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

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
25-AUG-2015 OCT 26 2015	Reference No. 10759138

OWNER INFORMATION (Type or Print)

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

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	Make	Model	Model Year
1GNDM15Z3KE[redacted]	CHEVROLET	ASTRO	1989

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City Richardson TX State TX Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-FEB-1994

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM	Failure Mileage	Failure Speed 55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

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

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

Crash ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 2	Number of Deaths 1	Reported to Police Y

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 OWNED A 1989 CHEVROLET ASTRO. WHILE DRIVING 55 MPH, THE VEHICLE STALLED. AS A RESULT, ANOTHER VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. THE CONTACT WAS UNSURE IF THE AIR BAGS DEPLOYED. THE DRIVER DIED AT THE SCENE AND THE REAR DRIVER SIDE PASSENGER SUSTAINED A HEAD INJURY, MEMORY LOSS, BACK, LEFT ARM, AND LEFT LEG INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE CONTACT STATED THAT THE VEHICLE PREVIOUSLY STALLED ON NUMEROUS OCCASIONS AND THE VEHICLE WAS TAKEN TO A DEALER MULTIPLE TIMES. THE CONTACT WAS UNSURE ABOUT WHAT NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

When i would drive the Vehicle it was shut-off while Drive, back seats would move all the front while driving Van was pick up on several occasion Even (2) days Prior to the Wreck

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

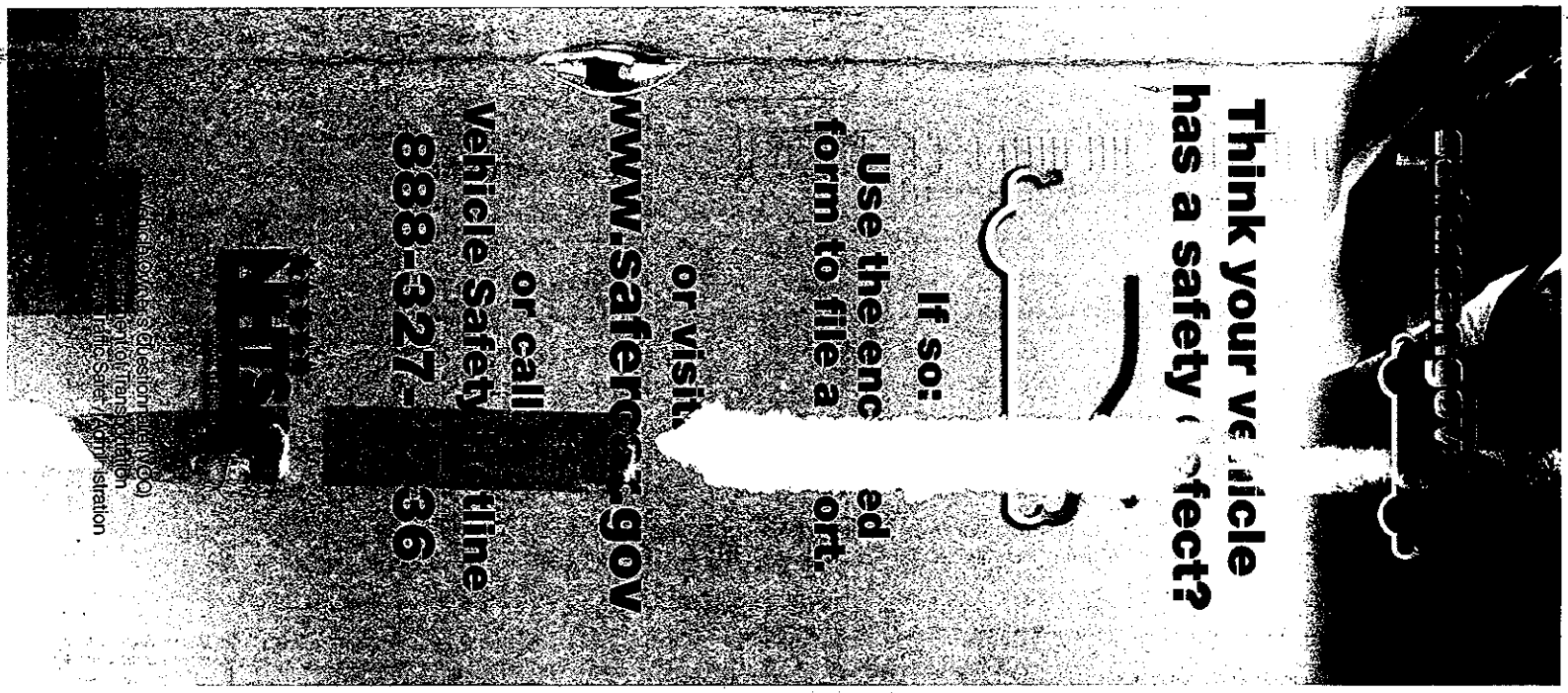
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Chevrolet Motor Division
General Motors Corporation

CHEVROLET · GEO

952-1500

[redacted]

William Smith 741-3104

January 20, 1994

Dear Chevrolet Astro Van or Suburban Owner: 3104

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

REASON FOR THIS RECALL

General Motors has determined that a defect which relates to motor vehicle safety exists in certain 1985-91 2-Wheel Drive Astro Vans, 1990-91 All-Wheel Drive Astro Vans and 1989-90 R/V Suburbans equipped with bucket seats with knob type recliner. A front seat recliner bolt may fatigue and break. This may allow the seat back to suddenly recline, which can lead to sudden loss of vehicle control.

