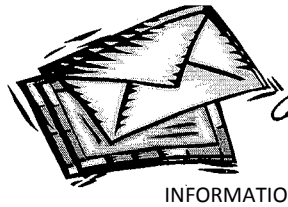
NHTSA ccmMercury Routing Slip



CL- 10690403-3125

Printed: 2/20/2015

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

NHTSA #: ES15-000894	Rec'd Date: 2/20/2015	Referred By: NPO-011
XREF #:	Doc Type: CNG	Doc Date: 2/17/2015
Delivery: REG	Address To: DOT/I	**Due Date: 3/20/2015**
S10 #:	DOT/I #: S - 2015 29	RMP #:

Subject: LETTER FROM SENATOR BROWN ON BEHALF OF CONSTITUENTS [redacted] RE GM IGNITION CLAIMS

Ack Date:	Ack By:	
Sign Office: DIR. GOVT. AFFAIRS	Signature: ALISON PASCALE	Signed For:
Cleared Date:	Cleared By:	Cleared For:
File Loc:	XREF File:	**Closed Date:**
Added By: CBUTLER x60180	Modified By: Chris.Butler	

Most Recent Comment:

Author:

THE HONORABLE SHERROD BROWN
UNITED STATES SENATOR
1301 EAST 9TH STREET
SUITE 1710
CLEVELAND, OH 44114
Tel: 216 522 7272 Fax: 216 522 2239 *E-mail:*

FEB 23 2015

Assigned To	Task	Asgn Date	Deadline	Returned Date
NGA-110	SIGN	2/20/2015		
NVS-200	REPLY	2/20/2015	3/20/2015	
NVS-010	INFORMATION	2/20/2015		2/20/2015

NAM
22315
SMD

SHERROD BROWN
OHIO

COMMITTEES:
AGRICULTURE, NUTRITION, AND FORESTRY
BANKING, HOUSING, AND URBAN AFFAIRS
FINANCE
VETERANS' AFFAIRS
SELECT COMMITTEE ON ETHICS

United States Senate
WASHINGTON, DC 20510 - 3505

February 17, 2015

Mr. Dana Gresham
Assistant Secretary for Governmental Affairs
U.S. Department of Transportation Office of the Secretary
1200 New Jersey Ave, S.E.
Washington, DC 20590

Dear Mr. Gresham:

Enclosed please find a Request for Assistance and documentation from [redacted]

Please review this matter and provide me with your comments. Your response should be directed to my Cleveland office at 1301 East 9th Street, Suite 1710, Cleveland, Ohio 44114 (Phone: 216-522-7272; Fax: 216-522-2239).

Thank you for your attention to this request.

Sincerely,

Sherrod Brown

Sherrod Brown
United States Senator

SB:jp

Enclosure

cc: [redacted]

ES15-000894

Attention: John Patterson

Request for Assistance

SENATOR SHERROD BROWN

NAME [redacted] HOME PHONE [redacted]

ADDRESS [redacted] CELL PHONE [redacted]

CITY Warren WORK PHONE (____)

STATE OH ZIP [redacted] OUNTY Trumbull EMAIL [redacted]

SS [redacted] Medicare#____ CLAIM#/CASE#____

(Provide these numbers only if necessary to investigate your case.)

Dear Senator Brown:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following: (Use reverse side or additional paper, as needed.)

Per our phone conversation I am forwarding this to State Rep. John Patterson head of National Highway and Traffic Safety Administration regards to G.M. Ignition Compensation Claim

I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator Sherrod Brown.

SIGNATU [redacted] DATE 2-13-15

Please return this completed form and any other relevant information to:

Senator Sherrod Brown, 1301 East 9th Street, Suite 1710, Cleveland, OH 44114
Phone: 216-522-7272 Toll Free: 888-896-6446 (Press 1)
Fax: 216-522-2239

Attention: John Patterson
1-216-522-2239

Per our phone conversation on 2/9/2015 at 10:15 AM I'm faxing you additional information to Add to ~~the~~ first fax you recieved from me on this matter.

Thank you for your assitance in this matter and hope that you can get Mr Feinberg and Gm Ignition Claims facilty in Dublin Oh to take a closer review of the complete issue and over turn the Notification of Denial of Claim Decision of 10/17/2014 and forfill their responsiablity to the consumer for the gross neglect in all of this,

Yours,

[redacted]

Warren Oh

[redacted]

SAFETY RECALL NOTICE

February 2008

[redacted]
Arlington, TX [redacted]

Dear [redacted]

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect, which relates to motor vehicle safety, exists in certain 2006 model year Pontiac Solstice vehicles. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

IMPORTANT

- Your 2006 model year Pontiac Solstice, VIN 1G2MB33B86Y[redacted] is involved in safety recall 07204.
- Schedule an appointment with your Pontiac dealer.
- This service will be performed for you at **no charge.**

Why is your vehicle being recalled?

The drive axle differential seal (two on all-wheel drive vehicles) may leak because it does not meet GM's specifications. If a seal is leaking, there will be fluid on the ground where the vehicle is parked. If enough fluid leaks, the differential will become noisier because of reduced lubrication. After about two-thirds of the differential fluid is lost, the bearings may no longer be lubricated and may start to overheat. Damage to the bearings and other differential components could then occur. Damaged bearings will create noise that may be heard by the vehicle occupants. If the vehicle is not repaired and damage progresses, three conditions can occur: (1) When the vehicle is stopped and shifted to reverse, the differential may jam and prevent vehicle movement; (2) the damage can cause drag that will feel like the brake is applied; or (3) the differential could jam and lock the drive wheels while the vehicle is in motion. If (3) occurs, the driver may not be able to control the vehicle and a crash could occur without warning.

What will we do?

Your Pontiac dealer will install a new drive axle differential seal (two on all-wheel drive vehicles). This service will be performed for you at **no charge.** Because of service scheduling requirements, it is likely that your dealer will need your vehicle longer than the actual service correction time of approximately 1 hour and 20 minutes to 2 hours and 50 minutes.

SERVICE INVOICE

CUSTOMER NAME AND ADDRESS

[redacted]
ARLINGTON, TX [redacted]

CLASSIC BUICK PONTIAC GMC LTD.
1400 E. I-20
ARLINGTON, TX 76018
(817) 375-3000 Fax: (817) 466-2519

JOB #	MILEAGE IN	MILEAGE OUT	COST #	HOME TELEPHONE	PHONE WHEN READY	DELIVERY DATE	LABOR RATE	ADVISOR	R.O. NUMBER
[redacted]	[redacted]		CASH	[redacted]		02/17/2006	89.00	DARLENE	[redacted]

VEHICLE IDENTIFICATION	STOCK NO	VR	MAKE & MODEL	LICENSE NO.	CROSS R.O.	REF #	R.O. DATE	PAGE
1G2MB33B86Y[redacted]			2006 PONT SOLSTICE	[redacted]			12/19/2006	1

SALESMAN	POLICY	DEDUCTIBLE	PRINT DATE & TIME	P.O #
			1219061005-1	

"This dealership utilizes the hours published in the GM Labor Time Guide, which reflects an average time requirement for the performance of specific vehicle repairs, and which may therefore be either more or less than the actual clock time in any given instance."

	LINE	TECH	TYPE	DESCRIPTION	QTY	NET AMOUNT
	1			C/S OIL LEAK IN REAR OF VEH		----WARRANTY---
				PINION SEAL LEAKING FLUID		
				~~REPLACED REAR DIFFERENTIAL SEAL.~~		
				REAR DIFF ALREADY HAD METAL VENT THAT WAS		
				NOT LEAKING.		
				06 07 MW OPER/CODE: F2023 2K DESC: SEAL REPLACE		
				TY:N ST: CC: FP: FC: OT:		
				AU: PE:		
				88996592 SEAL	1	
				89021677 GEAR LUBR	1	
				1052358 ADDT	1	
*	2			CUSTOMER REQUESTS LUBE, OIL AND FILTER		----CUSTOMER---
				$26.95 INCLUDES FIVE QUARTS OF OIL		
				LOF		
				DONE		
				03 09 MC OPER/CODE: LOF DESC: LOF		11.45 #
				12579143 FILTER 7.48 5.95 1 5.95		
				5W30 5W30 OIL 2.10 2.10 5 10.50		
				$ADV SERVICE ADVERTI 2.50 2.50 -1 2.50-		
				PADV 21.95 2.50 2.50 -1 2.50-		
*	3			CUSTOMER REQUESTS TIRE ROTATION $19.95		----CUSTOMER---
				TIRES ROTATED		
				DONE		
				03 09 MC OPER/CODE: ROTATE DESC: ROTATE		19.95

PAID

Seat covered, Key Stuck in ignition, Check key & ignition
Next Service Appointment:

CHK: [redacted] 47.74

TERMS STRICTLY CASH: UNLESS ARRANGEMENTS MADE

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. DATAMAX OF GRAPEVINE, TARRANT CO., TEXAS.

DISCLAIMER OF WARRANTIES - Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

NOTICE PURSUANT TO §70.0001, TEXAS PROPERTY CODE

I AM THE PERSON OR AN AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.501, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR OF THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR NEGATIVE FUNDS DRAWN ON BANK OF THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

Supplies: A token charge equivalent to 12% of the total labor charge is included for supplies used on your vehicle. Maximum charge is $19.50. Applicable supply items are nuts, bolts, washers, tape, pins, aerosolpray, shellac, solvent rags, carburetor cleaner, towels, solder, battery cleaner, wire, window cleaner, etc.

Customer Copy

LABOR AMOUNT	31.40
PARTS AMOUNT	16.45
OTHER TAXABLE	2.50-
OTH NON TAXABLE	2.50-
MISC. CHARGES	3.77
SALES TAX	1.12
DEDUCTIBLE	
CHECK	
TOTAL:	47.74

Signature of Person Responsible or Agent for Person Responsible X

SERVICE INVOICE

CLASSIC BUICK PONTIAC GMC LTD.
1400 E. I-20
ARLINGTON, TX 76018
(817) 375-3000 Fax: (817) 466-2519

CUSTOMER NAME AND ADDRESS
[redacted]
ARLINGTON, TX [redacted]

JOB #	MILEAGE IN	MILEAGE OUT	CUST #	HOME TELEPHONE	PHONE WHEN READY	DELIVERY DATE	LABOR RATE	ADVISOR	P.O. NUMBER
[redacted]	[redacted]		CA[redacted]			02/17/2006	95.00	CHRIS R	[redacted]

VEHICLE IDENTIFICATION	STOCK NO.	YR.	MAKE & MODEL	LICENSE NO	CROSS REF #	R.O. DATE	PAGE
1G2MB33B86Y[redacted]		2006	PONT SOLSTICE	[redacted]		06/02/2008	1

SALESMAN	PO/TCT	DEDUCTIBLE	PRINT DATE & TIME	P.O. #
SHOP			0603081444-1	

"This dealership utilizes the hours published in the GM Labor Time Guide, which reflects an average time requirement for the performance of specific vehicle repairs, and which may therefore be either more or less than the actual clock time in any given instance."

