

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148



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

Date Received

SEP 5 - 2013
 07-AUG-2013

Repository

Reference No.
 10534034

OWNER INFORMATION (Type or Print)

Name

Address

City CALLAHAN

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
 1FMYU93144K

Make FORD

Model ESCAPE

Model Year 2004

Date Purchased
 4-7-08

Dealer's Name and Telephone Number
 MERCIL MOTORS 401-822-4773

Engine:
 No: Cylinders

Fuel Type:

6 GAS

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

ACCO

Cruise Control

3.0 V6

NO

01-AUG-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL

Failure Mileage
 192000

Failure Speed
 45

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: DOTM19ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

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).

TL* THE CONTACT OWNS A 2004 FORD ESCAPE. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 45 MPH, THE ACCELERATOR PEDAL BECAME STUCK AND THE VEHICLE FAILED TO SLOW DOWN. THE ACCELERATOR PEDAL WAS APPLIED REPEATEDLY AND THE FRONT END OF THE VEHICLE BEGAN TO VIBRATE. THE VEHICLE VEERED OFF THE ROAD TO AVOID CRASHING INTO ANOTHER VEHICLE INTO A DITCH. THE VEHICLE CONTINUED TO TRAVEL AND CRASHED INTO A CONCRETE BARRIER AND THEN A FENCE. THERE WERE NO INJURIES. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN AUTHORIZED DEALER. THERE WAS A RECALL UNDER NHTSA CAMPAIGN ID NUMBER WAS 12V353000 (ENGINE AND ENGINE COOLING, VEHICLE SPEED CONTROL). THE MANUFACTURER WAS NOTIFIED AND INFORMED HIM THAT THE VIN WAS INCLUDED. THE EXTERIOR DAMAGES HAD NOT BEEN DETERMINED. THE APPROXIMATE FAILURE MILEAGE WAS 192,000.

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 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.



August 02, 2013

[REDACTED]
Callahan, FL [REDACTED]

Re: Date of Loss: 08/01/2013
Insured: [REDACTED]
Policy Number: [REDACTED]

Dear [REDACTED]

Thank you for choosing The Hartford as your automobile insurance carrier. We are presently working your claim for 08/01/2013. Should you have any questions or wish to discuss the adjustment of your claim, please call me directly at (800) 637-5410 x2307922.

When inquiring about the status of your claim, please have the event number [REDACTED] readily available.

Let me take a moment to explain our claim process. We will:

- Investigate the facts of the accident.
- Explain your coverage to you.
- Verify your damages.
- Quickly resolve your claim.

It is my goal to provide you with exceptional service. You may receive a Claim survey by email that will give you the opportunity to comment on the service you received during the processing of your claim. Your feedback will help us improve the service we provide to you and other customers.

Please contact me or my supervisor if you have any questions or concerns regarding any aspect of your claim.

Thank you for trusting The Hartford.

Sincerely,

Dario Moreno
Associate Claim Representative
(800) 637-5410 x2307922

Writing Company Name: Hartford Insurance Company of the Midwest

Handling ID:
LTR19572926
DM8

The Hartford
P.O. Box 14262
Lexington, KY 40512-4262
Toll-Free (800) 637 5410
Fax (866) 809 1175



August 02, 2013

[REDACTED]
Callahan, FL [REDACTED]

Re: Claimant: [REDACTED]
Date of Loss: 08/01/2013
Claim Number: [REDACTED]

Dear [REDACTED]

We received your claim request for the loss on 08/01/2013.

After reviewing the details of your policy, we noticed that it does not include **(COLLISION)** coverage for this vehicle. Unfortunately, because your policy does not include this coverage, we will not be able to pay for the damages to your vehicle.

If you would like to have this coverage added to your policy in the future, please contact the Customer Service Department for assistance.

Should you have any questions or need additional information, please call me directly at (800) 637-5410 x2307922.

Sincerely,

Dario Moreno
Associate Claim Representative
(800) 637-5410 x2307922

Writing Company Name: Hartford Insurance Company of the Midwest

Handling ID:
LTR782
DM8

The Hartford
P.O. Box 14262
Lexington, KY 40512-4262
Toll-Free (800) 637 5410
Fax (866) 809 1175

CALLAHAN BODY & PAINT

541703 US HWY 1, CALLAHAN FL. 32011
Phone: 904-879-2510

INVOICE

To:

[REDACTED]
CALLAHAN FL [REDACTED]

Service For:

[REDACTED]
CALLAHAN FL [REDACTED]

Invoice Date:
Invoice Number: [REDACTED]
Job Number: 12286

Acct	Reference(1)	Reference(2)		
HARTFO				
Vehicle Details		Odometer		
Red / SUV / 2004 / Ford / Escape / State: FL / Lic. #: [REDACTED]		VIN: 1FMYU93144K [REDACTED]		
PickUp At		DropOff At		
LEM TURNER		CBS		
Call Time	Dispatch Time	Arrive Time		
		In-Tow Time		
		Drop-Off Time		
		8:34 AM		
Date	Item	Qty	Rate	Charge
08/01/2013	RECOVERY VEH FROM DITCH	1	\$100.00	\$100.00
08/01/2013	Storage(A)	5.00	\$22.72	\$113.60
08/01/2013	Admin. Fees	1	\$65.00	\$65.00
08/01/2013	FLAT RATE	1	\$150.00	\$150.00

Item	Amount
Sub Total	\$428.60
Sales Tax	\$7.95
Total Due	\$436.55

I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of the vehicle described above and all personal property therein.