The bolt fatigue results from high load inputs from the seat occupant when the joint between the recliner mechanism and the seat frame is loose. The recliner mechanism and the seat frame may have foam, cloth or vinyl between them, creating a "soft" joint. This "soft" joint can result in lower than specified bolt torque and lead to joint looseness.

WHAT WE WILL DO

To prevent this condition from occurring on your vehicle, your dealer will remove the foam/cloth or vinyl from between the recliner mechanism and the seat frame "soft" joint and replace the recliner bolts. This service will be performed for you at no charge.

WHAT YOU SHOULD DO

Please contact your Chevrolet dealer as soon as possible to arrange a service date and so the dealer may order the necessary parts for the repair. Instructions for making this correction have been sent to your dealer and parts are available. The labor time necessary to perform this service correction is approximately 1 hour. Please ask your dealer if you wish to know how much additional time will be needed to schedule and process your vehicle.

Your Chevrolet dealer is best equipped to obtain parts and provide service to ensure that your vehicle is corrected as promptly as possible. If, however, you take your vehicle to your dealer on the agreed service date, and they do not remedy this condition on that date or within five (5) days, we recommend you contact the Chevrolet Customer Assistance Center by calling 1-800-222-1020.

After contacting your dealer and the Customer Assistance Center, if you are still not satisfied that we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, D.C. 20590 or call 1-800-424-9393 (Washington D.C. residents use 366-0123).

The enclosed owner reply card identifies your vehicle. Presentation of this card to your dealer will assist in making the necessary correction in the shortest possible time. If you have sold or traded your vehicle, please let us know by completing the postage paid reply card and returning it to us.

We are sorry to cause you this inconvenience; however, we have taken this action in the interest of your safety and continued satisfaction with our products.

Chevrolet Motor Division
GENERAL MOTORS CORPORATION

Enclosure

Think Young

Rodney D. Young
Insurance

Tim at Door (214) 320-1111

[redacted] JANUARY 22, 1993 POLICY [redacted]

GARLAND TX
[redacted]

#

Complaint Number 10759138

20

- URGENT - FINAL NOTICE -

RE: NOTICE OF INTENT TO CANCEL

( ) 1800-252-9690
Laura Reference

DEAR [redacted]

THIS LETTER IS NOTIFICATION THAT UNLESS WE RECEIVE THE INFORMATION REQUESTED BELOW WITHIN 15 DAYS FROM THE ABOVE DATE, YOUR POLICY WILL BE CANCELED.

Legal Aid Lawsuit

THE COMPANY HAS BEEN UNABLE TO OBTAIN A MOTOR VEHICLE REPORT FOR DRIVERS LICENSE NUMBER [redacted] FOR [redacted]. PLEASE FOWARD A COPY OF THE LICENSE TO AVOID CANCELLATION.

214 395-3396

AS ALWAYS, YOUR BUSINESS AND PROMPT ATTENTION IS APPRECIATED.

SINCERELY,

July 10 2009
Motor Liquidation
Company, Claims Dept.

UNDERWRITING DEPARTMENT
RODNEY D. YOUNG INSURANCE AGENCY

CC: RDY FILE

ISSUED BY: PB1

P.O. Box 224467 * Dallas, Texas 75222 * (214) 333-4002
Ft. Worth (817) 654-4171 * Houston (713) 644-6483 * San Antonio (512) 523-1351
St. Louis (314) 353-5773 * Kansas City (816) 561-1999 * Chicago (708) 496-8900

[redacted] for DEPUTY FEE [redacted] 5700 $ 75.00

[redacted] for [redacted] $ 6091.75

...s and Amounts Paid to Others on Your Behalf

...anced – Unpaid Balance (3 + 4)

...urance. If any insurance is checked below, the policies or certificates issued by the Companies named will describe the terms and conditions.

...quire Physical Damage Insurance. Physical Damage Insurance is required until your ...ot is paid in full. You have the option of furnishing the required coverage, either through existing policies of insurance that you own or control or by obtaining equivalent coverage through any insurance company authorized to do business in Texas. The cost of this insurance is shown in 4A of the Itemization above.

Insurance Company [redacted] Term: N/A months

☐ If checked, the premium for such insurance included in this contract is at a rate of charge not fixed or approved by the State Board of Insurance of Texas. You have the option, for a period of 10 days from the date of delivery of a copy of this contract to you, of furnishing the required insurance coverage either through existing policies of insurance you own or control or by obtaining equivalent coverage through any insurance company authorized to do business in Texas.

