intra-state <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/> Intra-state <input type="checkbox"/>

C.D.L.? 1.  Yes 2.  No C.D.L. Suspended? 1.  Yes 2.  No C.D.L.? 1.  Yes 2.  No C.D.L. Suspended? 1.  Yes 2.  No

Vehicle Discarded? 1.  Yes 2.  No Hazardous Materials? 1.  Yes 2.  No Vehicle Discarded? 1.  Yes 2.  No Hazardous Materials? 1.  Yes 2.  No

Released? 1.  Yes 2.  No Released? 1.  Yes 2.  No Released? 1.  Yes 2.  No Released? 1.  Yes 2.  No

If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_ 1 Digit Number from Bottom of Diamond: \_\_\_\_\_

If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_ 1 Digit Number from Bottom of Diamond: \_\_\_\_\_

Run Off Road \_\_\_\_\_ Down Hill Runaway \_\_\_\_\_ Cargo Loss/Shift \_\_\_\_\_ Separation of Units \_\_\_\_\_ Run Off Road \_\_\_\_\_ Down Hill Runaway \_\_\_\_\_ Cargo Loss/Shift \_\_\_\_\_ Separation of Units \_\_\_\_\_

JUVENILE INVOLVED?  Yes  No COMMERCIAL?  PRIVATE PROPERTY?  PAGE 1 of 1

Accident Number:                      Agency NCID No. GAD670200 COUNTY GEORGIA UNIFORM COUNTY GWINNETT Date Rec'd by DMVS                     

Date: 09-16-2011 Day of Week:                      Time: 1653 Off. Arrived: 1700 Vehicle: 2 Total Number of: Injured: 2 Fatalities: 1 Inside City of:                     

Road of Occurrence: S.R. 124 (BRASELTON HIGHWAY) At Its Intersection With: AMBER CREEK DRIVE Corrected Report? Yes  No

Interstate:  2  Lowest St. Rt. 3  Co. Road 4  City St.  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St.  Suppl to Original? Yes  No

Not at Its Intersection But:  Miles  North  East  Feet  South  West 1  Interstate 2  Lowest St. Rt. 3  County Rd. 4  City St. 5  Co. Line  Hill & Run Yes  No

City: BUFORD Grid: 421050

And continuing in the direction checked above, the Next Reference Point is:  Interstate 2  Lowest St. Rt. 3  Co. Road 4  City St. 5  Co. Line

Inv:  DRIVER LAST NAME FIRST MIDDLE INITIAL S Inv:  LAST NAME FIRST MIDDLE INITIAL

#: 3 Address:                     

City: LAWRENCEVILLE State: GA Zip:                      City:                      State:                      Zip:                      DOB:                     

Driver's License No.                      Class: C State: GA Male  Female

Posted Speed: 46 Insurance Co. LIBERTY MUTUAL Policy No.                     

Year: 2009 Make: DODG Model: JOURNEY Year:                      Make:                      Model:                      Telephone No.                     

VIN: 3D4GG57V49T Vehicle Color: BLU VIN:                      Vehicle Color:                     

Tag #                      State: GA County: GWINNETT Month / Year: 03 / 2012 Tag #                      State:                      County:                      Month / Year:                     

Trailer Tag #                      State:                      County:                      Month / Year:                      Trailer Tag #                      State:                      County:                      Month / Year:                     

Same as Driver Owner's Name (last first middle initial)                       Same as Driver Owner's Name (last first middle initial)                     

Address:                      Address:                     

City:                      State:                      Zip:                      City:                      State:                      Zip:                     

Removed by:  Request  List Removed by:  Request  List

Alcohol Test	Type	Results	Drug Test	Type	Results	Alcohol Test	Type	Results	Drug Test	Type	Results
Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors	Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors	Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors
Veh Cond	Veh Maneuver	Ped Maneuver		Veh Cond	Veh Maneuver	Ped Maneuver		Veh Cond	Veh Maneuver	Ped Maneuver	

Most Harmful Event:                      Veh Class:                      Veh Type:                      Most Harmful Event:                      Veh Class:                      Veh Type:                     

Traffic Cit:                      Device Inoperative?  Yes  No Traffic Cit:                      Device Inoperative?  Yes  No

Injured Taken To:                      By:                     

EMS Notified Time:                      EMS Arrival Time:                      Hospital Arrival Time:                      Photos Taken:  Yes  No By: INV. FAULKENHAGEN #951

Report By: B632 <- Badge # Department: HOLLIS J Gwinnett County Police Dept. Report Date: 07-05-2011 Checked By: B704 BARNHART, WB Data Checked:                     

Witness(es):                      NAME (last first middle initial) Street Address:                      City:                      State:                      Zip:                      Telephone No.                     

                     NAME (last first middle initial) Street Address:                      City:                      State:                      Zip:                      Telephone No.                     

                     NAME (last first middle initial) Street Address:                      City:                      State:                      Zip:                      Telephone No.                     

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name	Vehicle #	City	State	Zip	Carrier Name	Vehicle #	City	State	Zip

No. of Axles	G.V.W.R.	Fed. Registrable	Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Registrable	Cargo Body Type
		Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Vehicle Config. I.C.C.M.C.#                      U.S.D.O.T.#                      Interstate  Intra-state  Vehicle Config. I.C.C.M.C.#                      U.S.D.O.T.#                      Interstate  Intra-state

C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No

Vehicle Placarded? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No Vehicle Placarded? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No

Released? 1  Yes 2  No Released? 1  Yes 2  No Released? 1  Yes 2  No Released? 1  Yes 2  No


If YES, Name or 4 Digit Number from Diamond or Box:                      If YES, Name or 4 Digit Number from Diamond or Box:                     

1 Digit Number from Bottom of Diamond:                      1 Digit Number from Bottom of Diamond:                     

Ran Off Road  Down Hill Runaway  Cargo Loss/Shift  Separation of Units  Ran Off Road  Down Hill Runaway  Cargo Loss/Shift  Separation of Units

Accident Number: [REDACTED] Nature of Call: 6102 Front Time: 1653 Date From: 06-16-2011

REMARKS:

INDICATE ON THIS DIAGRAM WHAT HAPPENED INDICATE NORTH 

Citations - Vehicle # \_\_\_\_\_ Citation # \_\_\_\_\_

Veh 1 Violation: \_\_\_\_\_ Citation #: \_\_\_\_\_ Veh 2 Violation: \_\_\_\_\_ Citation #: \_\_\_\_\_

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location of Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone

Veh # \_\_\_\_\_ Veh # \_\_\_\_\_  
 Number of Occupants \_\_\_\_\_  
 Point of Initial Contact \_\_\_\_\_  
 Damage to Vehicles \_\_\_\_\_  
 SMD Distance Before Impact \_\_\_\_\_ AFTER \_\_\_\_\_  
 Veh \_\_\_\_\_ Veh \_\_\_\_\_  
 Veh \_\_\_\_\_ Veh \_\_\_\_\_  
 Width of Road \_\_\_\_\_

Damage Other Than Vehicle \_\_\_\_\_ Owner: Name \_\_\_\_\_ Address: \_\_\_\_\_

AGE	SEX	VEH #	POS	INURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTINC	AIR BAG

Occupants (List Below):

Driver # or Pedestrian #	AGE	SEX	VEH #	POS	INURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTINC	AIR BAG
1	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX
2										
3										

Last Name \_\_\_\_\_ Flat \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

[REDACTED] LAWRENCEVILLE GA [REDACTED] 58 F 3 3 1 1 2 3 1 1

JUVENILE INVOLVED?  Yes  No COMMERCIAL?  PRIVATE PROPERTY?  PAGE \_\_\_\_\_ OF \_\_\_\_\_

Accident Number: [Redacted] Agency NCIC No. GA0670200 GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT County GWINNETT Date Rec by DMVS

Date 06-16-2011 Day of Week [Sun] [M] [T] [W] [X] [Th] [F] [S] Time 1653 Off. Arrived 1700 Vehicles 3 Total Number of Injuries 2 Fatalities 1 Inside City of: [Redacted]

Road of Occurrence: [Redacted] All Its Intersections With: [Redacted] Corrected Report? Yes  No   
 Interstate  Lowest St. Rt.  Co. Road  City St.  Interstate  Lowest St. Rt.  Co. Road  City St.  
 Not at Its Intersection But: [Redacted] Miles  North  East  South  West  Feet  Interstate  Lowest St. Rt.  County Rd.  City St.  Co. Line City BUFORD  
 And continuing in the direction checked above, the Next Reference Point Is:  Interstate  Lowest St. Rt.  Co. Road  City St.  Co. Line Grid 421056

Invt:  DRV LAST NAME FIRST MIDDLE INITIAL Invt:  DRV LAST NAME FIRST MIDDLE INITIAL  
 #: 1 #: 2

City LAWRENCEVILLE State GA City BUFORD State GA  
 Driver's License No. Class GA State  Male  Female Driver's License No. Class GA State  Male  Female

Posted Speed 45 Insurance Co. ALLSTATE Policy No. [Redacted] Year 2004 Make JEEP Model GRAND CHE VIN 1J4G489940 Vehicle Color GRY  
 Year 2008 Make JEEP Model WRANGLER VIN 1J4GA09176 Vehicle Color SIL

Month / Year 02 / 2012 State GA County GWINNETT State GA County [Redacted]  
 Trailer Tag # State County Month / Year

Same as Driver Owner's Name (last first middle initial) Address City State Zip  
 Same as Driver Owner's Name (last first middle initial) Address City State Zip

Removed By  Request  List Alcohol Test Type Results Drug Test Type Results  
 Driver Cond Direction of Travel Vision Obscured Contributing Factors  
 Veh Cond Veh Manuever Pad Manuever  
 Most Harmful Event Veh Class: Veh Type: Most Harmful Event Veh Class: Veh Type:

Traffic Cit Device Inoperative?  Yes  No Traffic Cit Device Inoperative?  Yes  No  
 Injuries Taken To: By: EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken  Yes  No By:

Report By: B832 < - Badge # Department Gwinnett County Police Dept. Report Date 07-11-2011 Checked By: B704 BARNHART, WB Date Checked  
 Witness(es): NAME (last first middle initial) Street Address City State Zip Telephone No.  
 1 NAME (last first middle initial) Street Address City State Zip Telephone No.  
 2


DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name Vehicle # Address City State Zip Center Name Vehicle # Address City State Zip  
 No. of Axles G.V.W.R. Fed. Reportable Cargo Body Type  
 Yes  No Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate  Intrastate   
 C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No  
 Vehicle Placed? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No  
 Released? 1  Yes 2  No  
 If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_  
 1 Digit Number from Bottom of Diamond: \_\_\_\_\_  
 Run Off Road Down Hill Runaway Cargo Loss/Shift Separation of Units Run Off Road Down Hill Runaway Cargo Loss/Shift Separation of Units



Accident Number: [REDACTED] Nature of Call: 5102 From Time: 2230 Date From: 07-11-2011

**REMARKS:**  
 ADDITIONAL CHARGE: DRIVING ON THE WRONG SIDE OF THE ROADWAY O.C.G.A. 40-6-40(A).  
 ON 7.11.11 I OBTAINED ARREST WARRANTS FOR VEHICULAR HOMICIDE IN THE SECOND DEGREE, O.C.G.A. 40-6-393 (C) WARRANT # [REDACTED] FOLLOWING TOO CLOSELY O.C.G.A. 40-6-49 WARRANT#11W-11952, FAILURE TO MAINTAIN LANE O.C.G.A. 40-6-48 WARRANT [REDACTED] AND DRIVING ON THE WRONG SIDE OF THE ROADWAY O.C.G.A. 40-6-40(A) WARRANT [REDACTED] FOR DRIVER #1, MONKONJI LINDSEY. DRIVER #1 TURNED HIMSELF IN ON 7.11.11 AT THE GWINNETT COUNTY DETENTION CENTER AT APPROXIMATELY 2230 HOURS. THE INVESTIGATION CONTINUES.

INDICATE ON THIS DIAGRAM WHAT HAPPENED INDICATE NORTH 

Citations - Vehicle # 1: [REDACTED] Citation #: [REDACTED]  
 Veh 1 Violation: 40-6-393(B) Citation #: [REDACTED]  
 Citations - Vehicle # 2: [REDACTED] Citation #: [REDACTED]  
 Veh 2 Violation: [REDACTED] Citation #: [REDACTED]

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone

Veh # [REDACTED]		Veh # [REDACTED]		Skid Distance Before Impact	AFTER		Width of Road
Number of Occupants					Veh [REDACTED]	Veh [REDACTED]	
Point of Initial Contact					AFTER		
Damage to Vehicles				Veh [REDACTED]	Veh [REDACTED]		

Damage Other Than Vehicle	Owner Name	AGE	SEX	VEH#	POS	BIARY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTACT	AIR BAG
	Address:										

Occupants (List Below):		Driver # or Pedestrian #	[REDACTED]								
		Driver # or Pedestrian #	[REDACTED]								

Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX

DMV-523 (12/03) MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT P.O. BOX 80447, CUMYERS, GA 30013-8447 Assignment/Shift: [REDACTED]

JUVENILE INVOLVED?  Yes  No COMMERCIAL?  N PRIVATE PROPERTY?  N PAGE 01 of 01

Agency NCIC No. GADR70200 GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT County GWINNETT Date Rec'd by DMV3

Date 06-16-2011 Day of Week  Sun  M  T  W  Th  F  S Time 1653 DT Arrived 1700 Vehicles 3 Total Number of Injuries 2 Fatalities 1 Inside City of:

Road of Occurrence:  Interstate  Lowest St. Rt. 3  Co. Road 4  City St. 5 At Its Intersection With:  Interstate  Lowest St. Rt. 3  Co. Road 4  City St. 5 Corrected Report? Yes  No

Not at Its Intersection But:  Miles  North  East  Feet  South  West Of:  Interstate  Lowest St. Rt. 3  County Rd. 4  City St. 5  Co. Line 6 City BUFORD

And continuing in the direction checked above, the Next Reference Point is:  Interstate  Lowest St. Rt. 3  Co. Road 4  City St. 5  Co. Line 6 Grid 421058

Inv:  DRV # 3 LAST NAME S FIRST MIDDLE INITIAL S Address City LAWRENCEVILLE State GA Zip 30045 Driver's License No. Class GA State  Male  Female

Year 2009 Make DODG Model JOURNEY Telephone No. VIN 3D4GG57V481 Vehicle Color BLU Tag # State GA County GWINNETT Month / Year 03 / 2012

Driver's Name (last first middle initial) Same as Driver Owner's Name (last first middle initial) Address City State Zip

Removed By:  Request  List

Alcohol Test	Type	Results	Drug Test	Type	Results	Alcohol Test	Type	Results	Drug Test	Type	Results
Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors			Driver Cond	Direction of Travel	Vision Obscured	Contributing Factors		
Veh Cond	Veh Maneuver	Ped Maneuver				Veh Cond	Veh Maneuver	Ped Maneuver			

Most Harmful Event: Traffic Cut Device Inoperative?  Yes  No

Injured Taken To: By:

EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken  Yes  No By:

Report By: 8632 < - Badga # Department Gwinnett County Police Dept. Report Date 07-11-2011 Checked By: BARNHART, WB Date Checked

Witness(es): 1 NAME (last first middle initial) Street Address City State Zip Telephone No. 2 NAME (last first middle initial) Street Address City State Zip Telephone No.