	LINE	TECH	TYPE	DESCRIPTION	QTY	NET AMOUNT
	1			PERFORM RECALL 07204 DRIVE AXLE PINION SEAL L----WARRANTY---		
				FAK - REPLACE SEAL		
				RECALL, REAR PINION SEAL LEAKING FLUID		
				RECALL COMPLETED, REPLACED REAR PINION SEAL		
	05	07	MW	OPER/CODE: V1777 96 DESC: REPLACE SEAL		
				TY: N ST: CC: PP: PC: OP:		
				AU: PE:		
				19179933 SEAL KIT	1	
				89021677 GEAR LUBR	3	
	2			CUSTOMER REQUEST INSTALL GM COLD AIR KIT PER ----CUSTOMER---		
				QUOTE 125.00		
				INSTALL GM COLD AIR INTAKE KIT		
				COMPLETE		
	08	08	MC	OPER/CODE: COLD AIR DESC: KIT		125.00 *
	3			CUSTOMER REQUESTS STATE INSPECTION ----CUSTOMER---		
				COMPLETE		
	14	08	MC	OPER/CODE: STATE DESC: INSPECTION		25.50 *
				STKR INSP STICKER 16.00 16.00	1	16.00

PAID

CRD: [redacted] 166.50

Keystacks in the ignition, check on next drive.

TAKES STRICTLY CASH: UNLESS ARRANGEMENTS MADE

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. PAYABLE IN ARLINGTON, TARRANT CO., TEXAS.

DISCLAIMER OF WARRANTIES - Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

Signature of Person Responsible or Agent for Person Responsible X

NOTICE PURSUANT TO §70.0001, TEXAS PROPERTY CODE

I AM THE PERSON OR AN AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.503, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THIS VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

Supplies- A token charge equivalent to 12% of the total labor charge is included for supplies used on your vehicle. Maximum charge is $39.50. Applicable supply items are: cups, bolts, washers, tape, pins, aerosmoy, shellac, solvent, rags, carburetor cleaner, towels, solder, battery cleaner, wire, window cleaner, etc.

Customer Copy

LABOR AMOUNT	150.50
PARTS AMOUNT	
OTHER TAXABLE	
OTH NON TAXABLE	16.00
MISC. CHARGES	
SALES TAX	
DEDUCTIBLE	
CRED CARD	
TOTAL:	166.50

LEWIS LAW
passion breeds success

1095 Evergreen Circle, Suite 200
The Woodlands, TX 77380
1-800-931-7521
832-746-8149
stuart@sblewislaw.com
www.sblewislaw.com

December 15, 2014

CONFIDENTIAL

GM Ignition Compensation Claims Resolution Facility
P.O. Box 10091
Dublin, Ohio 43017-6691

Feinberg Rozen, LLP
The Willard Office Building
1455 Pennsylvania Avenue, NW
Washington, DC 20004-1008

ATTENTION: Kenneth R. Feinberg

RE: Request for Reconsideration of Claim Denial
Claimant Identification No: [redacted]
Victim: [redacted]

Dear Mr. Feinberg:

I am writing in response to your October 17, 2014 Notification of Denial of Claim Decision.

The threshold issue that has been provided to me as to why [redacted] claim has so far been denied is that there has not been a sufficient amount of evidence presented as to how [redacted] October 11, 2012 car wreck was proximately caused by the GM Ignition Switch Defect.

Introduction

This letter provides a historical account of my communications with the GM Ignition Compensation Claims Resolution Facility and Feinberg Rozen. Additionally, the letter provides an overview of the public statements made regarding the standard of proof for the Facility. Finally, the letter outlines the exhaustive evidence that has been presented for your review that easily establishes proximate cause between the GM Ignition Switch Defect and Mr. [redacted] car wreck.

I am hopeful that this letter provides you with sufficient detail and explanation so that you will reconsider your decision to deny [redacted] submission for compensation via the GM Ignition Compensation Claims Resolution Facility.

GM Ignition Compensation Claims Resolution Facility Explanation for Denial

Your most recent correspondence simply offered a blanket denial of [redacted] claim and then encouraged me to contact the facility regarding additional questions regarding the decision.

I first spoke to Laurie Carter at the facility and was simply told that there was not enough evidence to establish proximate cause between [redacted] car wreck and the GM Ignition Switch Defect. This scripted response was not an acceptable explanation so I asked that a representative from your office contact me at their convenience so that I could obtain a comprehensive explanation regarding the claim denial and what steps could be taken to cure the proximate cause issue so that [redacted] claim could be approved.

Feinberg Rozen Explanation for Denial

I spoke with Kara Parmelee of Feinberg Rozen on November 17, 2014 regarding the proximate cause issue and claim denial and was left with the impression that the claim denial was at best an arbitrary decision.

Ms. Parmelee recited that you and your team had looked at the entirety of Mr. [redacted] claim submission including car wreck photos, insurance records, Mr. [redacted] affidavit and the police report and had simply determined that there was not a sufficient link between the car wreck and the ignition switch defect.

I inquired as to why the failure of the airbags to deploy was not sufficient to demonstrate proximate cause and was told that there was not sufficient property damage to the Solstice. Ms. Parmelee emphasized that many of the other claims that had been submitted to the facility had demonstrated more "gruesome" damage and physical injuries. Additionally, she stressed that many of the other submissions had computer data from the event data recorder and sensing diagnostic module ("EDR"/ "SDM") or dealer warranty repair records providing a record of prior complaints rendering the proximate cause determination a much easier decision to make.

My final inquiry was whether anything else could be done to cure the proximate cause issue and make the [redacted] claim eligible. Incredibly, I was told "nothing" could be done to cure the proximate cause issue.

The explanation provided to me calls into question the motives behind GM's establishment of this compensation program and its stated desire to treat individuals impacted by GM's misconducted fairly. In fact, this explanation suggests [redacted] is being penalized because he was not killed or permanently disabled by his car wreck; if Ms. Parmelee's logic is extrapolated, [redacted] claim would have been approved had there been evidence of more "gruesome" damage.

Public Statements Regarding Standard of Proof

Mr. Feinberg, your public statements regarding the proof necessary to submit a successful claim to the facility are very different from the standard of review provided to [redacted] The [redacted] published a revealing November 16, 2014 article regarding the facility's work to date. In this article, you acknowledge that your threshold of proof is more lenient than that used by GM in determining what accidents are connected to the defect. Specifically, you were quoted regarding the standard of proof:

> *"It is, for all intents and purposes, circumstantial evidence. May we infer the ignition switch failure as the proximate cause of the accident? It is right out of Torts 1 in law school."*

The article continues to discuss GM's reliance on hard data from vehicle black boxes in making its initial estimate of 13 deaths followed by your statement that:

> *"in many cases, it was impossible to find such definitive proof because the accidents happened so long ago. The cars, and the black boxes, are all gone."*

As a result of this reality the article provides that the Facility:

> *"will accept a wide net for evidence that indicates the airbags did not deploy or the car suddenly stalled, including police reports, photographs or insurance claims."*

The [redacted] did not have the necessary clairvoyance to capture vehicle computer data from the event data recorder and sensing diagnostic module ("EDR"/ "SDM"). Regrettably, in October of 2012, the only people who could have known that the car wreck was attributable to an ignition switch defect was GM, making this suggestion an impracticable and unduly punitive alternative for us to establish proximate cause between the car wreck and Ignition Switch Defect.

Similarly, we are not in possession of any dealer warranty repair records or auto repair records which provide a record of prior complaints or repairs of ignition switch problems. As we have learned all too well from the GM Ignition Switch saga, often these were wrecks of first impression that resulted in life changing impacts. Mr. and Mrs. [redacted] did not learn of the Ignition Switch Defect Recall until April of 2014.

Your quote to the [redacted] regarding the lack of computer data necessitating a wide net of permissible evidence for a successful claim is founded in fairness and common sense. Regrettably, this is not the standard of review provided to [redacted] claim. I cannot reconcile your acknowledgement that many claimants would not be able to produce vehicle computer data or warranty records and public statements regarding the wide net of evidence that would be sufficient to establish proximate cause with Ms. Parmelee's explanation that the

failure to produce these very documents was a fundamental factor in the denial of [redacted] claim.

There is Ample Evidence Establishing Proximate Cause Between GM Ignition Switch Defect and [redacted] October 11, 2012 Car Wreck

The following facts regarding [redacted] October 11, 2012 car wreck are uncontroverted:

- The 2006 Solstice was subject to the GM Ignition Switch Recall.
- [redacted] vehicle was traveling below the posted speed limit at the time of the car wreck.
- [redacted] contemporaneous account, an independent accident report, multiple photos and [redacted] sworn affidavit all offer proof that the airbag did not deploy as a result of the car wreck.
- The accident report indicates [redacted] was not impaired or distracted at the time of the car wreck.
- The Solstice was deemed a total loss by Progressive Group of Insurance Company.

Since my conversation with Ms. Parmelee, I have discovered the 2006 Pontiac Solstice owners manual which discusses in detail when an airbag should inflate. Specifically, the owners manual provides:

> *"Your vehicle is equipped with electronic frontal sensors, which help the sensing system distinguish between a moderate frontal impact and a more severe frontal impact. For moderate frontal impacts, these airbags inflate at a level less than full deployment. For more severe frontal impacts, full deployment occurs. If the front of your vehicle goes straight into a wall that does not move or deform, the threshold level for the reduced deployment is about 12 to 16 mph (19 to 26 km/h), and the threshold level for a full deployment is about 18 to 22 mph (28.9 to 35.4 km/h). (The threshold level can vary, however, with specific vehicle design, so that it can be somewhat above or below this range.)"*

As the police report states and [redacted] affidavit corroborates, [redacted] was traveling 60 miles per hour in a 65 mile per hour speed zone on Interstate 76 when his vehicle suddenly turned off and the power steering locked up, throwing [redacted] and the vehicle across two lanes of freeway into a concrete barrier causing a forceful impact where the Solstice came to rest.

This wreck was not an instance of a car suddenly stalling in a parking lot or on a residential street that did not result in significant damage. Rather, this was a vehicle traveling 60 miles per hour on an Interstate Highway. The Solstice owners manual offers clear guidance as to when the frontal airbags should deploy. A wreck involving this type of force and impact would have certainly caused airbag deployment; unless the vehicle had been rendered without power because of the Ignition Switch Defect.

Conclusion

Common sense and any equitable application of the standard of proof that has been publicly stated requires a finding that GM's ignition switch defect was the proximate cause of [redacted] car wreck.

Mr. Feinberg, a vehicle traveling 60 miles per hour on an interstate highway does not simply swerve across two lanes of traffic and crash into a concrete barrier absent driver or vehicle error. The accident report and [redacted] sworn affidavit provide ample evidence that [redacted] was not distracted or impaired at the time of the wreck. The airbags did not deploy and the crash caused such damage that the Solstice was rendered a complete loss.