☐ $[redacted] Deductible Collision and either:

☐ Full Comprehensive including Fire, Theft and Combined Additional Coverage

☐ $[redacted] Deductible Comprehensive including Fire, Theft and Combined Additional Coverage

☐ Fire, Theft and Combined Additional Coverage

***Optional Mechanical Repair Insurance. The cost of this insurance is shown in 4C of the Itemization above.

Insurance Company N/A [redacted]

Term: ☐ 36 months or 36,000 miles, whichever occurs first

Term: ☐ N/A [redacted]

☐ If checked, the premium for such insurance included in this contract is at a rate of charge not fixed or approved by the State Board of Insurance of Texas.

☐ $25 Deductible

☐ $50 Deductible

☐ $[redacted] Deductible

**Optional Coverages with Physical Damage Insurance. If you have chosen this insurance, the premiums for the initial ____ month term are itemized below and ...he total cost is shown in 4B of the Itemization above.

...owing and Labor Costs ☐ $[redacted] Rental Reimbursement ☐ $[redacted] CB Radio Equipment ☐ $[redacted]

****Optional Credit Insurance. Credit life insurance and credit disability insurance are not required to obtain credit and will not be provided unless you sign for ...them and agree to pay the additional cost. If you want this insurance, check the insurance desired and sign below. If you have chosen this insurance, the cost is shown in 4D of the itemization above. Credit life insurance is based upon the payment schedule and term shown above. This insurance may not pay all you owe on this contract if you make late payments. Disability insurance covers the original payment amount for the term shown above. If you make late payments, disability insurance will not pay all of your payments.

Check the insurance desired: ☐ Life (Buyer ☐ Co-Buyer ☐ Both ☐)

☐ Disability, Accident and Health (Buyer Only)

[redacted] [redacted]

(Name of Insurer) (Home Office Address)

...s policy will pay amounts due on this contract up to $ [redacted]. Total policy coverage for this and any other retail instalment sale contract is limited to $ 6091.75.

☐ If checked, the premium for such insurance included in this contract is at a rate of charge not fixed or approved by the State Board of Insurance of Texas.

[redacted] Date [redacted] Date

Buyer Signature Co-Buyer Signature

THE INSURANCE, IF ANY, REFERRED TO IN THIS CONTRACT DOES NOT INCLUDE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS.

See the other side of this contract for other important agreements, including your agreement to give the Creditor a security interest in insurance premiums and proceeds.

NOTICE TO THE BUYER–DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE CONTRACT YOU SIGN. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS SAVE A PORTION OF THE FINANCE CHARGE. KEEP THIS CONTRACT TO PROTECT YOUR LEGAL RIGHTS.

You signed this contract and received a copy on [redacted] JAN (Mo.) 13 (Da[redacted] 1993

...er Signs [redacted] Co-Buyer Signs [redacted] ...o the vehicle bu...

...uyers and Other Owners – ...is responsible for paying the entire debt. An other owner is a person whose name is ... ...ot have to pay the debt. The co-buyer or other owner knows that the Creditor has a security interest in the vehicle and consents to the security interest.

...wner signs here [redacted] Address [redacted]

...gns. RELIABLE CHEVROLET, INC. By [redacted] Title BUS MGR

...ends to assign this contract to General Motors Acceptance Corporation (GMAC) at:

...SIDE BLVD #500 RICHARDSON, TX 75082

Address

...notice of assignment, you agree to make payments to GMAC at the above address.

[redacted] [redacted]

001

FILE COPY

FATALITY

TEXAS TRAFFIC OFFICER'S ACCIDENT REPORT (TR-2) (REV. 1/1/89)

LOC. NO.

PLACE WHERE ACCIDENT OCCURRED — CITY OR TOWN — SHOW ONLY IF INSIDE CITY LIMITS

COUNTY RUSK — MILES NORTH/SOUTH/EAST/WEST OF KILGORE (CITY OR TOWN)

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN 8

DO NOT WRITE IN THIS SPACE

BPA NO.

LOC.

CODE — SEVERITY

TYPE

FAT. NO. — PA. REC.

ROAD ON WHICH ACCIDENT OCCURRED — BLOCK NUMBER — STREET OR ROAD NAME — ROUTE NUMBER OR STREET CODE — CONSTR. ZONE [ ] YES [X] NO SPEED LIMIT 55

[redacted]

INTERSECTING STREET OR NEAREST X'ING NUMBER — BLOCK NUMBER .1 — STREET OR ROAD NAME — ROUTE NUMBER OR STREET CODE F.M. 850 — CONSTR. ZONE [ ] YES [ ] NO SPEED LIMIT

NOT AT INTERSECTION [ ] FT. [X] MI. N S E W OF — SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

306

DATE OF ACCIDENT 03/13 — 19 93 — DAY OF WEEK SATURDAY — HOUR 4:15 [X] A.M. [ ] P.M. — IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE — VEH. IDENT. NUMBER [redacted] — LICENSE PLATE [redacted] — STATE [redacted] — NUMBER [redacted]

YEAR MODEL 1989 — COLOR & MAKE BLUE CHEV. — MODEL NAME ASTRO — BODY STYLE VAN — PHONE NUMBER NONE

DRIVER'S NAME [redacted] — ADDRESS [redacted] — CITY DALLAS, TEXAS — STATE [redacted]