Customer Signature _____

		Hrs			
Sheet Metal (SM)	\$40.00	4.8	11.7	16.5	\$660.00
Mech/Elec (ME)	\$95.00				
Frame (FR)	\$45.00		4.5	4.5	\$202.50
Refinish (RF)	\$40.00	11.7		11.7	\$468.00
Paint Materials	\$25.00				
Labor Total				32.7 Hours	\$1,330.50
Tax on Labor		@ 7.000%			\$93.14
Gross Total					\$2,826.36
Net Total					\$2,826.36


Alternate Parts Y/03/03/00/00/00 CUM 03/03/00/00/00 Zip Code: 32011 Default

Audatex Estimating 7.0.019 ES 08/19/2013 10:59 AM REL 7.0.019 DT 08/01/2013 DB 08/15/2013
Copyright (C) 2013 Audatex North America, Inc.

2.2 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

- | | | |
|----------------------------|--------------------------------|----------------------------|
| * = User-Entered Value | E = Replace OEM | NG = Replace NAGS |
| EC = Replace Economy | OE = Replace PXN OE Srpls | UE = Replace OE Surplus |
| ET = Partial Replace Labor | EP = Replace PXN | EU = Replace Recycled |
| TE = Partial Replace Price | PM = Replace PXN Reman/Reblt | UM = Replace Reman/Rebuilt |
| L = Refinish | PC = Replace PXN Reconditioned | UC = Replace Reconditioned |
| TT = Two-Tone | SB = Sublet Repair | N = Additional Labor |
| BR = Blend Refinish | I = Repair | IT = Partial Repair |
| CG = Chipguard | RI = R & I Assembly | P = Check |
| AA = Appearance Allowance | RP = Related Prior Damage | |



This report contains proprietary information of Audatex and may not be disclosed to any third party (other than the insured, claimant and others on a need to know basis in order to effectuate the claims process) without Audatex's prior written consent.

Copyright (C) 2013 Audatex North America, Inc.
Audatex Estimating is a trademark of Audatex North America, Inc.

*Additional Damage under Veh
must Be Torn Down to inspect*



4	L	101	Cover,Front Bumper	Refinish 2.6 Surface		2.6	RF
5	E	279	01 Mldg,Frt Bumper Cover RT	YL8Z16038AAB	\$46.42	INC	SM
6	E	433	Brkt,Front Bumper Mtg RT	YL8Z17B762AA	\$50.87	0.2	SM
7	L	433	Brkt,Front Bumper Mtg RT	Refinish 0.2 Surface		0.2	RF
Front End Panel And Lamps							
8	EP	42	Headlamp Assy,Halogen RT	Replace PXN	\$169.25	0.2	SM
9	N	973	Headlamps Aim	Additional Labor		0.4	SM
10	N	987	Fog Lamps Aim	Additional Labor		0.3	SM
11	EP	62	Lamp Assembly,Fog RT	Replace PXN	\$96.79	0.3	SM
Radiator Support							
12	I	19	07 Panel,Upper Rad Mtg	Repair		3.0*	SM
13	L	19	Panel,Upper Rad Mtg	Refinish 1.2 Surface 0.2 Two-stage		1.4	RF
Front Body And Windshield							
14	I	83	Panel,Hood	Repair		5.0*	SM
15	L	83	13 Panel,Hood	Refinish 2.9 Surface 0.6 Two-stage setup 0.6 Two-stage		4.1	RF
16	I	104	Fender,Front RT	Repair		3.0*	SM
17	L	104	Fender,Front RT	Refinish 1.8 Surface 0.4 Two-stage		2.2	RF
18	E	128	Flare,Wheel Opening RT	YL8Z16038BAB	\$97.63	0.3	SM
Front Doors							
19	BR	208	Door Shell,Front RT	Blend Refinish 0.8 Blend 0.4 Two-stage		1.2	RF
20	RI	322	Mldg,Front Door Belt RT	R & I Assembly		0.2	SM
21	E	33	N/Plate,Front Door RT	YL8Z7842528AC	\$45.63	0.2	SM
22	E	244	Mirror,Outer R/C RT	2L8Z17682CAB	\$205.33	0.3	SM
23	RI	234	Handle,Front Door Otr RT	R & I Assembly		0.6	SM
Manual Entries							
24	N	M03	Flex Additive	Additional Labor	\$5.00*		RF
25	N	M17	Cover Car Exterior	Additional Labor	\$10.00*		RF
26	I	M18	Set-Up And Measure	Repair		2.0*	FR
27	I		PULL	Repair		2.5*	FR*
27	Items						