DMV'S MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name Vehicle # Address City State Zip

No. of Axles	G.V.W.R.	Epd. Reportable	Cargo Body Type	No. of Axles	G.V.W.R.	Epd. Reportable	Cargo Body Type
Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C.#	U.S.D.O.T.#	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>

C.D.L.? 1  Yes 2  No C.D.L. Suspended? 1  Yes 2  No Vehicle Placarded? 1  Yes 2  No Hazardous Materials? 1  Yes 2  No Released? 1  Yes 2  No

If YES, Name or 4 Digit Number from Diamond or Box: \_\_\_\_\_ 1 Digit Number from Bottom of Diamond: \_\_\_\_\_


Run Off Road Down Hill Runaway Cargo Loss/Shift Separation of Units

Sep. 12. 2011 7:44AM

No. 7585 P. 20

Accident Number: [REDACTED] Nature of Call: 5102 From Time: 2230 Date From: 07-11-2011

**REMARKS:**

INDICATE ON THIS DIAGRAM WHAT HAPPENED INDICATE NORTH 

Citations - Vehicle # \_\_\_\_\_  
 Veh 1 Violation: \_\_\_\_\_ Citation #: \_\_\_\_\_ Veh 2 Violation: \_\_\_\_\_ Citation #: \_\_\_\_\_

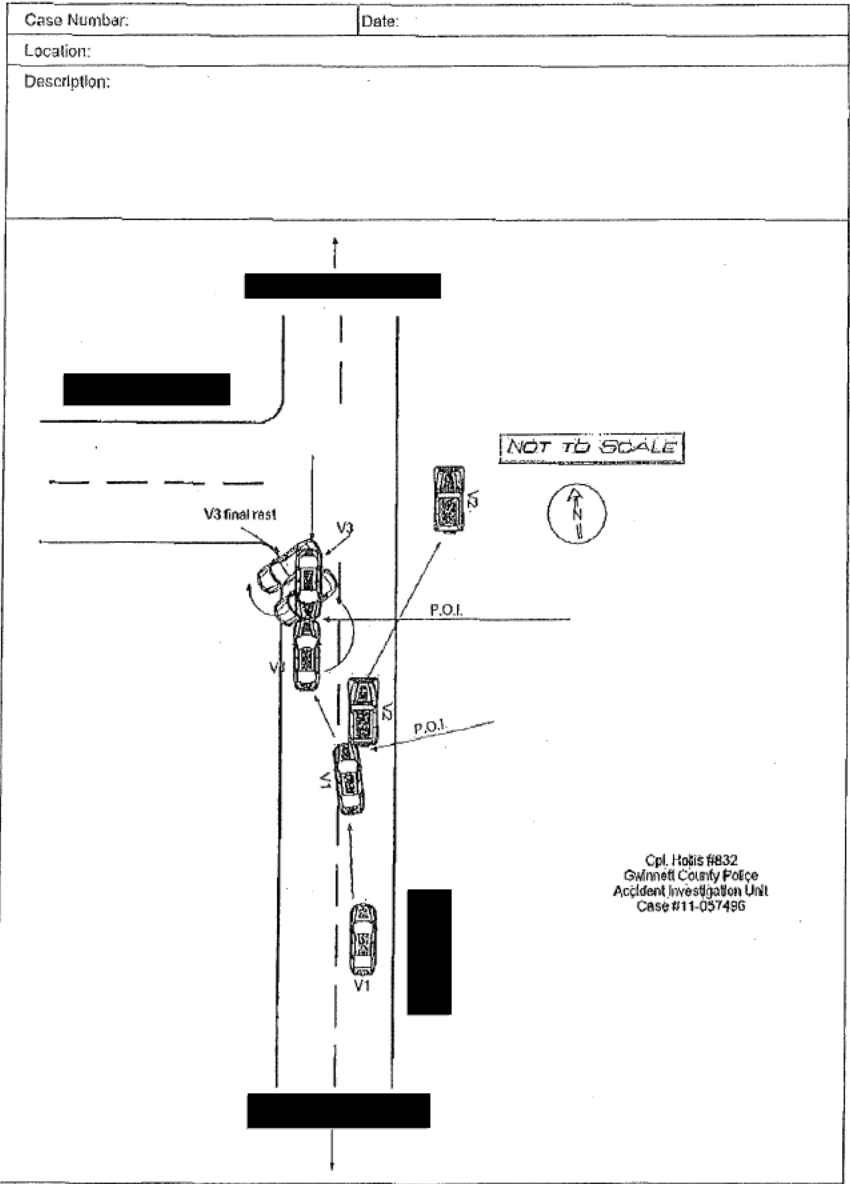
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone

Veh # \_\_\_\_\_ Veh # \_\_\_\_\_  
 Number of Occupants \_\_\_\_\_  
 Point of Initial Contact \_\_\_\_\_  
 Damage to Vehicles \_\_\_\_\_  
 Skid Distance Before Impact \_\_\_\_\_ AFTER \_\_\_\_\_  
 Width of Road \_\_\_\_\_

Damage Other Than Vehicle \_\_\_\_\_  
 Owner: Name \_\_\_\_\_ Address: \_\_\_\_\_  
 Driver # or Pedestrian # \_\_\_\_\_  
 Driver # or Pedestrian # \_\_\_\_\_

Last Name	First	Address	City	State	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTINC	AIR BAG
			LAWRENCEVILLE	GA		58	F	3	3	1	1	2	3	1	1

DNVS-523 (12/03) MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT P.O. BOX 66447, CONYERS, GA 30013-6147 Assignment/Shift: FAU



Cpl. Hobbs #832  
Gwinnett County Police  
Accident Investigation Unit  
Case #11-057496

# EXHIBIT B



# EXHIBIT C

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.



# EXHIBIT D

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.

# EXHIBIT E

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.

# EXHIBIT F

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.

# EXHIBIT G

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.



# EXHIBIT H

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.

# EXHIBIT I

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.

# EXHIBIT J

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.

# EXHIBIT K

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.



# EXHIBIT L

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.

DP14-004

CHRYSLER

9/15/2014



Claim and Complaint

05/22/2013

CT Log Number [REDACTED]

**TO:** Melissa Gravlin  
Chrysler Group LLC  
Office Of General Counsel, 1000 Chrysler Drive  
CIMS: 485-13-62  
Auburn Hills, MI 48326-2766

**RE: Process Served in Georgia**

**FOR:** Chrysler Group LLC (Domestic State: DE)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** [REDACTED] as surviving spouse, and Personal Representative of Decedent, [REDACTED]; [REDACTED], as Executor of the Estate of [REDACTED]; and [REDACTED] Individually, Pltfs. vs. [REDACTED] et al. including Chrysler Group LLC, Dfts.

**DOCUMENT(S) SERVED:** Summons, Information Form, Complaint, First Continuing Interrogatories, First Request for Production

**COURT/AGENCY:** State Court of Gwinnett County, GA  
Case # [REDACTED]

**NATURE OF ACTION:** Product Liability Litigation - Manufacturing Defect - on 06/16/2011 in faulty seatbelt spooler in 2009 Dodge Journey VIN 3D4GG57V49T [REDACTED] resulting in death

**ON WHOM PROCESS WAS SERVED:** The Corporation Company, Marietta, GA

**DATE AND HOUR OF SERVICE:** By Process Server on 05/22/2013 at 11:56

**JURISDICTION SERVED :** Georgia

**APPEARANCE OR ANSWER DUE:** Within 30 days, exclusive of the day of service

**ATTORNEY(S) / SENDER(S):** Stephen G. Lowry  
Harris Penn Lowry, LLP  
405 E. Perry Street  
Savannah, GA 31401  
912-651-9967

**ACTION ITEMS:** CT has retained the current log, Retain Date: 05/22/2013, Expected Purge Date: 05/27/2013  
Image SOP

**SIGNED:** The Corporation Company  
**PER:** Amy McLaren  
**ADDRESS:** 328 Alexander Street  
Suite 10  
Marietta, GA 30060  
**TELEPHONE:** 800-592-9023

*state*  
IN THE SUPERIOR COURT OF GWINNETT COUNTY

STATE OF GEORGIA

JURY DEMAND

\_\_\_\_\_ as surviving spouse, and Personal Representative  
of Decedent \_\_\_\_\_, as Executor of  
the Estate of \_\_\_\_\_ Individually,

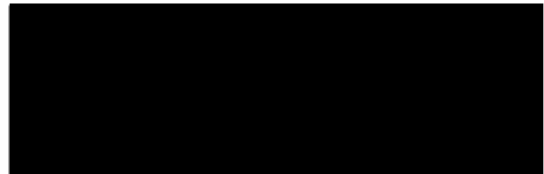
PLAINTIFF

VS.

\_\_\_\_\_ ; Chrysler Group, LLC;  
and Hayes Chrysler-Dodge-Jeep, Inc.

DEFENDANT

CIVIL ACTION  
NUMBER: \_\_\_\_\_



SUMMONS

TO THE ABOVE NAMED DEFENDANT: *Chrysler Group, LLC*

You are hereby summoned and required to file with the Clerk of said court and serve upon the Plaintiff's attorney, whose name and address is:

**Stephen G. Lowry, Harris Penn Lowry, LLP**  
405 E. Perry Street  
Savannah, GA 31401

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

This *21st* day of *May*, 20*12*.

Richard T. Alexander, Jr.,  
Clerk of Superior Court

By *Angela Jester*  
Deputy Clerk

INSTRUCTIONS: Attach addendum sheet for additional parties if needed, make notation on this sheet if addendum sheet is used.

# General Civil Case Filing Information Form (Non-Domestic)

FILED  
CLERK STATE COURT  
GWINNETT COUNTY, GA  
Date Filed 05/20/2013

Court

County GWINNETT

- Superior  
 State

Docket # [REDACTED]

MAY 21 11 13 AM '13

**Plaintiff(s)**

[REDACTED], as surviving spouse of [REDACTED]  
Last First Middle I. Suffix Prefix Maiden

[REDACTED], Exec of Est of [REDACTED]  
Last First Middle I. Suffix Prefix Maiden

[REDACTED]  
Last First Middle I. Suffix Prefix Maiden

\_\_\_\_\_  
Last First Middle I. Suffix Prefix Maiden

**Defendant(s)**

[REDACTED]  
Last First Middle I. Suffix Prefix Maiden

Chrysler Group, LLC  
Last First Middle I. Suffix Prefix Maiden

Hayes Chrysler-Dodge-Jeep, Inc.  
Last First Middle I. Suffix Prefix Maiden

\_\_\_\_\_  
Last First Middle I. Suffix Prefix Maiden

No. of Plaintiffs 3

No. of Defendants 3

Plaintiff/Petitioner's Attorney  Pro Se

Lowry, Stephen  
Last First Middle I. Suffix

Bar # 460289

**Check Primary Type (Check only ONE)**

Contract/Account

Wills/Estate

Real Property

Dispossessory/Distress

Personal Property

Equity

Habeas Corpus

Appeals, Reviews

Post Judgment Garnishment, Attachment, or Other Relief

Non-Domestic Contempt

Tort (If tort, fill in right column)

Other General Civil Specify \_\_\_\_\_

\_\_\_\_\_

**If Tort is Case Type:**  
(Check no more than TWO)

Auto Accident

Premises Liability

Medical Malpractice

Other Professional Negligence

Product Liability

Other Specify \_\_\_\_\_

\_\_\_\_\_

**Are Punitive Damages Pleaded?**  Yes  No

IN THE STATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

FILED IN OFFICE  
CLERK STATE COURT  
GWINNETT COUNTY, GA

2013 MAY 21 PM 1:33

RICHARD ALEXANDER, CLERK

[REDACTED], as surviving spouse, )  
and Personal Representative of Decedent, )  
[REDACTED] )  
[REDACTED], as Executor of the Estate of )  
[REDACTED]; and )  
[REDACTED] Individually, )  
Plaintiffs, )  
v. )  
[REDACTED]; )  
CHRYSLER GROUP LLC, )  
and HAYES CHRYSLER-DODGE- )  
JEEP, INC. )  
Defendants. )

Civil Action No.:

(Jury Trial Demanded)

[REDACTED]

**COMPLAINT FOR DAMAGES  
AND DEMAND FOR JURY TRIAL**

COME NOW [REDACTED], as surviving spouse, and personal representative of Decedent [REDACTED] as executor of the estate of [REDACTED]s (collectively, "Decedent Plaintiffs"); and [REDACTED] and hereby file Complaint for Damages and Demand for Jury Trial against Defendants [REDACTED] and Chrysler Group LLC ("Chrysler") as a Defendant, showing this Court the following:

**Parties**

1.

Plaintiff [REDACTED] was the husband of decedent [REDACTED] and he is the Executor of the Estate of [REDACTED]. [REDACTED] is the daughter of [REDACTED] and brings this suit in her individual capacity. Plaintiffs are residents of the State of Georgia and submit to the jurisdiction and venue of this Court.

2.

Defendant [REDACTED] is an adult natural person and a resident of Gwinnett County, Georgia. He can be served with process by delivering a Summons and copy of this Complaint to his residence address at [REDACTED], Lawrenceville, GA [REDACTED].

3.

Defendant Chrysler Group, LLC, formally known as New Carco Acquisition, LLC, is a corporation created and existing pursuant to the laws of the State of Delaware with a principal place of business in the State of Michigan. Defendant Chrysler Group, LLC, is registered to do business in the State of Georgia and regularly does and conducts business within the State of Georgia. Defendant Chrysler Group, LLC, may be served with process by delivering a copy of this Complaint along with a Summons to its registered agent, The Corporation Company (FL), at 328 Alexander Street, Suite 10, Marietta, Georgia 30060.

4.

Defendant Chrysler Group, LLC, is legally responsible for the negligence and defects in vehicles previously manufactured by other Chrysler entities that were reorganized through bankruptcy. Defendant Chrysler Group, LLC, has assumed liability for product defects for such entities. Defendant Chrysler Group, LLC, is the proper entity to sue related to a product defect in a 2009 Dodge Journey. Defendant Chrysler Group, LLC, and previous entities for which Defendant Chrysler is legally responsible for are collectively referred to as "Chrysler" herein.

5.

This Court has personal jurisdiction over Chrysler because it regularly and routinely transacts business in Georgia, is registered to do business in Georgia, committed tortious acts and



omissions within the confines of the State of Georgia, and is legally responsible for product defects contained in the subject 2009 Dodge Journey.

6.

Defendant Hayes-Chrysler-Dodge-Jeep, Inc. ("Hayes Chrysler") is a Georgia corporation engaged in the business of marketing, promoting, advertising and selling automobiles in the state of Georgia with its principle office in Lawrenceville, Georgia. Defendant Hayes may be served via its registered agent: Michael D Hayes at 719 Pike Street, Lawrenceville, Georgia 30045.

7.

This case is a tort action against Defendants, jointly and severally, and jurisdiction and venue are proper in this Court pursuant to O.C.G.A. § 9-10-31, § 9-10-93, § 14-2-501, § 14-2-510, Georgia Constitution Art. VI, § 2, ¶ IV and Georgia's Long Arm Jurisdiction.

8.

Jurisdiction and venue are proper in this Court.

#### FACTS

9.

On June 16, 2011, [REDACTED] was a belted, right front seat passenger in a 2009 Dodge Journey, VIN No. 3D4GG57V49[REDACTED], driven by Plaintiff [REDACTED] heading South on [REDACTED].

10.

At all times relevant hereto, [REDACTED] was wearing her seatbelt as designed and intended, and in the correct manner as instructed by defendant Chrysler.