DRIVER'S LICENSE TEXAS [redacted] — CLASS/TYPE C — D.O.B. [redacted] — SEX M — OCCUPATION LABORER

LESSEE [ ] OWNER [X] [redacted] — ADDRESS [redacted] — CITY GARLAND, — STATE TX — PEACE OFFICER OR FIRE FIGHTER ON EMERG [ ] NO [ ] YES IF YES, DESCRIBE IN REMARKS

LIABILITY INSURANCE [X] YES [ ] NO — OLD AMERICAN COUNTY MUTUAL FIRE INS. CO. — POLICY NUMBER [redacted] — VEHICLE DAMAGE RATING 1 1 LEFT-7

UNIT NO. 2 - MOTOR VEHICLE [X] TOWED [ ] OTHER [ ] — NON-CONTACT NO DESCRIPTION — [ ] TRAIN [ ] PEDALCYCLIST [ ] PEDESTRIAN — VEH. IDENT. NUMBER — LICENSE PLATE — STATE — NUMBER

YEAR MODEL — COLOR & MAKE — MODEL NAME — BODY STYLE — PHONE NUMBER

DRIVER'S NAME — ADDRESS — CITY — STATE — OCCUPATION — PEACE OFFICER OR FIRE FIGHTER ON EMERG [ ] NO [ ] YES IF YES, DESCRIBE IN REMARKS

DRIVER'S LICENSE — STATE — NUMBER — CLASS/TYPE — D.O.B. — SEX — RACE — VEHICLE DAMAGE RATING

LESSEE [ ] OWNER [ ] — ADDRESS — POLICY NUMBER

LIABILITY INSURANCE [ ] YES [ ] NO — INSURANCE COMPANY NAME

DAMAGE TO PROPERTY OTHER THAN VEHICLES

NONE — NAME AND ADDRESS OF OWNER — FEET FROM CURB — $ DAMAGE ESTIMATE

OBJECT — NAME AND ADDRESS OF OWNER — FEET FROM CURB — $ DAMAGE ESTIMATE

LIGHT CONDITION: 3 (1-DAYLIGHT, 2-DAWN, 3-DARK-NOT LIGHTED, 4-DARK-LIGHTED, 5-DUSK)

WEATHER: 1 (1-CLEAR/CLOUDY, 2-RAINING, 3-SNOWING, 4-FOG, 5-BLOWING DUST, 6-SMOKE, 7-SLEETING, 8-HIGH WINDS, 9-OTHER)

SURFACE CONDITION: 1 (1-DRY, 2-WET, 3-MUDDY, 4-SNOWY/ICY, 5-OTHER)

TYPE ROAD SURFACE: 1 (1-BLACKTOP, 2-CONCRETE, 3-GRAVEL, 4-SHELL, 5-DIRT, 6-OTHER)

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) — GOOD SMOOTH ASPHALT

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? [X] YES [ ] NO

CHARGES FILED — NAME NONE — CHARGE — CITATION NUMBER — CHARGE — CITATION NUMBER

[redacted] for DEPUTY FEE [redacted] 57.00

Charges and Amounts Paid to Others on Your Behalf [redacted] 74.00

Financed – Unpaid Balance (3 + 4) [redacted] 6091.75

Insurance. If any insurance is checked below, the policies or certificates issued by the Companies named will describe the terms and conditions.

Required Physical Damage Insurance. Physical Damage Insurance is required until your debt is paid in full. You have the option of furnishing the required coverage, either through existing policies of insurance that you own or control or by obtaining equivalent coverage through any insurance company authorized to do business in Texas. The cost of this insurance is shown in 4A of the Itemization above.

Insurance Company [redacted] Term: N/A months

☐ If checked, the premium for such insurance included in this contract is at a rate of charge not fixed or approved by the State Board of Insurance of Texas. You have the option, for a period of 10 days from the date of delivery of a copy of this contract to you, of furnishing the required insurance coverage either through existing policies of insurance you own or control or by obtaining equivalent coverage through any insurance company authorized to do business in Texas.

☐ $[redacted] Deductible Collision and either:

☐ Full Comprehensive including Fire, Theft and Combined Additional Coverage

☐ $[redacted] Deductible Comprehensive including Fire, Theft and Combined Additional Coverage

☐ Fire, Theft and Combined Additional Coverage

***Optional Mechanical Repair Insurance.** The cost of this insurance is shown in 4C of the Itemization above.

Insurance Company N/A [redacted]

Term: ☐ 36 months or 36,000 miles, whichever occurs first

Term: ☐ N/A [redacted]

☐ If checked, the premium for such insurance included in this contract is at a rate of charge not fixed or approved by the State Board of Insurance of Texas.

☐ $25 Deductible

☐ $50 Deductible

☐ $[redacted] Deductible

Optional Coverages with Physical Damage Insurance. If you have chosen this insurance, the premiums for the initial _____ month term are itemized below and the total cost is shown in 4B of the Itemization above.