MC Message

01 CALL DEALER FOR EXACT PART # / PRICE
07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts	\$545.41	
Other Parts	\$473.04	
Paint Materials	\$292.50	
Parts & Material Total		\$1,310.95
Tax on Parts & Material	@ 7.000%	\$91.77

Labor Rate Replace Repair Hrs Total Hrs

CALLAHAN BODY AND PAINT SHOP
 541703 US HWY 1
 CALLAHAN, FL. 32011
 (904) 879-2510 FAX: (904) 879-1991
 MV9904 "LIFETIME LIMITED WARRANTY"

*** PRELIMINARY ESTIMATE ***

08/19/2013 10:27 AM

Owner

Owner: [REDACTED]
 Address: [REDACTED]
 City State Zip: Callahan, FL [REDACTED]

Work/Day: [REDACTED]
 FAX: [REDACTED]

Inspection

Inspection Date: 08/19/2013 10:39 AM

Inspection Type:

Vehicle

2004 Ford Escape XLT 4 DR Wagon
 6cyl Gasoline 3.0
 4 Speed Automatic

Lic.Plate:
 Lic Expire:
 Veh Insp# :
 Condition:
 Ext. Refinish: Two-Stage

Lic State: FL
 VIN: 1FMYU93144K [REDACTED]
 Mileage Type: Actual
 Code: P7103C
 Int. Refinish: Two-Stage

Options

4-Wheel Drive
 Alarm System
 Auto Locking Hubs (4WD)
 Cruise Control
 Fog Lights
 Lighted Entry System
 Power Drivers Seat
 Power Windows
 Rear Window Wiper/Washer
 Tachometer
 Velour/Cloth Seats

AM/FM In-dash CD Changer
 Aluminum/Alloy Wheels
 Bodyside Cladding
 Dual Airbags
 Intermittent Wipers
 Power Brakes
 Power Mirrors
 Privacy Glass
 Roof/Luggage Rack
 Tilt Steering Wheel

Air Conditioning
 Anti-Lock Brakes
 Center Console
 Electronic Transfer Case
 Keyless Entry System
 Power Door Locks
 Power Steering
 Rear Window Defroster
 Split Folding Rear Seat
 Tinted Glass

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Stripes And Mouldings										
1	RI	395		Mldg,Front Door Lower RT	R & I Assembly				0.2	SM
Front Bumper										
2	E	5		Bumper,Front	9L8Z17757A	\$99.53			1.5	SM
3	EP	101		Cover,Front Bumper	Replace PXN	\$192.00			0.8	SM

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1
 TOTAL # OF PERSON SECTION(S) 1
 TOTAL # OF NARRATIVE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

CRASH DATE 08-01-13	TIME OF CRASH 4:11 PM	DATE OF REPORT 07-01-13	REPORTING AGENCY CASE NUMBER 201304423	HSMV CRASH REPORT NUMBER 83870334
-------------------------------	---------------------------------	-----------------------------------	--	---

COUNTY CODE 91 00	CITY CODE NASSAU	COUNTY OF CRASH NASSAU	PLACE OR CITY OF CRASH unincorporated	CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 4:11 PM	TIME DISPATCHED 4:12 PM
TIME ON SCENE 4:15 PM	TIME CLEARED SCENE 4:40 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (if Investigation NOT Complete)	Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>		

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)		AT STREET ADDRESS #	AT LATITUDE	AND	LONGITUDE
CRASH OCCURRED ON STREET, ROAD, HIGHWAY Lem Turner Road		2	30°33'36.07"		-081°49'03.65"
FEET	MILES	N S E W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST #	
	1/4	18 0 0 0	3 Hodges Road	4	

Road System Identifier	Type of Shoulder	Type of Intersection
4 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	2 1 Paved 2 Unpaved 3 Curb	1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	3 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain	2 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost	1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	77 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
23 1 No 2 Yes 88 Unknown	1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	10 Pedestrian 11 Motorcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	2 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
4 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rur, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	2 1 None 2 Weather Conditions 3 Physical Obstructions 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
1 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	<input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	<input type="checkbox"/> 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present

WITNESSES			
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
		Fence	500.00				
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

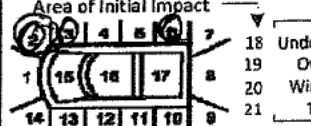
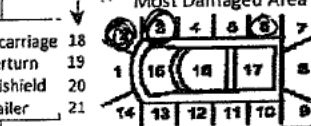
VEHICLE # 1 Check if Commercial REPORTING AGENCY CASE NUMBER 201304423 HSMV CRASH REPORT NUMBER

