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

2007 DEC 12 AM 8:26

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
04-SEP-2007	Reference No. 10201818

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City POTTERSVILLE	State MO	Zip Code [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 10/9/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTHX26G7R[redacted]	FORD	F250 HD	1994

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
29-JUL-04	RHINE AUTO SALES			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City WEST PLAINS	State MO	Zip Code 65775		

Transmission Type			Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes	☒ Cruise Control	4 WHEEL DRIVE	180000 VEHICLE SPEED CONTROL
				Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-APR-2007	78000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	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).

TL*THE CONTACT'S DAUGHTER OWNS A 1994 FORD F250 HD. WHILE THE CONTACT'S DAUGHTER WAS BACKING UP THE VEHICLE, FLAMES WERE NOTICED UNDER THE FRONT DRIVER SIDE. THE FIRE DEPARTMENT ARRIVED AND THE VEHICLE SUSTAINED MAJOR DAMAGE. IN JULY OF 2007, RECALL NUMBER 05S25 WAS RECEIVED, BUT THE FIRE HAD ALREADY OCCURRED. FORD STATED THAT THE VEHICLE WAS TOO BURNT TO PROVIDE ANY ASSISTANCE. THE SPEED WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 78,000.

FORD ASKED FOR ADDITIONAL INFO, SEVERAL TIMES. I ALWAYS COMPLIED. WHEN I FIRST CONTACTED FORD THEY SAID "NOT RESPONSIBLE. CAN'T HELP. FOUR MONTHS LATER THEY SAID I SHOULD HAVE KEPT THE VEHICLE SO THEY COULD SEE IT. WHEN I TOLD THEM IT WAS STILL

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. 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 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)

INTACT AT THE SALVAGE YARD, THEY ASKED FOR PICTURES INSTEAD OF SOMEONE SEEING IT IN PERSON. THEY SAID THE PICTURES SHOWED IT WAS TOO BURNT TO TELL ANYTHING. FORD GAVE ME THE RUN AROUND AND THEY DON'T WANT TO TAKE RESONSIBILITY FOR THEIR DEFECT

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

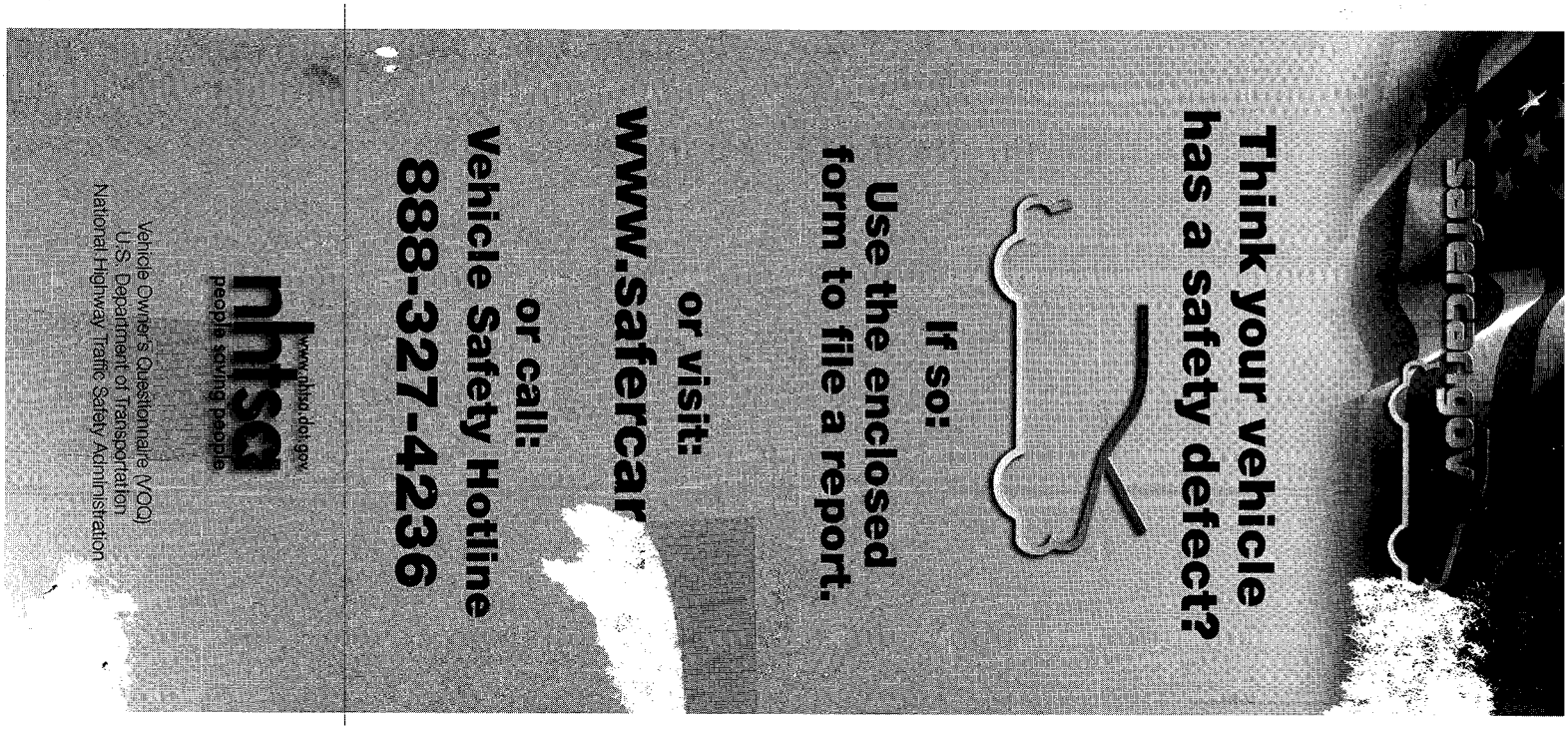
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