11.

The 2009 Dodge Journey owner's manual provides the front passenger's seat should be moved back as far as practical to allow the airbags time to inflate.

12.

At all times relevant hereto, [REDACTED] positioned the right front passenger seat as instructed by defendant Chrysler to be as far from the airbag as possible.

13.

Ms. [REDACTED] was a small statured person. Specifically, she was about 5'2" tall.

14.

At approximately 4:53 pm, defendant [REDACTED] was driving North on [REDACTED] [REDACTED]

15.

While driving North on [REDACTED], defendant [REDACTED] unexpectedly swerved into the South bound lane.

16.

When defendant [REDACTED] swerved into the South bound lane, the left front of his 2004 Jeep Grand Cherokee impacted the left front of the Dodge Journey Ms. [REDACTED] was traveling as a passenger in.

17.

Upon impact, the seat belt worn by Ms. [REDACTED] failed to properly restrain her and spooled out or paid out. Because of Ms. [REDACTED] position as far from the airbag as practical, as instructed by defendant Chrysler, she did not contact the air bag but instead impacted the dashboard and center console with her head and upper torso.

18.

Because of the restraint system's failure to restrain Ms. [REDACTED] in a foreseeable collision the lap belt portion of the seat belt system came off of her pelvis and loaded on her abdomen. This is known as submarining.

19.

Due to the loads on her abdominal structure by the lap belt, Ms. [REDACTED] suffered severe injuries to her abdominal area including a lacerated left kidney and a hernia to her small bowel. These injuries caused significant internal bleeding and required emergency surgery.

20.

[REDACTED] who was severely injured in the impact witnessed her mother's impact with the dashboard and center console.

21.

After the collision, Ms. [REDACTED] was lying across into the driver's seat with her head in her daughter's lap. The spooled-out seatbelt was still around her.

22.

The report of the emergency medical technicians stated that Ms. [REDACTED] was wearing her seatbelt and that she had seatbelt bruises and burns across her upper torso.

23.

As a result of the collision and the failure of her restraint system to properly restrain her, Ms. [REDACTED] suffered severe injuries to her head, neck and abdomen. Specifically, she suffered traumatic closed head injury with loss of consciousness, a left kidney laceration, and a traumatic hernia, causing severe internal bleeding throughout her abdomen and pelvis.

24.

After arriving at the hospital, Ms. [REDACTED] regained consciousness and scored a 13 on the Glasgow Coma Scale.

25.

After battling her injuries for more than two (2) weeks in the hospital, Ms. [REDACTED] passed away on July 2, 2011. She was pronounced dead at 12:22 a.m. on July 2, 2011.

26.

The seatbelt in the right front passenger seat of the Dodge Journey at issue had a so-called "load limiter" in the retractor. This load limiter allowed the seat belt to spool out in a frontal collision without any stop or limitation. If the occupant, who was properly wearing the restraint system, was involved in a frontal collision but did not make contact with the airbag, as occurred in this incident, then the occupant is left virtually unrestrained with no protection.

27.

Defendant Chrysler knew or should have known that in foreseeable collisions an occupant properly wearing its restraint system and following its instructions would not be properly restrained or protected and likely would receive serious and potentially catastrophic injuries.

28.

Defendant Chrysler took no steps to warn or adequately warn its occupants of these dangers that it knew or should have known of.

29.

In fact, Chrysler's own instructions would place a person of smaller stature such as Ms. [REDACTED] in more danger because the only way for this seat belt system to provide any protection

was to make sure the occupant made contact with the airbag. However, Chrysler's instructions told the occupant to sit as far from the airbag as possible which would increase the likelihood that a small statured person would miss the airbag and make contact with the dangerous, unforgiving parts of the interior of the vehicle.

30.

Hayes Chrysler sold the vehicle to [REDACTED] in the spring of 2010.

**COUNT ONE**

(Negligence of [REDACTED])

31.

Plaintiffs incorporate by reference all of the previous allegations contained in this Complaint.

32.

Defendant [REDACTED] owed a duty to [REDACTED] and to the traveling public in general to use reasonable care in his operation of his vehicle.

33.

While operating the Jeep Grand Cherokee on June 16, 2011, Defendant [REDACTED] negligently failed to observe and assess traffic conditions on [REDACTED], negligently failed to keep a proper lookout for other vehicles, failed to maintain his lane of travel, and negligently failed to control the vehicle.

34.

As a direct and proximate result of these and other acts of negligence, Defendant [REDACTED] entered the southbound lane of [REDACTED] and impacted the Dodge Journey that [REDACTED] was a belted passenger.

35.

Defendant [REDACTED] breached his duty to operate his vehicle using reasonable care.

36.

Defendant [REDACTED] negligence directly and proximately caused [REDACTED] injuries and subsequent death.

**COUNT TWO**

**(Negligence *Per Se* of Defendant [REDACTED])**

37.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

38.

Defendant [REDACTED] operation of the 2004 Jeep Grand Cherokee on June 16, 2011 violated O.C.G.A. §§ 40-6-49, 40-6-46, 40-6-40 and constitutes negligence *per se*, or negligence as a matter of law.

39.

As a direct and proximate result of these and other acts of negligence constituting negligence *per se*, Defendant [REDACTED] veered into the southbound lane and into oncoming traffic on [REDACTED]. His negligence *per se* caused the frontal collision between his vehicle and the 2009 Dodge Journey being driven by [REDACTED], and in which [REDACTED] was a belted passenger. This collision proximately caused injuries and death of [REDACTED], and

caused [REDACTED] to suffer fright, shock, mental distress and severe physical injury, resulting in her death on June 16, 2011.

40.

Defendant [REDACTED] is liable to Plaintiff [REDACTED] for all acts of negligence and negligence *per se* as set forth in this Complaint for Damages.

**COUNT THREE**

**(Strict Liability of Chrysler)**

41.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

42.

Chrysler is strictly liable to Plaintiff under O.C.G.A. § 51-1-11 and other applicable law for the death of [REDACTED] because the risks inherent in the design of the Subject Vehicle outweigh any utility of the chosen design, thereby rendering the vehicle defective, unreasonably dangerous and not reasonably suited to the use for which it was intended.

43.

As set forth herein, Chrysler installed a dangerous and defective occupant restraint system in the Subject Vehicle, failed to adequately to inform owners and potential occupants of its dangers and defects, and failed to inform owners and users about the specific danger posed to smaller statured persons, such as females in the fifth percentile like Deborah Samples.

44.

The Subject Vehicle unreasonably dangerous in the following particulars:

- a) The seat belt system in the 2009 Dodge Journey was consciously designed and manufactured by Chrysler in such a manner that, rather than securing and protecting an

- occupant during a foreseeable collision, the belt allows for excessive spool out and submarining and fails to remain properly secured on the occupant;
- b) The seat belt system in the 2009 Dodge Journey was consciously designed and manufactured by Chrysler in such a manner that the lap belt slips off the bony part of the pelvis and onto the abdomen of the occupant in a frontal or offset frontal collision;
  - c) The 2009 Dodge Journey does not contain, and is not accompanied by, warnings to prospective owners, users or occupants, including Plaintiffs in this case, of the unreasonable risk of physical harm associated with the negligent and defective design of the seat belt system in the 2009 Dodge Journey;
  - d) The 2009 Dodge Journey does not contain, and is not accompanied by, any adequate warnings to prospective owners, users or occupants, including Plaintiffs, of the unreasonable risk of physical harm associated with the negligent and defective design of the seat belt system in the 2009 Dodge Journey;
  - e) The 2009 Dodge Journey was not adequately tested by Chrysler to determine whether prospective owners, users and occupants of the 2009 Dodge Journey would be exposed to an unreasonable risk of physical harm during foreseeable impacts because of the design of the occupant restraint system in the 2009 Dodge Journey fails to protect occupants in a foreseeable collision;
  - f) Chrysler knew, or should have known, from testing that was performed on the 2009 Dodge Journey and other Chrysler vehicles with the same or similar seat belt systems that those systems, rather than prevent injuries, would in fact increase the risk of injury in foreseeable collisions;



- g) Chrysler knew, or should have known, from other real world incidents involving the 2009 Dodge Journey and other Chrysler vehicles with the same or similar seat belt systems, that the system as designed increases the risk of grievous injury in foreseeable collisions rather than reduces the risk of such injury;
- h) Chrysler designed, assembled, manufactured, sold, supplied and distributed an occupant restraint system that was in a defective and dangerous condition;
- i) Chrysler designed, assembled, manufactured, sold, supplied and distributed an occupant restraint system that was not safe for its intended uses and purposes; and
- j) Chrysler designed, assembled, manufactured, sold, supplied and distributed the occupant restraint system which lacked the necessary features and design to make it safe for its intended use and purpose so that it would provide adequate protection to the right front passenger involved in a frontal or near frontal crash.

45.

As a result of these dangers and defects in the Dodge Journey [REDACTED] received and suffered from catastrophic injuries that ultimately resulted in her death.

46.

The defects specified above caused plaintiff [REDACTED] to witness her mother suffer catastrophic injuries and death. Plaintiff [REDACTED] suffered mental suffering and emotional pain due to witnessing the injuries and death of her mother.

#### **COUNT FOUR**

**(Negligence of Chrysler)**

47.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

48.

Chrysler, as a product designer and manufacturer, owed a duty to the consuming public in general, and Plaintiffs in particular, to exercise reasonable care to design, test, manufacture, inspect, market and distribute a product which was free of unreasonable risk or harm to owners, users, and occupants in foreseeable situations and a product which would not cause severe injury to users and occupants.

49.

Chrysler breached its duty to exercise reasonable care in designing, testing, manufacturing, inspecting, marketing, distributing and selling the Subject Vehicle.

50.

As set forth herein, Chrysler's actions in designing, testing, manufacturing, inspecting, marketing, distributing and selling the occupant restraint system and failure to inform owners of its inherent danger posed to front passengers manifests a willful, reckless, or wanton disregard for life or property.

51.

Chrysler breached its duty of care in a number of ways, including but not limited to the following:

- a) The seat belt system in the 2009 Dodge Journey was consciously designed and manufactured by Chrysler in such a manner that, rather than securing and protecting an occupant during a foreseeable collision, the belt allows for excessive spool out and submarining and fails to remain properly secured on the occupant;
- b) The 2009 Dodge Journey does not contain, and is not accompanied by, warnings to prospective owners, users or occupants, including Plaintiffs in this case, of the

unreasonable risk of physical harm associated with the negligent and defective design of the seat belt system in the 2009 Dodge Journey;

- c) The 2009 Dodge Journey does not contain, and is not accompanied by, any adequate warnings to prospective owners, users or occupants, including Plaintiffs, of the unreasonable risk of physical harm associated with the negligent and defective design of the seat belt system in the 2009 Dodge Journey;
- d) The 2009 Dodge Journey was not adequately tested by Chrysler to determine whether prospective owners, users and occupants of the 2009 Dodge Journey would be exposed to an unreasonable risk of physical harm during foreseeable impacts because of the design of the occupant restraint system in the 2009 Dodge Journey fails to protect occupants in a foreseeable accident;
- e) Chrysler knew, or should have known, from testing that was performed on the 2009 Dodge Journey and other Chrysler vehicles with the same or similar seat belt systems that those systems, rather than prevent injuries, would in fact increase the risk of injury in foreseeable collisions;
- f) Chrysler knew, or should have known, from other real world incidents involving the 2009 Dodge Journey and other Chrysler vehicles with the same or similar seat belt systems, that the system as designed increases the risk of grievous injury in foreseeable collisions rather than reduces the risk of such injury;
- g) Chrysler designed, assembled, manufactured, sold, supplied and distributed an occupant restraint system that was in a defective and dangerous condition;
- h) Chrysler designed, assembled, manufactured, sold, supplied and distributed an occupant restraint system that was not safe for its intended uses and purposes; and

- i) Chrysler designed, assembled, manufactured, sold, supplied and distributed the occupant restraint system which lacked the necessary features and design to make it safe for its intended use and purpose so that it would provide adequate protection to the right front passenger involved in a frontal or near frontal crash.

52.

Chrysler's failure to exercise reasonable care in designing, testing, manufacturing, inspecting, marketing, distributing, and selling the subject vehicle's occupant restraint system proximately caused [REDACTED]'s catastrophic injuries and death.

53.

The negligence specified above caused plaintiff [REDACTED] to witness her mother suffer catastrophic injuries and death. Plaintiff [REDACTED] suffered mental suffering and emotional pain due to witnessing the injuries and death of her mother.

#### COUNT FIVE

##### **(Chrysler's Failure to Warn)**

54.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

55.

Chrysler had a continuing duty to warn the public of dangers associated with the design, use and operation of its products.

56.

Prior to designing, marketing, distributing, selling, and placing the Subject Vehicle into the stream of commerce and at all other times pertinent herein to the present day, Chrysler was aware that the Subject Vehicle contained a dangerous and defective occupant restraint system.

57.

Chrysler owed a duty to warn, a duty to adequately warn the public, and a continuing duty to warn the public of dangers associated with the design, use and operation of its products.

58.

Chrysler knew or should have known that if a small statured person, such as a female in the 5<sup>th</sup> percentile as defined by the National Highway Traffic Safety Administration (NHTSA), sat in the right front seat and followed the specific instructions given by Chrysler, that she would be exposed to dangers and potential injury or death.

59.

Chrysler was aware that the occupant restraint system contained a load limiting device in the retractor which would allow the seat belt to spool out or pay out during a frontal collision without any stop or limit as long as G forces were high enough. This left the occupant with a restraint that would not restrain in a foreseeable frontal collision.

60.

Chrysler's own testing made it aware that placing the occupant too far from the airbag exposed the occupant to the danger of having the seat belt spool out and the occupant not contacting the airbag and leaving the occupant virtually unrestrained.

61.

Chrysler was aware or should have been aware of the propensity of its seat belt to spool out or pay out which would allow the belt to move around the body of the occupant including coming off the pelvis in a foreseeable collision and, therefore, causing severe injuries to internal organs and the abdominal area.

62.

Despite this knowledge, Chrysler failed to warn and failed to adequately warn the public of the dangers associated with its occupant restraint system.

63.

As a direct and proximate result of Chrysler's actions, [REDACTED] was seriously injured and died.

64.

As a direct and proximate result of Chrysler's negligence, [REDACTED] witnessed her mother receive serious and life-threatening injuries and therefore suffered severe mental, emotional and physical distress.

#### **COUNT SIX**

#### **(Negligence of Hayes Chrysler)**

65.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

66.

Hayes Chrysler-Dodge-Jeep, Inc. (hereinafter known as "Hayes Chrysler") was under a duty to exercise ordinary care in the maintenance, inspection and sale of the vehicles to the public.

67.

Hayes Chrysler breached that duty when it sold [REDACTED] the subject vehicle. Prior to its sale to Ms. [REDACTED], Hayes Chrysler was aware or should have been aware of the aforementioned defective and dangerous conditions associated with the subject vehicle.

68.

Furthermore, Hayes Chrysler breached its duty when it negligently performed inspection and repair work on the subject vehicle prior to the subject incident.

69.

Defendant Hayes Chrysler failed to warn, failed to adequately warn, and failed its continuous duty to warn of dangers which it knew or should have known.

70.

As a direct and proximate result of this negligence associated the subject vehicle, Deborah Samples suffered pre-impact distress, severe injury and damages for the loss of her life.

71.