Towing and Labor Costs ☐ $[redacted] Rental Reimbursement ☐ $[redacted] CB Radio Equipment ☐ $[redacted]

****Optional Credit Insurance.** Credit life insurance and credit disability insurance are not required to obtain credit and will not be provided unless you sign for them and agree to pay the additional cost. If you want this insurance, check the insurance desired and sign below. If you have chosen this insurance, the cost is shown in 4D of the itemization above. Credit life insurance is based upon the payment schedule and term shown above. This insurance may not pay all you owe on this contract if you make late payments. Disability insurance covers the original payment amount for the term shown above. If you make late payments, disability insurance will not pay all of your payments.

Check the insurance desired: ☐ Life (Buyer ☐ Co-Buyer ☐ Both ☐)
☐ Disability, Accident and Health (Buyer Only)

[redacted] [redacted]
(Name of Insurer) (Home Office Address)

This policy will pay amounts due on this contract up to $ [redacted]. Total policy coverage for this and any other retail instalment sale contract is limited to $ 6091.75.

☐ If checked, the premium for such insurance included in this contract is at a rate of charge not fixed or approved by the State Board of Insurance of Texas.

[redacted] [redacted]
Buyer Signature Date Co-Buyer Signature Date

THE INSURANCE, IF ANY, REFERRED TO IN THIS CONTRACT DOES NOT INCLUDE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS.

See the other side of this contract for other important agreements, including your agreement to give the Creditor a security interest in insurance premiums and proceeds.

NOTICE TO THE BUYER–DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE CONTRACT YOU SIGN. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS SAVE A PORTION OF THE FINANCE CHARGE. KEEP THIS CONTRACT TO PROTECT YOUR LEGAL RIGHTS.

You signed this contract and received a copy on [redacted] JAN (Mo.) 13 (Day) 1993 (Yr.)

Buyer Signs [redacted] Co-Buyer Signs [redacted]

Buyers and Other Owners—A co-buyer is a person who is responsible for paying the entire debt. An other owner is a person whose name is on the title to the vehicle but does not have to pay the debt. The co-buyer or other owner knows that the Creditor has a security interest in the vehicle and consents to the security interest.

Other owner signs here [redacted] Address [redacted]

Creditor signs, RELIABLE CHEVROLET, INC. [redacted] By [redacted] Title BUS MGR

Creditor intends to assign this contract to General Motors Acceptance Corporation (GMAC) at:

[redacted] SIDE BLVD #500 RICHARDSON, TX 75082

Address

After notice of assignment, you agree to make payments to GMAC at the above address.

[redacted] [redacted] 001

FILE COPY

FATALITY

TEXAS TRAFFIC OFFICER'S ACCIDENT REPORT (ST-3) (REV. 1/1/89)

PLACE WHERE ACCIDENT OCCURRED — COUNTY: RUSK — CITY OR TOWN: — SHOW ONLY IF INSIDE CITY LIMITS

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 8 MILES [ ] N [X] S [ ] E [ ] W OF KILGORE (CITY OR TOWN)

LOC. NO.

DO NOT WRITE IN THIS SPACE

RPA NO.

ROAD ON WHICH ACCIDENT OCCURRED — BLOCK NUMBER [redacted] STREET OR ROAD NAME — ROUTE NUMBER OR STREET CODE — CONSTR. ZONE [ ] YES [X] NO SPEED LIMIT 55

LOC.

INTERSECTING STREET OR NEAREST X-ING NUMBER — BLOCK NUMBER — STREET OR ROAD NAME — ROUTE NUMBER OR STREET CODE — CONSTR. ZONE [ ] YES [ ] NO SPEED LIMIT

CODE — SEVERITY

NOT AT INTERSECTION .1 [ ] FT. [X] MI. N S E W OF F.M. 850 (SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.) 306

TYP

FAT. ACC. — DR. REC.

DATE OF ACCIDENT 03/13 — 19 93 — DAY OF WEEK SATURDAY — HOUR 4:15 [X] A.M. [ ] P.M. (IF EXACTLY NOON OR MIDNIGHT, SO STATE)

UNIT NO. 1 - MOTOR VEHICLE

VEH. IDENT. NUMBER 1GNDM15Z3KB [redacted]

YEAR MODEL 1989 — COLOR & MAKE BLUE CHEV. — MODEL NAME ASTRO — BODY STYLE VAN — LICENSE PLATE [redacted] (YEAR / STATE / NUMBER)

DRIVER'S NAME [redacted] (LAST / FIRST / MIDDLE) — ADDRESS [redacted] — CITY DALLAS, TEXAS — STATE — PHONE NUMBER NONE

DRIVER'S LICENSE TEXAS (STATE) [redacted] (NUMBER) C (CLASS/TYPE) — D.O.B. [redacted] (MONTH-DAY-YEAR) — RACE B — SEX M — OCCUPATION LABORER

LESSEE [ ] OWNER [X] (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)) [redacted] (ADDRESS) [redacted] (CITY) GARLAND, (STATE) — PEACE OFFICER OR FIRE FIGHTER ON EMERG [ ] NO [ ] YES IF YES, DESCRIBE IN NARR