The GM Ignition Switch Defect was the proximate cause of [redacted] car wreck. Any other finding defies logic and is completely inconsistent with your public statements regarding the standard of proof for the fund.

A denial of this claim, given the ample evidence demonstrating proximate cause, calls into question whether GM truly is committed to providing an equitable and fair forum for those injured by GM's intentional misconduct. Rather, this current finding supports the conclusion that GM is really more interested in resolving their liability with those killed or permanently injured so that headline risk is mitigated leaving the '[redacted] across the United States as collateral damage to GM's acknowledged neglect; once again cast aside as too insignificant to be treated fairly.

I am hopeful that this letter seeking reconsideration is sufficient for you to approve this claim and award5 the maximum amount available to [redacted] under your discretion so that he and [redacted] can experience the peace of mind, security and sense of accountability they so desperately need to find closure and move forward with their lives.

The [redacted] and I welcome the opportunity to visit with you about this important matter at your convenience should you find it helpful. We look forward to hearing from you soon.

Best regards,

Stuart B. Lewis

cc: [redacted]

Affidavit of [redacted]

My name is [redacted] I was born on [redacted] and currently reside at [redacted], Warren, Ohio [redacted].

I hereby declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.

I was the sole owner of a 2006 Pontiac Solstice, VIN#1G2MB33B86Y[redacted], that was subject to the GM Ignition Switch Recall. At the time of my purchase, I was a General Motors employee and had the opportunity to preorder the Solstice which I did six months prior to production. I traveled from Texas to Ohio in February of 2006 to pick up the Solstice and then returned home to Texas.

In approximately August of 2006, I had an incident involving the ignition switch where the keys locked up in the auxiliary position rendering the keys completely stuck in the ignition. I contacted Power Pontiac in Arlington, Texas and was asked by the technician whether my wheels were straight. He advised that I continue to shake and twist the steering wheel until the wheel was straight. I forcefully pulled the steering wheel much like one would do when driving a manual devise with no power steering, such as a tractor, for ten minutes until finally the wheels would straighten. This allowed the key to return to the off position on the ignition switch and for me to retrieve my keys.

In approximately June of 2011, I drove myself to work and entered a parking garage and had the exact same issue occur. I contacted Power Pontiac again to see if there were any recalls on the vehicle and was advised that the car was designed in such a way that the wheels had to be straight before the key could be removed from the ignition. I again forcibly twisted and shook the steering wheel until the wheels straightened so that the key would return to the off position on the ignition switch and I could retrieve my keys.

To the best of my knowledge, Power Pontiac is no longer in business and it is not possible for me to retrieve any of the service records related to my complaint and subsequent inquiries.

In retrospect, these two instances were a warning that something was terribly flawed related to the ignition switch and that my husband [redacted] and I were in imminent danger every time we drove the Solstice. [redacted] car wreck was inevitable given the ignition switch defect and the aforementioned instances of ignition switch errors.

The destruction of the Solstice during [redacted] October 11, 2012, car wreck is only part of our story. [redacted] health and ability to care for his family has been compromised as he has had to miss work routinely because of his injuries causing him to get behind on his child support obligations. This has caused him great remorse, frustration and anxiety. He has been diagnosed as having post traumatic stress disorder as a result of the car accident. Additionally, he has been seeking psychiatric care as a result of the post traumatic stress syndrome symptoms he has been experiencing periodically since the accident. This has had a profound impact on our personal relationship and marriage.

Finally, our trust and faith in General Motors was completely shattered. We were a General Motors family as generations of both my and my husband's families worked for General Motors. It was instilled in me for my entire life to trust General Motors. Our family believed in General Motors and its platitudes of putting their employees' family and their customers' safety first. They instilled these so called virtues in us every chance they could. We were mislead. [redacted] could have been killed. He continues to suffer

emotionally and physically with no end in sight. None of this ever had to happen had General Motors walked the talk and placed our and the consumer's safety over their bottom line.

[redacted]

Address

[redacted]

City, State Zip Code

Subscribed and sworn to before me, this 6 [day of month] day of Jan [month], 2015.

[Notary Seal:]

Donna M. Kramer

Signature of Notary

DONNA M KRAMER

Printed name of Notary

NOTARY PUBLIC

My commission expires: 7/13, 2019.

GM Ignition Compensation Claims Resolution Facility
Frequently Asked Questions ("FAQs")

Section 1. General Information

1.1 What is the GM Ignition Compensation Claims Resolution Facility?

The GM Ignition Compensation Claims Resolution Facility (the "Facility") was created to settle claims alleging that a defect in the ignition switch in certain GM vehicles (the "Ignition Switch Defect") caused a death or physical injury in an automobile accident. The Facility is intended to be a prompt and fair alternative to litigation. The Facility is entirely voluntary. No individual is required by law or regulation to participate in the Facility.

1.2 Who is the Administrator of the Facility?

Kenneth R. Feinberg is the neutral, independent Administrator of the Facility (the "Administrator"). Mr. Feinberg was hired to develop and design a Protocol for the submission, evaluation and settlement of death and physical injury claims allegedly resulting from the Ignition Switch Defect.

Mr. Feinberg designed and administered The September 11th Victim Compensation Fund of 2001, the Virginia Tech Hokie Spirit Memorial Fund, The Gulf Coast Claims Facility related to the Deepwater Horizon oil spill in 2010, and The One Fund Boston 2013 Victim Relief Fund, among others.

1.3 Who May File a Claim?

To be eligible to file a claim under the Facility you must meet the following criteria:

You must have been a driver, passenger, pedestrian or an occupant of another vehicle involved in an accident resulting in physical injury or death due to the Ignition Switch Defect involving one of the following categories of vehicles ("Eligible Vehicle"):

Production Part Vehicles

Vehicles in which the ignition switch **was not replaced** prior to the accident include only the following models:

- Chevrolet Cobalt (Model Years 2005-2007)
- Chevrolet HHR (Model Years 2006-2007)
- Daewoo G2X (Model Year 2007)
- Opel/Vauxhall GT (Model Year 2007)
- Pontiac G4 (Model Years 2005-2006)
- Pontiac G5 (Model Year 2007)
- Pontiac Pursuit (Model Years 2005-2006)
- Pontiac Solstice (Model Years 2006-2007)
- Saturn Ion (Model Years 2003-2007)

- Saturn Sky (Model Year 2007)

Service Part Vehicles

Vehicles in which the ignition switch was replaced prior to the accident with an ignition switch bearing the Part No. 10392423; AND the accident in question occurred **after** such replacement. The Service Part Vehicles include only the following models:

- Chevrolet Cobalt (Model Years 2008-2010)
- Chevrolet HHR (Model Years 2008-2011)
- Daewoo G2X (Model Years 2008-2009)
- Opel/Vauxhall GT (Model Years 2008-2010)
- Pontiac G5 (Model Years 2008-2010)
- Pontiac Solstice (Model Years 2008-2010)
- Saturn Sky (Model Years 2008-2010)

Section 2. How to File a Claim

2.1 I Already Submitted a Claim to GM. What Should I Do?

You will still be required to submit a Claim Form to the Facility, however, all documentation you may have previously submitted to GM in support of a death or physical injury claim allegedly resulting from the Ignition Switch Defect will be transferred to the Facility consistent with the terms of the Protocol. If you have additional supporting documentation, you should submit such documentation with your Claim Form.

2.2 Will Filing a Claim Cost Money?

No. There is no fee associated with filing a claim with the Facility. You may, however, incur fees from professionals such as accountants and lawyers should you choose to engage their services. The Facility will not pay for or reimburse you for such fees.

2.3 How Can I Obtain a Claim Form?

Claim Forms will be available beginning ***August 1, 2014***. Once available, copies of the Claim Form may be obtained in the following ways: Note: Only one Claim Form per individual should be submitted.

1. Beginning ***August 1, 2014***, you may download a copy of the Claim Form through the Facility's website a[redacted]
2. You may call the Facility Administrator at the toll-free number ***(available August 1, 2014)*** and request a copy of the Claim Form be sent to you.

3. You may email the Facility's Claimant Services email address ***(available August 1, 2014)*** to request a copy of the Claim Form.

2.4 Where Should I Send My Claim?

Claim Forms should be submitted either electronically through the Facility website at [redacted] ***(available August 1, 2014)***, or by mailing your completed Claim Form and required supporting documentation to:

Administrator
GM Ignition Compensation Claims Resolution Facility
PO Box 10091
Dublin, OH 43017-6691

2.5 What are the Deadlines for Filing a Claim?

The Claim Form submission period begins on ***August 1, 2014***. All claims must be postmarked or submitted electronically through the Facility's website by ***December 31, 2014***.

2.6 Will My Information be Kept Confidential?

The Administrator will keep your information confidential.

2.7 Are Claim Materials Available in Languages Other than English?

The Facility website, Protocol, Claim Form and Frequently Asked Questions will be made available in English, Spanish, and French (Canadian) ***(available August 1, 2014)***.

2.8 Is There Someone to Help Me Who Speaks a Language Other than English?

Representatives who speak English, Spanish, and French (Canadian) will be made available upon request.

2.9 What if I Have Questions about the Claim Form or the Claim Submission Process?

You can contact the Administrator by either sending your message/question via email to the Claimant Services email address ***(available August 1, 2014)*** or by calling the toll free telephone number ***(available August 1, 2014)***.

2.10 How Will I Know if My Claim is Missing Information or Documents?

You will be notified of any deficiency in your documentation or any missing required documentation once you have submitted your Claim Form. You will be able to review the status of your claim and any documentation deficiencies when you access your claim online. Once you have filed your Claim Form with the Facility, you will be issued a unique claimant identification number which will allow you to access the online system. You will then be prompted to create your own unique password which will allow you to check the status of your claim. **Please ensure that your full name, address, and Social Security Number, National Identification Number or other applicable Tax Identification Number appear on every communication submitted to the Facility.**

2.11 Will I be Able to Check the Status of My Claim?

Once you file a claim, you will immediately be provided with a unique Claimant Identification Number. You will use that identification number to log into the system and create your unique password which will allow you to track the status of your claim.