As a direct and proximate result of Chrysler's negligence, [REDACTED] witnessed her mother receive serious and life-threatening injuries and therefore suffered severe mental, emotional and physical distress.

#### **COUNT SEVEN**

#### **Negligent Infliction of Emotional Distress**

72.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

73.

[REDACTED] suffered physical injury as a direct and proximate result of the negligence of another.

74.

As a direct and proximate result of Defendants' actions, defects and negligence, [REDACTED]

[REDACTED] suffered severe physical injury and death.

75.

██████████ witnessed the injury and death of her mother ██████████.

76.

██████████ suffered severe mental, emotional and physical distress arising out of her own physical injury.

77.

██████████ suffered severe mental, emotional and physical distress from witnessing her mother's physical injury and death.

**DAMAGES AND PRAYER FOR RELIEF**

78.

Plaintiffs incorporate by reference all of the previous allegations in this Complaint.

79.

As a direct result of defectively designed and manufactured occupant restraint system in the 2009 Dodge Journey, Deborah Samples suffered physical injury and death, and ██████████ suffered severe mental, emotional and physical emotional distress.

80.

As a result of Chrysler and Hayes Chrysler's negligence and failure to warn of the dangers associated with the restraint system and failure to remedy the subject vehicle, ██████████ ██████████ suffered physical injury and death, and ██████████ suffered severe mental, emotional and physical emotional distress.



81.

As a result of the negligence of Defendant [REDACTED] suffered physical injury and death.

82.

As a result of the negligence of Chrysler and Hayes Chrysler [REDACTED] suffered severe mental, emotional and physical emotional distress.

83.

Plaintiffs seek damages from Defendants' Chrysler, Hayes Chrysler and [REDACTED] in an amount to be determined by the enlightened conscience of the jury and as demonstrated by the evidence, for the full value of the life of [REDACTED], her pain and suffering, her medical expenses and funeral costs.

WHEREFORE, Plaintiff prays for the following relief:

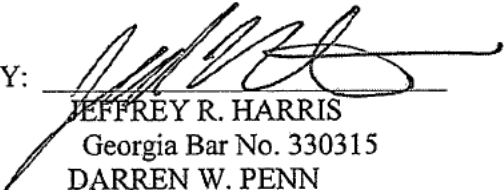
- 1) That summons issue requiring these Defendants to appear as provided by law to answer the allegations of this Complaint;
- 2) On behalf of [REDACTED], as Executor of the Estate of [REDACTED], the recover from Defendants Chrysler and Lindsey of compensatory damages, for the bodily injury and fright, terror, pain and suffering of [REDACTED], and for all medical, funeral and other necessary expenses incurred, which shall be proven and trial and determined by the jury;
- 3) On behalf of Plaintiff [REDACTED] as surviving spouse of decedent [REDACTED] [REDACTED], the recovery of damages representing the full value of the life of [REDACTED];
- 4) Amy Lyle is entitled to recover all damages from severe mental and emotional pain and suffering from Chrysler and Hayes Chrysler

- 5) That Plaintiff [REDACTED] recover all general and compensatory damages for emotional distress which shall be proven at trial and determined by a jury;
- 6) That Plaintiffs have and recover all damages to which they are entitled to recover under Georgia law; and
- 7) That Plaintiffs have a **TRIAL BY JURY** of all issues so triable;
- 8) For such other and further relief as this Court deems just and appropriate.

This 21<sup>ST</sup> day of May, 2013.

**HARRIS PENN LOWRY, LLP**

BY: \_\_\_\_\_

  
JEFFREY R. HARRIS  
Georgia Bar No. 330315  
DARREN W. PENN  
Georgia Bar No. 571322  
STEPHEN G. LOWRY  
Georgia Bar No. 460289  
JED D. MANTON  
Georgia Bar No. 868587  
KRISTY B. SWEAT  
Georgia Bar No. 731312

405 E. Perry Street  
Savannah, GA 31401  
P: 912-651-9967  
F: 912-651-1276

*Attorneys for Plaintiff*

FILED IN OFFICE  
CLERK STATE COURT  
GWINNETT COUNTY, GA

IN THE STATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA 2010 MAY 21 PM 1:33

RICHARD ALEXANDER, CLERK

[REDACTED], as surviving spouse, )  
and Personal Representative of Decedent, )  
[REDACTED]; [REDACTED] )  
[REDACTED], as Executor of the Estate of )  
[REDACTED]; and )  
[REDACTED] Individually, )  
Plaintiffs, )  
v. )  
[REDACTED], )  
CHRYSLER GROUP LLC, )  
and HAYES CHRYSLER-DODGE- )  
JEEP, INC. )  
Defendants. )

Civil Action No.:  
(Jury Trial Demanded)

[REDACTED]

**PLAINTIFFS' FIRST CONTINUING INTERROGATORIES  
TO DEFENDANT HAYES CHRYSLER-DODGE-JEEP, INC.**

COMES NOW Plaintiffs [REDACTED], as surviving spouse and Personal Representative of Decedent [REDACTED], as Executor of the Estate of [REDACTED] Individually, and serve Plaintiffs' First Continuing Interrogatories to Defendant Hayes Chrysler-Dodge-Jeep, Inc., ("Hayes Chrysler") and requests that Defendant responds within the time and manner permitted by law.

The following written interrogatories ("Discovery Requests") are served on you pursuant to the Georgia Civil Practice Act. You are required to answer these interrogatories separately and fully, in writing, under oath and serve a copy of such answers upon Plaintiffs' counsel within the time specified by law.

## SPECIAL INSTRUCTIONS

### Privilege Claims

If a work product or attorney-client privilege is claimed as to any document or any information responsive to these requests, Plaintiffs request that the information or document(s) to which a privilege is claimed be identified with such particularity and in such a manner that the Court, and not defense counsel unilaterally, may determine whether the document or information is indeed entitled to privileged status. Be on notice that if you claim a privilege, you bear the burden of proving that "specific matters are indeed subject to privilege or protection." Y [REDACTED] s v. General Motors Corp. [REDACTED] (S.D. Ga. 1993). To support a claim of privilege, for each responsive document to which a privilege is claimed, Defendant must provide a privilege log setting forth a general description of the document, the author of the document, the recipients of the document (including "cc's"), the date the document was prepared, and the privilege claimed. Absent a timely and complete privilege log that supports the claims of privilege and can be ruled upon by the Court, any such claims of privilege shall be deemed untimely under Georgia law. [REDACTED] (11<sup>th</sup> Cir. 1996).

### Confidentiality and Breadth Objections and Motions for Protective Order

If you wish to seek protection from the general duty to provide broad discovery established by O.C.G.A. § 9-11-26(b), the means to do so is by filing a motion for protective order, as set forth in O.C.G.A. § 9-11-26(c). If a motion for protection from discovery order is sought, that motion should be filed before the time for responding to that discovery runs. See, e.g., Wright, et al., Federal Practice and Procedure ' 2035 p. 478-79 (1994). Defendants bear the burden of clearly and specifically demonstrating why discovery should not be had, and it is

patently improper to attempt to shift or avoid that burden of proof by failing to file a motion for protective order as required by O.C.G.A. § 9-11-26(c) and instead force Plaintiffs to bear the burden of filing a motion to compel. Id. ' 2035 p. 484.

Thus, if you contend that any documents or information responsive to these requests are confidential because they contain trade secrets or contain allegedly confidential or proprietary business information, such belief in and of itself provides no basis for the blanket withholding of production of such documents or information in a timely manner. If Defendant intends to make confidentiality or trade secret claims about responsive documents or information, Defendant should 1) contact Plaintiffs' counsel prior to responding to these requests, 2) seek to obtain a mutually agreed upon sharing confidentiality order pertaining to such documents, and 3) articulate to Plaintiffs a specific basis for the claims of confidentiality of each such document to which a claim of confidentiality is made so that Plaintiffs, or the Court, can make a reasonable determination of the validity of defendant's claim to confidentiality and need for a sharing confidentiality order. If Plaintiffs do not voluntarily agree with your assertions of confidentiality or your proposed protective order and you continue to seek to prevent the discovery of information or documents that are relevant and discoverable under O.C.G.A. § 9-11-26(b)(1) based on claims of confidentiality, you are required to file a motion for protective order before discovery responses are due, as specifically contemplated in O.C.G.A. § 9-11-26(c) and provide specific support for such claims. Again, you bear the burden of clearly demonstrating the need for protection from discovery, and stereotyped or conclusory objections, bereft of specific facts, are insufficient to prevent discovery.

The same rule applies to any attempts to avoid responding to Plaintiffs' discovery requests on grounds that the requests are overbroad, annoying, oppressing, or unduly

burdensome. If you contend that you should not be required to provide information in response to Plaintiffs' discovery requests on one of those grounds, O.C.G.A. § 9-11-26(c) dictates that a motion for protective order be timely filed and clearly supported.

**Other Similar Incidents**

These requests seek, among other things, the production of documents relating to other complaints, lawsuits, incidents, or occurrences in which it was alleged that you were negligent or that a defective or unsafe product made by you contributed to a death or injury. Under Georgia law evidence of other incidents is relevant, discoverable, and admissible at trial pursuant to, among other authorities, [REDACTED] [REDACTED] [REDACTED] [REDACTED] (1994).

**To Whom These Requests Are Directed**

Each request is addressed to the personal knowledge of the Defendant, as well as to the knowledge and information of Defendant's attorneys, investigators, agents, employees, and other representatives. When a question is directed to Defendant, the question is also directed to each of the aforementioned persons.

**Continuing Duty to Supplement**

These requests shall be deemed continuing and you are required to supplement or amend any prior response if the person or entity to whom these requests are addressed ascertains any change, different or added fact, condition or circumstances, or that there be any other witness(es) or evidence.

**Other Matters To Ensure Efficient Discovery**

Plaintiffs request that Defendant take the time to accumulate all information which is called for by this discovery request, whether it is facts or documents, and to provide all such

information in its initial written discovery responses. If the time provided by law to respond to this written discovery does not provide you an adequate opportunity to do so, Plaintiffs will extend the time, provided that a request for more time is made well before the time for responding set by law has run and the extension requested is not excessive.

Plaintiffs request that you set forth in your response the text of the request propounded **as well as your** responses or objections to that request so that it is clear from the four corners of your response what the request sought and what your answer to that request is. This is helpful to the Court and the parties so that it is not necessary to flip from one document to another to determine what the answer to a particular request is. If Defendant requests it, Plaintiffs will provide these requests on computer disk to facilitate this process. Plaintiffs will reciprocate this request if Defendant will provide a copy of its discovery requests on disk.

Finally, Plaintiffs request that Defendant respond to these requests individually, separately and completely, and supplement any responses to these requests individually, separately, and completely. In supplementing, Plaintiffs request that you do not send letters to counsel identifying additional documents or information, but that you instead provide discovery responses in the form of a pleading served on all parties.

**Plaintiffs request that Defendant respond to and supplement these and all future document requests by producing the requested documents segregated according to request number and identifying the documents produced in a formal written pleading and stating which numbered request they respond to.** Plaintiffs request that Defendant not produce unidentified documents via letters that state essentially nothing more than "here are some more responsive documents."

Plaintiffs request that Defendant not apply any stamp or markings or other document management numbers, symbols, or colored inking or striping to the requested documents so as to obscure any information contained on the documents or copies made therefrom or to interfere with character recognition software, thus preserving the legibility of all such documents and copies in their entirety.

#### **DEFINITIONS (as used herein)**

1. The terms **“YOU”**, **“YOUR”**, **“YOUR COMPANY”**, **“CHRYSLER”** refer to Chrysler Group LLC, every department, division, office, agency or affiliate thereof. Requests to Chrysler Group LLC include its predecessor in interest, New Carco Acquisition, LLC, or any successor in interest, any parent corporations and holding companies with which the Defendant is associated, any subsidiaries and/or other companies that are owned, in whole or in part, by this Defendant, whether foreign or domestic. Finally, these words and phrases specifically include present and former officers, directors, agents, employees and any and all other persons, firms or corporations, acting or purporting to act on behalf of “you,” or “your company.”

2. The term **“SUBJECT VEHICLE”** refers to the 2009 Dodge Journey, VIN 3D4GG57V49T [REDACTED], which was involved in the crash subject to this lawsuit.

3. The term **“DOCUMENTS”** means all writings and other printed matter of every kind, including, but not limited to, books, records, manuals, statements, minutes, letters, correspondence, memorandum reports, lists, studies, surveys, directives, agreements, contracts, print-outs, telegrams, teletype, telexes, telefax, pamphlets, notes, messages, bulletins, e-mail, diary and calendar entries, maps, charts, brochures, graphics, tabulations, press releases, address books, ledgers, invoices, bills, work sheets, trip reports, receipts, returns, prospectuses, financial statements, tax returns, schedules, affidavits, applications, resumes, cancelled checks, check



books, check stubs, check ledgers, transcripts, statistics, magazine or newspaper articles or advertisements, releases, test reports and records of meetings, conferences, telephone conversations or other conversations or communication (including any and all drafts, alterations, modifications, changes and amendments of any of the foregoing) in the possession, custody or control of the Defendant responding to this discovery. The term “document” or documents” shall also including non-printed matter such as voice records and reproductions, film impressions, photographs, negatives, slides, microfilms, microfiches, e-mail, and other things that document or record ideas, words or impressions. The term “document” or “documents” further includes all punch cards, tapes, disks, or records used in electronic data processing, together with the programming instructions and other written materials necessary to understand or use such punch cards, tapes, disks or other recordings, and further includes data or data compilation in electronic or other form that can be printed through proper programming or decoding of the electronic or mechanical data storage facility.

4. The term “**IDENTIFY**” means to provide the following:
  - a) With regard to a natural “person”, state the name, last known residential address and phone number, and the name and address of their present employer;
  - b) With respect to any entity which is not a natural “person”, state the entity’s correct legal name, last known address and phone number, state the nature of such entity (e.g. corporation, general partnership, etc.), and if you have any business relationship with such entity – either direct or indirect – state the nature of such relationship;

- c) With respect to a tire, state the name of the manufacturer, date of manufacture, location of manufacture and physical description, including size, specification designations and skim stock compound;
- d) The words or phrases “And”, “or,” “and/or” shall be construed either disjunctively or conjunctively, as necessary to make the usage of such words inclusive rather than exclusive.

5. **“RELATES” or “RELATING TO”** means concerning, reflecting, pertaining to, referring to, documenting, evidencing, illustrating, or otherwise bearing upon in any way.

6. **“TEST”** means any test, crash test, FMVSS certification test, litigation test, computer simulation test, sled test, development test, evaluation, research, survey, investigation, analysis, or review, by whatever name called.

7. **“FAILURE MODE”** means any events or circumstances likely to produce a failure of the occupant restraint system to function as intended by providing adequate restraint to an occupant in a manner likely to result in an injury, and includes failures of belt webbing, latches, bucklers, and retractor assemblies, in foreseeable collisions occurring in the environment of their intended use. The term particularly includes malfunctions involving excessive belt webbing extension or spool-out due to retractor failure, excess slack due to use of the comfort feature, or accidental release of the safety belt buckle and latch plate.

The term “spool out” means:

6. The term **“OCCUPANT RESTRAINT SYSTEM”** means a seat belt type device or apparatus designed to secure and restrain a person in a motor vehicle in order to provide protection from the results of a collision, including all necessary seats, belts, straps, webbing, retractor mechanisms, latches, buckles, hardware, fasteners, anchor points, airbags and all

hardware, parts accessories and components designed for the installation of any such device or apparatus in a motor vehicle.