LIABILITY INSURANCE [X] YES [ ] NO — OLD AMERICAN COUNTY MUTUAL FIRE INS. CO. (INSURANCE COMPANY NAME) — [redacted] (POLICY NUMBER) — VEHICLE DAMAGE RATING 11LFT-7

UNIT NO. 2 - MOTOR VEHICLE [ ] TRAIN [ ] PEDALCYCLIST [ ] PEDESTRIAN [ ] TOWED [ ] OTHER [ ]

NON-CONTACT NO DESCRIPTION

VEH. IDENT. NUMBER

YEAR MODEL — COLOR & MAKE — MODEL NAME — BODY STYLE — LICENSE PLATE (YEAR / STATE / NUMBER)

DRIVER'S NAME (LAST / FIRST / MIDDLE) — ADDRESS — CITY — STATE — PHONE NUMBER

DRIVER'S LICENSE (STATE / NUMBER / CLASS/TYPE) — D.O.B. (MONTH-DAY-YEAR) — RACE — SEX — OCCUPATION

LESSEE [ ] OWNER [ ] (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)) — ADDRESS — CITY — STATE — PEACE OFFICER OR FIRE FIGHTER ON EMERG [ ] NO [ ] YES IF YES, DESCRIBE IN NARR

LIABILITY INSURANCE [ ] YES [ ] NO — INSURANCE COMPANY NAME — POLICY NUMBER — VEHICLE DAMAGE RATING

DAMAGE TO PROPERTY OTHER THAN VEHICLES

NONE

OBJECT — NAME AND ADDRESS OF OWNER — FEET FROM CURB — $ DAMAGE ESTIMATE

OBJECT — NAME AND ADDRESS OF OWNER — FEET FROM CURB — $ DAMAGE ESTIMATE

LIGHT CONDITION: 3
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK

WEATHER: 1
1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER

SURFACE CONDITION: 1
1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER

TYPE ROAD SURFACE: 1
1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION): GOOD SMOOTH ASPHALT

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? [X] YES [ ] NO

CHARGES FILED

NAME NONE — CHARGE — CITATION NUMBER

NAME — CHARGE — CITATION NUMBER

Vehicle removed to — BROOME'S STORAGE FACILITY
By — PRUITT'S WRECKER

Unit No. 1 — 111.6T-7

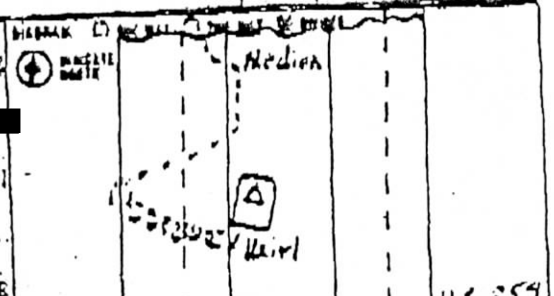
Occupant's position	Name (last name first)	Address	Type specimen taken	Result	Type restraint used	Age	Sex	Injury code
Driver	[redacted]	[redacted] GARLAND, TX	B	—	A	[redacted]	M	K
RB		[redacted] DALLAS,	N	--	B		F	A
RF		TX	N	--	A		M	A

Unit No.	Taken to	By	Time notified	Time arrived	
1	JENKINS-CARMON FUNERAL HOME	FUNERAL HOME	4:38	5:30A	2
2&3	HENDERSON MEMORIAL HOSPITAL	HENDERSON EMS UNIT	4:20	4:34A	2

Investigator's narrative opinion of what happened (attach additional sheets if necessary)

UNIT #1 WAS TRAVELING SOUTH ON [redacted] IN THE INSIDE
LANE. PASSENGER IN UNIT #1 STATED AN UNKNOWN VEHICLE
(POSSIBLY A TRUCK) WAS ALSO TRAVELING SOUTH ON [redacted]
IN THE OUTSIDE LANE. REPORTEDLY THE SECOND VEHICLE
VEERED INTO UNIT #1'S LANE OF TRAVEL. DRIVER OF UNIT #1
TOOK EVASIVE ACTION BY VEERING INTO THE GRASSY MEDIAN.
UNIT #1 TRAVELED APPROXIMATELY 100 FEET IN THE MEDIAN
BEFORE OVER CORRECTING AND TRAVELING BACK ACROSS BOTH
TRAFFIC LANES. UNIT #1 OVERTURNED SEVERAL TIMES BEFORE
COMING TO REST IN THE MEDIAN. THE SECOND VEHICLE LEFT (SEE ...)

Diagram



Factors and conditions listed are the investigator's opinion

Factors/conditions contributing		
Unit 1		
X Unit 1	23	

Other factors/conditions which may have contributed		
Unit 1	41	65
Unit 2	20	

Traffic control: 9

... DRIVE IN SINGLE ...

04/06/93 07:08 ☎ [redacted] [redacted] @001

FILE COPY

FATALITY

TEXAS PEACE OFFICER'S ACCIDENT REPORT DPS-3 (REV. 1/1/89)

PLACE WHERE ACCIDENT OCCURRED — LOC. NO.