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle
 STATE FL REGISTRATION EXPIRES 04/14 Check if Permanent Registration VIN 1FMYU93144K
 Hit and Run YEAR 04 MAKE Ford MODEL UT STYLE 4D COLOR Red DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None EST. AMOUNT 500.00

INSURANCE COMPANY Hartford Ins Co INSURANCE POLICY NUMBER [REDACTED] Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY Callahan Body Paint
 NAME OF VEHICLE OWNER (Check if Business) CURRENT ADDRESS [REDACTED] CITY & STATE Callahan FL ZIP CODE [REDACTED]

TRAILER # _____ LICENSE NUMBER _____ STATE _____ REGISTRATION EXPIRES _____ Check if Permanent Registration VIN _____ YEAR _____ MAKE _____ LENGTH _____ AXLES _____
 TRAILER # _____ LICENSE NUMBER _____ STATE _____ REGISTRATION EXPIRES _____ Check if Permanent Registration VIN _____ YEAR _____ MAKE _____ LENGTH _____ AXLES _____

VEHICLE N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY Lem Turner Road AT EST. SPEED 50 POSTED SPEED 50 TOTAL LANES 2

HAZ. MAT. RELEASED HAZ. MAT. PLACARD HAZ. MAT. NUMBER _____ HAZ. MAT. CLASS _____ Area of Initial Impact  Most Damaged Area 
 MOTOR CARRIER NAME _____ US DOT NUMBER _____ MOTOR CARRIER ADDRESS _____ CITY & STATE _____ ZIP CODE _____ PHONE NUMBER _____

Vehicle Body Type 1
 15 Low Speed Vehicle
 16 (Sport) Utility Vehicle
 17 Cargo Van (10,000 lbs (4,536 kg) or less)
 18 Motor Coach
 19 Other Light Trucks (10,000 lbs (4,536 kg) or less)
 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))
 21 Farm Labor Vehicle
 77 Other, Explain in Narrative
 88 Unknown

Trafficway 1
 1 Two-Way, Not Divided
 2 Two-Way, Not Divided, with a Continuous Left Turn Lane
 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
 4 Two-Way, Divided, Positive Median Barrier
 5 One-Way Trafficway
 88 Unknown

Commercial Motor Vehicle Configuration
 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
 3 Single-Unit Truck (3 or more axles)
 4 Truck Pulling Trailer(s)
 5 Truck Tractor (bobtail)
 6 Truck Tractor/Semi-Trailer
 7 Truck Tractor/Double Truck

Trailer Type
 1 Single Semi Trailer
 2 Tandem Semi Trailer
 3 Tank Trailer
 4 Saddle Mount/Trailer
 5 Boat Trailer
 6 Utility Trailer
 7 House Trailer
 8 Pole Trailer
 9 Towed Vehicle
 10 Auto Transport
 77 Other, Explain in Narrative
 88 Unknown

Cargo Body Type
 3 Van/Enclosed Box
 4 Hopper
 5 Pole-Trailer
 6 Cargo Tank
 7 Flatbed
 8 Dump
 9 Concrete Mixer
 10 Auto Transport
 11 Garbage/Refuse
 12 Log

Comm/Non-Commercial
 1 Interstate Carrier
 2 Intrastate Carrier
 3 Not in Commerce/Government
 4 Not in Commerce/Other Truck

Comm GVWR/GCWR
 1 10,000 lbs (4,536 kg) or less
 2 10,001-26,000 lbs (4,536-11,793 kg)
 3 More than 26,000 lbs (11,793 kg)
 4 Not Applicable

Most Harmful Event 23
 1 Overturn/Rollover
 2 Fire/Explosion
 3 Immersion
 4 Jackknife
 5 Cargo/Equipment Loss or Shift
 6 Fell/Jumped From Motor Vehicle
 7 Thrown or Falling Object
 8 Ran into Water/ Canal
 9 Other Non-Collision

Collision with Non-Fixed Object
 10 Pedestrian
 11 Pedalcycle
 12 Railway Vehicle (train, engine)
 13 Animal
 14 Motor Vehicle in Transport
 15 Parked Motor Vehicle
 16 Work Zone/Maintenance Equipment
 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
 18 Other Non-Fixed Object

Collision Fixed Object
 19 Impact Attenuator/Crash Cushion
 20 Bridge Overhead Structure
 21 Bridge Pier or Support
 22 Bridge Rail
 23 Culvert
 24 Curb
 25 Ditch
 26 Embankment
 27 Guardrail Face
 28 Guardrail End

