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3 April 2012

BY FACSIMILE AND EMAIL

Ms. Angel M. De Filippo, Esq.
Grieco, Oates & De Filippo, LLC
Suite 200
414 Eagle Rock Avenue
West Orange, NJ 07052
973-243-2099

Subject: Jeep Grand Cherokee MHE / Fire Death Accident of 6 March 2012

Dear Ms. De Filippo:

Attached is a 'State of Georgia Traffic Crash Report' that was forwarded to me by the Center for Auto Safety (Contact: Clarence Ditlow, 202-328-7700 ext 105).

Please note the attached states that a 1999 Jeep Grand Cherokee underwent a "FIRE/EXPLOSION" as the "Most Harmful Event Detail," subsequent to a foreseeable rear-end collision. The only death victim, four-year old Remington Waldon, was "Trapped," while restrained by a second position/row "booster seat."

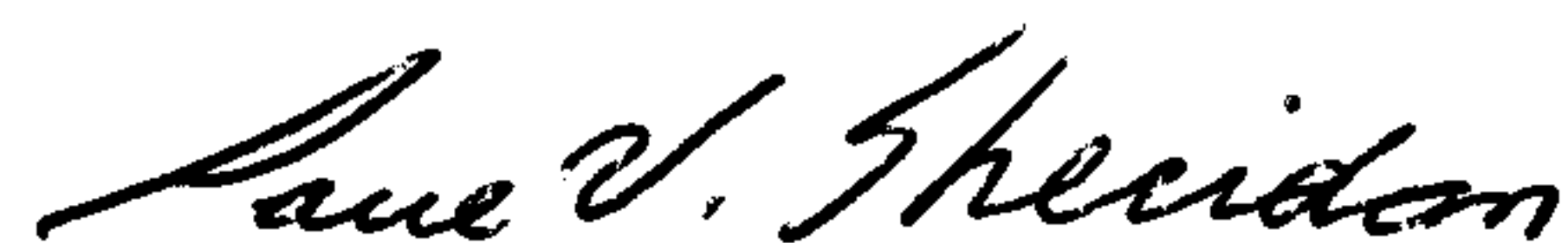
Responding to your question regarding the "K" designation of the "FATAL INJURY" entry, I telephoned Troop G of the Georgia State Patrol (229-931-2400). I was informed that it means "Killed."

As you recall, I attended the 14 June 2011 deposition of former Chrysler Executive Vice President Francois Castaing wherein he testified about the decision to override the recommendation that the-then upcoming 1993 'Jeep Grand Cherokee' be based on the N-Body (Dodge Dakota) engineering platform. You will note that the offending vehicle in the subject report is a Dodge Dakota, and does not exhibit any fire related issues during this 6 March 2012 accident sequence.

I will telephone Troop G Post 14 Commander SFC Charles M. Godby as soon as possible to schedule a non-physical/photographic inspection of the subject accident vehicles.

Please do not hesitate to contact me at any time.

Respectfully,



Paul V. Sheridan

cc: Courtney E. Morgan, Esq.



STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000078901-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000078901	Reporting Agency CAD Number GSPG12CAD008592
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CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BAINBRIDGE	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 03/06/2012 03:45 PM	Reported Date/Time 03/06/2012 03:52 PM	Dispatched Date/Time 03/06/2012 03:53 PM
On Scene Date/Time 03/06/2012 04:39 PM	Cleared Scene Date/Time 03/06/2012 07:45 PM	Complete Date/Time	Reason (if Investigation Not Complete) PENDING SCRT INV	Source of Information LAW ENFORCEMENT AGENCY	

ROADWAY INFORMATION

Roadway Description for Location of Occurrence OLD QUINCY HWY		Distance to City or Place of Crash	Latitude N 30 53.4708	Longitude W 84 35.3914
Intersecting Roadway Description for Location of Occurrence HUBERT DOLLAR DR.		Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type RURAL	Roadway Functional Class Detail LOCAL		
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE	
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection TWO LANES	Side Road Number of Lanes at Intersection TWO LANES		

CRASH INFORMATION

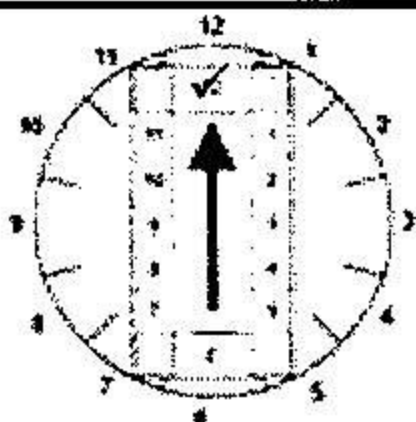
Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input checked="" type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT								
Total Counts	Vehicles 2	CMV 0	Motorists 3	Non-Motorists 0	Injured 2	Fatalities 1	Witnesses 2	Other Persons 0	Businesses 0	Violations 0
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection T-INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

