



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received: 12/04/04  
Repository:   
Reference No.: 10081121

**OWNER INFORMATION (Type or Print)**

Name: [Redacted] E-mail Address: [Redacted]  
Address: [Redacted]  
City: HURRICANE State: WV Zip Code: [Redacted]

Do you authorize NHTSA to use the information you provide for the purpose of conducting research on your vehicle?  YES  NO  
Signature of Owner: [Redacted] Date: 05/03/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDX03E13D110388  
Make: CHEVROLET Model: VENTURE Model Year: 2003  
Date Purchased: 03/04/03 Dealer's Name and Telephone Number: L40 MOTORS (304) 727-2921  
Original Owner:  Dealer's City: 202 Fifth St. State: ST. ALBANS Zip Code: 25517  
Transmission Type:  Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 022000 SUSPENSION: REAR  
 Cruise Control Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 2/19/04 Failure Mileage: 33,484 Failure Speed: [Redacted]  
Roof seam & Ditch Rail never sealed. BAD WATER LEAK

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM19ABC036): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)  
Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER COMPLAINED OF REAR END PROBLEM. CONSUMER MAINTAINED THAT MANUFACTURER NEVER SEALED THE BACK END OF THE VEHICLE. AS A RESULT, WATER LEAKED INTO THE VEHICLE. MANUFACTURER REFUSED TO REPAIR THE DEFECT. HOWEVER, MANUFACTURER WAS WILLING TO DRY OUT THE VEHICLE. ALSO, A MOLDY MILDEW SMELL LINGERED WITHIN THE VEHICLE. \*AK  
L40 MOTORS RESEALED BACK END, BUT DID NOT CLEAN OUT OR PUT IN NEW SEALING. 19 month old daughter sick for 8 mos. I pulled down sealing living in back end on 4/15/04. Covered in mold & MILDEW. (SEE ENCLOSED PICTURES) YOU WILL ALSO FIND A MOLD TEST PERFORMED ON THE VEHICLE (SEE ENCLOSED REPORT) LABS DRAWN ON my daughter. She tested (+) for ALLERGIES to 3 molds (SEE ENCLOSED REPORT)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY  
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I have ALSO SENT A COPY OF THE ATTORNEY'S DETAILS REPORT + Their reply letter. This could & more than likely will have a long term effect on my infants HEALTH. Infants DO NOT normal develop. Allegedly Mold is All through Van ceiling AS WELL AS Blowing through back vents. I have had to park this 1yr. old vehicle & PURCHASE ANOTHER ONE DUE TO HEALTH & SAFETY issues for my children as well as anyone who would be riding in it with me. All General Motors offered to do was replace old ceiling PANEL, decolorize it down & put new ceiling Panel in. But for 1yr. of driving this vehicle the back end leaked. Therefore old & new mold spores have been blowing All through vehicle. Needs to BE REMOVED. This

ATTACH ADDITIONAL SHEETS IF NECESSARY

case may be going to a lawyer if nothing done otherwise.

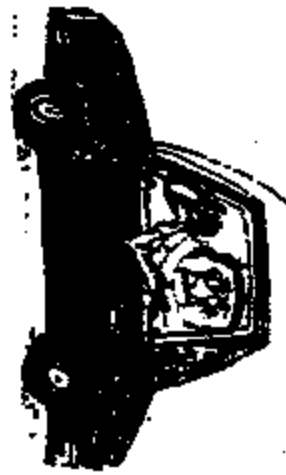
US Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.  
POSTAGE WILL BE PAID BY MAIL HWY. TRAFFIC SAFETY ADMIN.

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NYS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety Administration  
<http://www.dhs.gov/nhtsa>



**DARRELL V. McGRAW, JR.**  
**ATTORNEY GENERAL**

**PHYSICAL ADDRESS:**  
812 Quarrier St.  
Charleston, WV 25301

**MAILING ADDRESS:**  
P. O. Box 1789  
Charleston, WV 25326-1789

**E-Mail:** [consumer@svago.state.wv.us](mailto:consumer@svago.state.wv.us)  
<http://www.state.wv.us/wvsg>

**STATE OF WEST VIRGINIA**  
**OFFICE OF THE ATTORNEY GENERAL**

April 23, 2004

**Consumer Protection**  
**and Antitrust Division**  
**(304) 555-8886**

**Preneed Funeral Services**  
**(304) 555-8886**

**Consumer Hotline**  
**1-800-368-8008**

**FAX: (304) 555-0184**

[REDACTED]  
Hurricane, WV [REDACTED]

**Re: C & O Motors, Inc.**  
**General Motors Corporation**

**Dear [REDACTED]**

Our office has received your complaint and it has been assigned to me. I will contact the business on your behalf and attempt to mediate a successful solution. This process takes approximately forty (40) days. I will notify you if further information is needed.

Very truly yours,

*Stephanie Groom*  
Stephanie Groom

**Mediator**  
**Consumer Protection and**  
**Antitrust Division**

kls



STATE OF WEST VIRGINIA  
 OFFICE OF THE ATTORNEY GENERAL  
 DARRELL V. MCGRAW, JR.  
 - CONSUMER PROTECTION DIVISION -  
 (304) 558-8986 / 1-800-368-8808



http://www.wvs.state.wv.us/wvag

E-Mail: consumer@wvago.state.wv.us

**MOTOR VEHICLE CONSUMER COMPLAINT**

**1. PARTY COMPLAINING**  
 Name:  Mr.  Ms. [REDACTED]  
 Address: [REDACTED]  
 City: HURRICANE State: WVA  
 County: PUTNAM Zip Code: [REDACTED]  
 Home Phone: [REDACTED]  
 Work Phone: [REDACTED]  
 Best time to contact me: ANYTIME

**2. COMPLAINT AGAINST**  
 Business Name: E+O MOTORS / CHEVROLET  
P.O. BOX 33170  
DETROIT, MI 48232  
 Address: 202 FIFTH ST.  
 City: ST. ALBANS State: WVA  
 County: PUTNAM Zip Code: 25526  
 Phone: (304) 727-2921  
 Name of person you dealt with: HAVE DEALT WITH SEVERAL PEOPLE AT E+O & AT Chevy manufacturer.  
 Title: Huntington National Bank

**3. Purchased:**  New  Used  
 Vehicle Identification Number (VIN): 1GNDX03E13D110368

**4. Car Make (manufacturer):** CHEVROLET Car Model: VENTURE LS Year: 2003

**5. Mileage at time of purchase:** 11 miles Present Mileage: 38,000 miles

**6. Date of Purchase:** 03/04/03 Total Purchase Price: \$32,577.40

**7. Terms of Payment:**  
 Cash  Loan  Credit Card  Installment  Check  Other (Specify):  
 Loan / installment Finance Company name: Huntington National Bank  
 Address: 7450 HUNTINGTON PARK DR. COLOMBUS, OH 43235

**8. Did you purchase the vehicle from the business you are complaining about?**  Yes  No

**9. Have you complained to the business?**  Yes  No  
 If Yes, date you complained: 2-19-04 4/14/04  
 What action was taken by the business: R+R Headliner to gain Access Foward ROOF RAIL SEAMS & PITCH RAIL NOT SEALED. Resealed Roof Seam & Ditch Rail.

**10. Was there a Buyer's Guide warranty sticker in the window when you purchased the vehicle?**  Yes  No

**11. Type of warranty:**  Implied  Express (written)  Extended  
 Name and address of the Warranty Company: Chevrolet / E+O Motors Inc.  
P.O. Box 33170 Detroit MI 48232 202 5th St. ST. ALBANS, WV 25177

**12. Does the complaint involve the safety condition of the vehicle at the time it was sold to you?**  Yes  No

**13. Did you request and/or receive a copy of the repair order itemizing the work that had been done?**  Yes  No

PLEASE CONTINUE TO OTHER SIDE

4. IN YOUR OPINION, DID THE BUSINESS:

- Charge for unauthorized repairs?  Yes  No *Under Warranty*
- Charge more than the estimate without obtaining additional authorization?  Yes  No
- Misrepresent the repairs or the extent of the repairs that were necessary?  Yes  No
- Charge for repairs that were not made:  Yes  No
- Fall to perform the repairs in a satisfactory manner?  Yes  No

5. Have you contacted the manufacturer about your vehicle complaint?

If Yes, what action was taken:  Yes  No  
*They told to take back to C/O + they would evaluate + re-dry mildewed areas*

6. If you purchased a used vehicle, did you sign a written odometer statement?

Yes  No

7. Have you filed this complaint with any other agency or organization?

Yes  No

If Yes - Identify organization: *Department of Transportation*

What action was taken? *Waiting on Complaint form to come.*

8. Describe any legal action you have taken:

*I have not taken any legal action. Do not have the funds.*

9. Please describe your complaint in detail:

*The Chevrolet manufacturer never sealed the back end of this van. Therefore for almost 1yr. Water leaked into back dome light + all over floor in back. I took the van through a car wash time + about 6 inches of water poured through the light. I took it to C/O where they resealed it, but apparently didn't take care of mildewed areas. I have a 4yr old son, + a 15yr old girl - who has constantly been sick app. 6 mos. I myself have been sick + I AM Highly Allergic to molds. We have done bloodwork on my daughter + myself. I have taken pictures of the mildew they never removed from the headliner + carpet in with this report, a copy of the repair invoice, I had to replace a brake light do to water damage. REPLACE TIRES AT 18,000 miles + Do an Alignment. Invoices also in with report.*

10. How do you want your complaint resolved?

*I want my name wiped off the loan on this van. IT SHOULD BE CONSIDERED A LEMON! I HAVE DONE A MOLD TEST. On 4/14/04. 9 mold spores in growth. Will be sending to LAB for results.*

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may

SIGNATURE

[Redacted Signature]

HERE IS # TO ENVIRONMENTAL AGENCY  
 (304) 558-2981, MR Tony Turner  
 DATE 4/15/04

3E (Optional) 30

turn this form and copies of your papers to:

Office of the Attorney General, Consumer Protection Division  
 P. O. Box 1789, Charleston, WV 25328-1789

PRO-LAB

FACSIMILE TRANSMITTAL SHEET

AT	[REDACTED]	FROM:	AUTUMN
FAX NUMBER	[REDACTED]	DATE:	4/26/2004
PHONE NUMBER	[REDACTED]	TOTAL NO. OF PAGES INCLUDING COVER	5
RE:	MOLD REPORT	LAB #:	042204-0250

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

NOTE/COMMENTS:  
**THANK YOU FOR CHOOSING PRO-LAB!**

PO BOX 267738  
WESTON, FL 33326-7738  
1-800-417-0550



**PRO-LAB/SSPTM INC.**  
 3500 Corporate Avenue, Bldg., 112  
 Weston, Florida 33331  
 Toll Free: 800-427-0650  
 Fax: 352-325-1100  
 190 Vehicle Dr., Hickory, NC. 28626

**Mold Analysis Report**  
**Viable Sample**

Report Number: [REDACTED]  
 Received Date: 4/16/2004  
 Report Date: 4/17/2004  
 Analyzed By: SSPTM, Inc.  
 Chain of Custody: [REDACTED]

**Client:**

[REDACTED]  
 Hurricane, W. Va [REDACTED]

Environmental Details:

Phone: [REDACTED]  
 Fax: [REDACTED]  
 Email: [REDACTED]

**Your Results**

Pre-Lab Number: [REDACTED]      Collection Location: **BACK HATCH CEILING LINING**  
 Date Collected: 4/16/2004      Sample Submitted: **Sealing Star**

The following fungal descriptions are pertinent to the samples collected. General characterization of mold is made with respect to their most common impact to human health. Many genera of mold have species with varying characteristics.

Spore Name	Description
Penicillium	PIECES OF FUNGAL ORGANISMS THAT CANNOT BE IDENTIFIED AS TO EXACT GENUS. THEY ARE FROM THEY ARE INDICATIVE OF ACTIVE GROWTH IN THE SAMPLING VAGENCY.
Rhizoglyphus	RHIZOGLYPHUS IS COMMONLY IDENTIFIED IN INDOOR AIR SAMPLES. THEY CAN CAUSE PROBLEMS IF A PERSON HAS HAD PREVIOUS EXPOSURE AND DEVELOPED HYPERSENSITIVITY. YEAST CAN BE ALLERGENIC TO SUSCEPTIBLE INDIVIDUALS WHEN PRESENT IN SUFFICIENT CONCENTRATIONS.

The above information was compiled by PRO-LAB/SSPTM Inc. from the EPA "A Brief Guide to Mold, Moisture, and Your Home" and the EPA's Dept of Health & Human Services on Assessment and Remediation of Fungi in Indoor Environments", at the request of and for the exclusive use of the client named on this report. This document is not a legal document and should be used for informational purposes only. Currently there are no Federal regulations for mold. Existing national health effects of mold contamination and remediation. This information is subject to change as more information regarding fungal contaminants becomes available. For more information visit <http://www.epa.gov/indoorair/mold.html> or contact PRO-LAB/SSPTM Inc. at 800-427-0650. The document was designed to follow currently known industry guidelines for the interpretation of microbial sampling, analysis, and remediation. When interpretation of mold analysis reports is a challenge more in progress, it may be that the changed of any data of this nature. The client is solely responsible for the use and interpretation of these recommendations under guidelines. PRO-LAB/SSPTM Inc. retains all copyright or trademark in any use of this information. PRO-LAB/SSPTM Inc. is not able to issue and does not issue a certification as to the environmental sampling, safety or health of a property from only the samples used in their laboratory for analysis. The Client is hereby notified that this is the only valid source of fungal analysis and the valid growth process, incubation conditions and its change over time relative to the original sample material. PRO-LAB/SSPTM Inc. reserves the right to properly dispose of all samples after the testing of each sample are satisfactorily completed within a 7 day period. Laboratory period is given PRO-LAB/SSPTM, Inc. participates in the ASHRAE 55/55.7 program. Lab-35-20-0000



**PRO-LAB/SPTM INC.**  
3300 Corporate Avenue, Bldg., 112  
Weston, Florida 33331  
Toll Free: 800-427-0550

**Test Address:**  
600 Victoria Dr., Mundana, WI, WI 53020

# Mold Analysis Report

**VIAIRLE Sample**

**Report Number:** [REDACTED]  
**Received Date:** 4/2/2004  
**Reported Date:** 4/2/2004  
**Analyzed By:** SPTM, Inc.  
**Client/Contractor:** [REDACTED]

## Client:

[REDACTED]

Harrison, W. Va [REDACTED]

**Environmental Details:**

**Phone:** [REDACTED]

**Fax:** [REDACTED]

**E-mail:** [REDACTED]

## Your Results

**Pro-Lab Number:** [REDACTED]

**Date Collected:** 4/16/2004

**Collection Location:** BACK HATCH CEILING LINING

**Sample Submitted:** Settling Box

**HEALTH EFFECTS:** Indoor mold growth in indoor environments may lead to adverse health effects. The presence of mold in building materials, as identified by the sampling results, does not guarantee that people will be exposed or that they will suffer. In order for humans to be exposed to mold, fungal spores, fragments, or metabolites must be released into the air and inhaled, ingested, contacted (through mucous), or injected. Whether or not exposure results in people exposed to mold depends on the degree of the fungal growth (e.g., sporulation, biofilm, or trichomes), the nature of exposure, and the susceptibility of the person. Susceptibility varies with the genetic predisposition (e.g., allergic reactions do not always occur in all humans), the state of health, and environmental exposure. For each person, and because measurements of exposure are not always available, individual adverse effects are highly variable. It is not possible to determine "safe" or "unsafe" levels of exposure for people in general. The most serious symptoms of mold exposure are asthma, eye irritation, and allergic reactions. In the presence of mold, symptoms with persistent health problems that appear to be related to mold should be reported to a health care provider. Symptoms should also be reported for a referral to professionals who can assist in determining the extent of mold, the availability of remediation, and the knowledge about these types of exposures. Decisions about remediation should be based on the results of a professional evaluation. Since mold is naturally present in outdoor environments and we share the same air between the indoors and the outdoors, it is impossible to eliminate all mold and their spores from the indoor environment.