COUNTY RUSK — CITY OR TOWN

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN 8 MILES [ ] N [X] S [ ] E [ ] W OF KILGORE (SHOW ONLY IF INSIDE CITY LIMITS) CITY OR TOWN

DO NOT WRITE IN THIS SPACE — DPS NO. — LOC. — CODE — SEVERITY — TYPE — FAT. ACC. — NA. REC.

ROAD ON WHICH ACCIDENT OCCURRED — BLOCK NUMBER [redacted] STREET OR ROAD NAME — ROUTE NUMBER OR STREET CODE — CORP. LIM. [ ] YES [X] NO ZONE — SPEED LIMIT 55

INTERSECTING STREET OR NEAREST NUMBER — BLOCK NUMBER — STREET OR ROAD NAME — ROUTE NUMBER OR STREET CODE — CORP. LIM. [ ] YES [ ] NO ZONE — SPEED LIMIT

NOT AT INTERSECTION .1 [ ] FT. [X] MI. N S E W OF F.M. 850 (SHOW NUMBER OF NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT) — 306

DATE OF ACCIDENT 03/13 — 19 93 — DAY OF WEEK SATURDAY — HOUR 4:15 [X] A.M. [ ] P.M. (IF EXACTLY NOON OR MIDNIGHT, SO STATE)

UNIT NO. 1 - MOTOR VEHICLE

VEH. IDENT. NUMBER 1GNDM15Z3KB [redacted]

YEAR MODEL 1989 — COLOR & MAKE BLUE CHEV. — MODEL NAME ASTRO — BODY STYLE VAN — LICENSE PLATE [redacted] YEAR STATE NUMBER

DRIVER'S NAME [redacted] LAST FIRST MIDDLE — ADDRESS [redacted] DALLAS, TEXAS CITY STATE — PHONE NUMBER NONE

DRIVER'S LICENSE [redacted] STATE NUMBER CLASS/TYPE — D.O.B. [redacted] MONTH-DAY-YEAR — RACE B — SEX M — OCCUPATION LABORER

LESSEE [ ] OWNER [X] [redacted] NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) — ADDRESS [redacted] — CITY GARLAND, STATE TX — PEACE OFFICER OR FIRE FIGHTER ON EMERG? [ ] NO [ ] YES IF YES, DESCRIBE IN NARR.

LIABILITY INSURANCE [X] YES [ ] NO — OLD AMERICAN COUNTY MUTUAL FIRE INS. CO. INSURANCE COMPANY NAME — [redacted] POLICY NUMBER — VEHICLE DAMAGE RATING 111ST-2

UNIT NO. 2 - MOTOR VEHICLE [X] TRAIN [ ] PEDALCYCLIST [ ] PEDESTRIAN [ ] TOWED [ ] OTHER [ ] NON-CONTACT NO DESCRIPTION

VEH. IDENT. NUMBER

YEAR MODEL — COLOR & MAKE — MODEL NAME — BODY STYLE — LICENSE PLATE YEAR STATE NUMBER

DRIVER'S NAME LAST FIRST MIDDLE — ADDRESS CITY STATE — PHONE NUMBER

DRIVER'S LICENSE STATE NUMBER CLASS/TYPE — D.O.B. MONTH-DAY-YEAR — RACE — SEX — OCCUPATION

LESSEE [ ] OWNER [ ] NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS CITY STATE — PEACE OFFICER OR FIRE FIGHTER ON EMERG? [ ] NO [ ] YES IF YES, DESCRIBE IN NARR.

LIABILITY INSURANCE [ ] YES [ ] NO — INSURANCE COMPANY NAME — POLICY NUMBER — VEHICLE DAMAGE RATING

DAMAGE TO PROPERTY OTHER THAN VEHICLES

NONE

OWNER NAME AND ADDRESS — DESCRIPTION OF DAMAGE — $ DAMAGE ESTIMATE

OWNER NAME AND ADDRESS — DESCRIPTION OF DAMAGE — $ DAMAGE ESTIMATE

LIGHT CONDITION [3]	WEATHER [1] [-]	SURFACE CONDITION [1]	TYPE ROAD SURFACE [1]	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	GOOD SMOOTH ASPHALT

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? [X] YES [ ] NO

CHARGES FILED

NAME NONE — CHARGE — CITATION NUMBER

NAME — CHARGE — CITATION NUMBER

TIME NOTIFIED — RUSK CO. S.O. — TIME ARRIVED AT SCENE OF ACCIDENT 03/13/93 4:35A

TEXAS PEACE OFFICERS ACCIDENT CASUALTY SUPPLEMENT

ACCIDENT IDENTIFICATION (COPY INFORMATION IN THIS SECTION EXACTLY AS SHOWN ON BASIC REPORT)

COUNTY RUSK CITY OR TOWN

ROAD ON WHICH ACCIDENT OCCURRED [redacted] DATE OF ACCIDENT 03/13 19 93 HOUR 4:15 ☒ AM ☐ PM

UNIT NO. 1 DRIVER [redacted] LAST [redacted] FIRST MIDDLE LICENSE PLATE [redacted]

SECTION I - OCCUPANT DEATH (DRIVER OR PASSENGER IN PASSENGER OR TRUCK TYPE VEHICLE)

NAME OF PERSON KILLED [redacted] LAST [redacted] FIRST MIDDLE IN UNIT NO. 1

DATE OF DEATH 03/13 19 93 HOUR 4:15 ☐ AM ☐ PM EJECTED FROM VEHICLE NO

DESCRIBE INJURIES SEVERE HEAD INJURIES

PART OF VEHICLE CAUSING INJURY TOP OF VAN

SECOND OCCUPANT DEATH (DRIVER OR PASSENGER IN PASSENGER OR TRUCK TYPE VEHICLE)

NAME OF PERSON KILLED LAST FIRST MIDDLE IN UNIT NO.