VEHICLE V01

V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number [REDACTED]	Registration Expires [REDACTED]	<input type="checkbox"/> Permanent Registration	VIN 1B7GL23Y2VS157706
Year 1997	Make DODGE	Model DAKOTA DAKOTA	Style TK	Color BLK	Body Type Category PICKUP	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name BRYAN	Owner Middle Name LAMAR	Owner Last Name HARRELL	Owner Suffix	Owner Business (if not Person)		
Address 208 DOLLAR DR		Address Other		City BAINBRIDGE	State GA	Zip Code 39819-3321
Owner Phone Number	Owner Phone Number (other)	Insurance Company THE GENERALAUTO INS SVCS GA		Insurance Policy Number 17-GA1037150		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By MYERS		Wrecker Selection Method ROTATION		
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55	Posted	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type NO CONTROLS		Working Properly		
Roadway Description for Vehicle Travel OLD QUINCY HIGHWAY @ HUBERT DOLLAR						
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE		
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		2nd Sequence of Events Detail (this vehicle) TREE (STANDING)				
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)				
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
Contributing Circumstances 1 (this vehicle) NONE			Contributing Circumstances 2 (this vehicle) NONE			

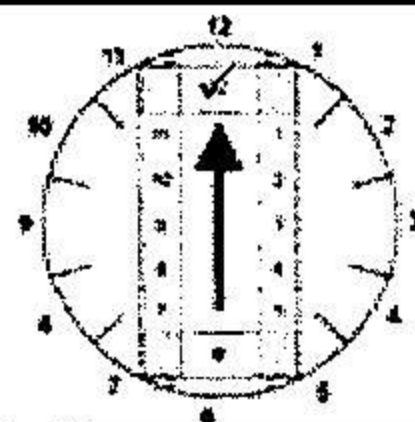
Area of Initial Impact

- Non Collision
- Top
- Undercarriage
- Unknown



Most Damaged Area

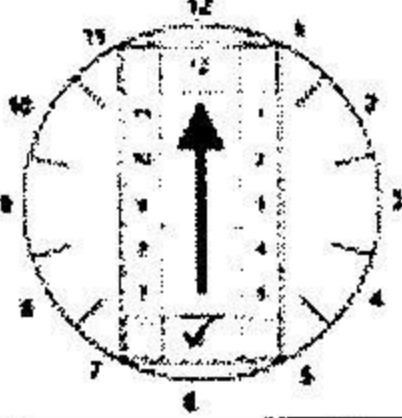
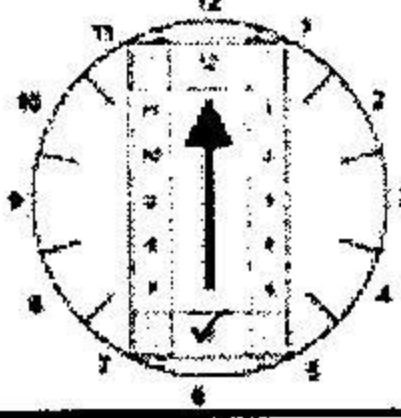
- Non Collision
- Top
- Undercarriage
- Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) BRYAN LAMAR HARRELL	Injury Status NON FATAL INJURY
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VEHICLE V02

V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number [REDACTED]	Registration Expires [REDACTED]	<input type="checkbox"/> Permanent Registration	VIN 1J4GW58S2XC631075
Year 1999	Make JEEP	Model GRAND CHEROKEE	Style MP	Color GLD	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		