8.3



Frank M Ligon
Ford Motor Company
P O Box 1904
Dearborn, Michigan 48121

0013081T 0033

1994 F-250 Ford Truck
Vehicle ID#: 1FTHX26G7RK[redacted]

July 2007

[redacted]
POTTERSVILLE, MO [redacted]

Ford Motor Company would like to remind you that your 1994 F-250 Ford Truck has not had the following no charge recall completed

You received this notice because our records, which are based primarily on state registration and title data, indicate that you are the current owner. As soon as we receive updated state registration data, we will revise our records.

Vehicle Identification Number: 1FTHX26G7RK[redacted]

Recall Number and Description: 05S28 - Speed Control System Modification

What Are We Asking You To Do? Please contact your dealer to schedule an appointment to have this important service procedure completed. If you do not already have a servicing dealer, you can access http://www.genuineflmservice.com for dealer addresses, maps and driving instructions.

Service Assistance: If you have additional questions, please contact the Ford Motor Company Customer Relationship Center and one of our representatives will be happy to assist you.
Call 1-866-436-7332.
Monday – Friday: 8AM – 5PM

For the hearing impaired, call 1-800-232-5952 *(TDD)*.
Office Hours: (Your Local Time)

If you wish to contact us through the internet, our address is:
www.ownerconnection.com.

If your authorized dealer has recently completed this recall repair, please disregard this reminder.

We apologize for any inconvenience this may cause and want to assure you, that with your assistance, we will correct this condition. Our commitment, together with Ford dealers, is to provide you with the highest level of service and support possible.

Thank you for your attention to this important matter.

Sincerely,

Frank M. Ligon

Frank M. Ligon
Director
Service Engineering Operations

OSU

©Copyright 2007 Ford Motor Company

Important Parts Notification - Safety Recall 05S28

Year/Model: 1993 F-150 Ford Truck
VIN: 1FTDF15N2P[redacted]

September 2007

Dear [redacted]

Ford recently mailed you a letter announcing Safety Recall 05S28 (Speed Control System Modification) requesting you schedule a service appointment to have the recall repair performed. Although Ford is currently experiencing an unforeseen shortage of the service parts required to make the complete repair, your dealer is authorized to perform an interim repair of disconnecting the Speed Control System on your vehicle to eliminate the potential safety risk. We strongly encourage you to contact your dealer to schedule an appointment to have this service performed as soon as possible. When Ford notifies you that service parts are available, you will need to return to the dealer to have the permanent repair performed. Thank you for your attention to this very important matter and we apologize for any inconvenience this may have caused.