DATE OF DEATH 19 HOUR ☐ AM ☐ PM EJECTED FROM VEHICLE

DESCRIBE INJURIES

PART OF VEHICLE CAUSING INJURY

SECTION II - MOTORCYCLE, MOTORSCOOTER OR MOPED CASUALTY (DEATH OR INJURY)

☐ OPERATOR ☐ PASSENGER

NAME OF CASUALTY LAST FIRST MIDDLE

IF KILLED DATE OF DEATH DESCRIBE INJURIES

TYPE OF EYE PROTECTIVE DEVICE COLOR OF LENS OR SHIELD WAS HELMET WORN? ☐ YES ☐ NO WAS HELMET DAMAGED? ☐

SECOND MOTORCYCLE, MOTORSCOOTER OR MOPED CASUALTY (DEATH OR INJURY)

☐ OPERATOR ☐ PASSENGER

NAME OF CASUALTY LAST FIRST MIDDLE

IF KILLED, DATE OF DEATH DESCRIBE INJURIES

TYPE OF EYE PROTECTIVE DEVICE COLOR OF LENS OR SHIELD WAS HELMET WORN? ☐ YES ☐ NO WAS HELMET DAMAGED? ☐

SECTION III - PEDESTRIAN CASUALTY (DEATH OR INJURY)

NAME OF CASUALTY LAST FIRST MIDDLE IF KILLED, DATE OF DEATH

WHAT PEDESTRIAN WAS DOING PEDESTRIAN WAS FACING ☐ N ☐ S ☐ E ☐ W ☐ ALONG ☐ ACROSS OR INTO (STREET NAME, HIGHWAY NO.) FROM TO (E.G. DRIVER TO R.F. CORNER, 25 WEST OF EAST SIDE, ETC.) IF NOT IN ROADWAY EXPLAIN

1. ☐ CROSSING ON ENTERING AT INTERSECTION OR CROSSWALK
2. ☐ CROSSING OR ENTERING NOT AT INTERSECTION OR CROSSWALK
3. ☐ GETTING ON OR OFF VEHICLE
4. ☐ WALKING IN ROADWAY WITH TRAFFIC
5. ☐ WALKING IN ROADWAY AGAINST TRAFFIC
6. ☐ STANDING IN ROADWAY (INCLUDES HITCH HIKING)
7. ☐ PUSHING OR WORKING ON VEHICLE
8. ☐ OTHER WORKING IN ROADWAY
9. ☐ PLAYING IN ROADWAY
10. ☐ OTHER IN ROADWAY
11. ☐ NOT IN ROADWAY

DESCRIBE INJURIES

SECTION IV - OTHER CATEGORY DEATH (ROAD MACHINERY, PEDALCYCLIST, STANDING OR PARKED, GO-CART, ETC.)

NAME OF PERSON KILLED LAST FIRST MIDDLE CATEGORY DATE OF DEATH

SIGNATURE [redacted] TITLE DEPARTMENT DATE THIS SUPPLEMENT MADE 03/13/93

PERSON COMPLETING SUPPLEMENT

A P P E A R A N C E S

MR. CHRISTOPHER L. BRINKLEY
TURNER & ASSOCIATES, P.A.
4702 W. COMMERCIAL DRIVE, SUITE B-3
NORTH LITTLE ROCK, ARKANSAS 72116
(501) 791-2277

FOR THE PLAINTIFF

MR. GEORGE A. BOLL
STRASBURGER & PRICE, L.L.P.
901 MAIN STREET, SUITE 4300
DALLAS, TEXAS 75202
(214) 651-4300

FOR THE DEFENDANT

ALSO PRESENT:

MS. MICHELLE JOHNSON

[redacted]

CAUSE NO. [redacted]

[redacted], Individually and as next friend of [redacted] a minor	*	IN THE DISTRICT COURT OF
VS.	*	RUSK COUNTY, T E X A S
GENERAL MOTORS CORPORATION, RELIABLE CHEVROLET, INC.	*	4TH JUDICIAL DISTRICT

- - - - - - - - - - - - - - - -

ORAL DEPOSITION

OF

[redacted]

- - - - - - - - - - - - - - - - -

ANSWERS AND DEPOSITION OF [redacted] produced as a witness at the instance of the Defendant, taken in the above-styled and -numbered cause on the 9th day of August, 1996, commencing at 11:14 a.m., before Amanda J. Leigh, Certified Shorthand Reporter in and for the State of Texas, at the offices of Strasburger & