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EDWARDS LAW FIRM

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January 11, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Ford Motor Company
Consumer Affairs Division
P. O. Box 06248
MD-3NE-B
Dearborn, Michigan 48126

Re: Our Client : [redacted]
Ford Recall Number 05S34
Vehicle Involved in Crash: 2005 Model E-450 Superduty Van
6.0 Diesel Engine Stall Resulting in Auto Crash with Serious Injury
Date of Auto Crash: 11/7/05

Dear Sirs:

Please be advised that I am investigating an accident on behalf of an injured passenger who was riding in a Ford F-450 Van - VIN 1FDXE4[redacted] that crashed head-on into a light pole in a parking lot after the vehicle stalled and lost power steering. It is my understanding that Ford has issued a Safety Recall (No. 05S34) which indicates that the fuel injector control module (FICM) wire harness may chafe on engine bolts potentially resulting in electric short. Alternatively, the injection control pressure (ICP) sensor connectors may have been improperly manufactured, potentially causing an incorrect ICP signal to the engine control modules resulting in a stall of the engine.

The accident occurred on 11/7/05 at approximately 7:41 A.M. I am enclosing a copy of the Accident Report for your review. My independent investigation has revealed that both the driver and another passenger noted the stalled condition of the vehicle and the steering, locking immediately prior to the crash.

It is possible that the vehicle was owned at one time by the State of Louisiana, Department of Transportation and Development and/or a non-profit corporation (S.M.I.L.E.). I ask that you please identify for me whether any owner or operator was given notice of the recall, by Ford, its dealer, or anyone else and if so, I ask that you please provide me with a copy of all of the exact recall notices sent to the owner or owners or operators of this van at any time prior or subsequent to 11/7/05 at 7:41 A.M.

Margaret
1/24/06

If I do not hear from Ford Motor Company within 30 days of your receipt of this letter, I will file suit against Ford Motor Company without further notice for the injuries sustained by my client, Eva Joseph.

With warm personal regards and looking forward to your cooperation in this matter, we remain

Yours very truly,

EDWARDS LAW FIRM

E. Byrne Edwards

E. Byrne Edwards

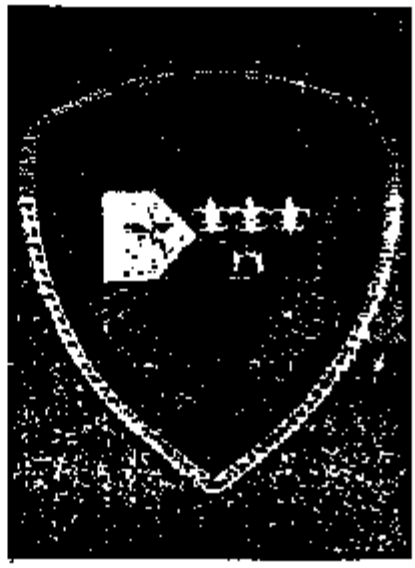
EBE/bl

cc: Associate Administrator of Safety Assurance
National Highway Traffic Safety Administration
400 Seventh Street, S.W.
Washington, DC 20590

th62
Enc.

LAFAYETTE POLICE DEPARTMENT

Case Number PD0500270108
Original Report
User ID 11012



Run Date/Time: 11/10/2005 9:01:46 AM

Report Address..: 00701 E PINHOOK RD 01
LAFAYETTE LA 70501

Report Date/Time: 11/07/2005 07:41
Officer Name....: WOOD GEORGE REAGAN

Officer.....: _____
WOOD GEORGE REAGAN

Supervisor..: _____

Report Number...: 05 00270108 Supp Number..: 000 Report Type..: 21M

Report date.....: 11/07/2005 Report Time..: 07:41 District/Zone: 001

	Number	Dir	Street Name	Type	Jur	Apt.#
Address.....:	00701	E	PINHOOK	RD	01	

City.....: LAFAYETTE State.....: LA Zip.....: 70501

Report Officer 1: 13082 WOOD GEORGE REAGAN Assign Date...: 11/07/2005

Report Officer 2: Assign Date...:

Investigator 1..: Assign/Review Date.:

Supervisor.....: Assign/Review Date.:

Assigned By.....: Review Date...:

NCR Status.....: CE CLEARED BY EXCEPTION Status Date...: 11/07/2005

Case Status.....: Status Date...:

Connect Case#...: Rpt Status: Last Updated by DATATRAN on 11/09/2005
Record Created by DATATRAN on 11/09/2005.

PERSON AREA

Person 1

Person Type:
_ Victim _ Complainant _ Suspect _ Arrestee _ Witness _ Law Officer
_ Business _ Financial _ Government _ Religious _ Society X Other/Unknown

Last Name.....: [redacted] First Name..: [redacted]

Middle Name....: Suffix....: MNI #.: 05 00089246

Date Of Birth..: 07/17/1966 Age/From/To..: 039 039 Months: 03 Offense age: 039

Social Security: [redacted] Sex.....: F Race..: B Ethnicity: N

Height From/To.: 5'02 5'02 Weigh From/To: 300 300 Residental Status
X Resident _ Can ID Suspect(s)
_ Non Resident
_ Unknown

Eye Color.....: BRO Hair Color...: BLK Phone: [redacted]

	Number	Dir	Street Name	Type	Jur	Apt.#
Address.....:	[redacted]		[redacted]	[redacted]		[redacted]

City.....: LAFAYETTE State.....: LA Zip.....: [redacted]

Driver License.: [redacted] State.....: LA Exp. Year:

Marks/Scars....: _ Juvenile

Place of Birth.: State: City:

Person 2

_ Complainant _ Suspect _ Arrestee _ Witness _ Law Officer

_ Business _ Financial _ Government _ Religious _ Society X Other/Unknown

Last Name.....: [redacted] First Name..: [redacted]

Middle Name....: Suffix....: MNI #.: 05 00089247

Date Of Birth..: Age/From/To..: 070 070 Months: 03 Offense age: 070

Social Security: Sex.....: F Race..: B Ethnicity: N

Height From/To.: 5'05 5'05 Weigh From/To: 300 300 Residental Status X Resident _ Non Resident _ Unknown _ Can ID Suspect(s)

Eye Color.....: 803 Hair Color...: BLK Phone:

	Number	Dir	Street Name	Type	Jur	Apt.#
Address.....:	[redacted]		[redacted]	[redacted]		

City.....: LAFAYETTE State.....: LA Zip.....: [redacted]

Driver License.: State.....: Exp. Year:

Marks/Scars....: _ Juvenile

Place of Birth.: State: City:

Person 3

Person Type:

_ Victim _ Complainant _ Suspect _ Arrestee _ Witness _ Law Officer

_ Business _ Financial _ Government _ Religious _ Society X Other/Unknown

Last Name.....: [redacted] First Name..: [redacted]

Middle Name....: Suffix....: MNI #.: 05 00089248

Date Of Birth..: 05/16/1984 Age/From/To..: 021 021 Months: 05 Offense age: 021

Social Security: [redacted] Sex.....: F Race..: B Ethnicity: N

Height From/To.: Weigh From/To: Residental Status X Resident _ Non Resident _ Unknown _ Can ID Suspect(s)

Eye Color.....: Hair Color...: Phone:

	Number	Dir	Street Name	Type	Jur	Apt.#
Address.....:	[redacted]	S	[redacted]	[redacted]		

City.....: LAFAYETTE State.....: LA Zip.....: [redacted]

Driver License.: [redacted] State.....: LA Exp. Year:

Marks/Scars....: _ Juvenile

Place of Birth.: State: City:

Person 4

Person Type:
_ Victim _ Complainant _ Suspect _ Arrestee _ Witness _ Law Officer

_ Business _ Financial _ Government _ Religious _ Society X Other/Unknown

Last Name.....: [redacted] First Name..: [redacted]