Ford Service Engineering
Operations

P.O. BOX 1904
DEARBORN, MI 48121-1904

PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
Southgate, MI
Permit No 227

N16642400 4833

[redacted]
POTTERSVILLE, MO [redacted]

General Power of Attorney
(with Durable Provision)

APARTMENT – CONDOMINIUM – HOUSE

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, [redacted],
of [redacted] Pottersville Missouri,
the undersigned Principal, do hereby make and grant a general power of attorney to [redacted],
[redacted], of [redacted] Pottersville Mo,
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

If my Agent is unable to serve for any reason, I designate _____,
of _____, as my successor Agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[JB]	(A)	Real estate transactions
[JB]	(B)	Tangible personal property transactions
[JB]	(C)	Bond, share and commodity transactions
[JB]	(D)	Banking transactions
[JB]	(E)	Business operating transactions
[JB]	(F)	Insurance transactions
[JB]	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agent **(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)**
[JB]	(H)	Claims and litigation
[JB]	(I)	Personal relationships and affairs
[JB]	(J)	Benefits from military service
[JB]	(K)	Records, reports and statements
[JB]	(L)	Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
[JB]	(M)	Access to safe deposit box(es)
[JB]	(N)	To authorize medical and surgical procedures
[JB]	(O)	All other matters

© 2004, Socrates Media, LLC

Durable Provision:

[JCB] **(P) If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.**

Other Terms: _____

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 4 day of April, 20 05.

Signed in the presence of:

Witness: [redacted] Principal: JCB

Witness: [redacted]

Witness: [redacted]

State of Missouri
County of Howell }

On April 4 2005 before me, Cheryl Finley, appeared [redacted], personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Cheryl Finley

Affiant ____ Known ✓ Produced ID
Type of ID [redacted]

(Seal)

CHERYL FINLEY
Notary Public
NOTARY SEAL STATE OF MISSOURI
Howell County
My Commission Expires: October 8, 2005