7. The term “**RETRACTOR**” (when used alone) means a device for storing all or part of the webbing in an occupant restraint system incorporating adjustment hardware by means of a locking mechanism that is activated by vehicle acceleration (an inertial or vehicle or sensitive locking device), webbing movement (a web sensitive locking device), or other automatic actions during an emergency and is capable when locked to withstanding restraint forces.

8. The term “**RISK**” means the probability of injury resulting from a given hazard.

9. The term “**SLED TEST**” means a specific type of test in which vehicle components are subjected to simulated collision acceleration and deceleration forced on a “sled”, and “impact sled”, or a “Hi-‘G’ sled” in order to analyze, evaluate or study the crash performance of the vehicle component.

10. The term “**SPOOL-OUT**” means any excessive extension of occupant restraining system belt webbing from the retractor assembly from any cause which is neither expected nor intended by the uses.

11. The term “**SUBJECT VEHICLE PLATFORM**” means the Dodge Journey or Dodge JC, including but not limited to JC49 and JCUV, the Dodge Avenger, and any other platform vehicle with a substantially similar driver and front passenger occupant restraint system sold in the U.S. and worldwide.

## INTERROGATORIES

### "PERSONS WITH KNOWLEDGE"

1.

Identify any and all liability insurance policies, which apply or might apply to the incident which forms the basis of this action.

2.

Identify the names, addresses, home telephone numbers, places of employment, job titles or capacities, and present whereabouts of all witnesses who saw or claim they saw all or any part of the motor vehicle incident described in Plaintiffs' Complaint ("subject vehicle").

3.

Identify the names, addresses, home telephone numbers, places of employment, job titles or capacities, and present whereabouts of all persons who have given written statements concerning the facts and circumstances of the subject incident.

4.

Identify the dates when you held the vehicle title to the 2009 Dodge Journey, VIN 3D4GG57V49T [REDACTED] ("subject vehicle") and where you received it from.

5.

Identify all standards, procedures or protocols regarding receiving an automobile for sale, inspecting such automobile or maintaining such auto prior to sale.

6.

Identify and describe each and every action you took with the subject vehicle, including but not limited to inspections, maintenance, repairs, walk throughs, installations, demonstrations and/or test drives.

7.

Identify and describe each and every technical service bulletin, communication and/or warning which would apply to the 2009 Dodge Journey.

This 21<sup>st</sup> day of May, 2013.

**HARRIS PENN LOWRY, LLP**

BY: 

JEFFREY R. HARRIS  
Georgia Bar No. 330315  
DARREN W. PENN  
Georgia Bar No. 571322  
STEPHEN G. LOWRY  
Georgia Bar No. 460289  
JED D. MANTON  
Georgia Bar No. 868587  
KRISTY B. SWEAT  
Georgia Bar No. 731312

405 E. Perry Street  
Savannah, GA 31401  
P: 912-651-9967  
F: 912-651-1276

*Attorneys for Plaintiff*

IN THE STATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

FILED IN OFFICE  
CLERK STATE COURT  
GWINNETT COUNTY, GA

2013 MAY 21 PM 1:33

[REDACTED], as surviving spouse, )  
and Personal Representative of Decedent, )  
[REDACTED] )  
[REDACTED], as Executor of the Estate of )  
[REDACTED]; and )  
[REDACTED], Individually, )  
Plaintiffs, )  
v. )  
[REDACTED], )  
CHRYSLER GROUP LLC, and )  
HAYES CHRYSLER-DODGE-JEEP, INC. )  
Defendant. )

RICHARD ALEXANDER, CLERK

Civil Action No.:

[REDACTED]

**PLAINTIFFS' FIRST REQUEST FOR PRODUCTION OF DOCUMENTS  
TO DEFENDANT HAYES CHRYSLER-DODGE-JEEP, INC.**

Plaintiff, [REDACTED], as surviving spouse and Executor of the Estate of [REDACTED], requests Defendant Hayes Chrysler-Dodge-Jeep, Inc., its employees or subordinates, agents and/or attorneys pursuant to O.C.G.A. § 9-11-26, et. seq., and O.C.G.A. § 24-10-26, et. seq., produce the following items within its possession, custody and control to the office of Harris Penn Lowry, LLP, at 405 East Perry Street, Savannah, GA 31401 within thirty (30) days as required by law.

**SPECIAL INSTRUCTIONS**

**Privilege Claims**

If a work product or attorney-client privilege is claimed as to any document or any information responsive to these requests, Plaintiffs request that the information or document(s) to which a privilege is claimed be identified with such particularity and in such a manner that the

Court, and not defense counsel unilaterally, may determine whether the document or information is indeed entitled to privileged status. Be on notice that if you claim a privilege, you bear the burden of proving that "specific matters are indeed subject to privilege or protection." [REDACTED] *v. General Motors Corp.*, [REDACTED] (S.D. Ga. 1993). To support a claim of privilege, for each responsive document to which a privilege is claimed, Defendant must provide a privilege log setting forth a general description of the document, the author of the document, the recipients of the document (including "cc's"), the date the document was prepared, and the privilege claimed. Absent a timely and complete privilege log that supports the claims of privilege and can be ruled upon by the Court, any such claims of privilege shall be deemed untimely under Georgia law. [REDACTED], [REDACTED], [REDACTED].

#### **Confidentiality and Breadth Objections and Motions for Protective Order**

If you wish to seek protection from the general duty to provide broad discovery established by O.C.G.A. § 9-11-26(b), the means to do so is by filing a motion for protective order, as set forth in O.C.G.A. § 9-11-26(c). If a motion for protection from discovery order is sought, that motion should be filed before the time for responding to that discovery runs. *See, e.g., Wright, et al., Federal Practice and Procedure* ' 2035 p. 478-79 (1994). Defendants bear the burden of clearly and specifically demonstrating why discovery should not be had, and it is patently improper to attempt to shift or avoid that burden of proof by failing to file a motion for protective order as required by O.C.G.A. § 9-11-26(c) and instead force Plaintiffs to bear the burden of filing a motion to compel. *Id.* ' 2035 p. 484.

Thus, if you contend that any documents or information responsive to these requests are confidential because they contain trade secrets or contain allegedly confidential or proprietary

business information, such belief in and of itself provides no basis for the blanket withholding of production of such documents or information in a timely manner. If Defendant intends to make confidentiality or trade secret claims about responsive documents or information, Defendant should 1) contact Plaintiffs' counsel prior to responding to these requests, 2) seek to obtain a mutually agreed upon sharing confidentiality order pertaining to such documents, and 3) articulate to Plaintiffs a specific basis for the claims of confidentiality of each such document to which a claim of confidentiality is made so that Plaintiffs, or the Court, can make a reasonable determination of the validity of defendant's claim to confidentiality and need for a sharing confidentiality order. If Plaintiffs do not voluntarily agree with your assertions of confidentiality or your proposed protective order and you continue to seek to prevent the discovery of information or documents that are relevant and discoverable under O.C.G.A. § 9-11-26(b)(1) based on claims of confidentiality, you are required to file a motion for protective order before discovery responses are due, as specifically contemplated in O.C.G.A. § 9-11-26(c) and provide specific support for such claims. Again, you bear the burden of clearly demonstrating the need for protection from discovery, and stereotyped or conclusory objections, bereft of specific facts, are insufficient to prevent discovery.

The same rule applies to any attempts to avoid responding to Plaintiffs' discovery requests on grounds that the requests are overbroad, annoying, oppressing, or unduly burdensome. If you contend that you should not be required to provide information in response to Plaintiffs' discovery requests on one of those grounds, O.C.G.A. § 9-11-26(c) dictates that a motion for protective order be timely filed and clearly supported.



**Other Similar Incidents**

These requests seek, among other things, the production of documents relating to other complaints, lawsuits, incidents, or occurrences in which it was alleged that you were negligent or that a defective or unsafe product made by you contributed to a death or injury. Under Georgia law evidence of other incidents is relevant, discoverable, and admissible at trial pursuant to, among other authorities, [REDACTED] [REDACTED] [REDACTED] (1994).

**To Whom These Requests Are Directed**

Each request is addressed to the personal knowledge of the Defendant, as well as to the knowledge and information of Defendant's attorneys, investigators, agents, employees, and other representatives. When a question is directed to Defendant, the question is also directed to each of the aforementioned persons.

**Continuing Duty to Supplement**

These requests shall be deemed continuing and you are required to supplement or amend any prior response if the person or entity to whom these requests are addressed ascertains any change, different or added fact, condition or circumstances, or that there be any other witness(es) or evidence.

**Other Matters To Ensure Efficient Discovery**

Plaintiffs request that Defendant take the time to accumulate all information which is called for by this discovery request, whether it is facts or documents, and to provide all such information in its initial written discovery responses. If the time provided by law to respond to this written discovery does not provide you an adequate opportunity to do so, Plaintiffs will

extend the time, provided that a request for more time is made well before the time for responding set by law has run and the extension requested is not excessive.

Plaintiffs request that you set forth in your response the text of the request propounded **as well as your** responses or objections to that request so that it is clear from the four corners of your response what the request sought and what your answer to that request is. This is helpful to the Court and the parties so that it is not necessary to flip from one document to another to determine what the answer to a particular request is. If Defendant requests it, Plaintiffs will provide these requests on computer disk to facilitate this process. Plaintiffs will reciprocate this request if Defendant will provide a copy of its discovery requests on disk.

Finally, Plaintiffs request that Defendant respond to these requests individually, separately and completely, and supplement any responses to these requests individually, separately, and completely. In supplementing, Plaintiffs request that you do not send letters to counsel identifying additional documents or information, but that you instead provide discovery responses in the form of a pleading served on all parties.

**Plaintiffs request that Defendant respond to and supplement these and all future document requests by producing the requested documents segregated according to request number and identifying the documents produced in a formal written pleading and stating which numbered request they respond to.** Plaintiffs request that Defendant not produce unidentified documents via letters that state essentially nothing more than "here are some more responsive documents."

Plaintiffs request that Defendant not apply any stamp or markings or other document management numbers, symbols, or colored inking or striping to the requested documents so as to obscure any information contained on the documents or copies made therefrom or to interfere

with character recognition software, thus preserving the legibility of all such documents and copies in their entirety.

**DEFINITIONS (as used herein)**

1. The terms **“YOU”**, **“YOUR”**, **“YOUR COMPANY”**, **“CHRYSLER”** refer to Chrysler Group LLC, every department, division, office, agency or affiliate thereof. Requests to Chrysler Group LLC include its predecessor in interest, New Carco Acquisition, LLC, or any successor in interest, any parent corporations and holding companies with which the Defendant is associated, any subsidiaries and/or other companies that are owned, in whole or in part, by this Defendant, whether foreign or domestic. Finally, these words and phrases specifically include present and former officers, directors, agents, employees and any and all other persons, firms or corporations, acting or purporting to act on behalf of “you,” or “your company.”

2. The term **“SUBJECT VEHICLE”** refers to the 2009 Dodge Journey, VIN 3D4GG57V49T578288, which was involved in the crash subject to this lawsuit.

3. The term **“DOCUMENTS”** means all writings and other printed matter of every kind, including, but not limited to, books, records, manuals, statements, minutes, letters, correspondence, memorandum reports, lists, studies, surveys, directives, agreements, contracts, print-outs, telegrams, teletype, telexes, telefax, pamphlets, notes, messages, bulletins, e-mail, diary and calendar entries, maps, charts, brochures, graphics, tabulations, press releases, address books, ledgers, invoices, bills, work sheets, trip reports, receipts, returns, prospectuses, financial statements, tax returns, schedules, affidavits, applications, resumes, cancelled checks, check books, check stubs, check ledgers, transcripts, statistics, magazine or newspaper articles or advertisements, releases, test reports and records of meetings, conferences, telephone conversations or other conversations or communication (including any and all drafts, alterations, modifications, changes and amendments of any of the foregoing) in the possession, custody or

control of the Defendant responding to this discovery. The term “document” or documents” shall also including non-printed matter such as voice records and reproductions, film impressions, photographs, negatives, slides, microfilms, microfiches, e-mail, and other things that document or record ideas, words or impressions. The term “document” or “documents” further includes all punch cards, tapes, disks, or records used in electronic data processing, together with the programming instructions and other written materials necessary to understand or use such punch cards, tapes, disks or other recordings, and further includes data or data compilation in electronic or other form that can be printed through proper programming or decoding of the electronic or mechanical data storage facility.

4. The term “**IDENTIFY**” means to provide the following:
  - a) With regard to a natural “person”, state the name, last known residential address and phone number, and the name and address of their present employer;
  - b) With respect to any entity which is not a natural “person”, state the entity’s correct legal name, last known address and phone number, state the nature of such entity (e.g. corporation, general partnership, etc.), and if you have any business relationship with such entity – either direct or indirect – state the nature of such relationship;
  - c) With respect to a tire, state the name of the manufacturer, date of manufacture, location of manufacture and physical description, including size, specification designations and skim stock compound;
  - d) The words or phrases “And”, “or,” “and/or” shall be construed either disjunctively or conjunctively, as necessary to make the usage of such words inclusive rather than exclusive.

5. **“RELATES” or “RELATING TO”** means concerning, reflecting, pertaining to, referring to, documenting, evidencing, illustrating, or otherwise bearing upon in any way.

6. **“TEST”** means any test, crash test, FMVSS certification test, litigation test, computer simulation test, sled test, development test, evaluation, research, survey, investigation, analysis, or review, by whatever name called.

7. **“FAILURE MODE”** means any events or circumstances likely to produce a failure of the occupant restraint system to function as intended by providing adequate restraint to an occupant in a manner likely to result in an injury, and includes failures of belt webbing, latches, bucklers, and retractor assemblies, in foreseeable collisions occurring in the environment of their intended use. The term particularly includes malfunctions involving excessive belt webbing extension or spool-out due to retractor failure, excess slack due to use of the comfort feature, or accidental release of the safety belt buckle and latch plate.

The term “spool out” means:

6. The term **“OCCUPANT RESTRAINT SYSTEM”** means a seat belt type device or apparatus designed to secure and restrain a person in a motor vehicle in order to provide protection from the results of a collision, including all necessary seats, belts, straps, webbing, retractor mechanisms, latches, buckles, hardware, fasteners, anchor points, airbags and all hardware, parts accessories and components designed for the installation of any such device or apparatus in a motor vehicle.

7. The term **“RETRACTOR”** (when used alone) means a device for storing all or part of the webbing in an occupant restraint system incorporating adjustment hardware by means of a locking mechanism that is activated by vehicle acceleration (an inertial or vehicle or sensitive locking device), webbing movement (a web sensitive locking device), or other

documents relating to the acquisition of the vehicle prior to sale to Plaintiffs; documents relating to the sale of the subject vehicle to Plaintiffs; all service history documents; and all notices of recall, service bulletins, and/or customer satisfaction programs, that applied to the subject vehicle.

4.

Documents relating to all agreements, including but not limited to bailment agreements and contracts, between you and any other Defendant in this lawsuit relating to the design, manufacture, modification, distribution and/or sale of the subject vehicle.

5.

The "Complete Vehicle Manual" and/or any other document supplied to any alter or final-stage-manufacturer of a 2009 Dodge Journey relating to the modification or conversion of such vehicle.

6.

Documents relating to communications from Chrysler to you, or from you to Chrysler, relating to potential issues of front passenger occupant restraint system in Chrysler vehicles from 2000 through the present date.