2.12 How Can I Update or Supplement My Claim Form?

If you would like to supplement your submission or correct or remedy a deficiency with your submission, you may submit that information electronically via the Facility Website by emailing the Claimant Services email address ***(available August 1, 2014)***. You may also send this documentation via mail, Canada Post or courier service. (All supplemental documentation should include your unique Claimant Identification Number issued to you at the time of the filing of your claim.) **Please ensure that your full name, address, and Social Security Number, National Identification Number or other applicable Tax Identification Number appears on every communication submitted to the Facility.**

Section 3. Eligibility

3.1 Who is Eligible for Compensation Under the Facility?

To be eligible to make a claim under the Facility you must meet the following criteria:

You must have been a driver, passenger, pedestrian or an occupant of another vehicle involved in an accident resulting in physical injury or death due to the Ignition Switch Defect involving one of the following categories of vehicles ("Eligible Vehicle"):

Production Part Vehicles

Vehicles in which the ignition switch **was not replaced** prior to the accident include only the following models:

- Chevrolet Cobalt (Model Years 2005-2007)
- Chevrolet HHR (Model Years 2006-2007)
- Daewoo G2X (Model Year 2007)
- Opel/Vauxhall GT (Model Year 2007)

- Pontiac G4 (Model Years 2005-2006)
- Pontiac G5 (Model Year 2007)
- Pontiac Pursuit (Model Years 2005-2006)
- Pontiac Solstice (Model Years 2006-2007)
- Saturn Ion (Model Years 2003-2007)
- Saturn Sky (Model Year 2007)

Service Part Vehicles

Vehicles in which the ignition switch was replaced prior to the accident with an ignition switch bearing Part No. 10392423; AND the accident in question occurred after such replacement. The Service Part Vehicles include only the following models:

- Chevrolet Cobalt (Model Years 2008-2010)
- Chevrolet HHR (Model Years 2008-2011)
- Daewoo G2X (Model Years 2008-2009)
- Opel/Vauxhall GT (Model Years 2008-2010)
- Pontiac G5 (Model Years 2008-2010)
- Pontiac Solstice (Model Years 2008-2010)
- Saturn Sky (Model Years 2008-2010)

3.2 Will Claims for Property Damage be Eligible for Compensation?

No. Claims for property damage are not eligible for compensation under this Facility.

3.3 Can I Submit a Claim for Emotional or Psychological Injuries?

No. Claims for emotional and psychological injuries are not eligible for compensation under this Facility.

3.4 What Proof Will I Have to Submit to Receive Compensation From the Facility?

In order to be determined an Eligible Claimant, you will be required to submit documentation to show that the Ignition Switch Defect in an Eligible Vehicle was the proximate cause of the accident causing death or physical injury, e.g., an official police report, the Event Data Recorder ("EDR") data captured by a vehicle's computer, photographs, insurance claim and report of the accident, repair and warranty records, etc. Additional required supporting documentation will be clearly defined on the Claim Form ***(available August 1, 2014).***

3.5 Can a Lawyer or Other Person Represent an Eligible Claimant?

Yes. You may choose to be represented by a lawyer at your own expense. The lawyer must be identified on your Claim Form. If a lawyer is engaged later in the process, you must promptly notify the Facility

Administrator of the engagement. If you are represented by a lawyer, you must provide to the Facility Administrator a signed Retention Agreement between you and your lawyer. **The Facility Administrator will communicate directly with such counsel instead of with you regarding all issues associated with your Claim.**

If the claimant is a minor, an incompetent adult, or deceased, an Authorized Representative of the claimant, such as the parent, legal guardian, legal representative, guardian ad litem or the equivalent as required by the law of the resident state or jurisdiction of the individual claimant may file the Claim Form. Proof of representative capacity is required. More detailed documentation requirements will be provided with the Claim Form ***(available August 1, 2014)***.

3.6 Who Can File a Claim on Behalf of a Deceased Claimant?

You must be a legal heir or beneficiary of the decedent to file a claim on behalf of the decedent. Proof of representative capacity, such as marriage license, birth certificate, documentation of guardianship, etc. is required. If the deceased individual was married at the time of death, the spouse must sign this Claim Form. If the deceased individual was not married, the person legally responsible for administering the estate must sign the Claim Form. If the deceased individual was a minor, both parents must sign the Claim Form. If both signatures cannot be obtained, you will be asked to provide an explanation on the Claim Form.

3.7 Is an Attorney Required?

No. You do not need to hire an attorney to file a claim with the Facility.

3.8 Who Will Decide Whether My Claim is Eligible and How Much Money I Will Receive?

The Facility Administrator and his staff will review all Claim Forms, along with the supporting documentation provided, and will decide both the eligibility of the claim and the amount of compensation in accordance with the Protocol. A copy of the Protocol is available to the public on the Facility's website at www.GMIgnitionCompensation.com.

3.9 Am I Still Eligible to Receive Money from the Facility if I Have Filed a Lawsuit?

Yes. You will not need to dismiss your lawsuit in order to file a claim with the Facility. But if you are satisfied with the Facility's determination of your claim as to both eligibility and amount of the compensation, you will need to dismiss your lawsuit and provide evidence of the dismissal of your lawsuit before you can receive compensation from the Facility. Should your claim be paid through the Facility and you sign the form of Required Release, you will be giving up any rights you may have had in class proceedings pending in various jurisdictions in Canada and the United States alleging damages for defective ignition switches in certain GM vehicles.

3.10 What Rights Must I Give Up in Order to Receive Compensation From the Facility?

GM Ignition Compensation Claims Resolution Facility
Frequently Asked Questions ("FAQs")

Filing a Claim with the Facility **will not affect** any of the legal rights you currently have. If you elect to accept an offer of compensation from the Facility, you will be required to execute a release of all present, past, and future claims against GM and all other potential defendants arising out of the Ignition Switch Defect prior to receiving any money (a "Required Release").

3.11 Am I Eligible to File a Claim if I Previously Settled My Claim with GM and Received Payment From that Settlement?

Yes. The Facility will take into account and offset any prior payments made by GM to individual claimants in connection with claims encompassed by this Protocol.

3.12 Will Any Fault or Negligence by the Driver Affect My Claim?

No. The Facility will not consider contributory negligence when evaluating claims.

3.13 What if the Eligible Vehicle was a Rental?

If the Claimant has a valid claim pursuant to the Protocol, it does not matter who owned the vehicle or whether it was a rental. The Claimant must provide the required documentation to indicate the vehicle is an Eligible Vehicle.

3.14 Are Claims from Insurance Companies Eligible for Payment?

Claims submitted by insurance companies seeking reimbursement for payments made to individual claimants are ineligible pursuant to this Protocol.

Section 4. Types of Eligible Claims

4.1 What Are the Types of Eligible Claims that the Facility Covers?

There are three categories of individual claims for physical injury or death which may be submitted pursuant to this Protocol. The following are the three categories:

1. Claims for Death
2. Category One Physical Injury Claims:

   Physical injury claims involving quadriplegic injury, paraplegic injury, double amputation, permanent brain damage requiring continuous home medical assistance, and pervasive burns encompassing a substantial part of the body ("Category One Claims").

3. Category Two Physical injury claims other than Category One Claims:

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Physical injury claims that required hospitalization within 48 hours after the accident (or in extraordinary circumstances as determined on a case by case basis by the Administrator, outpatient medical treatment within 48 hours after the accident ("Category Two Claims").

4.2 What is the Methodology for the Calculation of a Death Claim?

Eligible Claimants submitting a Death Claim may elect to have their compensation calculated based on one of the following methods:

Track A: "Presumptive Compensation" -- The Track A claim is reviewed using national economic loss data compiled by multiple sources including the Bureau of Labor Statistics, the Internal Revenue Service including data on average life expectancy, growth rates in personal earnings, individual consumption rates as well as tax rates, and the Claimant's historical earnings information. Claimants choosing the Presumptive Compensation path may generally expect to receive payment within 90 days after submission of the required materials set forth in the Claim Form.

Track B: "Complete Economic Analysis" – Claimants opting for a Complete Economic Analysis will be required to present a complete, comprehensive, and detailed economic loss analysis of the decedent's past, present, and future income, which will entail the submission of considerably more documentation. Payment subsequent to a Complete Economic Analysis will generally be made within 180 days after submission of the required materials set forth in the Claim Form.

4.3 What is the Methodology for the Calculation of a Category One Physical Injury Claim?

Eligible Claimants submitting a Category One Physical Injury Claim will have their compensation calculated in the same way as Individual Death Claims under Track A or Track B, as defined in Question 4.2 above, as voluntarily selected by the Eligible Claimant.

Claims submitted for a Category One Physical Injury will, in some cases, also require the calculation of a long-term life care plan along with the calculation of non-economic loss. If a Category One Claimant chooses the Track A methodology, the value of such a long term life-care plan will be presumed to be the present value of the national average of such long term life-care plans, which includes consideration of costs associated with home assistance, therapy and transportation, medical care, medications, equipment and supplies, home modifications, etc.

4.4 What is the Methodology for the Calculation of a Category Two Physical Injury Claim?

A. Eligible Claimants who were physically injured and hospitalized within 48 hours of the accident for one or more nights as a result of the accident will receive compensation based upon the following categories:

- Hospitalization of no less than 32 overnights: $500,000.00
- Hospitalization of 24 to 31 overnights: $385,000.00
- Hospitalization of 16 to 23 overnights: $260,000.00

With proff of lost work days due to [redacted] injury and he is look at a neck surgery due to the accident.

documentation shows injury, loss of work & future neck surgery the only income for our family

- Hospitalization of 8 to 15 overnights: $170,000.00
- Hospitalization of 2 to 7 overnights: $ 70,000.00
- Hospitalization of 1 overnight: $ 20,000.00

B. Eligible claimants who were physically injured, but were not hospitalized overnight because of extraordinary circumstances, will receive up to a maximum of $20,000 for medical treatment resulting from the accident, if such treatment commenced within 48 hours of the accident. (This compensation encompasses both economic loss and non-economic loss.) Any subsequent overnight hospitalization of such eligible claimant for physical injuries as a result of the accident will be compensated according to the number of nights of hospitalization as outlined above for a Category Two Hospitalization claim. However, the total compensation will not exceed the maximum allocated amount of each hospitalization category shown above. What happens to physically injured treat as an out patien rarely do you stay any time in a hospital because of what your insurance covers.

4.5 Are There Any Caps on the Amount of Payments That Will Be Made to Claimants?

There are no caps on payments to Eligible Claimants with the exception of the Category Two Claims as described in Question 4.4 above.

4.6 What Supporting Documentation Will I Be Required to Submit to Determine My Eligibility for Compensation from the Facility?

Detailed documentation requirements for all Claims will be provided with the Claim Form ***(available August 1, 2014)***.

4.7 How Will Valuation of Earnings be Determined for Minors or the Unemployed?

Assumptions of earnings potential equal to the average U.S. income will be made for minors without a wage history or for claimants who are unemployed.

4.8 What Does "Total Annual Compensation" Include?

Total annual compensation includes salary, wages, tips, health benefits or pension contributions, and any other types of remuneration paid by the claimant's employer to the claimant.

4.9 Who Needs to be Notified of the Filing of a Death Claim?

A claimant filing a Death Claim on behalf of a decedent must submit a proposed Distribution Plan (the "Distribution Plan") to the Administrator which details the proposed distribution of compensation among the decedent's legal heirs and beneficiaries. The Administrator will distribute a copy of the Distribution Plan to all such legal heirs and beneficiaries, each of whom must consent to be bound by its terms and each of whom must execute a Required Release prior to the distribution of compensation under the Facility in accordance with the Distribution Plan. If any dispute exists over the terms of the Distribution Plan which cannot be resolved by the parties, the Administrator will deposit the compensation award with the court in which the decedent's estate is being probated.