Emergency Vehicle Use 1
 1 No
 2 Yes
 88 Unknown

Sequence of Events
 1st 2nd
 3rd 4th

Roadway Grade 1
 1 Level
 2 Hillcrest
 3 Uphill
 4 Downhill
 5 Sag (bottom)

Roadway Alignment 1
 1 Straight
 2 Curve Right
 3 Curve Left

Vehicle Maneuver Action 1
 1 Straight Ahead
 3 Turning Left
 4 Backing
 5 Turning Right
 6 Changing Lanes
 8 Parked
 10 Making U-Turn
 11 Overtaking/ Passing
 13 Stopped in Traffic
 14 Slowing
 15 Negotiating a Curve
 16 Leaving Traffic Lane
 17 Entering Traffic Lane
 77 Other, Explain in Narrative
 88 Unknown

Traffic Control Device For This Vehicle 1
 1 No Controls
 4 School Zone Sign/ Device
 5 Traffic Control Signal
 6 Stop Sign
 7 Yield Sign
 8 Flashing Signal
 9 Railway Crossing Device
 10 Person (Including Flagman, Officer, Guard, etc.)
 13 Warning Sign
 77 Other, Explain in Narrative
 88 Unknown

Vehicle Defects 1
 1 None
 2 Brakes
 3 Tires
 4 Lights (head, signal, tail)
 6 Steering
 7 Wipers
 9 Exhaust System
 10 Body, Doors
 11 Power Train
 12 Suspension
 13 Wheels
 14 Windows/Windshield
 15 Mirrors
 16 Truck Coupling/Trailer Hitch/Safety Chains
 77 Other, Explain in Narrative
 88 Unknown

VIOLATION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 1

REPORTING AGENCY CASE NUMBER 201304423

HSMV CRASH REPORT NUMBER 838 70334

1 Driver 2 Non-Motorist 3 Passenger VEHICLE # NAME PHONE NUMBER Check if Recommended Driver Re-exam

CURRENT ADDRESS (Number and Street) CITY & STATE CALLAHAN, FL ZIP CODE

DATE OF BIRTH SEX: Male Female Unknown DRIVER LICENSE NUMBER STATE EXPIRES INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

DL Type Required Endorsements Driver's Actions at Time of Crash Condition At Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Exceeded Posted Speed 6 Ran off Roadway 7 Other Contributing Action

Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative

Motor Vehicle Seating Position: LOCATION: SEAT ROW OTHER DRIVER OR PASSENGER 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet 3 1 Yes 2 No 3 Not Applicable

Non-Motorist Description Non-Motorist Location At Time of Crash Action Prior to Crash Non-Motorist Actions/Circumstances 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist

Safety Equipment ALCOHOL/DRUG/EMS SUSPECTED ALCOHOL USE: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested

SOURCE OF TRANSPORT TO MEDICAL FACILITY Not Transported EMS 3 Law Enforcement Other, Explain in Narrative 88 Unknown EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL PASSENGERS PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY Not Transported EMS 3 Law Enforcement Other, Explain in Narrative 88 Unknown EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY Not Transported EMS 3 Law Enforcement Other, Explain in Narrative 88 Unknown EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

NARRATIVE

REPORTING AGENCY CASE NUMBER

201304423

HSMV CRASH REPORT NUMBER

8380334

vehicle 1 was Traveling south on Lem Turner Road. The driver of vehicle 1 lost control and left the road way on the right side of the road. vehicle 1 went through the ditch and struck a fence at 542289 Lem Turner Road. No injuries were reported. The driver of vehicle 1 was at fault.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

- 1 Not Transported
- 2 EMS 3 Law Enforcement
- 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME

DATE OF BIRTH

INJ

SEX

LOC: S

R

O

EJECT

HU

EP

ABD

RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

- 1 Not Transported
- 2 EMS 3 Law Enforcement
- 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER

RANK & NAME

213/742

Deputy GWR Rhodes

[Signature]

DEPARTMENT

NASSAU County

FHP SO PD OTHER

2010440
83870334

DIAGRAM
Not to scale

N

Lem Turner road

First point of
Impact

Final Rest of
V-1

542289
Lem Turner
Road.

Fence



copy
=)

Office of the General Counsel

Ford Motor Company
Product Claims Department
P.O. Box 70
Dearborn, Michigan 48121-0070

August 6, 2013

[REDACTED]
Callahan, FL [REDACTED]

RE: 2004 Escape
VIN: 1FMYU93144K [REDACTED]

Dear [REDACTED]

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner.

If you have turned any portion of this matter over to your insurance company and should your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company contact us in writing at the address noted above notifying us of their intent to pursue subrogation.