7.

Documents relating to Chrysler's standards and/or guidelines concerning where a front passenger occupant should position the seat track relative to the airbag in Chrysler vehicles from 2000 to the present day.

8.

Documents relating to Chrysler's standards and/or guidelines concerning seat belt retractors, including but not limited the amount of excess slack a seat belt should give during a frontal or offset frontal crash from 2000 to the present day.

9.

Documents relating to Chrysler's standards and/or guidelines concerning submarining, including but not limited the amount of excess slack a seat belt should give during a frontal or offset frontal crash from 2000 to the present day.

10.

All documents regarding inspections, service, sale or maintenance of vehicles, including but not limited to checklists, manuals guidelines, teaching materials, and/or instructions.

11.

Documents relating to head injuries sustained by belted occupants in the Subject Vehicle Platform in a frontal or offset frontal impact including but not limited to:

- Consumer complaints, including those from fleet operators;
- Field reports, including field technical reports and dealer field reports;
- Notices, bulletins, and other communication (including those transmitted by electronic means and including warranty and policy extension communications and product improvement bulletins) sent by Ford to Intermediate Vehicle Manufacturers and/or Final Stage Manufacturers, dealers, owners, purchasers, lessors or lessees.

This 21<sup>st</sup> day of May, 2013.

**HARRIS PENN LOWRY, LLP**

BY: 

JEFFREY R. HARRIS

Georgia Bar No. 330315

DARREN W. PENN

Georgia Bar No. 571322

STEPHEN G. LOWRY

Georgia Bar No. 460289

JED D. MANTON

Georgia Bar No. 868587

KRISTY B. SWEAT

Georgia Bar No. 731312

405 E. Perry Street  
Savannah, GA 31401  
P: 912-651-9967  
F: 912-651-1276

*Attorneys for Plaintiff*



IN THE STATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

FILED IN OFFICE  
CLERK STATE COURT  
GWINNETT COUNTY, GA

2013 MAY 21 PM 1:33

RICHARD ALEXANDER, CLERK

[REDACTED], as surviving spouse, )  
and Personal Representative of Decedent, )  
[REDACTED] )  
[REDACTED]; and )  
[REDACTED] Individually, )  
Plaintiffs, )  
v. )  
[REDACTED], )  
CHRYSLER GROUP LLC, and )  
HAYES CHRYSLER-DODGE-JEEP, INC. )  
Defendant. )

Civil Action No.:

[REDACTED]

**PLAINTIFFS' FIRST CONTINUING INTERROGATORIES  
TO DEFENDANT CHRYSLER GROUP, LLC**

COMES NOW Plaintiffs [REDACTED], as surviving spouse and Personal Representative of Decedent [REDACTED], as Executor of the Estate of [REDACTED] Individually, and serve Plaintiffs' First Continuing Interrogatories to Defendant Chrysler Group, LLC ("Chrysler") and requests that Defendant responds within the time and manner permitted by law.

The following written interrogatories ("Discovery Requests") are served on you pursuant to the Georgia Civil Practice Act. You are required to answer these interrogatories separately and fully, in writing, under oath and serve a copy of such answers upon Plaintiffs' counsel within the time specified by law.

## SPECIAL INSTRUCTIONS

### Privilege Claims

If a work product or attorney-client privilege is claimed as to any document or any information responsive to these requests, Plaintiffs request that the information or document(s) to which a privilege is claimed be identified with such particularity and in such a manner that the Court, and not defense counsel unilaterally, may determine whether the document or information is indeed entitled to privileged status. Be on notice that if you claim a privilege, you bear the burden of proving that "specific matters are indeed subject to privilege or protection." ██████████ s. v. General Motors Corp., ██████████ (S.D. Ga. 1993). To support a claim of privilege, for each responsive document to which a privilege is claimed, Defendant must provide a privilege log setting forth a general description of the document, the author of the document, the recipients of the document (including "cc's"), the date the document was prepared, and the privilege claimed. Absent a timely and complete privilege log that supports the claims of privilege and can be ruled upon by the Court, any such claims of privilege shall be deemed untimely under Georgia law. E.I. DuPont De Nemours & Co. Benlate Litigation, 99 F.3d 363, 371 (11<sup>th</sup> Cir. 1996).

### Confidentiality and Breadth Objections and Motions for Protective Order

If you wish to seek protection from the general duty to provide broad discovery established by O.C.G.A. § 9-11-26(b), the means to do so is by filing a motion for protective order, as set forth in O.C.G.A. § 9-11-26(c). If a motion for protection from discovery order is sought, that motion should be filed before the time for responding to that discovery runs. See, e.g., ██████████ et al., Federal Practice and Procedure ' 2035 p. 478-79 (1994). Defendants bear the burden of clearly and specifically demonstrating why discovery should not be had, and it is

patently improper to attempt to shift or avoid that burden of proof by failing to file a motion for protective order as required by O.C.G.A. § 9-11-26(c) and instead force Plaintiffs to bear the burden of filing a motion to compel. Id. ' 2035 p. 484.

Thus, if you contend that any documents or information responsive to these requests are confidential because they contain trade secrets or contain allegedly confidential or proprietary business information, such belief in and of itself provides no basis for the blanket withholding of production of such documents or information in a timely manner. If Defendant intends to make confidentiality or trade secret claims about responsive documents or information, Defendant should 1) contact Plaintiffs' counsel prior to responding to these requests, 2) seek to obtain a mutually agreed upon sharing confidentiality order pertaining to such documents, and 3) articulate to Plaintiffs a specific basis for the claims of confidentiality of each such document to which a claim of confidentiality is made so that Plaintiffs, or the Court, can make a reasonable determination of the validity of defendant's claim to confidentiality and need for a sharing confidentiality order. If Plaintiffs do not voluntarily agree with your assertions of confidentiality or your proposed protective order and you continue to seek to prevent the discovery of information or documents that are relevant and discoverable under O.C.G.A. § 9-11-26(b)(1) based on claims of confidentiality, you are required to file a motion for protective order before discovery responses are due, as specifically contemplated in O.C.G.A. § 9-11-26(c) and provide specific support for such claims. Again, you bear the burden of clearly demonstrating the need for protection from discovery, and stereotyped or conclusory objections, bereft of specific facts, are insufficient to prevent discovery.

The same rule applies to any attempts to avoid responding to Plaintiffs' discovery requests on grounds that the requests are overbroad, annoying, oppressing, or unduly

burdensome. If you contend that you should not be required to provide information in response to Plaintiffs' discovery requests on one of those grounds, O.C.G.A. § 9-11-26(c) dictates that a motion for protective order be timely filed and clearly supported.

**Other Similar Incidents**

These requests seek, among other things, the production of documents relating to other complaints, lawsuits, incidents, or occurrences in which it was alleged that you were negligent or that a defective or unsafe product made by you contributed to a death or injury. Under Georgia law evidence of other incidents is relevant, discoverable, and admissible at trial pursuant to, among other authorities, [REDACTED] d [REDACTED] [REDACTED] (1994).

**To Whom These Requests Are Directed**

Each request is addressed to the personal knowledge of the Defendant, as well as to the knowledge and information of Defendant's attorneys, investigators, agents, employees, and other representatives. When a question is directed to Defendant, the question is also directed to each of the aforementioned persons.

**Continuing Duty to Supplement**

These requests shall be deemed continuing and you are required to supplement or amend any prior response if the person or entity to whom these requests are addressed ascertains any change, different or added fact, condition or circumstances, or that there be any other witness(es) or evidence.

**Other Matters To Ensure Efficient Discovery**

Plaintiffs request that Defendant take the time to accumulate all information which is called for by this discovery request, whether it is facts or documents, and to provide all such

information in its initial written discovery responses. If the time provided by law to respond to this written discovery does not provide you an adequate opportunity to do so, Plaintiffs will extend the time, provided that a request for more time is made well before the time for responding set by law has run and the extension requested is not excessive.

Plaintiffs request that you set forth in your response the text of the request propounded as **well as your** responses or objections to that request so that it is clear from the four corners of your response what the request sought and what your answer to that request is. This is helpful to the Court and the parties so that it is not necessary to flip from one document to another to determine what the answer to a particular request is. If Defendant requests it, Plaintiffs will provide these requests on computer disk to facilitate this process. Plaintiffs will reciprocate this request if Defendant will provide a copy of its discovery requests on disk.

Finally, Plaintiffs request that Defendant respond to these requests individually, separately and completely, and supplement any responses to these requests individually, separately, and completely. In supplementing, Plaintiffs request that you do not send letters to counsel identifying additional documents or information, but that you instead provide discovery responses in the form of a pleading served on all parties.

**Plaintiffs request that Defendant respond to and supplement these and all future document requests by producing the requested documents segregated according to request number and identifying the documents produced in a formal written pleading and stating which numbered request they respond to.** Plaintiffs request that Defendant not produce unidentified documents via letters that state essentially nothing more than "here are some more responsive documents."

Plaintiffs request that Defendant not apply any stamp or markings or other document management numbers, symbols, or colored inking or striping to the requested documents so as to obscure any information contained on the documents or copies made therefrom or to interfere with character recognition software, thus preserving the legibility of all such documents and copies in their entirety.

1. These Special Instructions are not intended as any attempt by the Plaintiffs to impose upon you any requirements or obligations beyond those imposed upon you by the Georgia Rules of Civil Procedure (the "Rules"), and they should not be considered as such by you. In responding to these Discovery Requests you are requested to follow the following instructions, which the Plaintiffs believe are consistent with the Rules.

2. Except as otherwise specified, the Discovery Requests cover the entire period from January 1, 1965, through the date of your response, whether your response is an original response or a supplemental response. The Discovery Requests require you to disclose and/or produce (as the case may be) all responsive discoverable matter, information, documents, or things known or reasonably available to you which may have existed during the period of time or any part thereof concerning the subject matter of any particular Discovery Request.

3. Please respond to Discovery Requests by furnishing all responsive discoverable matter, information, documents, or things either in your possession, in your control, or accessible to you by reasonable inquiry. This includes discoverable matter, information, documents, or things in the possession, custody, or control of your (a) agents, (b) employees; (c) attorneys, (d) corporate departments or divisions; (e) your parent or subsidiary corporations; (f) corporate affiliates; and (g) any other persons, firms or corporations which because of your business relationship would readily respond to your inquiry in the ordinary course of business.

4. Where no discoverable matter, information, documents, or things exist which would be responsive to a Discovery Request, please so state.

5. If you object to a particular Discovery Request or to a part of a Discovery Request, please note that the Rules require that the reasons for objection must be stated. Unsupported boilerplate objections are not permissible under Georgia law. Further, if you interpose a privilege objection you must provide a privilege log. The Plaintiffs will treat all untimely and inadequate objections and claims of privilege or immunity **as waived**.

6. Various words, phrases, and abbreviations used in the Discovery Requests should be given the meaning and interpretation set forth in the Table of Definitions contained herein, unless otherwise stated. If you are unsure of the meaning of a word, phrase, or abbreviation used in any Discovery Request, please contact counsel for the Plaintiffs **in writing**, specify the word or phrase whose meaning you claim is unclear, and ask for **written clarification** of the word or phrase in question. To the extent any ambiguity genuinely exists, such written clarification will be promptly provided to you.

#### **DEFINITIONS (as used herein)**

1. The terms “YOU”, “YOUR”, “YOUR COMPANY”, “CHRYSLER” refer to Chrysler Group LLC, every department, division, office, agency or affiliate thereof. Requests to Chrysler Group LLC include its predecessor in interest, New Carco Acquisition, LLC, or any successor in interest, any parent corporations and holding companies with which the Defendant is associated, any subsidiaries and/or other companies that are owned, in whole or in part, by this Defendant, whether foreign or domestic. Finally, these words and phrases specifically include present and former officers, directors, agents, employees and any and all other persons, firms or corporations, acting or purporting to act on behalf of “you,” or “your company.”

2. The term "**SUBJECT VEHICLE**" refers to the 2009 Dodge Journey, VIN 3D4GG57V49T [REDACTED], which was involved in the crash subject to this lawsuit.

3. The term "**DOCUMENTS**" means all writings and other printed matter of every kind, including, but not limited to, books, records, manuals, statements, minutes, letters, correspondence, memorandum reports, lists, studies, surveys, directives, agreements, contracts, print-outs, telegrams, teletype, telexes, telefax, pamphlets, notes, messages, bulletins, e-mail, diary and calendar entries, maps, charts, brochures, graphics, tabulations, press releases, address books, ledgers, invoices, bills, work sheets, trip reports, receipts, returns, prospectuses, financial statements, tax returns, schedules, affidavits, applications, resumes, cancelled checks, check books, check stubs, check ledgers, transcripts, statistics, magazine or newspaper articles or advertisements, releases, test reports and records of meetings, conferences, telephone conversations or other conversations or communication (including any and all drafts, alterations, modifications, changes and amendments of any of the foregoing) in the possession, custody or control of the Defendant responding to this discovery. The term "document" or "documents" shall also including non-printed matter such as voice records and reproductions, film impressions, photographs, negatives, slides, microfilms, microfiches, e-mail, and other things that document or record ideas, words or impressions. The term "document" or "documents" further includes all punch cards, tapes, disks, or records used in electronic data processing, together with the programming instructions and other written materials necessary to understand or use such punch cards, tapes, disks or other recordings, and further includes data or data compilation in electronic or other form that can be printed through proper programming or decoding of the electronic or mechanical data storage facility.

4. The term "**IDENTIFY**" means to provide the following:



- a) With regard to a natural “person”, state the name, last known residential address and phone number, and the name and address of their present employer;
- b) With respect to any entity which is not a natural “person”, state the entity’s correct legal name, last known address and phone number, state the nature of such entity (e.g. corporation, general partnership, etc.), and if you have any business relationship with such entity – either direct or indirect – state the nature of such relationship;
- c) With respect to a tire, state the name of the manufacturer, date of manufacture, location of manufacture and physical description, including size, specification designations and skim stock compound;
- d) The words or phrases “And”, “or,” “and/or” shall be construed either disjunctively or conjunctively, as necessary to make the usage of such words inclusive rather than exclusive.

5. **“RELATES” or “RELATING TO”** means concerning, reflecting, pertaining to, referring to, documenting, evidencing, illustrating, or otherwise bearing upon in any way.

6. **“TEST”** means any test, crash test, FMVSS certification test, litigation test, computer simulation test, sled test, development test, evaluation, research, survey, investigation, analysis, or review, by whatever name called.

7. **“FAILURE MODE”** means any events or circumstances likely to produce a failure of the occupant restraint system to function as intended by providing adequate restraint to an occupant in a manner likely to result in an injury, and includes failures of belt webbing, latches, bucklers, and retractor assemblies, in foreseeable collisions occurring in the environment of their intended use. The term particularly includes malfunctions involving excessive belt

webbing extension or spool-out due to retractor failure, excess slack due to use of the comfort feature, or accidental release of the safety belt buckle and latch plate.

The term “spool out” means:

6. The term “**OCCUPANT RESTRAINT SYSTEM**” means a seat belt type device or apparatus designed to secure and restrain a person in a motor vehicle in order to provide protection from the results of a collision, including all necessary seats, belts, straps, webbing, retractor mechanisms, latches, buckles, hardware, fasteners, anchor points, airbags and all hardware, parts accessories and components designed for the installation of any such device or apparatus in a motor vehicle.