The above information was compiled by PRO-LAB/SPTM Inc. from the EPA "A Brief Guide to Mold, Moisture, and Your Home" and the NYC Dept. of Health "Guidelines for Assessment and Remediation of Fungi in Indoor Environments", at the request of and for the exclusive use of the client named on the report. This document is not a legal statute and should be used for informational purposes only. Currently there are no federal regulations for controlling indoor mold growth. The presence of mold in buildings is a common problem. For more information visit <http://www.epa.gov/indoorair/mold/> or <http://www.nyc.gov/html/doh/html/eha/mold.html>. This document was designed to follow currently known industry guidelines for the interpretation of individual sampling, analysis, and remediation. Some interpretation of mold analysis reports is a variable work in progress, it may be changed at any time without notice. The report is only valid for the use and interpretation of these environmental testing guidelines. PRO-LAB/SPTM Inc. makes no warranty or implied guarantee as to the accuracy or interpretation of the results of any analysis. PRO-LAB/SPTM Inc. is not able to take and does not take any responsibility for the collection, analysis, and the mold growth results. Laboratory samples can lead to change over time relative to the laboratory sampling protocol. PRO-LAB/SPTM Inc. reserves the right to properly dispose of all samples after the testing of each sample are satisfactorily completed or after a 90 day period, whichever period is greater. PRO-LAB/SPTM, Inc. participates in the AIAA REPORT program. Lab ID 040000

Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
	S	CB	COMPLETE	1
ADDITIONAL INFORMATION				
RC: 1, HB: 2, TP: V, PP: 1, CT:		FASTING: N		
PHONE: [REDACTED]		DOB: 9/21/2002		
PATIENT NAME		SEX	AGE (YR./MOS.)	
[REDACTED]		F	1 / 6	
PT. ADDR:		WV		
Hurricane		[REDACTED]		
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
4/15/2004	12:09	4/15/2004	4/24/2004	5:09
2668				

CLINICAL INFORMATION	
CD-94012302442	
PHYSICIAN ID:	PATIENT ID:
[REDACTED]	[REDACTED]
ACCOUNT: HURRICANE FAMILY PRACTICE	
DUDLEY CRAWFORD MD	
404 MIDLAND TRAIL	
HURRICANE WV 25526-0000	
ACCOUNT NUMBER: [REDACTED]	

TEST	RESULT	LIMITS	LAB
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CBC With Differential/Platelet

White Blood Cell (WBC) Count	8.6	X 10 <sup>-3</sup> /uL	6.0 - 17.0	CB
Red Blood Cell (RBC) Count	4.44	X 10 <sup>-6</sup> /uL	3.50 - 4.90	CB
Hemoglobin	12.7	g/dL	10.0 - 14.0	CB
Hematocrit	37.5	%	30.0 - 42.0	CB
MCV	84	fL	75 - 96	CB
MCH	28.7	pg	24.0 - 32.0	CB
MCHC	34.0	g/dL	30.0 - 37.0	CB
RDW	13.4	%	11.7 - 15.0	CB
Platelets	430	X 10 <sup>-3</sup> /uL	140 - 440	CB

Lymphs	66	%	48 - 78	CB
Monocytes	8	%	4 - 13	CB
Eos	2	%	0 - 5	CB
Basos	0	%	0 - 2	CB
Polys (Absolute)	2.1	X 10 <sup>-3</sup> /uL	1.5 - 7.1	CB
Lymphs (Absolute)	5.7	X 10 <sup>-3</sup> /uL	2.9 - 13.3	CB
Monocytes (Absolute)	0.7	X 10 <sup>-3</sup> /uL	0.2 - 2.2	CB
Eos (Absolute Value)	0.2	X 10 <sup>-3</sup> /uL	0.0 - 0.9	CB
Baso (Absolute)	0.0	X 10 <sup>-3</sup> /uL	0.0 - 0.3	CB

Allergen Profile, Mold

Levels of Specific IgE IU/mL	mRAST Class	Description of Class
<0.05	0	Negative
0.05 - 0.07	0/I	Equivocal
0.08 - 0.15	I	Increasing
0.16 - 0.50	II	levels
0.51 - 2.50	III	of
2.51 - 12.50	IV	Specific IgE
12.51 - 62.50	V	Antibody
62.51 - >100.00	VI	

M001 Penicillium Notatum	<0.05	IU/mL class	0	<0.05	BN
M002 Cladosporium Herbarum	<0.05	IU/mL class	0	<0.05	BN
M003 Aspergillus Fumigatus	<0.05	IU/mL class	0	<0.05	BN
M004 Mucor Racemosus	<0.05	IU/mL class	0	<0.05	BN

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

rec  
12/1/04  
RC

**Laboratory Corporation of America**

	<b>TYPE</b> S	<b>PRIMARY LAB</b> CB	<b>REPORT STATUS</b> COMPLETE	<b>Page #:</b> 2	
<b>ADDITIONAL INFORMATION</b> SS# [REDACTED]					
REF: MS2, TPV, SP, ICT:		FASTING: N			
PHON: [REDACTED]		DOB: 9/21/2002			
<b>PATIENT NAME</b>		<b>SEX</b>	<b>AGE(YR./MON.)</b>		
[REDACTED]		F	1 / 6		
<b>PT. ADDR:</b>					
Hurricane		WV		[REDACTED]	
<b>DATE OF SPECIMEN</b>	<b>TIME</b>	<b>DATE RECEIVED</b>	<b>DATE REPORTED</b>	<b>TIME</b>	
4/15/2004	12:09	4/15/2004	4/24/2004	5:09	2668

<b>CLINICAL INFORMATION</b>	
CD: [REDACTED]	
<b>PHYSICIAN ID:</b>	<b>PATIENT ID:</b>
[REDACTED]	[REDACTED]
<b>ACCOUNT: HURRICANE FAMILY PRACTICE</b>	
DUDLEY CRAWFORD MD	
404 MIDLAND TRAIL	
HURRICANE WV 25526-0000	
<b>ACCOUNT NUMBER:</b> [REDACTED]	

TEST	RESULT	LIMITS	LAB
M080 Helminthosporium Spp.	<0.05 IU/mL class	0 <0.05	BN
M009 Fusarium Moniliforme	<0.05 IU/mL class	0 <0.05	BN
M013 Phoma Betas	<0.05 IU/mL class	0 <0.05	BN
M014 Epicoccum Purpurascens	<0.05 IU/mL class	0 <0.05	BN
M088 Stemphylium Solani	<0.05 IU/mL class	0 <0.05	BN
M045 Hormodendrum Hordei	<0.05 IU/mL class	0 <0.05	BN
Lead, Blood (Pediatric)	None Detected	0 - 9	CB

Centers for Disease Control and Prevention provide the following recommendation: Repeat pediatric blood levels equal to or greater than 10 ug/dL on a fresh venous blood specimen.

Detection Limit = 1  
(Children under 16 years)

LAB: BN LabCorp Burlington  
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

LAB: CB LabCorp Dublin  
6370 Wilcox Road, Dublin, OH 43016-1296

DIRECTOR: Rose Goodwin A MD

04/15/2004  
16123136

HISTORY LISTING

3030  
PAGE 3

MILEAGE : 11

ADVISOR NO. : 3977

JOB NUMBER : 1 OPERATION 99CVZ OP. DESC. MISC ITEMS  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : ### WAITING ### SHUTTLE ### RENTAL ### NA ### MISC ###

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.  
[REDACTED]

JOB NUMBER : 2 OPERATION 01CVZ OP. DESC. CHECK ENGINE LIGHT  
SALE TYPE : W TECHNICIAN NO(S). 4699  
COMPLAINT : CUST STATES WHILE TEST DRIVING VEH CHECK ENGINE LIGHT CAME  
ON  
CAUSE : P0481 COOLING FAN RELAY 2 AND 3 SHORTED  
CORRECTION : REPLACED COOLANT FAN 2 AND 3 RELAYS

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.  
[REDACTED] [REDACTED]

DATE OF PURCHASE  
3/4/03

04/15/2004  
16:23:33

HISTORY LISTING

3030  
PAGE 2

R.O NO. : 179224 R.O DATE : 08/13/2003 R.O TYPE : S  
MILEAGE : 10492 ADVISOR NO. : 5091

JOB NUMBER : 1 OPERATION 99CVZ OP. DESC. MISC ITEMS  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : ### WAITING ### SHUTTLE ### RENTAL ### NA ### MISC ###  
CORRECTION : RESCHEDULE

JOB NUMBER : 2 OPERATION 11CVZ OP. DESC. STEER&SUSPENSION  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : CUST STATES FRONT END HAS A LOT OF EXCESSIVE PLAY AND  
BOTH FRONT TIRES ARE WEARING ON THE OUTSIDE  
CORRECTION : VOID

*Out of Alignment  
Wanted to put 2 new tires  
without Alignment. Told them  
no I would take it some  
where less expensive. Took  
to Appalachian Tire ... SEE  
ENCLOSED INVOICES.*

R.O NO. : 175776 R.O DATE : 05/19/2003 R.O TYPE : S  
MILEAGE : 3548 ADVISOR NO. : 4991

JOB NUMBER : 1 OPERATION 99CVZ OP. DESC. MISC ITEMS  
SALE TYPE : C TECHNICIAN NO(S). 4200  
COMPLAINT : ### WAITING ### SHUTTLE ### RENTAL ### NA ### MISC ###

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.

JOB NUMBER : 2 OPERATION 17CVZ OP. DESC. ENGINE MINOR  
SALE TYPE : W TECHNICIAN NO(S). 4101  
COMPLAINT : CUST STATES VAN DEAD NO LIGHTS NO STATRT TOWED IN  
CAUSE : FOUND POSITIVE BATTERY TERMINAL LOOSE  
CORRECTION : TIGHTENED TERMINAL CHECKS OK

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.

R.O NO. : 169571 R.O DATE : 12/02/2002 R.O TYPE : S  
MILEAGE : 11 ADVISOR NO. : 4200

JOB NUMBER : 1 OPERATION 25CVZ OP. DESC. GM CORP. PARTS RETUR  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : RETURN COPY OF RG ONLY 168877  
CORRECTION : MAILED COPIES

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.

*DID NOT  
OWN ON 12/02/02.*

R.O NO. : 168877 R.O DATE : 11/12/2002 R.O TYPE : S

04/15/2004  
16:23:33

HISTORY LISTING

3030  
PAGE 1

CUSTOMER NAME [REDACTED] SERIAL NO. : 1GNDX03E13D110368

R.O NO. : 185748 R.O DATE : 02/19/2004 R.O TYPE : S  
MILEAGE : 33484 ADVISOR NO. : 4208

JOB NUMBER : 1 OPERATION 99CVZ OP. DESC. MISC ITEMS  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : ### WAITING ### SHUTTLE ### RENTAL ### NA ### MISC ###

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.  
[REDACTED]

JOB NUMBER : 2 OPERATION 09CVZ OP. DESC. TRIM  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : CUST STATES WATER LEAK AT REAR WINDOW AREA.  
AND POURS THRU REAR DOME LITE.  
CAUSE : R/R HEADLINER TO GAIN ACCESS FOUND ROOF RAIL SEAMS AND PITCH  
RAIL NOT SEALED  
CORRECTION : RESEALED ROOF SEAM AND DITCH RAIL

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.  
[REDACTED]

JOB NUMBER : 3 OPERATION 03CYZ2 OP. DESC. TRIM  
SALE TYPE : W TECHNICIAN NO(S). 4200  
COMPLAINT : CUST STATES FRONT WINDSHIELD SEAL COMING LOOSE FROM GLASS  
CORRECTION : RESEAL HOLDING NO CHANGE WATER DOCTORS

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.  
[REDACTED]

COMMENTS : DROP

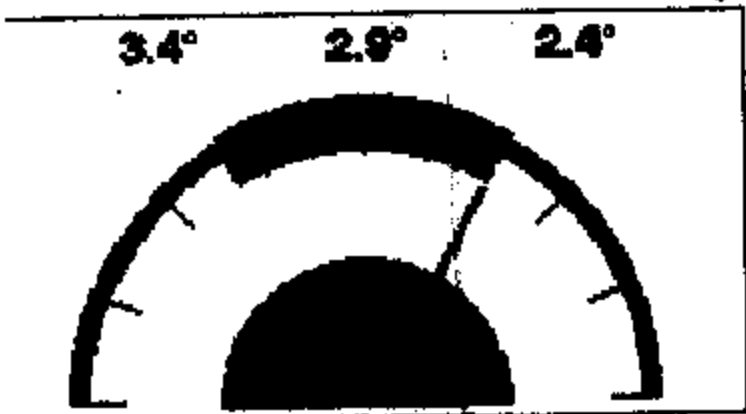
R.O NO. : 185754 R.O DATE : 02/19/2004 R.O TYPE : S  
MILEAGE : 33484 ADVISOR NO. : 4208

JOB NUMBER : 1 OPERATION 99CVZ OP. DESC. MISC ITEMS  
SALE TYPE : C TECHNICIAN NO(S). 4200  
COMPLAINT : ### WAITING ### SHUTTLE ### RENTAL ### NA ### MISC ###

JOB NUMBER : 2 OPERATION 33CVZ OP. DESC. LOF/ROTATE #37,30  
SALE TYPE : C TECHNICIAN NO(S). 4365  
CORRECTION : LUBE. OIL. FILTER & ROTATE TIRES

COMMENTS : DROP

# Front Readings



Frozen Caster



0.3°

Camber

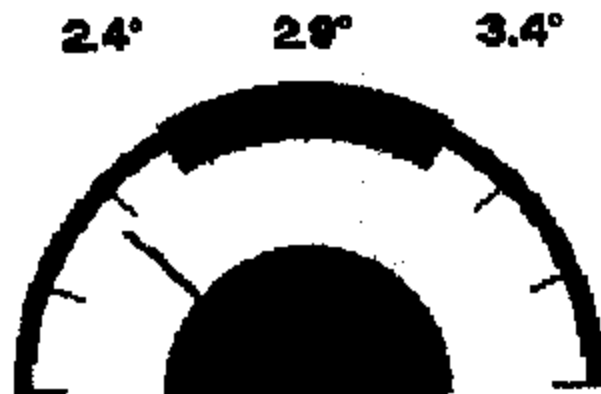


0.1°

Toe



0.85°



*Before*

-0.10° 0.00° 0.10°

0.10° 0.00° -0.10°



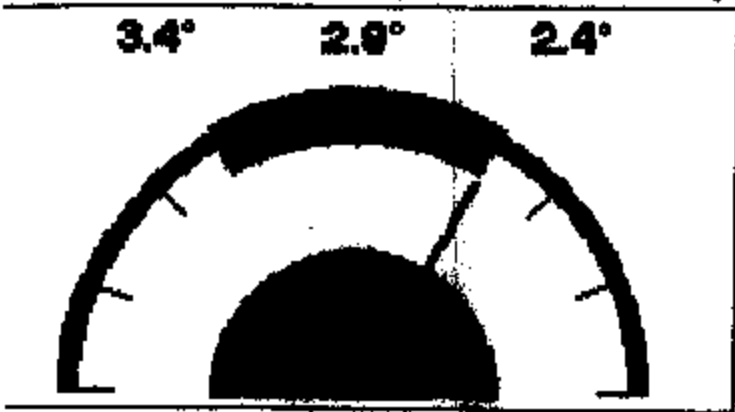
1

2

3

4

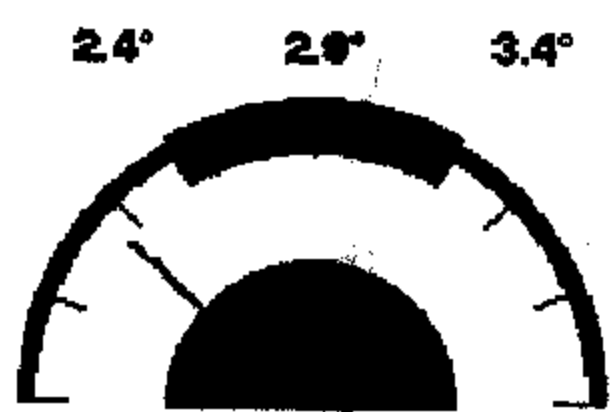
# Front Readings



Frozen Center



0.3°



Center



0.2°



After



Toe



0.00°



Teays Valley  
Pennzoil  
3782 Teays Valley Rd.  
HARRISBURG, WV 25526  
(304) 757-0765

1 CUSTOMER SERVICE HISTORY

0  
Name : Acct # [REDACTED] 04-19-2004  
Street : Visits : 6  
Mileage : 0 Vehicle: 2002 CHEVROLET VENTURE MINI-VAN

VISIT # 1 05/21/2002 at 61,500 miles.

Services Performed: 1) FULL CARS  
2) AIR FILTERS

VISIT # 2 08/21/2002 at 70,200 miles.

Services Performed: 1) FULL CARS  
2) AUTO TRANS

VISIT # 3 11/09/2002 at 75,700 miles.

Services Performed: 1) FULL CARS  
2) AIR FILTERS

VISIT # 4 01/22/2003 at 81,200 miles.

Services Performed: 1) FULL CARS  
2) FUEL FILTERS

VISIT # 5 06/09/2003 at 8,500 miles.

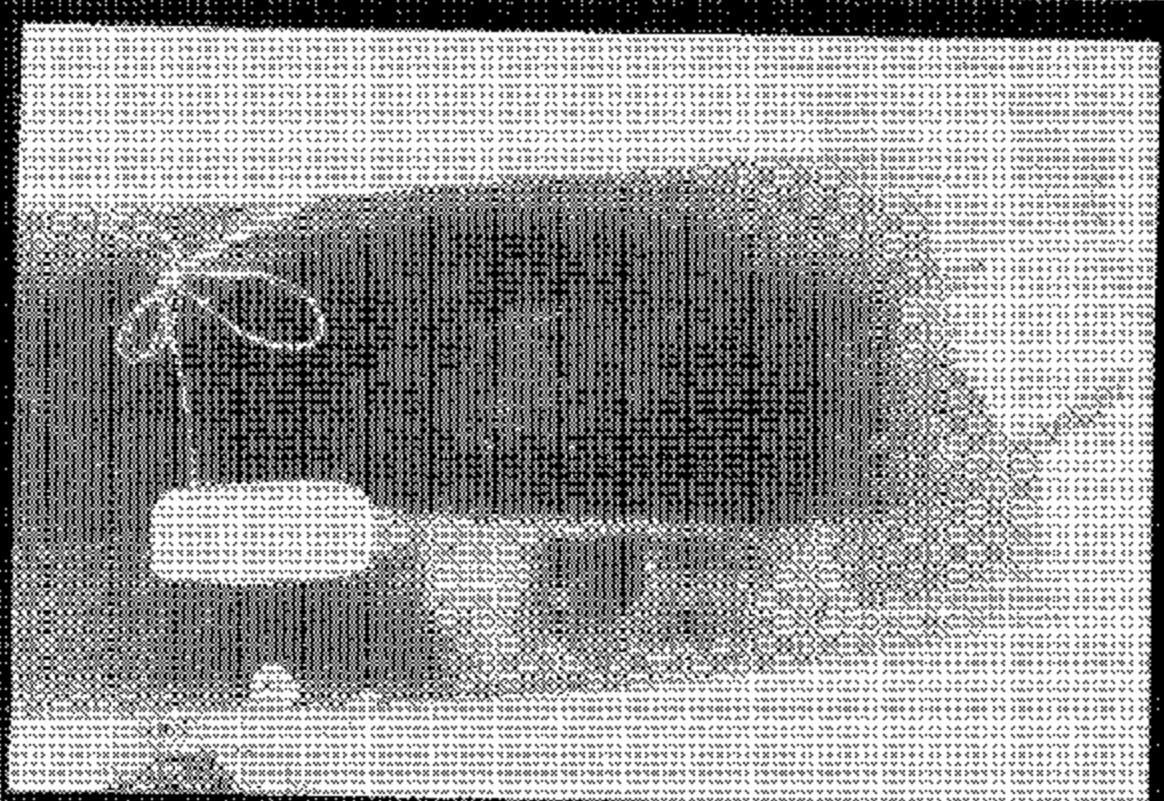
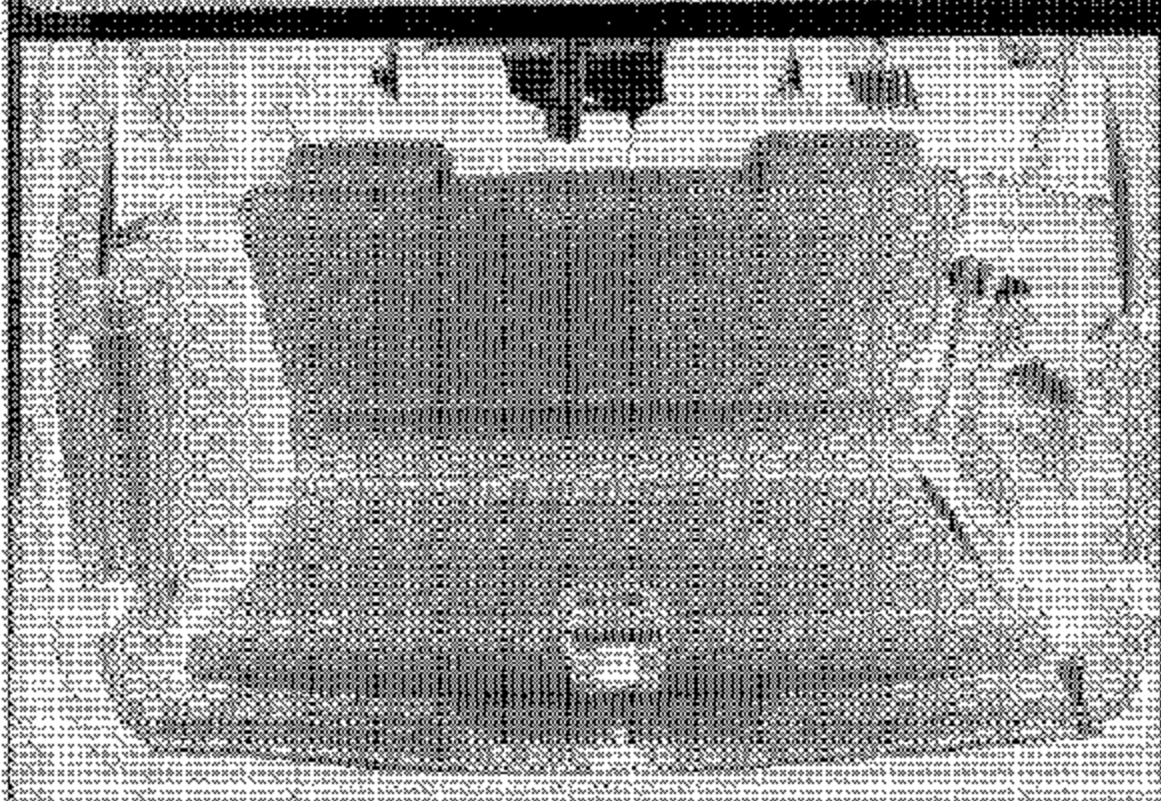
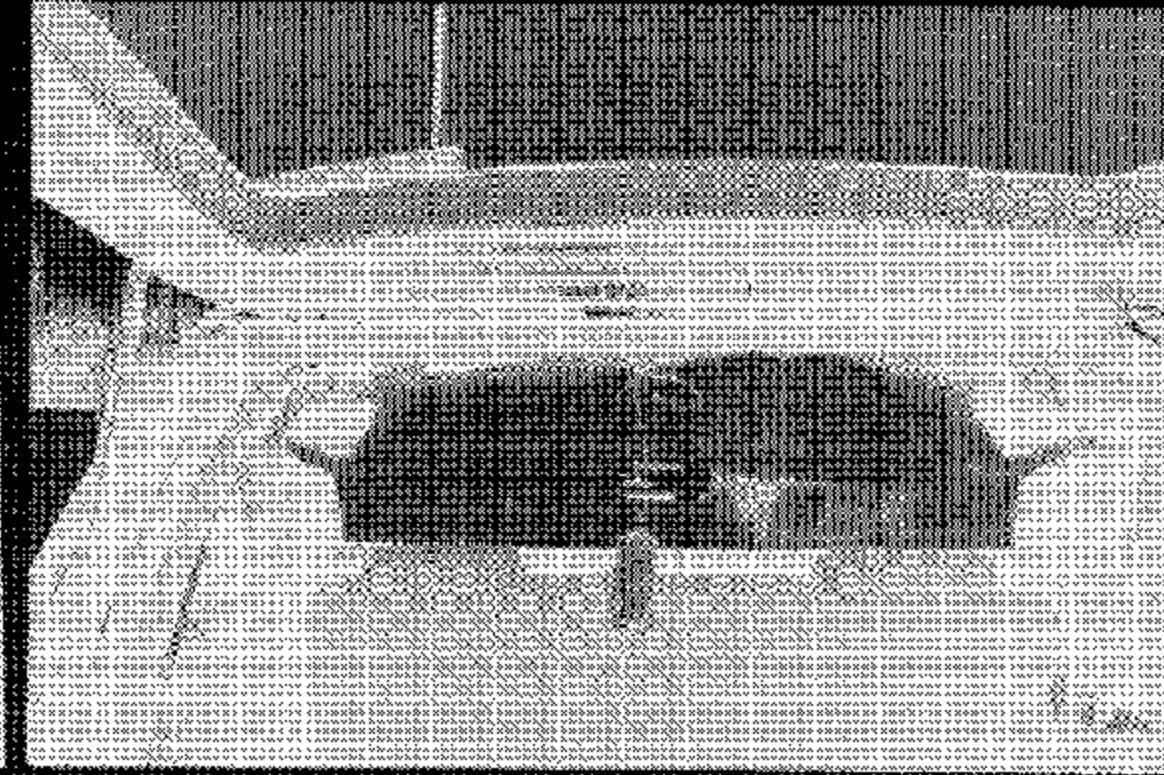
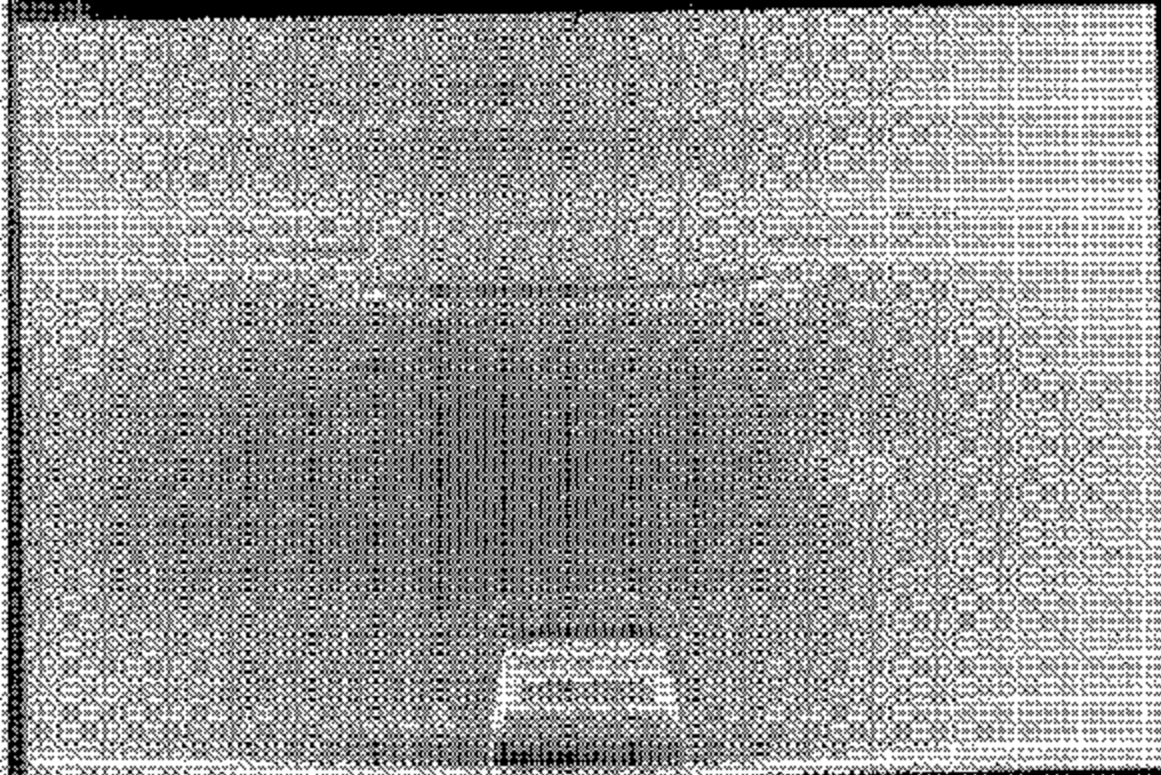
Services Performed: 1) FULL CARS

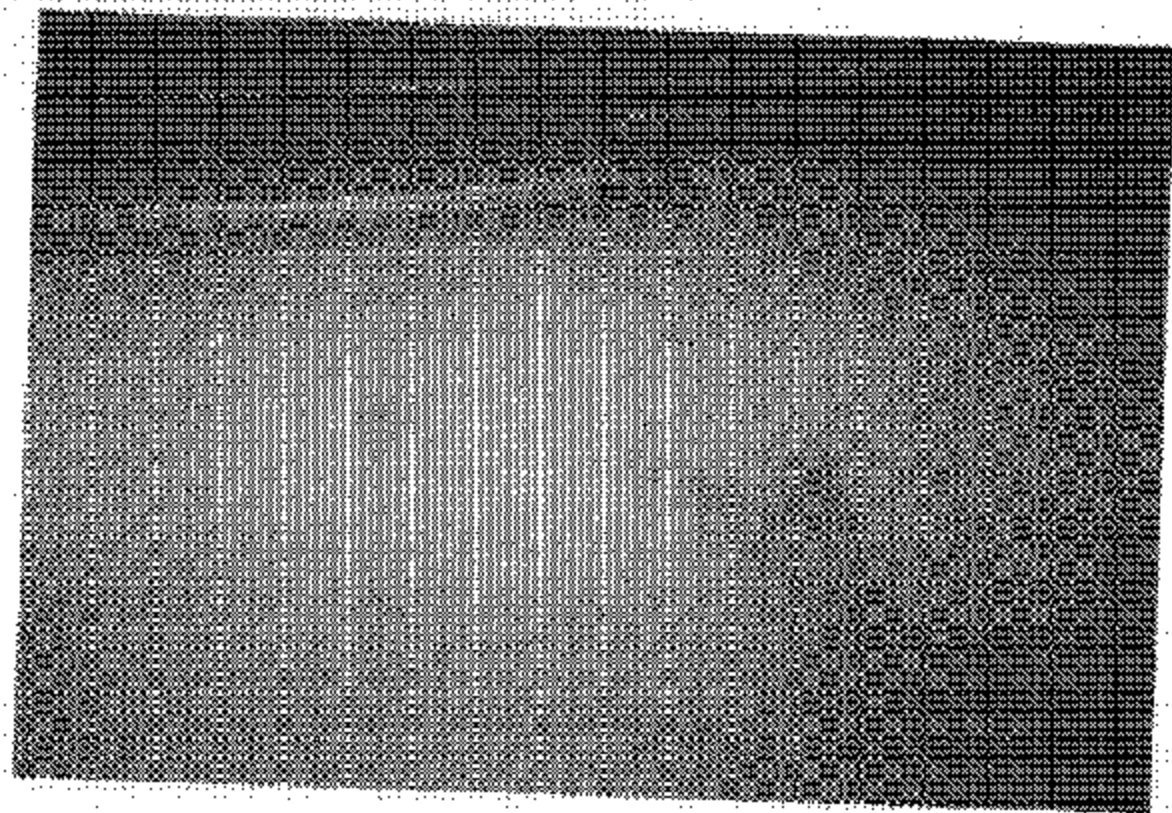
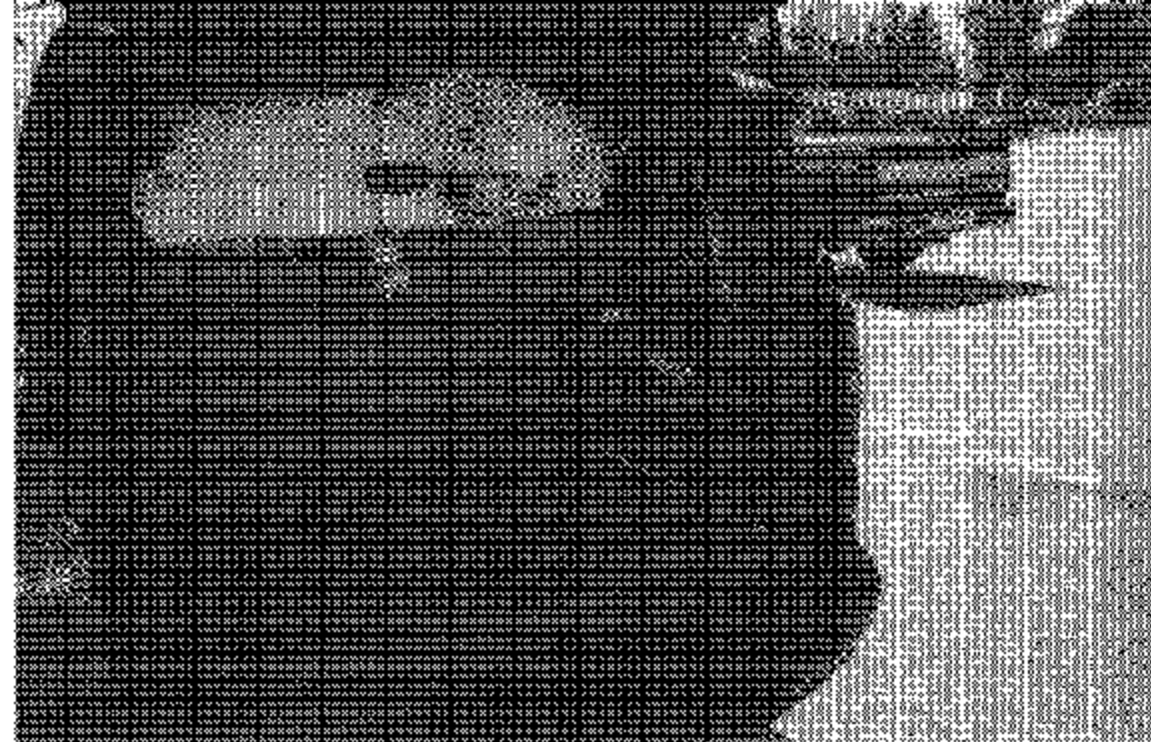
VISIT # 6 08/06/2003 at 17,900 miles.

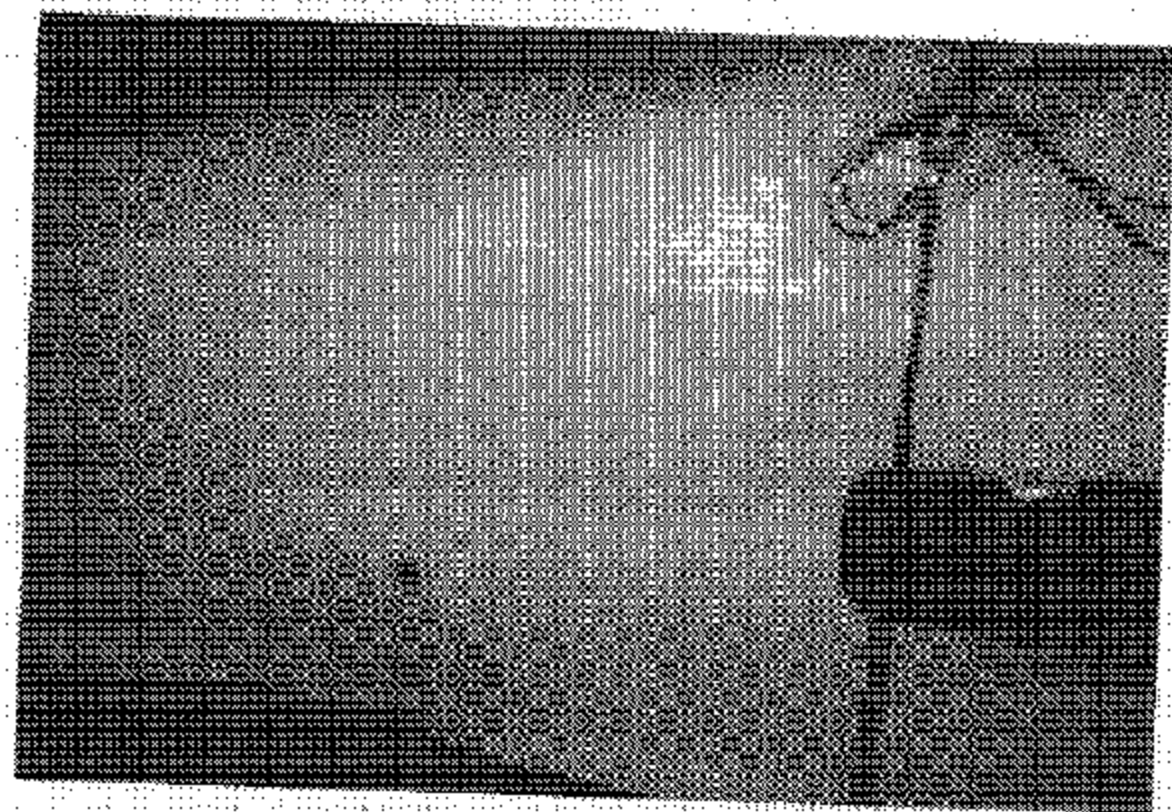
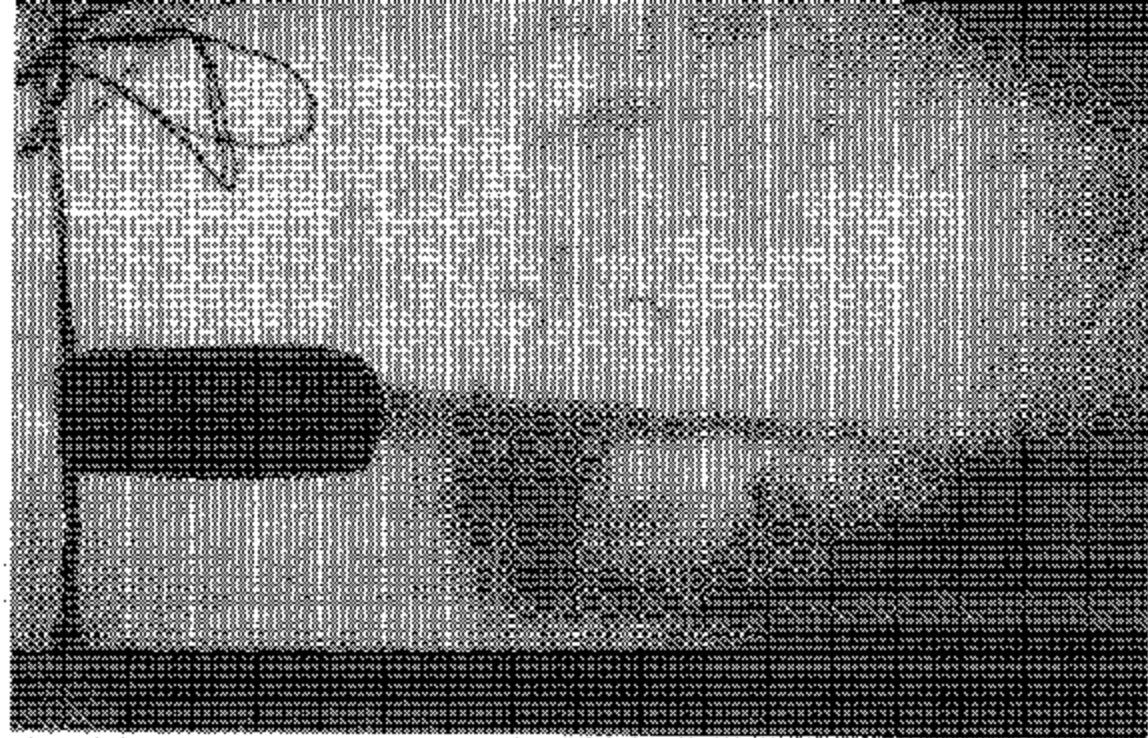
Services Performed: 1) FULL CARS  
2) AIR FILTERS

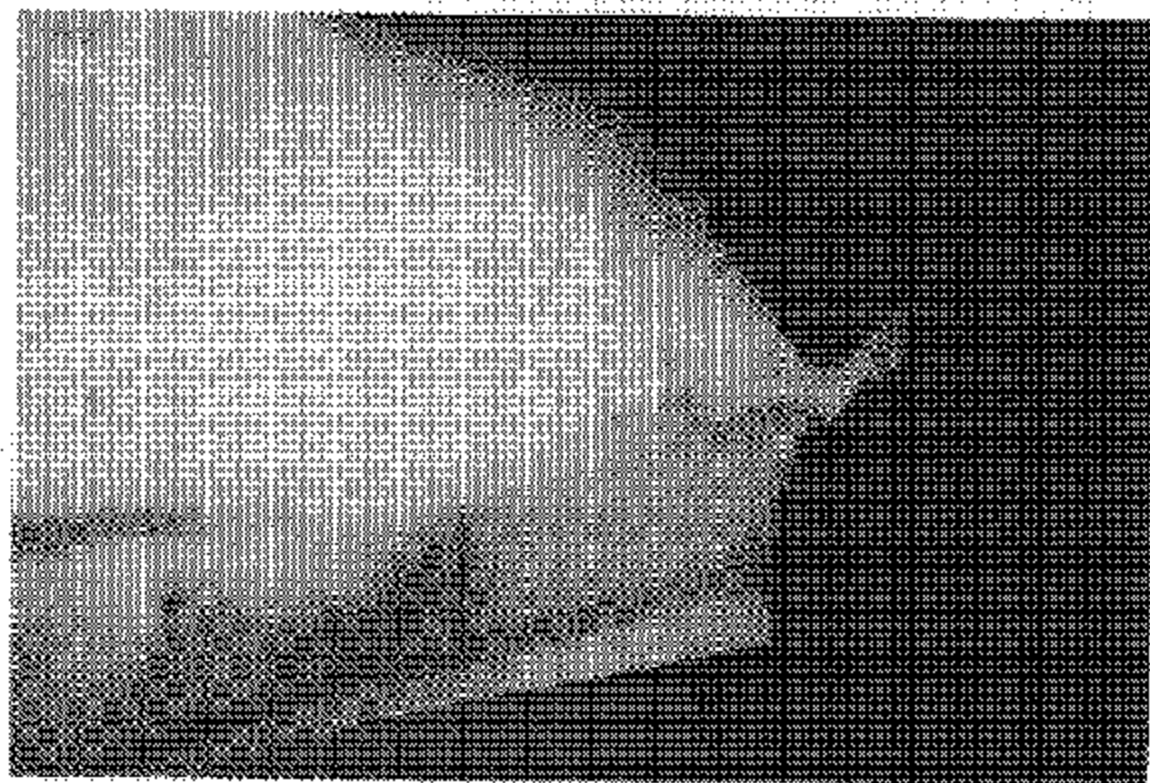
*Buick Regal*

*Transferred Tags  
To 2003 Venture  
Chevrolet EXTENDED  
VAN.*









**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**