Middle Name....: Suffix....: [redacted] MNI #.: 05 00089249

Date Of Birth..: 12/17/2002 Age/From/To..: 002 002 Months: 10 Offense age: 002

Social Security: Sex.....: M Race..: B Ethnicity: N

Height From/To.: ' ' Weigh From/To: Residental Status X Resident _ Can ID Suspect(s) _ Non Resident _ Unknown

Eye Color.....: Hair Color...: Phone:

	Number	Dir	Street Name	Type	Jur	Apt.#
Address.....:	[redacted]	S	[redacted]	[redacted]		

City.....: LAFAYETTE State.....: LA Zip.....: [redacted]

Driver License.: State.....: Exp. Year:

Marks/Scars....: _ Juvenile

Place of Birth.: State: City:

Person 5

Person Type:
_ Victim _ Complainant _ Suspect _ Arrestee _ Witness _ Law Officer

_ Business _ Financial _ Government _ Religious _ Society X Other/Unknown

Last Name.....: [redacted] First Name..: [redacted]

Middle Name....: [redacted] Suffix....: MNI #.: 05 00089250

Date Of Birth..: 09/06/1971 Age/From/To..: 034 034 Months: 02 Offense age: 034

Social Security: Sex.....: M Race..: B Ethnicity: N

Height From/To.: ' ' Weigh From/To: Residental Status X Resident _ Can ID Suspect(s) _ Non Resident _ Unknown

Eye Color.....: BRO Hair Color...: BLK Phone: [redacted]

	Number	Dir	Street Name	Type	Jur	Apt.#
Address.....:	[redacted]	S	[redacted]	[redacted]		

City.....: LAFAYETTE State.....: LA Zip.....: [redacted]

Driver License.: [redacted] State.....: LA Exp. Year:

Marks/Scars....: _ Juvenile

Place of Birth.: State: City:

NARRATIVE AREA

INITIAL REPORT: A transport van was struck a light pole in the parking lot causing injuries.

DATE & TIME OCCURRED: Nov. 07, 2005 at 7:41am.

TYPE OF INCIDENT: Major traffic crash.

LOCATION OF INCIDENT: 701 E. Pinhook Rd (Gesthamy Christian Academy).

INVESTIGATION AT SCENE: On Nov. 07, 2005 at 7:41am, I, Officer Reagan Wood, was dispatched to 701 E. Pinhook Rd in reference to a major traffic crash. The crash occurred in the parking lot.

Upon arrival, I observed a white 2005 Ford E450 transport van bearing a temporary license plate (VIN 1FDXE4[redacted]) that apparently had crashed head on into a light pole in the parking lot. There was major damage on the front end of the vehicle. I then made contact with the driver, [redacted], and the passengers; [redacted], [redacted] and her son [redacted]. [redacted] was lying on the floor of the van face down and was unresponsive. I observed a large amount of blood in her facial area. I did not move her due to possible neck or back injury. [redacted] and [redacted] complained of facial injury caused when they struck their head on the seat in front of them during the crash. [redacted] and [redacted] were transported to Lafayette General Medical Center and [redacted] was transported to University Medical Center by Acadian Ambulance services. [redacted] and [redacted] mother advised that they were not injured.

[redacted] advised me that he was driving the van down a lane in the parking lot when the steering wheel locked up. He stated that he pushed the brake pedal and the vehicle swerved violently to the left and struck the pole. I observed no obvious defects on the vehicle.

I provided the subjects involved with a case number and contact information for future reference. No further information at this time.

INJURY SUSTAINED: [redacted] sustained major swelling and blood loss in her right eye. [redacted] and [redacted] complained of facial injury caused when they struck their head on the seat in front of them. [redacted] and [redacted] were transported to Lafayette General Medical Center and [redacted] was transported to University Medical Center by Acadian Ambulance services.

NEIGHBOR CONTACTS: None.

STATEMENTS OBTAINED: None.

EVIDENCE OBTAINED: None.

FOLLOW UP: None.

DISPOSITION: Cleared by exception.