www.socrates.com

© 2004, Socrates Media, LLC
LF205 • Rev. 04/04

2007/05/01 10:40

2007/05/01 13:44

2007/05/01 10:38

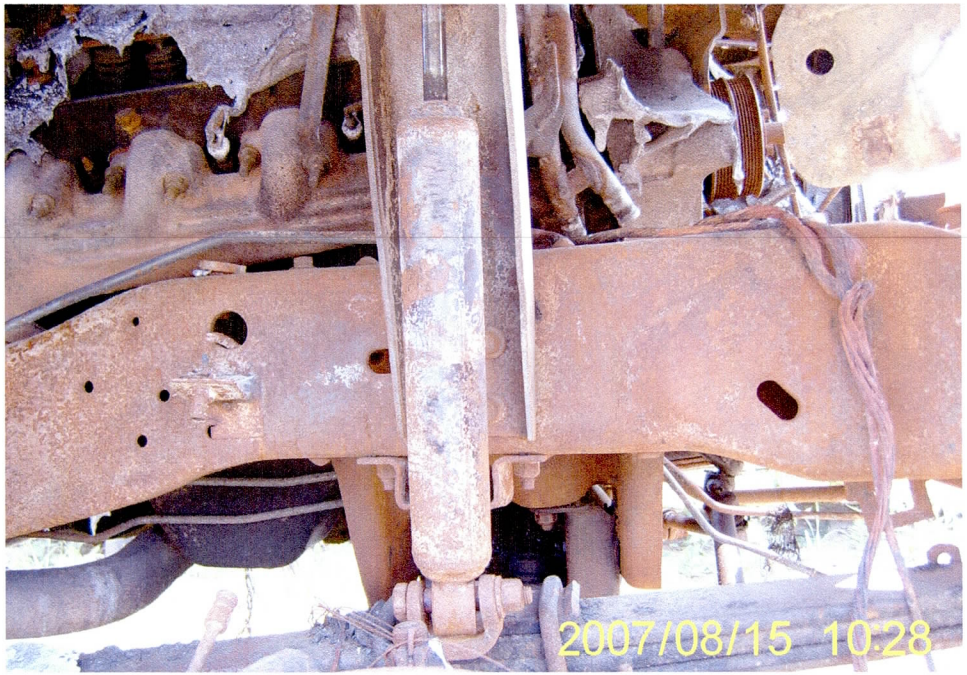
2007/05/01 13:43

2007/08/15 10:26

2007/08/15 10:27

2007/08/15 10:25

2007/08/15 10:27


2007/08/15 10:28

2007/08/15 10:27

Mountain View Fire Department
Basic Module Field Notes

Incident Number: [redacted]

Date: 4/30/07

Person/Business Name: [redacted]

__Check when report is put into NFIRS Date reports was put into NFIRS: _____

A: Incident Date: 4/30/07 Incident # [redacted] Exposure # _____

B: Location of Call

Number/Mile: 9983 St. Prefix: Co Rd Street or Highway: 3640

Street Type: _____ St. Suffix: _____ Appt. or Suite #: _____

City: Mtn View State: Missouri Zip: 65548

Cross Street or Directions, as applicable:

_____

C: Incident Type (what the incident actually was – Check only one)

__ 100 Fire, Other
__ 111 Building Fire
__ 112 Fire in structure other than bldg
__ 113 Cooking fire, contained to container
__ 114 Chimney, flue fire, structure not involved
✓ 130 Vehicle Fire
__ 131 Passenger Vehicle fire
__ 137 Camper, RV fire
__ 141 Forest, Woods, wildland fire
__ 142 Brush, brush and grass fire
__ 143 Grass fire
__ 151 Outside rubbish, trash, waste fire
__ 300 Rescue, EMS
__ 311 Medical assist, EMS
__ Other (be specific): _____
__ 322 Vehicle accident with injuries
__ 323 MV – pedestrian accident
__ 352 Extrication from vehicle only
__ 424 CO Incident
__ 510 Person in distress
__ 531 Smoke, odor removal
__ 554 Assist invalid
__ 611 Dispatched and cancelled enroute
__ 621 Wrong location
__ 651 Smoke scare
__ 700 False call
__ 745 Alarm system sounded, no fire
__ 746 CO detector activation, no CO

D: Aid Given or Received

✓ N) None __ 1) Mutual aid received __ 2) Automatic aid received __ 3) Aid Given
__ 4) Automatic aid given

E1: Dates and Times

	Date:	Time:
Alarm:	4.30.07	21:07
Arrival:	_____	21:16
Controlled:	_____	21:52
Last Unit Cleared:	_____	22:29

F: Actions Taken

✓ 11 Extinguish __ 14 Contain Fire (wildland)
__ 22 Rescue __ 51 Ventilate
__ 23 Extricate, disentangle __ 24 Recover body
__ 32 Provide EMS-BLS
__ 71 Assist physically disable __ 78 Control Traffic
__ 86 Investigate __ 92 Standby
__ 93 Cancelled enroute
__ other (be specific) _____

G1: Resources

	Apparatus	Personnel
Suppression:	2+5	2
Other/POV's:	7	7

G2: Estimated Dollar loss/value

__none Property Loss: $13,500.00

__none Contents Loss: $3,500.00

__none Property Value: $13,500.00

__none Contents Value: $3,500.00

H1: Casualties ✓ None

	Fatal	Non Fatal
Fire Service:		
Civilian:		

Property Use: __419 1or2 family dwelling
__961 Highway __962 Street __699 Forest, Woodland
__429 Multi-family dwelling House.
__Other (be specific) Pick-up & Trailer