GM Ignition Compensation Claims Resolution Facility
Frequently Asked Questions ("FAQs")

Section 5. Types of Eligible Vehicles and Required Documentation

5.1 Which Vehicles are Defined as Eligible Vehicles Under the Facility?

Eligible Vehicles are as follows:

- **Production Part Vehicles**

  Vehicles in which the ignition switch **was not replaced** prior to the accident include only the following models:

  - Chevrolet Cobalt (Model Years 2005-2007)
  - Chevrolet HHR (Model Years 2006-2007)
  - Daewoo G2X (Model Year 2007)
  - Opel/Vauxhall GT (Model Year 2007)
  - Pontiac G4 (Model Years 2005-2006)
  - Pontiac G5 (Model Year 2007)
  - Pontiac Pursuit (Model Years 2005-2006)
  - Pontiac Solstice (Model Years 2006-2007)
  - Saturn Ion (Model Years 2003-2007)
  - Saturn Sky (Model Year 2007)

- **Service Part Vehicles**

  Vehicles in which the ignition switch was replaced prior to the accident with an ignition switch bearing the Part No. 10392423; AND the accident in question occurred **after** such replacement. The Service Part Vehicles include only the following models:

  - Chevrolet Cobalt (Model Years 2008-2010)
  - Chevrolet HHR (Model Years 2008-2011)
  - Daewoo G2X (Model Years 2008-2009)
  - Opel/Vauxhall GT (Model Years 2008-2010)
  - Pontiac G5 (Model Years 2008-2010)
  - Pontiac Solstice (Model Years 2008-2010)
  - Saturn Sky (Model Years 2008-2010)

5.2 What if My Vehicle is Not on This List?

If your vehicle is not one of the models and model year vehicles listed in Question No. 5.1, you are not eligible to file a claim with this Facility pursuant to this Protocol.

5.3 What is the Difference Between "Production Part" and "Service Part" Vehicles?

Production part vehicles had defective ignition switches installed at the time of manufacture. Service Part Vehicles did not have defective ignition switches installed during manufacture. Certain Service Part Vehicles may have had defective ignition switches (Part No. 10392423) installed by a dealer or independent service center after manufacture in connection with a repair.

5.4 How Can I Tell if Part No. 10392423 was Installed on My Vehicle?

All Service Part Vehicles require proof of this installation. A repair log or receipt from a dealer or independent service center may show this installation.

5.5 What is the EDR Data?

The Event Data Recorder ("EDR") is the automobile's computer recording device which captures data immediately before and during a crash event. If you have been provided the report from the automobile's Event Data Recorder sometimes referred to as "Black Box" or SDM data, you should submit this data to the Facility Administrator when you submit your claim. This information will assist in the determination of the Claim.

Section 6. Payment of Claims

6.1 What Happens after a Claim is Filed?

Once your Claim Form and supporting documentation are received, the Administrator will process your claim promptly. Claims are reviewed by the Administrator on a rolling basis. You will receive written notice **by Mail and/or by email** regarding any action taken on your claim, including the determination of your claim, notification of deficiencies in documentation and requests for additional documentation.

6.2 Will Any Deductions be Made from the Amount Awarded?

The Administrator will deduct from a claimant's award all amounts previously paid by GM to the claimant in connection with an Eligible Claim.

6.3 What Papers Must be Signed Before Receipt of Payment?

Upon determination of your claim, the Administrator will send you written notice of your Claim Determination, along with a form of Required Release that must be signed by you or by the Legal Representative submitting the Claim. ***The Required Release provides for the release of all past, present and future claims against GM and all other potential defendants and other related parties***

concerning the Ignition Switch Defect. All Claimants are required to sign this Required Release before payment can be issued.

In connection with a Death Claim, the decedent's legal heirs and beneficiaries must also sign the Required Release prior to distribution of compensation. For claims for deceased, the Legal Representative will be responsible for submitting a Proposed Distribution Plan to the Facility Administrator along with the Claim Form indicating how any compensation from the Facility would be allocated among the decedent's heirs and beneficiaries consistent with the law of the decedent's State or Province of domicile or any applicable ruling made by a court. If any dispute exists over the terms of a decedent's Distribution Plan, the Administrator will deposit the compensation award with the court in which the decedent's estate is being probated.

In connection with a claimant who is a minor child, both parents (if living) or the child's legal guardian(s) must also execute the Required Release. In connection with a claim made by a married claimant, such claimant's spouse must also execute the Required Release.

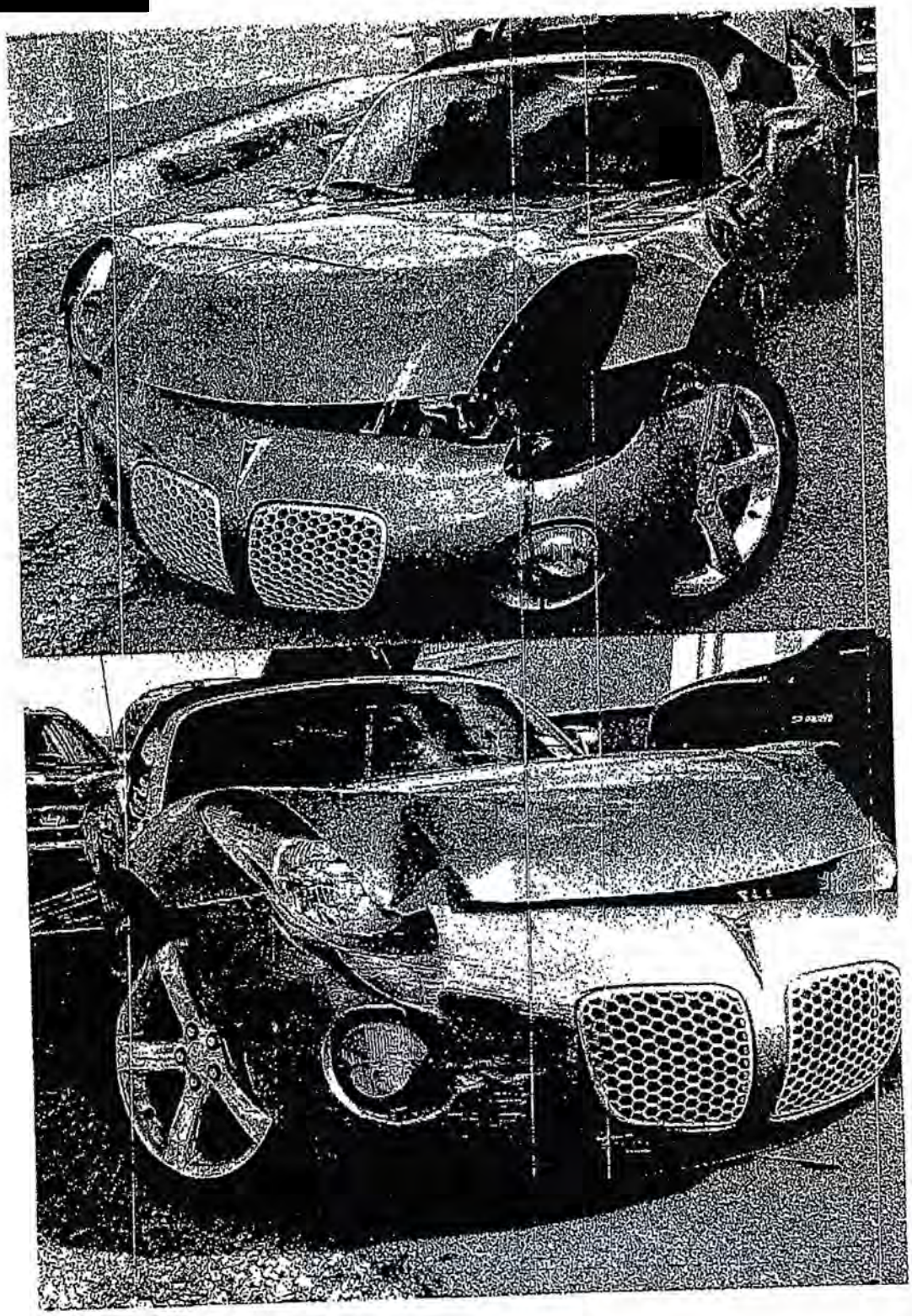
6.4 How Will Payments be Made?

Payments will be issued by the Facility following the final processing of an eligible claimant's Claim Form. The Facility will authorize the payment, by check or electronic funds transfer to each eligible claimant upon receipt of the duly executed Required Release. Checks will be sent by overnight courier service.

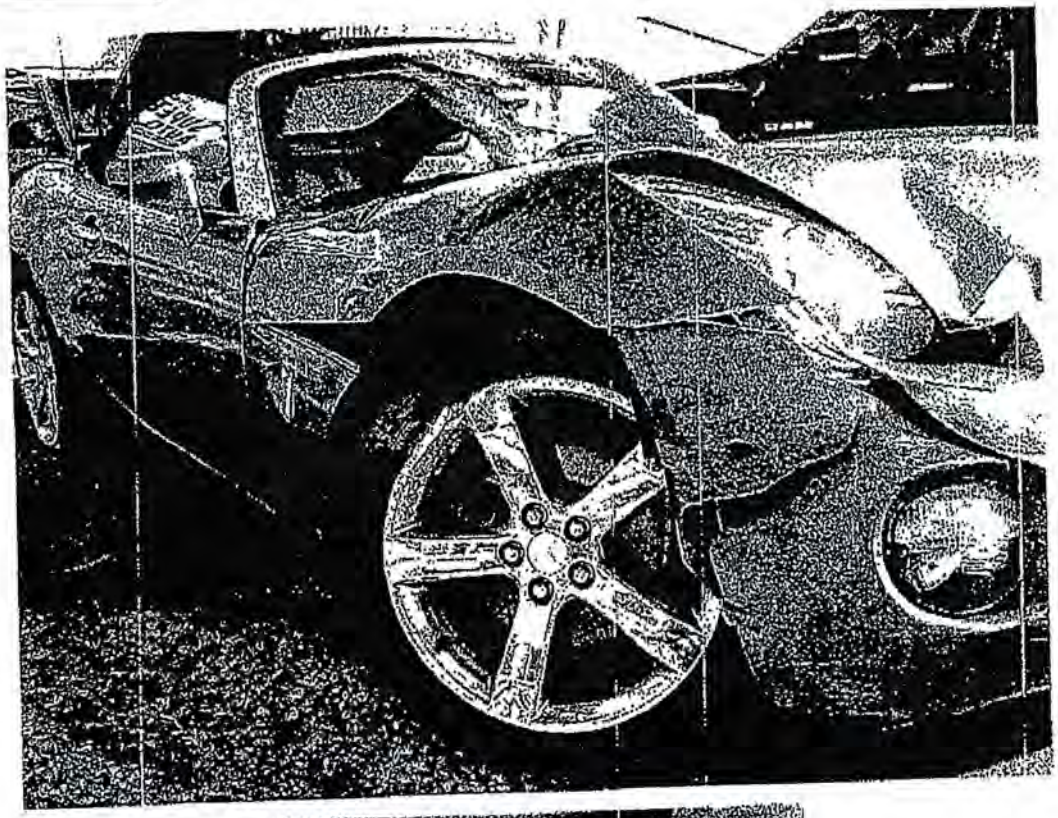
6.5 Will My Overall Payment be Affected by My Outstanding Medical Liens?