If you intend to pursue a claim directly, we request that you provide us with all the following information by completing and returning this form:

To begin our evaluation, we will need the following documents:

- ✓• A copy of the police/fire report.
- ✓• A copy of the title and vehicle registration.
- ✓• A separate sheet of paper providing a complete description of the incident.
- ✗• Medical records for each person alleged injured from all treating physicians/facilities.
- ✗• Medical bills for each person alleged injured from all treating physicians/facilities.
- ✓• Original photographs or laser copies of the vehicle's collision/fire damage from several different angles; include your name and the last 6 digits of your VIN# on the back of each photograph.
- ✓• Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas; include your name and the last 6 digits of your VIN# on the back of each photograph.
- ✗• A copy of your expert's report and the expert's original photographs.
- ✓• Repair estimate, repair order, a total loss worksheet with copies of draft payments.
- ✓• Complete service history for vehicle including maintenance items.
- ✓• A statement from insurance company indicating there are no pending claims and the reason for the denial.

For each person alleged injured provide the following: (If there are additional names Continue on back.)

Full Legal Name: _____	Full Legal Name: _____
Address: _____	Address: _____
Spouse's Name: _____	Spouse's Name: _____
DOB: _____	DOB: _____
Soc Security#: _____	Soc Security#: _____
Gender: _____	Gender: _____
Occupation: _____	Occupation: _____
Injury: _____	Injury: _____
Health Insurance Provider: _____	Health Insurance Provider: _____

Is the injured party receiving Medicare benefits _____
If so, state the name of the person(s) _____

Is the injured party receiving Worker Compensation benefits _____
If so, state the name of the person(s) _____

Has the injured party received more than 24 months of social security disability benefits prior to the incident _____
If yes, state the name of the person(s) _____

Due to Medicare reporting requirements, we cannot evaluate your claim until you provide the above requested information. If it is determined that you are a Medicare beneficiary, please be aware that pursuant to the Medicare Secondary Payer Act (MSP) Medicare has a statutory right to recover any conditional payments it has made with respect to your injury. Further, should a settlement be reached in this claim, Ford will not enter into any settlement agreement until Ford has been assured that Medicare's interests are protected.

1. What are you seeking from Ford Motor Company in this matter? COMPENSATION FOR REPAIR OF VEHICLE DUE TO ACCIDENT & TOWING. LOSS OF VEHICLE
2. What is the alleged defect? GAS PEDAL STUCK TO FLOOR
3. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
4. What was the city, state and date of occurrence: CALLAHAN FL 8-1-13
5. What was the mileage at time of occurrence: 192,000
6. List all after market additions or modifications that were made to the vehicle:
NONE
7. Was the engine running? (circle one) Yes or No
8. Were the keys in the ignition? (circle one) Yes or No

9. Was this vehicle purchased new or used: USED

10. If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased:

4-7-08 112,784 MELCAL MOTORS COVENTRY, R.I. 02816

11. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

CALLAHAN PAINT & BODY SHOP 541703 US Hwy 1 CALLAHAN FL 32011

12. Has an insurance company been advised of this incident? Yes No

13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

THE HARTFORD [REDACTED] CALLAHAN PAINT & BODY SHOP JARLO MORENO 1-800-637-5410

14. Please provide the names and contact information of any witnesses to the incident.

Ford Motor Company is committed to providing you with a fair and timely response, so please note that we need all the information requested above to evaluate this matter. Your concern cannot be evaluated until all the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. **In most instances this review can be done in 90 days; if we are unable to complete the analysis within this time, we will contact you.**

Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted. If your vehicle is accruing storage charges, you should immediately make arrangements to move it to a facility that will not charge you for storage.

Please be advised that in the event this matter ends up in litigation, Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s). If you propose to repair the vehicle or conduct any other repairs you believe are related to this incident, such repairs may not be performed until after Ford Motor Company has conducted an inspection that may include the removal and testing of any component part that you claim is defective. If you want to repair your vehicle before we are able to physically inspect the vehicle or relevant component, please submit a written request to me.

Thank you for your prompt attention to this matter.

Sincerely,

A. Taylor/dk

A. Taylor

Legal Analyst - OGC Product Claims

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To
 [REDACTED]
 CALLAHAN, FL [REDACTED]

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 41 / 2 T# 753196557
 B# 225474

PLATE [REDACTED] DECAL **06420496** Expires **Midnight Sat 4/5/2014**

YR/MK	2004/FORD	BODY	UT	COLOR	RED	Reg. Tax	54.65	Class Code	1
VIN	1FMYU93144K	[REDACTED]		TITLE	[REDACTED]	Init. Reg.		Tax Months	12
Plate Type	RMR	NET WT	3346			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
						Sales Tax		Credit Months	
DL/FEID	F260284531250					Voluntary Fees			
Date Issued	5/3/2013	Plate Issued	6/4/2009			Grand Total	57.65		

[REDACTED]
 CALLAHAN, FL [REDACTED]

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

RMR - STATE MOTTO

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32389-0500

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
1FMYU93144K	2004	FORD	UT	3346		