K1: Personal/Entity Involved

Business Name (if applicable): _____ Business Phone: _____

First Name: [redacted] MI: ____ Last Name: [redacted]

__ *check if address is the same as incident location, if not then fill out the following*

Number/Mile: 10548 St. Prefix: C.R. Street or Highway: 7610

Street Type: _____ St. Suffix: _____

Appt. or Suite #: _____ P.O. Box: _____

City: Pottersville State: Mo Zip: _____

K2: Owner ✓ *check if same as personal, if not then fill out following*

Business Name (if applicable): _____ Business Phone: _____

First Name: [redacted] MI: ____ Last Name: [redacted]

__ *check if address is the same as incident location, if not then fill out the following*

Number/Mile: _____ St. Prefix: _____ Street or Highway: _____

Street Type: _____ St. Suffix: _____

Appt. or Suite #: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Person/Business involved Insurance Information: Land owner

Lorene Woolsey 934-2105
9983 C.R. 3640

Ins Shelter W.P.

Contact person Dianna Carlyon [redacted]

Fire Department (please check one for all fire calls)

___ Member (if fire dues have been paid)

___ Non Member (no fire dues paid)

97 Ford F-250 Ext Cab 4x4

V.I.N# 1FTHX26G7R[redacted]

L: Remarks Owner [redacted] Land Owner [redacted] Person to Contact [redacted]

Pottsville

Ins. ~~Kent~~ Shelter-WP

M: Authorization
First Name: Billy Last Name: Young ID: 334 Date: 4 130107

Personnel ID #	Name	Action Taken
331		
334		
336		
337		
338		
339		
342		
348		
351		

Ford

1FTHX2667 [redacted]

4DY6S205 3V [redacted]

Trailer Remorque

Mountain View Fire Department
Fire Module Field Notes

Incident Date: 4/30/07 Incident # 70155 Exposure # _____

B Property Details
- __ check if not residential _____ # of residential units
- __ check if building not involved _____ # of buildings involved
- V check if none _____ # of Acres burned
- __ check if less than 1 acre

C On Site & Material Storage Use
_____ on site material(be specific)
_____ material storage use(be specific)

D Ignition
Pick-up area of origin __1 check if confined to object of origin
Fuel heat source

Type of Material ignited
__12 LP Gas __23 Gasoline __25 Diesel fuel __27 Oil __41 Plastic __51 Rubber
__54 Hay, Straw __55 Grain, natural fiber __63 Sawn wood __65 Fiberboard, particle board
__67 Paper __68 Cardboard __71 Fabric, Fiber V UU undetermined
__other(be specific)_____

First Item Ignited
__11 Exterior roof __12 Exterior wall __14 Floor covering __16 Interior ceiling
__17 Structural member __21 upholstered sofa, chair, seat __25 Appliance housing
__30 wearing apparel __31 Mattress, pillow __32 bedding, blanket __36 Curtains, blinds
__62 Flammable liq/gas in/from engine or burner __64 flammable liq/gas contained
__65 Flammable liq/gas uncontained __71 agricultural crop __72 grass, pasture, yard
__94 Dust, lint, sawdust V UU undetermined
__Other(be specific)_____

E1 Cause of Ignition
__1 Intentional __2 Unintentional __3 Failure of Equipment __4 Act of Nature
__5 Cause under investigation V 6 Undetermined

E2 Contributing Factors
__10 Misuse of Product __12 Heat to close to combustibles __13 Cutting, Welding too close
__14 Flammable spilled __15 improper fueling __20 Mechanical failure __26 backfire
__34 short-circuit __51 collision, turn over __62 Storm __72 Rekindle
__73 Outside/Open fire-debris burning __75 Agriculture or land management burn
V UU undetermined

E3 Human Factors
__1 Asleep __2 Possible impaired by alcohol or drugs __3 Unattended or unsupervised person
__4 Possible mentally disabled __5 Physically disabled __6 Multiple persons involved
__7 age was a factor V N None