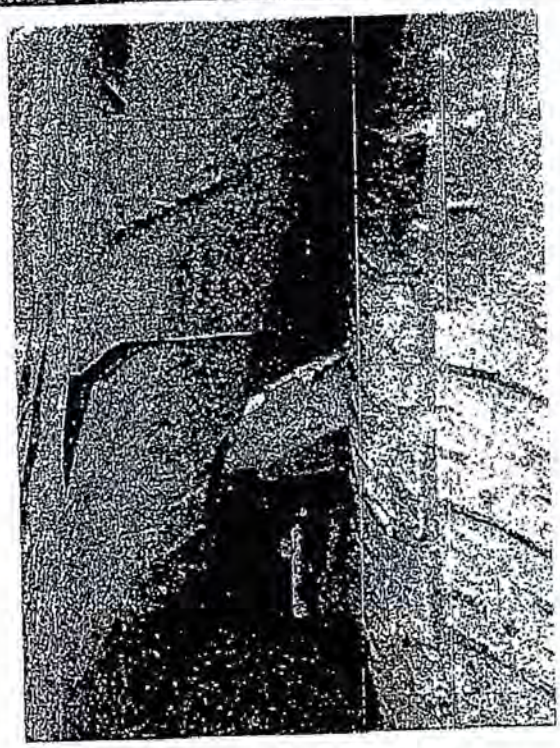
No. In determining all payments pursuant to this Protocol, the Facility will take into account any outstanding medical liens, if any, currently owed by the claimant. The Facility will retain the services of a Lien Resolution Administrator to serve as an agent for the benefit of the settling claimants and to identify, resolve and satisfy, in accordance with federal law, all settling claimant repayment obligations related to payments associated with this Facility including, but not limited to, Medicare Parts A and B, Medicaid and commercial or private health care liens.

[redacted]



[redacted]





[redacted]

[redacted]

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

Safe, accurate, FAST! Use IRS e-file Visit the IRS Web Site at www.irs.gov/efile

Employee Reference Copy

W-2 Wage and Tax Statement 2012

Dept. of the Treasury—Internal Revenue Service OMB No. 1545-0008

d Control number	Dept. 001200	Corp.	Employer use only A
[redacted]			

e Employer's name, address, and ZIP code

[redacted]
WARREN OH [redacted]

Batch [redacted]

c/f Employee's name, address, and ZIP code

[redacted]
DEERFIELD OH [redacted]

b Employer's FED ID number [redacted]	a Employee's SSN [redacted]
1 Wages, tips, other comp. 41331.09	2 Federal income tax withheld 3675.44
3 Social security wages 41331.09	4 Social security tax withheld 1795.91
5 Medicare wages and tips 41331.09	6 Medicare tax withheld 599.30
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Statutory Retirement Third-party sick pay
15 State Employer's state ID no. OH [redacted]	16 State wages, tips, etc. 41331.09
17 State income tax 1237.83	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

2012 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions of it.
The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2012 pay stub plus any adjustments submitted by your e

Gross Pay	46075.69	Social Security Tax Withheld Box 4 of W-2	1795.91	OH, State Income Tax Box 17 of W-2 SUTA/DI Box 14 of W-2	1
Fed. Income Tax Withheld Box 2 of W-2	3675.44	Medicare Tax Withheld Box 6 of W-2	599.30		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH, State Wa Tips, Etc. Box 16 of W-
Gross Pay	46,075.69	46,075.69	46,075.69	46,075.6
Less: Other Cafe 125	4,744.60	4,744.60	4,744.60	4,744.6
Reported W-2 Wages	41,331.09	41,331.09	41,331.09	41,331.0

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your pay

[redacted]
DEERFIELD OH [redacted]

Social Security Number: [redacted]
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 1
STATE: 1

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2015 January 23 06:02 PM ->216 522 2239 1/14

Safe, accurate, FAST! Use e-file Visit the IRS Web Site at www.irs.gov/efile

Employee Reference Copy

W-2 Wage and Tax Statement 2013

Dept. 001200 | Corp. | Employer use only A

[redacted]

WARREN OH [redacted]

Batch [redacted]

[redacted]

WARREN OH [redacted]

b [redacted]	c [redacted]
1 Wages, tips, other comp. 28540.47	2 Federal income tax withheld 2850.15
3 Social security wages 30554.19	4 Social security tax withheld 1894.36
5 Medicare wages and tips 30554.19	6 Medicare tax withheld 443.04
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 1013.72
14 Other	12b
	12c
	12d
15 State Employer's state ID no. OH [redacted]	16 State wages, tips, etc. 28540.47
17 State income tax 924.79	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

2013 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help clarify portions of and The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2013 pay statement and adjustments authorized by you

Gross Pay	33791.01	Social Security Tax Withheld Box 4 of W-2	1894.36	OH State Income Tax Box 17 of W-2	924.79
Fed. Income Tax Withheld Box 2 of W-2	2850.15	Medicare Tax Withheld Box 6 of W-2	443.04	OH SDI Box 19 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH State W Tips, Etc. Box 16 of W-
Gross Pay	33,791.01	33,791.01	33,791.01	33,791.
Less 401(k) (D-Box 12)	1,013.72	N/A	N/A	1,013.
Less Other Cafe 125	3,238.82	3,238.82	3,238.82	3,238.
Reported W-2 Wages	28,540.47	30,554.19	30,554.19	28,540.

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your pa

[redacted]

WARREN OH [redacted]

Social Security Number: [redacted]
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 1
STATE: 1

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Fold and Detach Here

[redacted]

Earnings Statement

[redacted]

WARREN, OHIO [redacted]
COMPANY PH# [redacted]

Period Ending: 07/19/2014
Pay Date: 07/24/2014

[redacted]

WARREN OH [redacted]

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
OH: 1

Social Security Number: [redacted]

Earnings	rate	hours	this period	year to date
Regular	15.7100	16.00	251.36	6,519.66
Overtime				188.52
Holiday				628.40
Prdtn Incentive				643.50
Vacation				1,099.70
[redacted]				9,288.30

Deductions	Statutory		
	Social Security Tax	-9.13	454.76
	Medicare Tax	-2.14	106.36
	OH State Income Tax	-0.99	140.18
	Federal Income Tax		363.16
	Other		
	Aflac Postax	-13.86	249.48
	Aflac Pretax	-30.15*	542.88
	Child Support	-114.96	2,110.68
	Medical Pretax	-67.63*	1,277.52
	Vlns	-6.28*	113.04
	401K Before		63.83
	[redacted]		
	Checking Acct	-5.21	
	[redacted]		

* Excluded from federal taxable wages
Your federal taxable wages this period are $147.29

Attachment B
U.S. Claimants

GM Ignition Compensation Claims Resolution Facility

P.O. Box 10091
Dublin, OH 43017-6691
1-855-382-6463 (US and Canada); 01-800-111-2140 (Mexico)
Email: ClaimantServices@GMIgnitionCompensation.com
www.GMIgnitionCompensation.com

All Claimants submitting a Claim Form for compensation from the GM Ignition Compensation Claims Resolution Facility (the "Facility"), who received medical treatment, should complete and submit to the Administrator the attached authorization form.

By submitting this authorization, the Claimant authorizes the Facility to collect medical records from the Claimant's healthcare providers. The information obtained from the Claimant's healthcare providers under this authorization will be used by the Facility's Administrator and the retained Lien Resolution Administrator (the Garretson Resolution Group) to perform their duties pursuant to the Protocol including: the identification, resolution and satisfaction of any or all repayment obligations related to payments received through the Facility, such as Medicare parts A and B, Medicaid[1] and commercial or private health care liens[2].

Please complete, sign and return the attached document to the address shown on the last page of the document. (If you are an Authorized Representative of a minor, incapacitated or incompetent person, or deceased person, please provide information for the Claimant, sign and return this document to the address shown below.)

***

[1] Including but not limited to the third-party liability recovery units of AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VI, VT, VA, WA, WV, WI and WY, as well as Medicaid managed care organizations, waiver programs, HMOs, PPOs, PFFSs and any state-subsidized health benefit programs.

[2] Including, but not limited to, the following entities and/or their recovery agents: Medicare Part C and D Plans, Employee Retirement Income Security Act Plans, Federal Employee Health Benefit Act Plans, Health Provider Organizations including hospitals and individual healthcare providers, State-sponsored Health Plans, and all other private health insurers and/or benefit providers.

Attachment B
U.S. Claimants

Authorization for Use and Disclosure of Protected Health Information Pursuant to the Health Insurance Portability and Accountability Act of 1996

NAME OF CLAIMANT

First Name [redacted] MI Last Name [redacted]

Date of Birth [redacted] Social Security Number [redacted]

National ID or Other Tax ID Number

NAME OF VICTIM

[redacted] MI Last Name [redacted]

Date of Birth [redacted] [redacted]

National ID or Other Tax ID Number

I, the Claimant named above, hereby authorize each of my health care providers, health plans, and health insurers to disclose my health records to the GM Ignition Compensation Facility Administrator (the "Recipient"), in order to identify, verify, resolve, and satisfy any liens, claims, or rights of subrogation, indemnity, reimbursement, conditional or other payments, or interests of any type I may owe for medical items or services I received relating to payments I receive through the Facility.

I hereby grant any holder of any liens, claims, or rights of subrogation, indemnity, reimbursement, conditional or other payments, or interests of any type, or state or federal agency, and their contract representatives, permission to share with the Recipient all information related to any lien, claim, or right of subrogation, indemnity, reimbursement, conditional or other payment, or interest and confirming health records regarding any conditional or other payments made, or medical items or services provided, by the holder of such lien, claim, or right of subrogation, indemnity, reimbursement, conditional or other payment, or interest of any type relating to Eligible Claims presented to the Facility (collectively referred to as "Lien Information").

As referred to above, my health records include (but are not limited to) any and all of the following:

LEWIS LAW
passion breeds success

ATTORNEY EMPLOYMENT AGREEMENT

I, [redacted], ("Client"), desire to retain the services of The Lewis Law Firm ("Attorney") and whereas Attorney agrees to represent Client, it is agreed as follows:

1. Client hereby hires Attorney to investigate whether a viable claim exists for pursuing compensation due to Client's injury and/or lost value on their vehicle based upon the GM Ignition Recall. In the event that Attorney chooses to seek recovery on Client's behalf for personal injury, loss of value and/or related damages, Client assigns Attorney the right to pursue on Client's behalf any and all causes of action against any and all parties responsible for such damages (except as restricted by paragraph 6 of this agreement) which Attorney chooses to pursue.