Crash Number C000078901-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Agency Case Number C000078901		Reporting Agency CAD Number GSPG12CAD008592		
Owner First Name LENWOOD		Owner Middle Name E		Owner Last Name NEWSOME JR		Owner Suffix		Owner Business (if not Person)	
Address 1109 STEWART AVE			Address Other			City BAINBRIDGE	State GA	Zip Code 39819-4856	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE		Insurance Policy Number UNK			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By MYERS		Wrecker Selection Method ROTATION			
Direction of Travel Before Crash NORTHBOUND		Speed: Estimated 55	Posted 55		Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL	
Trafficway Description TWO-WAY NOT DIVIDED				Traffic Control Device Type NO CONTROLS			Working Properly		
Roadway Description for Vehicle Travel OLD QUINCY HWY @ HUBERT DOLLAR DR									
Vehicle Maneuver Action (by this vehicle) TURNING LEFT			Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE			Damage Extent (for this vehicle) DISABLING DAMAGE			
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
2nd Sequence of Events Type (this vehicle) NON-COLLISION				2nd Sequence of Events Detail (this vehicle) FIRE/EXPLOSION					
3rd Sequence of Events Type (this vehicle) UNKNOWN				3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle) UNKNOWN				4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) NON-COLLISION				Most Harmful Event Detail (this vehicle) FIRE/EXPLOSION					
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circumstances 2 (this vehicle) NONE					
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 					
Occupant Type DRIVER PASSENGER		Person Name (First Middle Last Suffix) EMILY CATHERINE NEWSOME REMINGTON COLE WALDON				Injury Status NON FATAL INJURY FATAL INJURY (K)			
DRIVER V01									
Person Type DRIVER		NM#	Vehicle# V01	Person Type Detail					
First Name BRYAN		Middle Name LAMAR		Last Name HARRELL		Suffix	Date of Birth	Age	Sex M
Address 208 DOLLAR DR			Address Other			City BAINBRIDGE	State GA	Zip Code 39819	
Phone Number		Phone Number (other)		Condition at Time of Crash UNKNOWN					
Driver License Number		Class	Expires	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer); OPERATED MOTOR VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT O				Driver Actions at Time of Crash 2 (based on judgement of investigation officer); RAN OFF ROADWAY					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer); NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer); NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use					
Air Bag Deployed DEPLOYED-FRONT				Ejection NOT EJECTED					
Trapped Extraction NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY			Injury Severity Level Detail NON-INCAPACITATING (B)			Primary or Most Obvious of Body Area Injured During Crash LOWER EXTREMITY			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use UNKNOWN		Alcohol Test Type BLOOD		Alcohol Testec TEST GIVEN		Alcohol Test Result PENDING		BAC	
Law Enforcement Suspected Drug Use UNKNOWN		Drug Test Type BLOOD		Drug Testec TEST GIVEN		Drug Test Result PENDING			
DRIVER V02									
Person Type DRIVER		NM#	Vehicle# V02	Person Type Detail					
First Name EMILY		Middle Name CATHERINE		Last Name NEWSOME		Suffix	Date of Birth	Age	Sex F
Address 1109 STEWART AVE			Address Other			City BAINBRIDGE	State GA	Zip Code 39819	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number		Class	Expires	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer); NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer); NO CONTRIBUTING ACTION					

Crash Number C000078901-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000078901		Reporting Agency CAD Number GSPG12CAD008592			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown			
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use					
Air Bag Deployed DEPLOYMENT UNKNOWN				Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED					
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR EMS		EMS Run Number 0661		Medical Facility Transported To BAINBRIDGE ER			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Testec TEST NOT GIVEN		Alcohol Test Result BAC			
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Testec TEST NOT GIVEN		Drug Test Result			
PASSENGER V02									
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail					
First Name		Middle Name		Last Name		Suffix	Date of Birth	Age	Sex M
Address			Address Other			City BAINBRIDGE	State GA	Zip Code 39817	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other		<input checked="" type="checkbox"/> Seating Position Unknown			
Restraint Systems BOOSTER SEAT				Helmet Use					
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED					
Trapped Extrication TRAPPED									
Injury Severity Level Type FATAL INJURY (K)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED					
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID		EMS Run Number UNK		Medical Facility Transported To DECATUR MORGUE			
WITNESS									
Person Type WITNESS		NM#	Vehicle#	Person Type Detail					
First Name ANDY		Middle Name		Last Name MCQUAID		Suffix	Date of Birth	Age	Sex M
Address 907 ELIZABETH PL			Address Other			City BAINBRIDGE	State GA	Zip Code 39819	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
WITNESS									
Person Type WITNESS		NM#	Vehicle#	Person Type Detail					
First Name KIZZIE		Middle Name		Last Name BROWN		Suffix	Date of Birth	Age	Sex F
Address 1620 BETHEL RD			Address Other			City BAINBRIDGE	State GA	Zip Code 39817	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
NON VEHICLE PROPERTY DAMAGE									
Description of Damaged Property CITY OF BAINBRIDGE ROAD SIGN							Estimated Damage		
Property Linked to Person / Business									

NARRATIVE: C000078901

Vehicle 1 was traveling north on Old Quincy Hwy. Vehicle 2 was attempting to make a left turn onto Hubert Dollar Drive from Old Quincy Hwy. As vehicle 2 was making left turn on Hubert Dollar Drive, vehicle 1 struck vehicle 2 in the rear. Vehicle 1 ran off the right side of road into the east ditch of Old Quincy Hwy striking a tree. Vehicle 2 spun to a uncontrolled stop into the west ditch of Old Quincy Hwy.

Note: Further investigation being conducted by SCRT Team 5.



REPORTING OFFICER				APPROVING OFFICER (SUPERVISOR)			
Reporting Officer Name LANDRUM JR, W.R.		Signature 		Approving Officer Name GODBY, C		Signature 	
ID Number 0306	Rank TFC2			ID Number 0372	Rank SFC		
Org / Unit G-14				Org / Unit G-14			

DIAGRAM OF ACCIDENT