7. The term “**RETRACTOR**” (when used alone) means a device for storing all or part of the webbing in an occupant restraint system incorporating adjustment hardware by means of a locking mechanism that is activated by vehicle acceleration (an inertial or vehicle or sensitive locking device), webbing movement (a web sensitive locking device), or other automatic actions during an emergency and is capable when locked to withstanding restraint forces.

8. The term “**RISK**” means the probability of injury resulting from a given hazard.

9. The term “**SLED TEST**” means a specific type of test in which vehicle components are subjected to simulated collision acceleration and deceleration forced on a “sled”, and “impact sled”, or a “Hi-‘G’ sled” in order to analyze, evaluate or study the crash performance of the vehicle component.

10. The term “**SPOOL-OUT**” means any excessive extension of occupant restraining system belt webbing from the retractor assembly from any cause which is neither expected nor intended by the uses.

11. The term “**SUBJECT VEHICLE PLATFORM**” means the Dodge Journey or Dodge JC, including but not limited to JC49 and JCUV, the Dodge Avenger, and any other platform vehicle with a substantially similar driver and front passenger occupant restraint system sold in the U.S. and worldwide.

## **INTERROGATORIES**

### **"PERSONS WITH KNOWLEDGE"**

1. Identify every person who claims to have knowledge of any discoverable matter, information, documents, or things relating to any facts alleged in the Complaint, and describe generally what each person identified claims to know.

2. Before filing an Answer to the Complaint in this action did you conduct any investigation to determine whether there were good grounds to support the Answer you filed, or that the denials and defenses asserted in your Answer were substantially justified in fact and law? If so, identify every person who has conducted such investigation on your behalf to determine any information or circumstances relating to the subject matter of this action, or any claim or defense of any party to this action and state the inclusive dates of each investigation.

3. Identify every person who has made any observations, measurements, photographs or videotapes of the Dodge Journey, state each of the observations and measurements each person has made, and identify each of the photographs or videotapes each person has made.

4. Identify every person who has made any observations, measurements, maps, plats, photographs, or videotapes of the scene of the occurrence, state each of the observations and measurements each person has made, and identify each of the maps, plats, photographs or videotapes each person has made.

5. Identify every statement which has been made by any person relating to the subject matter of this action, or any claim or defense of any party to this action.

6. Identify every person Chrysler expects to call to testify on its behalf as an expert witness on the trial of the case, and for each state the subject matter on which the expert is expected to testify; state the substance of the facts and opinions to which he/she is expected to testify; give a summary of the grounds for each opinion; and give a summary of his/her qualifications as an expert witness.

7. Identify every person who has been retained or specially employed by Chrysler in anticipation of litigation or preparation for trial who is not expected to be called by Chrysler as an expert witness on the trial of the case.

8. Identify the person or persons from Chrysler who will be participating in this case as a witness, a corporate representative, O.C.G.A. § 9-11-30(b)(6) designee, assisting with discovery, investigating the vehicle or accident scene or involved in any other aspect of this litigation.

9. Identify every person who has expressed an opinion relating to the subject matter of this action, or the claims or defenses of any party to this action, describe generally what opinions each person has expressed, and give a summary of the grounds for or basis of each opinion. NOTE: This interrogatory seeks information about opinions held by persons (including present or former employees of any Defendant) other than experts retained or specifically employed by Chrysler in anticipation of litigation or for trial whether or not they are expected to testify.

10. Identify every person or former Chrysler employee who may be called to testify at trial concerning any information relating to the subject matter of this action, or the claims or

defenses of any party to this action, describe generally what discoverable matter or information each person claims to know.

11. Identify the names, addresses, home telephone numbers, places of employment, job titles or capacities, and present whereabouts of all witnesses who saw or claim they saw all or any part of the motor vehicle incident described in Plaintiffs' Complaint ("subject vehicle").

### "DENIALS AND DEFENSES"

12. Each of the numbered paragraphs of the Complaint is incorporated by reference. State with particularity what part of each paragraph you admit, and what part of each paragraph you deny, and provide the following information: State every factual basis for Chrysler's denial of any fact alleged in the Complaint, identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for its denial of any part of the paragraphs of the Complaint, and identify every person who claims to have knowledge of same.

13. State and describe each Affirmative Defense to the Complaint which Chrysler intends to assert in this action, whether pleaded in Chrysler's amended Answer or not. For each state every factual basis for the Affirmative Defense and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such Affirmative Defense, and identify every person who claims to have knowledge of same. NOTE: This discovery request includes, but is not limited to, those Affirmative Defenses asserted in Chrysler's Answer to the Complaint.

14. Do you contend that [REDACTED] was NOT wearing the front seat passenger's seat belt in the 2009 Dodge Journey at the time of the incident or not wearing it properly? If so, state every factual basis for your contention and provide the following

information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such contention; and identify every person who claims to have knowledge of same.

15. Do you contend that [REDACTED] was wearing the front seat passenger's position occupant restraint system in the 2009 Dodge Journey at the time of the incident? If so, provide the following information: state every factual basis for your contention; identify all discoverable matter, information, applications of law to fact, documents or things, on which Chrysler may rely as the basis for each such contention; and identify every person who claims to have knowledge of same.

16. Identify and describe all injuries you contend [REDACTED] received as a result of the incident. For each injury, state every factual basis for your contention and provide the following information: state how and when you contend each injury was caused; identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such contention; and identify every person who claims to have knowledge of same.

#### **"OCCUPANT RESTRAINT SYSTEM"**

17. Describe the design and construction of the occupant restraint system selected and installed by Chrysler in the 2009 Dodge Journey. Include in your answer a description of the subject retractor's locking mechanism, and the designated part numbers for the subject seatbelt buckle and subject retractor component parts.

18. Identify the manufacturer and supplier of the occupant restraint system installed in the 2009 Dodge Journey.

19. Identify every person who selected, determined, designed, or approved the occupant restraint system, including but not limited to the retractor, torsion bar, load limiter, latch plate and lap belt, for installation by Chrysler in the 2009 Dodge Journey.

20. Identify every person who selected, determined, designed, or approved the front passenger seat track and its placement/position for the 2009 Dodge Journey.

21. Identify every person involved in formulating the instruction that front seat passengers should position the seat in the rear-most position and as far as possible from the air bag in the 2009 Dodge Journey owner's manual.

22. Identify by model year and model series designation all vehicles manufactured by Chrysler between January 1, 1965, and the current year, in which the subject seatbelt system and retractor was installed as standard equipment.

23. Identify every **external** standard relating to the seatbelt, spool-out, excess slack, and airbag failure modes which you contend is applicable to the design, inspection, testing, manufacture, assembly, marketing, distribution and sale of the occupant restraint system installed by Chrysler in the 2009 Dodge Journey.

24. Identify every Chrysler **internal** standard relating to the seatbelt, spool-out, excess slack, and airbag failure modes which you contend is applicable to the design, inspection, testing, manufacture, assembly, marketing, distribution and sale of the occupant restraint system installed by Chrysler in the 2009 Dodge Journey.

25. Identify every potential failure mode relating to the retractor, torsion bar, load limiter, shoulder and lap belt, latch plate, submarining and front passenger airbag for the 2009 Dodge Journey.

26. Identify every reliable book, treatise, or article relating to the seatbelt, spool out, excess slack and/or submarining failure modes which you contend is applicable to the design, inspection, testing, manufacture, assembly, marketing, distribution and sale of the occupant restraint system installed by Chrysler in the 2009 Dodge Journey.

27. State what you contend to be the ordinary purposes and intended function of the subject seatbelt system. State every factual basis for your contention and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such contention; and identify every person who claims to have knowledge of same.

28. What benefit or utility do you contend an occupant restraint system equipped with the subject seatbelt retractor, torsion bar, load limiter, and latch plate provides to a user or consumer if spool-out of the seatbelt occurs in circumstances of foreseeable accident modes in the environment of use? State every factual basis for your contention and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for your contention; and identify every person who claims to have knowledge of same.

#### **"SPOOL OUT"**

29. State what you contend to be the ordinary purposes and intended function of the subject retractor. State every factual basis for your contention and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such contention; and identify every person who claims to have knowledge of same.



30. What benefit or utility do you contend an occupant restraint system equipped with the subject front passenger airbag provides to a female approximately 5 feet, two inches tall and seated in the rear-most position if a spool-out of the seatbelt occurs in circumstances of foreseeable accident modes in the environment of use? State every factual basis for your contention and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for your contention; and identify every person who claims to have knowledge of same.

31. Do you contend that spool-out of the subject seatbelt retractor cannot or should not occur in foreseeable accident modes in the environment of use if the retractor functions as intended? If so, state every factual basis for your contention and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for reach such contention; and identify every person who claims to have knowledge of same.

32. If you contend that spool-out of the subject retractor can or may occur in foreseeable accident modes in the environment of use even if the retractor functions as intended, state every factual basis for your contention and provide the following information: State the conditions under which you contend spool-out of the subject retractor can occur in foreseeable accident modes in the environment of use; identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such contention, and identify every person who claims to have knowledge of same.

33. Do you contend that the average consumer or user of motor vehicles using an occupant restraint system equipped with the subject retractor reasonably expects that spool-out may occur in foreseeable accident modes in the environment of use? If so, state every factual

basis for your contention and provide the following information: Identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for each such contention; and identify every person who claims to have knowledge of same

34. Do you contend that an occupant restraint system equipped with the subject retractor provides an adequate degree of occupant restraint protection to the user if spool-out does occur in foreseeable accident mode in the environment of use? If so, state every factual basis for your contention and provide the following information: identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for your contention; and identify every person who claims to have knowledge of same.

35. Please state every warning provided to the consumer regarding the possibility that a spool-out of the retractor could occur in a foreseeable accident situation, and provide the exact language of warning, the placement of each warning, and the medium used to provide the warning.

36. Please state every warning provided to the consumer to position the front passenger seat in the rear-most position, as far as away as possible or practical from the airbag, and provide the exact language of warning, the placement of each warning, and the medium used to provide the warning.

#### **"ALTERNATIVE DESIGNS"**

37. Identify every commercially available occupant restraint system retractor design alternatives to the subject retractor which included specific design countermeasures to eliminate, minimize, or guard against spool-out and which could have been selected and installed in the Dodge Journey, and for each give the following information: Identify any feasibility or

cost/benefits analyses of such alternative retractor designs as compared to the subject retractor: state whether you contend the design alternative was not feasible for economic or technical reasons; identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for your contention; and identify every person who claims to have knowledge of same. FIRST NOTE: such design countermeasures include, but are not limited to the use of pre-tensioners, web sensitive, and/or other automatic locking devices or web grabbers in conjunction with inertial or vehicle sensitive locking devices SECOND NOTE: this Interrogatory calls for not only those design alternatives which were commercially available, but particularly those Which Chrysler actually used in its production vehicles.

38. Identify every commercially available occupant restraint system retractor design alternatives to the subject retractor which included specific design countermeasures to eliminate, minimize, or guard against passenger submarining under the lap-belt which could have been selected and installed in the Dodge Journey, and for each give the following information: Identify any feasibility or cost/benefits analyses of such alternative lap belt designs as compared to the subject lap belt: state whether you contend the design alternative was not feasible for economic or technical reasons; identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for your contention; and identify every person who claims to have knowledge of same. FIRST NOTE: such design countermeasures include, but are not limited to the use of cinching latch plate. SECOND NOTE: this Interrogatory calls for not only those design alternatives which were commercially available, but particularly those which Chrysler actually used in its production vehicles.

39. Identify every commercially available occupant restraint system retractor design alternatives to the subject lap belt which included specific design countermeasures to eliminate, minimize, or guard against occupant submarining where the lap belt slips off the bony part of the pelvis and onto the abdomen, which could have been selected and installed in the Dodge Journey, and for each give the following information: Identify any feasibility or cost/benefit analyses of such alternative lap belt designs as compared to the lap belt; state whether you contend the design -alternative was not feasible for economic or technical reasons; identify all discoverable matter, information, applications of law to fact, documents, or things, on which Chrysler may rely as the basis for your contention; and identify every person who claims to have knowledge of same. NOTE: this interrogatory calls for not only those design alternatives which were commercially available, but particularly those which Chrysler actually used in its production vehicles.

40. Identify all vehicles sold by Chrysler anywhere in the world prior to or in 2009 that contained a seatbelt retractor with pretensioners, web grabbers, automatic locking retractors or lap belts with cinching latch plates.

41. Identify all vehicles known to Chrysler and sold by any manufacturer before or in 2009 that contained seatbelt retractors with pretensioners, web grabbers and/or cinching latch plates.

42. Identify the first model vehicle sold by Chrysler anywhere in the world that included seatbelt retractors with pretensioners, web-grabbers, and/or lap belts with cinching latch plates.

43. State the cost per vehicle for installing as standard equipment a seatbelt with retractors, pretensioners, web-grabbers, load limiters with a limitation to the amount of spool out or seats with cinching latch plates in the 2009 Dodge Journey.

44. As for each person Chrysler intends to call as an expert witness in this case, provide the following:

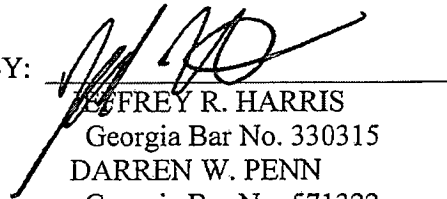
- a) a summary of all opinions and facts about which the person IS expected to testify;
- b) a list of all previous testimony offered by this witness;
- c) a current curriculum vitae,
- d) identify each and every document reviewed by the witness related to the expected testimony;
- e) state the amount the witness, or his or her employer, have been paid by Chrysler or counsel retained by Chrysler in connection with providing expert testimony in the last ten (10) years; and
- f) identify all testing conducted by the witness related to the expected testimony.

[signatures on the next page]

This 21<sup>st</sup> day of May, 2013.

**HARRIS PENN LOWRY, LLP**

BY:



JEFFREY R. HARRIS  
Georgia Bar No. 330315  
DARREN W. PENN  
Georgia Bar No. 571322  
STEPHEN G. LOWRY  
Georgia Bar No. 460289  
JED D. MANTON  
Georgia Bar No. 868587  
KRISTY B. SWEAT  
Georgia Bar No. 731312

405 E. Perry Street  
Savannah, GA 31401  
P: 912-651-9967  
F: 912-651-1276

*Attorneys for Plaintiff*

IN THE STATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

FILED IN OFFICE  
CLERK STATE COURT  
GWINNETT COUNTY, GA

2013 MAY 21 PM 1:33

RICHARD ALEXANDER, CLERK

[REDACTED], as surviving spouse, )  
and Personal Representative of Decedent, )  
[REDACTED] )  
[REDACTED], as Executor of the Estate of )  
[REDACTED]; and )  
[REDACTED] Individually, )  
Plaintiffs, )  
v. )  
[REDACTED] )  
CHRYSLER GROUP LLC, and )  
HAYES CHRYSLER-DODGE-JEEP, INC. )  
Defendant. )

Civil Action No.:

[REDACTED]

**PLAINTIFFS' FIRST CONTINUING INTERROGATORIES  
TO DEFENDANT MOKONJI LINDSEY**

COMES NOW Plaintiffs [REDACTED], as surviving spouse and Personal Representative of Decedent [REDACTED], as Executor of the Estate of [REDACTED] Individually, and serve Plaintiffs' First Continuing Interrogatories to Defendant [REDACTED] and requests that Defendant responds within the time and manner permitted by law.