Registered Owner: _____ Date of Issue 07/27/2009

CALLAHAN FL

Lien Release
 Interest in the described vehicle is hereby released
 By: [Signature]
 Title: Sales Rep
 Date: 02/09/10

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinf.html>

Mail To:
 07/21/2009
 GEORGIA AUTO PAWN INC
 1952 E HIGHWAY 40
 KINGSLAND GA 31548

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
1FMYU93144K	2004	FORD	UT	3346		
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	RED				PRIVATE	07/27/2009
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop.	Date of Issue
131806 MILES				06/04/2009	ACTUAL	07/27/2009

Lien Release
 Interest in the described vehicle is hereby released
 By: [Signature]
 Title: Sales Rep
 Date: 02-09-10

Registered Owner
 CALLAHAN FL

1st Lienholder

07/21/2009
 GEORGIA AUTO PAWN INC
 1952 E HIGHWAY 40
 KINGSLAND GA 31548

DIVISION OF MOTOR VEHICLES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

[Signature]
 Carl A. Ford
 Director

Control Number 095146617

[Signature]
 Eletra Theodorides-Bustle
 Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____ Address: _____
 Seller Must Enter Selling Price: _____ Seller Must Enter Date Sold: _____
 I/We state that this 5 or 6 digit odometer now reads [] [] [] [] [] [] [] [] [] [] (so tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:
 1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE

SELLER Must Sign Here: _____ CO-SELLER Must Sign Here: _____
 Print Here: _____ Print Here: _____
 Selling Dealer's License Number: _____ Tax No.: _____ Tax Collected: _____
 Auction Name: _____ License Number: _____

PURCHASER Must Sign Here: _____ CO-PURCHASER Must Sign Here: _____
 Print Here: _____ Print Here: _____

NOTICE: \$10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA

VOID IF ALTERED

STATE OF FLORIDA

VOID IF ALTERED

MOTOR VEHICLE PURCHASE AGREEMENT / BILL OF SALE



MERRILL MOTORS

No. _____

R.I. License #354

8 Sandy Bottom Road, Coventry, Rhode Island 02816

Tel. 822-4773


CITY, STATE AND ZIP			STREET		
EXETER RI			[REDACTED]		
PHONE		SALESPERSON	DATE		
[REDACTED]			4-7-08		
DESCRIPTION OF PURCHASE			DESCRIPTION OF TRADE-IN		
YEAR	MAKE	MODEL	YEAR	MAKE	MODEL
2004	FORD	ESCAPE			
BODY TYPE	COLOR	MILEAGE	BODY TYPE	COLOR	MILEAGE
SUV	RED	112,784			
VEHICLE I.D. OR SERIAL NO.			VEHICLE I.D. OR SERIAL NO.		
1FMYU93144K [REDACTED]					
LICENSE OR TITLE NO.		LIENHOLDER'S NAME	LICENSE OR TITLE NO.		LIENHOLDER'S NAME
[REDACTED]		NA			
LIENHOLDER'S ADDRESS			LIENHOLDER'S ADDRESS		
[REDACTED]			[REDACTED]		
TITLE RECEIVED <input type="checkbox"/> Yes <input type="checkbox"/> No			SETTLEMENT		
<p>FTC RULING</p> <p>The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.</p> <p>LEMON LAW</p> <p>Said notice is posted on windshield of vehicle in compliance with 85-H5011 General Laws of R.I. No warranty as to condition. Sold as is.</p>			CASH PRICE of VEHICLE	\$	6995
			LESS NET TRADE ALLOWANCE	\$	
			PLUS STATE AND LOCAL TAXES	\$	
			DOCUMENTARY FEE	\$	
			TOTAL CASH PRICE	\$	
			LESS DEPOSITS	\$	
BALANCE DUE ON DELIVERY	\$	6995			
DATE BALANCE RECEIVED		<input type="checkbox"/> CASH	SALES TAX NO.		
		<input type="checkbox"/> CHECK			