_____ Estimated Age

Gender of Person
__1 Male
__2 Female

F1 Equipment Involved V None

Equipment involved in ignition:_____ Brand:_____

Model: _____ Serial # _____ Year: _____

F2 Equipment Power
__11 Electrical line voltage (>=50 volts) __12 Batteries and low voltage (<50 volts)
__22 LP Gas or other heavier than air gas __31 Gasoline
__33 Kerosene, diesel, No. 1 & 2 fuel oil __41 wood, paper
__00 Other(be specific) _____

F3 Equipment Portability
__1 Portable
__2 Stationary

G Suppression Factors
Water & foam Suppression Factor(be specific)

Mobile Property Involved __None
__11 Passenger car __12 bus __14 motor home, RV __17 mobile home
__21 General use truck __23 Trailer, semi __24 Tank truck nonflammable cargo
__25 tank truck-flammable cargo __26 Tank truck compressed gas cargo
__61 Construction Vehicle __65 Agricultural vehicle
__00 Other (be specific) _____

Mobile Property Involved Information

Vehicle Make: Ford

Model: F-250 4X4 Year: [redacted] 94

License Plate #: _____ State: MO

VIN: 1FTHX26G7R[redacted]

Remarks: Truck and Everthing inside was a total loss.

Fire Chief
Billy Young

Howell County E-911 Department Log

Call Taker Initial R Radio Op. Initial _____ Open Line ☐ C.H.U. ☐ No Contacts ☐

COMMENTS: 9983 Co Rd 3640
truck on fire close to barn.

Medical Case # _____ (Month, Day, Year and Time. Ex: 010104-1535)

Caller is: ☐ Patient ☐ With Patient ☐ Away from Patient ☐ Referring Agency

☐ Emergent ☐ Non-Emergent Age: _____ ☐ Male ☐ Female

Chief Complaint: _____ Equipment: _____

Conscious: ☐ Yes ☐ No ☐ Semi Breathing: ☐ Yes ☐ No ☐ Difficulty

Pre-Arrival Given: ☐ Yes ☐ No If yes, Tab used. If no, Why : _____

Patient Location: _____ Patient Destination: _____ Time Ready: _____

Agency Contacts: Ambulance: _____ Police: _____ Fire: MVFD

Other: _____ First Resp: _____ _____ _____
_____ Control 2152 _____

Unit # _____	Unit # MVFD	Unit # Trk 2
Disp. _____	Disp. 2107	Disp. _____
Enrt. _____ Mi. _____	Enrt. 2107 Mi. _____	Enrt. 2118 Mi. _____
Ar.Sc. _____ Mi. _____	Ar.Sc. 2116 Mi. _____	Ar.Sc. 2119 Mi. _____
En.Dst. _____	En.Dst. _____	En.Dst. _____
Ar.Dst. _____ Mi. _____	Ar.Dst. _____ Mi. _____	Ar.Dst. _____ Mi. _____
Clr.Sc. _____	Clr.Sc. _____	Clr. Sc. _____
In Ser. _____	In Ser. _____	In Ser. 2229
Class 1 2 3	Class 1 2 3	Class 1 2 3
Unit # _____	Unit # _____	Unit # Trk 5
Disp. _____	Disp. _____	Disp. _____
Enrt. _____ Mi. _____	Enrt. _____ Mi. _____	Enrt. 2112 Mi. _____
Ar.Sc. _____ Mi. _____	Ar.Sc. _____ Mi. _____	Ar.Sc. 2120 Mi. _____
En.Dst. _____	En.Dst. _____	En.Dst. _____
Ar.Dst. _____ Mi. _____	Ar.Dst. _____ Mi. _____	Ar.Dst. _____ Mi. _____
Clr.Sc. _____	Clr.Sc. _____	Clr.Sc. _____
In Ser. _____	In Ser. _____	In Ser. 2229
Class 1 2 3	Class 1 2 3	Class 1 2 3

Call Received Via. (911) Radio Cell Other