The following written interrogatories ("Discovery Requests") are served on you pursuant to the Georgia Civil Practice Act. You are required to answer these interrogatories separately and fully, in writing, under oath and serve a copy of such answers upon Plaintiffs' counsel within the time specified by law.

### **SPECIAL INSTRUCTIONS**

1. These Special Instructions are not intended as any attempt by the Plaintiffs to impose upon you an requirements or obligations beyond those imposed upon you by the Georgia Rules of Civil Procedure (the "Rules"), and they should not be considered as such by you. In responding to these Discovery Requests you are requested to follow the following instructions, which the Plaintiffs believe are consistent with the Rules.

2. Except as otherwise specified, the Discovery Requests cover the entire period from January 1, 1965, through the date of your response, whether your response is an original response or a supplemental response. The Discovery Requests require you to disclose and/or produce (as the case may be) all responsive discoverable matter, information, documents, or things known or reasonably available to you which may have existed during the period of time or any part thereof concerning the subject matter of any particular Discovery Request.

3. Please respond to Discovery Requests by furnishing all responsive discoverable matter, information, documents, or things either in your possession, in your control, or accessible to you by reasonable inquiry. This includes discoverable matter, information, documents, or things in the possession, custody, or control of your (a) agents, (b) employees; (c) attorneys, (d) corporate departments or divisions; (e) your parent or subsidiary corporations; (f) corporate affiliates; and (g) any other persons, firms or corporations which because of your business relationship would readily respond to your inquiry in the ordinary course of business.

4. Where no discoverable matter, information, documents, or things exist which would be responsive to a Discovery Request, please so state.

5. If you object to a particular Discovery Request or to a part of a Discovery Request, please note that the Rules require that the reasons for objection must be stated.



Unsupported boilerplate objections are not permissible under Georgia law. Further, if you interpose a privilege objection you must provide a privilege log. The Plaintiffs will treat all untimely and inadequate objections and claims of privilege or immunity **as waived**.

6. Various words, phrases, and abbreviations used in the Discovery Requests should be given the meaning and interpretation set forth in the Table of Definitions contained herein, unless otherwise stated. If you are unsure of the meaning of a word, phrase, or abbreviation used in any Discovery Request, please contact counsel for the Plaintiffs **in writing**, specify the word or phrase whose meaning you claim is unclear, and ask for **written clarification** of the word or phrase in question. To the extent any ambiguity genuinely exists, such written clarification will be promptly provided to you.

Plaintiffs [REDACTED], as surviving spouse and Personal Representative of Decedent [REDACTED], as Executor of the Estate of [REDACTED] Individually, request that Defendant [REDACTED] answer under oath the following interrogatories, the answers to be served upon Plaintiffs' attorney of record, Stephen G. Lowry, within forty-five (45) days from the date said interrogatories are served upon Defendant.

#### **DEFINITIONS**

Unless a contrary meaning appears in context, the following definitions apply:

(a) "You," "your," and "Defendant" mean Defendant [REDACTED] or any person or persons acting on his behalf, including, but not limited to, agents, attorneys, advisors, investigators, representatives and other persons acting on his behalf.

(b) "Document" shall mean each writing, thing, transcript, or record of any type or description that is or has been in your possession, control, or custody, or of which you have knowledge.

(c) "Communication" includes any statement or utterance, whether written or oral, made by one person to another, or in the presence of another, and any document (as defined above) delivered or sent from one person to another.

(d) "Identify" when used with respect to a document or documents, shall mean, with respect to each document, the date, a description sufficient for identification, the subject matter and content, the specific location of the document and the name and address of the person having custody of the document.

"Identify" when used with respect to a person or persons, shall mean the name, age, business and residence addresses and telephone numbers, the employer and place of employment of all such persons.

(e) Unless the context indicates otherwise, "person" shall mean the plural as well as the singular and shall include any natural person (alive or deceased), any firm, corporation, proprietorship, joint venture, trust or estate, business association, partnership, or other form of legal entity.

(f) The terms "relating to" and "relate to" mean directly or indirectly mentioning, describing, pertaining to, being connected with, or reflecting upon the subject matter of the specific request.

(g) When appropriate, the singular shall encompass the plural, and vice versa.

### **INTERROGATORIES**

1. What is the name and address of the person answering these interrogatories, and, if applicable, the person's official position or relationship with the party to whom the interrogatories are directed?

2. List all former names and when you were known by those names. State all addresses

where you have lived for the past 10 years, the dates you lived at each address, your Social Security number, and your date of birth.

3. Have you ever been convicted of a crime, other than any juvenile adjudication, which under the law under which you were convicted was punishable by death or imprisonment in excess of 1 year, or that involved dishonesty or a false statement regardless of the punishment? If so, state as to each conviction, the specific crime and the date and place of conviction.

4. Describe any and all policies of insurance which you contend cover or may cover you for the allegations set forth in plaintiff's complaint, detailing as to such policies the name of the insurer, the number of the policy, the effective dates of the policy, the available limits of liability, and the name and address of the custodian of the policy.

5. Describe in detail how the incident described in the complaint happened, including all actions taken by you to prevent the incident.

6. Describe in detail each act or omission on the part of any party to this lawsuit that you contend constituted negligence that was a contributing legal cause of the incident in question.

7. State the facts upon which you rely for each affirmative defense in your answer.

8. Do you contend any person or entity other than you is, or may be, liable in whole or part for the claims asserted against you in this lawsuit? If so, state the full name and address of each such person or entity, the legal basis for your contention, the facts or evidence upon which your contention is based, and whether or not you have notified each such person or entity of your contention.

9. Were you charged with any violation of law (including any regulations or ordinances) arising out of the incident described in the complaint? If so, what was the nature of the charge; what plea or answer, if any, did you enter to the charge; what court or agency heard the charge;

was any written report prepared by anyone regarding the charge, and, if so, what is the name and address of the person or entity who prepared the report; do you have a copy of the report; and was the testimony at any trial, hearing, or other proceeding on the charge recorded in any manner, and, if so, what is the name and address of the person who recorded the testimony?

10. List the names and addresses of all persons who are believed or known by you, your agents, or your attorneys to have any knowledge concerning any of the issues in this lawsuit; and specify the subject matter about which the witness has knowledge.

11. Have you heard or do you know about any statement or remark made by or on behalf of any party to this lawsuit concerning any issue in this lawsuit? If so, state the name and address of each person who made the statement or statements, the name and address of each person who heard it, and the date, time, place, and substance of each statement.

12. State the name and address of every person known to you, your agents, or your attorneys who has knowledge about, or possession, custody, or control of, any model, plat, map, drawing, motion picture, videotape, or photograph pertaining to any fact or issue involved in this controversy; and describe as to each, what item such person has, the name and address of the person who took or prepared it, and the date it was taken or prepared.

13. Do you intend to call any expert witnesses at the trial of this case? If so, state as to each such witness the name and business address of the witness, the witness's qualifications as an expert, the subject matter upon which the witness is expected to testify, the substance of the facts and opinions to which the witness is expected to testify, and a summary of the grounds for each opinion.

14. Have you made an agreement with anyone that would limit that party's liability to anyone for any of the damages sued upon in this case? If so, state the terms of the agreement and

the parties to it.

15. Please state if you have ever been a party, either plaintiff or defendant, in a lawsuit other than the present matter, and, if so, state whether you were plaintiff or defendant, the nature of the action, and the date and court in which such suit was filed.

16. Please identify each person whom you believe may have investigated any aspect of the incident or Plaintiffs' claims of injury and damage.

17. Please state in detail where you were coming from when this collision occurred, who was driving, where you were going, and the route followed up to the point of impacts.

18. Please state the speed of your vehicle at the time of impact.

19. Please identify each and every physical and/or mental injury you sustained in this incident.

20. Please state in detail the disposition of any citation received as a result of this incident, the nature of the citation, including the dates of any court hearings, and any pleas and any fines paid.

21. If the vehicle involved in this collision belongs to someone other than you, please explain the circumstances under which the vehicle came into your possession and the purpose for which the vehicle was being used.

22. If the vehicle belongs to someone other than you, please state by whom you were given permission to operate the vehicle, on what date authorization was given, whether permission was expressly limited to use for any specific purpose, and, if so, what purpose.

23. Have you been involved in any automobile accidents as a driver before or after the incident which is the subject matter of this litigation? If your answer is in the affirmative, please state the date, time and location of the incident, name and contact information of all parties

involved, and the names of any other persons injured in the accident, if any.

24. For the last ten (10) years, please state your employment. For each employer, please list the date you started work, the date you terminated work, the reason for the termination, your last rate of pay, your general duties or job title, and the name, address, and telephone number of your immediate supervisor

25. Please state whether, at the time of the incident described in the Complaint, you were performing any employment related obligations and if so please state the name of your employer and describe your duties.

26. Please state in detail your activities for the twenty-four (24) period immediately preceding this collision.

27. When did you first see the vehicle driven by Amy Lyle and how fast were you going when you first saw his vehicle?

28. Did you consume any alcoholic beverages and/or drugs of any kind within the 48-hour period before this incident?

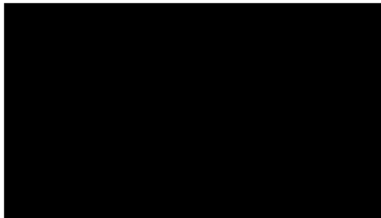
29. Do you wear glasses, contact lenses, or hearing aids? If so, who prescribed them, when were they prescribed, when were your eyes or ears last examined, and what is the name and address of the examiner?

This 21<sup>st</sup> day of May, 2013.

**HARRIS PENN LOWRY, LLP**

BY: 

JEFFREY R. HARRIS  
Georgia Bar No. 330315  
DARREN W. PENN  
Georgia Bar No. 571322  
STEPHEN G. LOWRY



*Attorneys for Plaintiff*

IN THE STATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

FILED IN OFFICE  
CLERK STATE COURT  
GWINNETT COUNTY, GA

2013 MAY 21 PM 1:33

[REDACTED], as surviving spouse, )  
and Personal Representative of Decedent, )  
[REDACTED] )  
[REDACTED], as Executor of the Estate of )  
[REDACTED]; and )  
[REDACTED] Individually, )  
Plaintiffs, )  
v. )  
[REDACTED], )  
CHRYSLER GROUP LLC, and )  
HAYES CHRYSLER-DODGE-JEEP, INC. )  
Defendant. )

RICHARD ALEXANDER, CLERK

Civil Action No.:

[REDACTED]

**PLAINTIFFS' FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO  
DEFENDANT MOKONJI LINDSEY**

Plaintiffs [REDACTED], as surviving spouse and Personal Representative of Decedent  
[REDACTED], as Executor of the Estate of [REDACTED], by and  
through the undersigned attorney, hereby serve the following Requests for Production of  
Documents upon Defendant [REDACTED] and request that they be fully answered in writing  
and under oath within the time prescribed by law. These requests for production of documents  
are served pursuant to O.C.G.A. § 9-11-26 and § 9-11-33 and shall be deemed continuing and  
must be supplemented by Defendant to the extent required by O.C.G.A. § 9-11-26(e).

**DEFINITIONS**

Unless a contrary meaning appears in context, the following definitions apply:



(a) "You," "your," and "Defendant" means [REDACTED], and any person or persons acting on his behalf, including, but not limited to, agents, attorneys, advisors, investigators, representatives and other persons acting on his behalf.

(b) "Document" shall mean each writing, thing, transcript, or record of any type or description that is or has been in your possession, control, or custody, or of which you have knowledge.

(c) "Communication" includes any statement or utterance, whether written or oral, made by one person to another, or in the presence of another, and any document (as defined above) delivered or sent from one person to another.

(d) "Identify" when used with respect to a document or documents, shall mean, with respect to each document, the date, a description sufficient for identification, the subject matter and content, the specific location of the document and the name and address of the person having custody of the document.

"Identify" when used with respect to a person or persons, shall mean the name, age, business and residence addresses and telephone numbers, the employer and place of employment of all such persons.

(e) Unless the context indicates otherwise, "person" shall mean the plural as well as the singular and shall include any natural person (alive or deceased), any firm, corporation, proprietorship, joint venture, trust or estate, business association, partnership, or other form of legal entity.

(f) The terms "relating to" and "relate to" mean directly or indirectly mentioning, describing, pertaining to, being connected with, or reflecting upon the subject matter of the specific request.

(g) When appropriate, the singular shall encompass the plural, and vice versa.

### REQUESTS

The documents requested are as follows:

1. Any documents identified in response to interrogatories.
2. Please produce any and all written reports, statements, writings or documents, with attachments, compiled by any person identified by you in response to Plaintiffs' Interrogatories.
3. Any accident reports and transcripts of any judicial hearing relevant to the incident giving rise to this litigation.
4. All title, registration, invoices, reports, statements, bills or other documents proving ownership of any vehicle owned by you on the date of the incident giving rise to Plaintiffs' Complaint.
5. Copies of all reports, videotapes, photographs, documents and charts or graphs in your possession, custody or control relating to the incident which is the subject of Plaintiffs' Complaint and Plaintiffs' claims for injuries and damages.
6. Copies of all statements, whether recorded, oral or otherwise, in your control or obtained on your behalf, of any parties or witnesses who have knowledge or information relating to the incident complained of in the Complaint.
7. Copies of maintenance and purchase records for the 2004 Jeep Grand Cherokee described in the Complaint.
8. Copies of all repair estimates or other statements reflecting the value and/or extent of the damage to the 2004 Jeep Grand Cherokee described in the Complaint.
9. Copies of all photographs indicating the damage to any of the vehicles involved in the incident described in the Complaint.

10. Each and every document or thing which you contend is evidence, proof or support of Plaintiffs' or your own alleged negligence, including any admissions of fault, for the incident which is the subject of this lawsuit.

11. Copies of all photographs depicting any injuries sustained by you, or any other passenger during the incident described in the Complaint.

12. Copies of all insurance policies, which may provide coverage for this incident, or related documents indicating coverage for this incident which is the subject of Plaintiffs' Complaint.

13. Please produce a copy of any deposition or sworn statement ever given by you.

14. Copies of all documents, letters, photographs, video tapes, or other items of tangible evidence in your possession, custody or control which support the defenses in your Answer to Plaintiffs' Complaint.

15. Copies of your cell phone records, including texts, from June 16, 2011 from 4:00 pm until 8:00 pm.

16. Copies of the results of any "BI Index" or bodily injury index searches conducted on the Plaintiffs.

17. Please produce all records obtained by you through third party subpoenas.

18. Please produce all records obtained or provided to you related to Plaintiffs' Complaint.

19. Please provide a copy of any citation or traffic ticket received by you from any authority concerning this incident.

20. Please provide a copy of any document containing the disposition of the citation or traffic ticket received by you from any authority concerning this incident.

21. Please provide copies of any documentation or receipts obtained from food, beverage, or other purchases, including the date, time and location of the purchase, for 12 hours prior to the collision.

This 21<sup>st</sup> day of May, 2013.

**HARRIS PENN LOWRY, LLP**

BY: 

JEFFREY R. HARRIS

Georgia Bar No. 330315

DARREN W. PENN

Georgia Bar No. 571322

STEPHEN G. LOWRY

Georgia Bar No. 460289

JED D. MANTON

Georgia Bar No. 868587

KRISTY B. SWEAT

Georgia Bar No. 731312

405 E. Perry Street  
Savannah, GA 31401  
P: 912-651-9967  
F: 912-651-1276

*Attorneys for Plaintiff*