Seller: _____ Buyer: _____

PAID

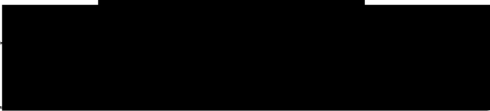
DESCRIPTION OF INCIDENT 8-1-13

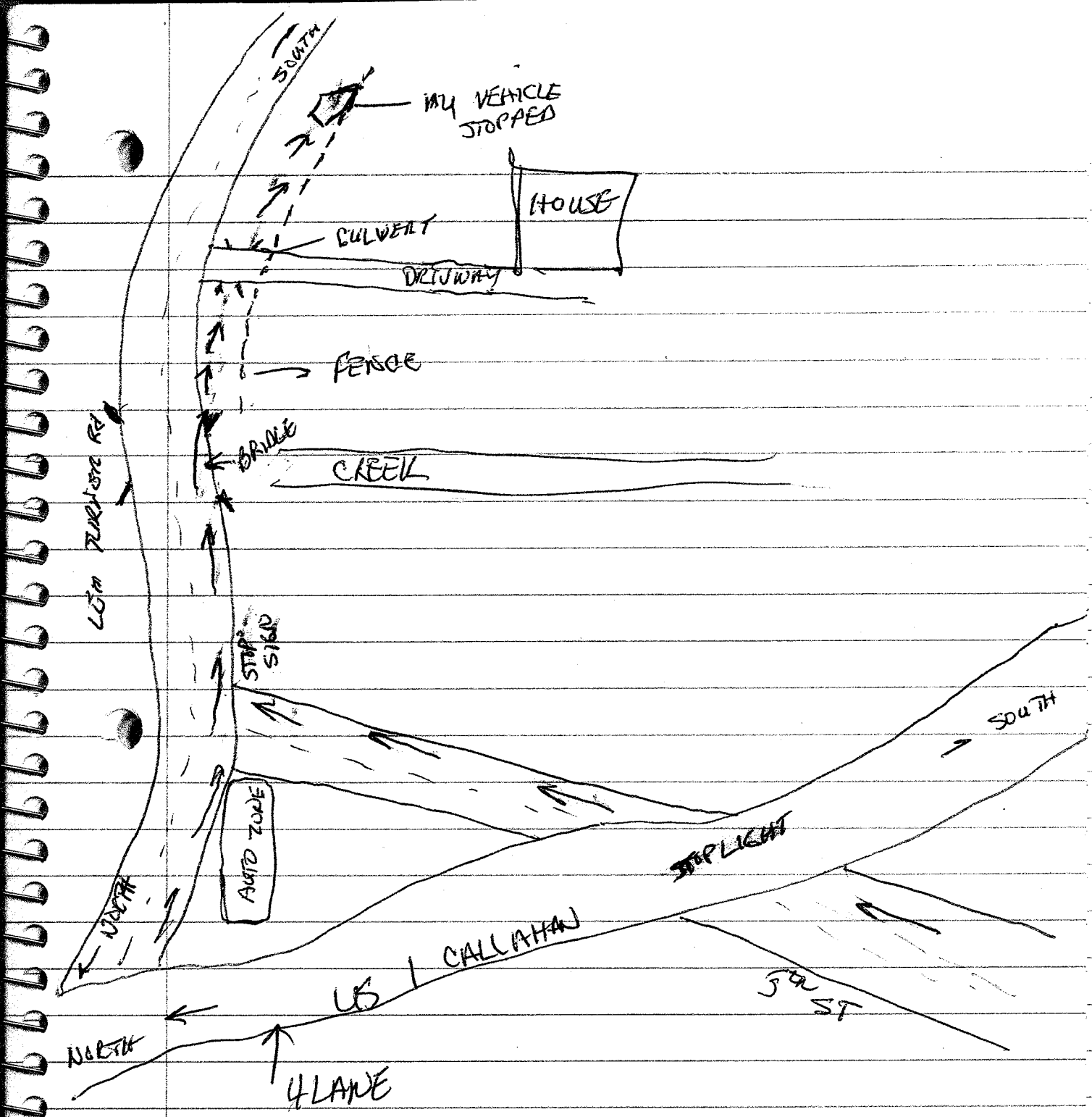
STOPPED AT STOP SIGN AT 5TH ST & LEM
TURNER RD. WAITED FOR TRAFFIC TO CLEAR, TURNED RIGHT
(SOUTH) ON LEM TURNER RD. REACHED SPEED LIMIT (50 MPH)
LET OFF GAS PEDAL, CAR CONTINUED TO SPEED UP. I
TAPPED GAS PEDAL WITH MY FOOT TO TRY TO UNSTICK, IT
DID NOT WORK. TO AVOID HITTING TRUCK IN FRONT OF
ME I APPLIED BRAKES, TURNED VEHICLE OFF AND PUT
IN NEUTRAL, PULLED OFF ROAD ON RIGHT SIDE
SHOULDER. BECAUSE OF WET GRASS AND SPEED OF
VEHICLE & HARD BRAKES I COULD NOT STOP VEHICLE.
THE SLOPE OF THE SHOULDER ON THE ROAD AT THAT
POINT PULLED THE VEHICLE TO THE RIGHT INTO THE
DITCH. I THEN HIT A CONCRETE CULVERT AT A
DRIVEWAY, BOUNCED OVER THE DRIVEWAY AND HIT
THE FENCE WHERE VEHICLE FINALLY STOPPED.



(# 7) ENGINE WAS RUNNING WHEN PEDAL STUCK.
I TURNED IT OFF TO SLOW VEHICLE DOWN.

ALL MINOR SERVICE ON THE VEHICLE WAS
DONE BY MYSELF. NO MAJOR REPAIRS NEEDED





LEM TURNER IS 2 LANE