2. In consideration of the services to be rendered by Attorney, Client hereby agrees to pay and hereby assigns to Attorney as compensation for Attorney services, Forty percent (40%) of all recovery obtained for Client. Client agrees to reimburse Attorney from any settlement money received, or from payment of any judgment, in the following manner. Upon receipt by Attorney of the proceeds of any settlement or judgment, Attorney shall (1) retain 40% for attorneys' fees, (2) deduct any costs, expenses and expert fees already paid by Attorney, and (3) disburse the remainder to Client. Client hereby agrees that Attorney may employ associate counsel and does not object to the participation of any lawyers Attorney may choose to involve in this action. Prior to the association becoming effective, Client shall consent in writing to the terms of the arrangement after being advised of (1) the identity of the law firm involved, (2) that the lawyers agree to assume joint responsibility for the representation, and (3) the share of the fee that each law firm will receive. The association of additional attorneys will not increase the total fee owed by the Client. Payment of attorneys' fees to associate counsel is the responsibility of Attorney.

3. Client gives Attorney a power of attorney to execute all reasonable and necessary documents connected with the handling of this cause of action, including pleadings, contracts, checks or drafts, settlement agreements, verifications, dismissals and orders, and any and all other documents that Client could properly execute. Client hereby grants Attorney permission to undertake all acts which Attorney feels necessary to adequately prosecute Client's cause of action. Client understands that some of his claims against some defendants will be negotiated as a group settlement, and that his case may be filed in a group with others. Client agrees and approves and further understands that he will be informed of his portion of the group settlement only. Client further grants Attorney permission to opt client in or out of present or future class actions, or to take such other actions in regard to present or future class actions as Attorney feels necessary to adequately protect client's interests.

4. Client agrees that out of any money received in settlement or at trial, Client will reimburse Attorney for all actual expenses, incurred in handling the claim, and for monies advanced to Client or on Client's behalf. Client understands that these expenses could include but not be limited to the following: filing and service fees; costs for medical exams, reports and records; travel expenses for Client and Attorney and/or Attorneys ' employees; court reporter fees; mediators and arbitrators (such experts, even if attorneys by trade, will not be considered co-counsels under this agreement); and miscellaneous copying costs and postage. In addition, Client understands it will be necessary to employ medical or technical expert witnesses to examine and report on the facts of Client's cause of action. Client agrees that Attorney has the direction of employing and paying these expert witnesses. <u>If no recovery is made, Client does not have to reimburse expenses or pay any legal fees.</u>

5. Attorney is licensed to practice law in the state of Texas and will file Client's lawsuit in the state of Texas, or alternatively in any other state where appropriate with assistance of local counsel. All legal advice and information received by Client from Attorney shall be limited to Texas law, and Client understands that advice regarding laws in other states must be given by attorneys licensed in such states. This agreement shall be construed in accordance with the laws of the state of Texas, and all obligations of the parties performable in the state of Texas.

6. IT IS FURTHER UNDERSTOOD AND AGREED by Client and Attorney, that at any time Attorney, at Attorney 's sole discretion, may return said claim of Client to Client and release Attorney from further action on said claim, and discharge Attorney from this Agreement, without further liability on the part of Attorney to Client. Cancellation of this Agreement will be affected by certified mail to the last address provided by Client to Attorney.

[redacted] 4/12/2014

Client Date

GM Ignition Compensation Claims Resolution Facility

P.O. Box 10091
Dublin, OH 43017-6691
1-855-382-6463 (US and Canada); 01-800-111-2140 (Mexico)
Email: ClaimantServices@GMIgnitionCompensation.com
www.GMIgnitionCompensation.com

Claimant Identification No: [redacted]
Victim: [redacted]

Date: September 24, 2014
Response Due Date: October 24, 2014

[redacted]
c/o Stuart B. Lewis
The Lewis Law Firm
1095 Evergreen Circle, Suite 200
The Woodlands, TX 77380

Opportunity to Cure Incomplete Claim

Dear [redacted]

You submitted a claim with the GM Ignition Compensation Claims Resolution Facility (the "Facility"). The Facility has processed your claim and carefully reviewed all the documentation you provided. However, your claim is missing information or documentation that is necessary to complete the review of your claim and determine its eligibility. Please review deficiencies noted and instructions on how to resolve them.

The following deficiencies require a response on or prior to October 24, 2014:

- Proof of Proximate Cause. You have not yet provided sufficient documentation to show that the Ignition Switch Defect was the proximate cause of the death or physical injury. Please supplement your documentation with one or more of the following:
  - Vehicle computer data captured by the Eligible Vehicle's Event Data Recorder and Sensing and Diagnostic Module ("EDR"/"SDM")
  - Additional photographs of the vehicle
  - Auto repair records, including dealer warranty repair records and/or independent mechanical repair records, which provide a record of prior complaints or repairs of ignition switch problems
  - Expert report of the accident (other than the police report) providing details of the cause of the accident.

How to Submit Documentation to Cure Your Claim's Deficiencies

For more information on supporting documentation, please see Attachment A to the Claim Form. You may submit the response requested above, including any requested documentation, by mail or via the Facility's website. If the requested information is not available, please submit a short response in the form of a letter explaining the reason for the unavailability of the requested information.

To submit your response via mail, please send the required response and a copy of this letter to:

By Mail

GM Ignition Compensation Claims Resolution Facility
P.O. Box 10091
Dublin, OH 43017-6691

By Courier

GM Ignition Compensation Claims Resolution Facility
5151 Blazer Parkway, Suite A
Dublin, OH 43017

To submit your response via the Facility's website, go to [redacted] and click on "Claim Forms" in the menu on the left. Click on the link to log in and track the status of your claim or upload supporting documentation, and log in using your Claimant Identification Number. If you have not yet set up a password, you will be prompted to do so. After logging in, you will be taken to the Claim Status page. Click the "Next" button at the bottom of the page and follow the instructions onscreen to upload your response. Please include a copy of this letter in the file you upload.

If you have any questions, you may contact Claimant Services by phone at 1-855-382-6463 (in the U.S. and Canada), 01-800-111-2140 (in Mexico), 1-866-612-7098 (TTY), or via email at [redacted] A copy of this letter and any other correspondence sent to you is also available on the Facility's website, [redacted] by clicking on "Claim Forms" and then logging in with your unique Claimant Identification Number.

Please continue to monitor your mail for additional correspondence from the Facility. You may also continue to track the status of your claim and access copies of any correspondence sent to you via the Facility's website as described above.

Sincerely,

Kenneth R. Feinberg
Administrator
GM Ignition Compensation Claims Resolution Facility

LEWIS LAW
passion breeds success

1095 Evergreen Circle, Suite 200
The Woodlands, TX 77380
1-800-931-7521
832-746-8149
stuart@sblewislaw.com
www.sblewislaw.com

October 7, 2014

CONFIDENTIAL

Kenneth R. Feinberg
GM Ignition Compensation Claims Resolution Facility
P.O. Box 10091
Dublin, Ohio 43017-6691

RE: Opportunity to Cure Incomplete Claim
Claimant Identification No: [redacted]
Victim: [redacted]

Dear Mr. Feinberg:

I am writing today in response to your September 24, 2014 correspondence. I am hopeful that this letter provides sufficient explanation as to how [redacted] October 11, 2012 car wreck was proximately caused by the GM Ignition Switch Defect.

Your letter references several suggestions as to how best remedy proof of proximate cause. Attached for your consideration, please find multiple pictures taken shortly after [redacted] accident demonstrating property damage to his 2006 Pontiac Solstice that is consistent with the ignition switch defect that is the subject of the GM Ignition Compensation Claims Resolution Facility.

These pictures offer several critical details that should more than establish proximate cause for the car wreck. Specifically, the photos provide evidence that the damage to the 2006 Solstice was consistent with the narrative provided in the police report. Importantly, the photos also provide evidence that there was no airbag deployment resulting from the wreck. The previously enclosed police report also provides additional independent evidence that the airbag did not deploy. A wreck involving this type of force and impact would have certainly caused airbag deployment; unless the vehicle had been rendered without power because of the Ignition Switch Defect.

I would like to address the other available suggestions referenced in your letter and why those suggestions are not available alternatives for [redacted] claim. As the previously enclosed JD Power Vehicle Valuation Report prepared for Progressive Group of Insurance Company detailing a total loss for the Solstice

demonstrates, [redacted] Solstice was deemed a total loss on October 16, 2012, five days after [redacted] accident on October 11, 2012. After this determination, [redacted] sadly parted ways with their vehicle.

The [redacted] did not have the necessary clairvoyance to capture vehicle computer data from the event data recorder and sensing diagnostic module ("EDR"/ "SDM"). Regrettably, in October of 2012, the only people who could have known that the car wreck was attributable to an ignition switch defect was GM, making this suggestion an impracticable alternative for us to establish proximate cause between the car wreck and Ignition Switch Defect.

Similarly, we are not in possession of any dealer warranty repair records or auto repair records which provide a record of prior complaints or repairs of ignition switch problems. As we have learned all too well from the GM Ignition Switch saga, often these were wrecks of first impression that resulted in life changing impacts. [redacted] did not learn of the Ignition Switch Defect Recall until April of 2014.

Finally, my law firm has not enlisted an accident reconstructive expert to date because frankly, your public statements and my interpretation of your intent from the very beginning of this ordeal was that the GM Ignition Compensation Claims Resolution Facility was a vehicle to provide a non adversarial, efficient and less burdensome alternative to compensation for individuals that were negatively impacted because of GM's now acknowledged misconduct.

I have spent a significant amount of time developing this claim for [redacted] and [redacted] and believe wholeheartedly in its merits. I am hopeful that the attached photographs along with the documents enclosed with our original claim form are sufficient for you to approve this claim and award awarding the maximum amount available to [redacted] under your discretion so that he and [redacted] can experience the peace of mind, security and sense of accountability they so desperately need to find closure and move forward with their lives.

The [redacted] and I welcome the opportunity to visit with you about this important matter at your convenience should you find it helpful. Should you have any questions or require any additional information, please do not hesitate to let me know.

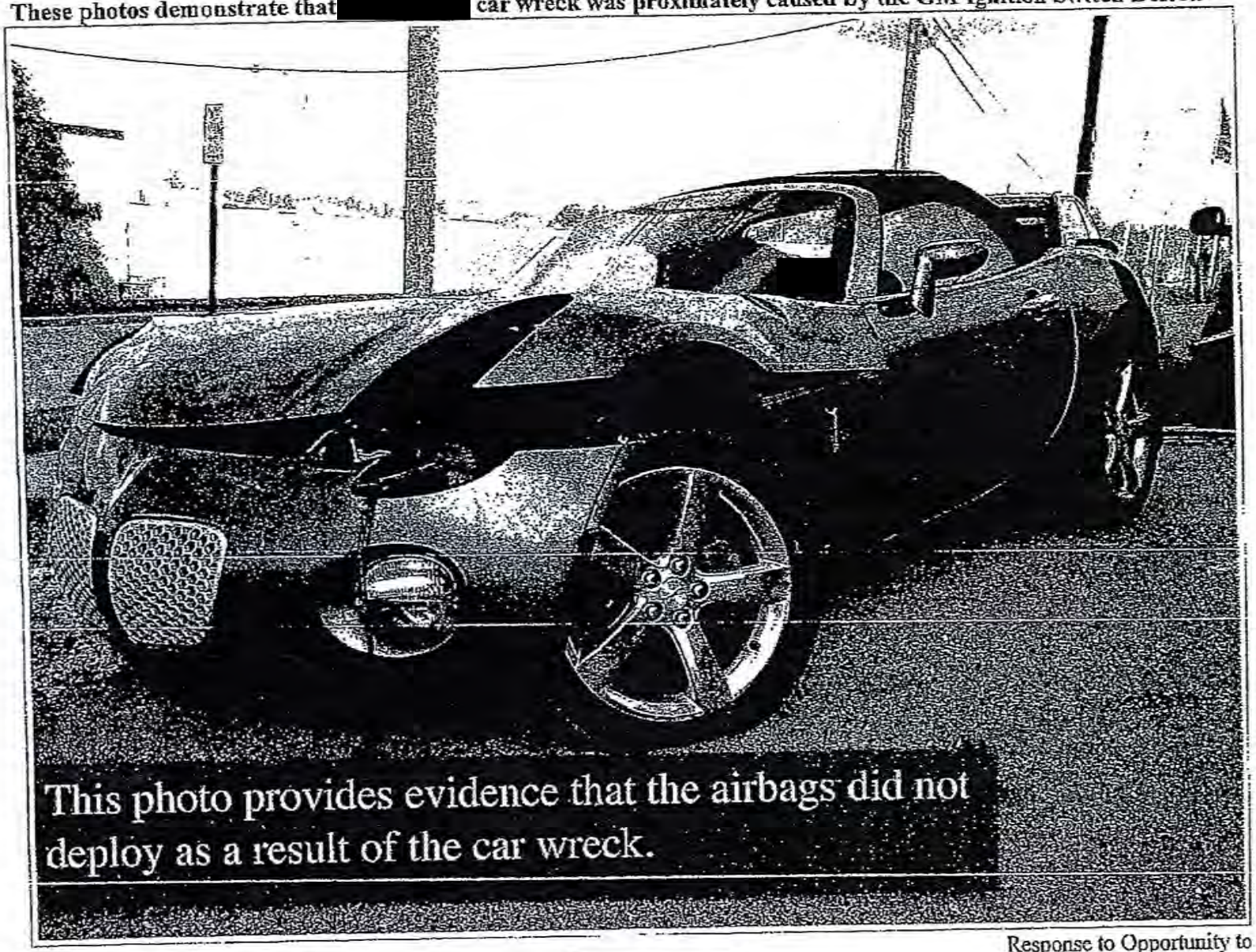
Best regards,

Stuart B. Lewis

Enclosures

11/14
2015 January 23 06:02 PM ->216 522 2239
Feb/17/2015 3:37:06 PM Brown - Cleveland 216 522 2239 52/55

These photos demonstrate that [redacted] car wreck was proximately caused by the GM Ignition Switch Defect.



Claim ID: [redacted] [redacted]

Response to Opportunity to Cure Incomplete Claim

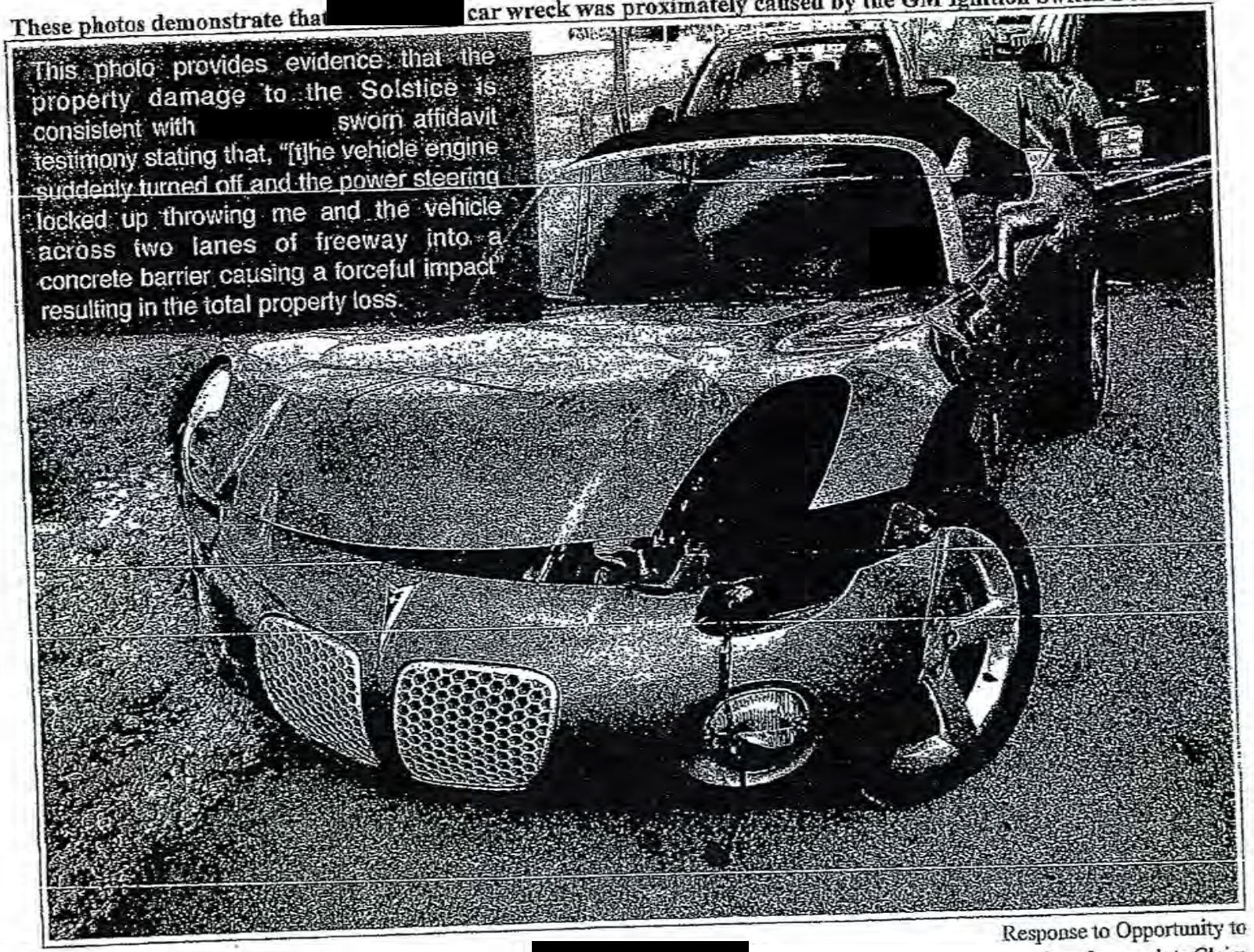
These photos demonstrate that [redacted] car wreck was proximately caused by the GM Ignition Switch Defect.

Claim ID: [redacted] [redacted]

Response to Opportunity to Cure Incomplete Claim

Feb/17/2015 3:37:06 PM Brown - Cleveland 216 522 2239 2015 January 23 06:02 PM ->216 522 2239 13/14 54/55

These photos demonstrate that [redacted] car wreck was proximately caused by the GM Ignition Switch Defect.



Claim ID: [redacted]

[redacted]

Response to Opportunity to Cure Incomplete Claim

GM Ignition Compensation Claims Resolution Facility

P.O. Box 10091
Dublin, OH 43017-6691
1-855-382-6463 (US and Canada); 01-800-111-2140 (Mexico)
Email: ClaimantServices@GMIgnitionCompensation.com
www.GMIgnitionCompensation.com

Claimant Identification No: [redacted]
Victim: [redacted]

October 17, 2014

[redacted]
c/o Stuart B. Lewis
The Lewis Law Firm
1095 Evergreen Circle, Suite 200
The Woodlands, TX 77380

Notification of Denial of Claim Decision

The Facility has determined that your claim is ineligible for compensation under the Protocol

Dear [redacted]

You filed a claim with the GM Ignition Compensation Claims Resolution Facility (the "Facility"). The Facility has processed your claim and carefully reviewed all the documentation you provided.

In accordance with the Final Protocol dated June 30, 2014, eligible claimants are individuals filing claims for death or physical injuries allegedly resulting from the Ignition Switch Defect in certain GM vehicles. Based upon its review, the Facility has determined that your claim is ineligible for compensation under the terms of the Protocol for the following reason(s).

Reason(s) for Denial:

Failure to show that the Ignition Switch Defect was the Proximate Cause of the Death or Injury

If you have any questions, you may contact Claimant Services by phone at 1-855-382-6463 (in U.S. and Canada), 01-800-111-2140 (in Mexico), 1-866-612-7098 (TTY), or via email at [redacted] A copy of this letter and any other correspondence sent to you is also available on the Facility's website, [redacted] by clicking on "Claim Forms" and then logging in with your unique Claimant Identification Number.

Sincerely,

Kenneth R. Feinberg
Administrator
GM Ignition Compensation Claims Resolution Facility

2014 Senate Input Form for Governmental Affairs Correspondence Control Sheet (I-10), W85-328

Control Number S - 2015 29

General

Date DOT Received	2/19/2015
Date DOT Entered	2/19/2015
Member's Date	2/17/2015
Member Last Name	Brown
Member First Name	Sherrod
Member Organization	United States Senator
Address1	1301 East 9th Street, Suite 1710
Address2	
City	Cleveland
State	OH
Zip	44114

Constituents

File Name	[redacted]
Date	2/19/2015
Subject	GM Ignition Claims
Action Office	NHTSA
Action Code	
Due Date	3 /21/2015

Contacts

MemberContact	John Patterson
Phone	(216) 522-7272
Pending	☐
Closed Date	
Remarks	
DOT Contact	Corneshia Levy at (202) 366-4573

Notes:

Office of U.S. Senator Sherrod Brown

FAX TRANSMISSION

TO: Dana Gresham

DATE: 2/17/15

FAX NUMBER: (202) 366-3675

NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 55

FROM:

John Patterson
Senator Sherrod Brown
1301 East Ninth St., Suite 1710
Cleveland, Ohio 44114

John_Patterson@brown.senate.gov

Phone: 216-522-7272 **Fax: 216-522-2239**

Subject: [redacted]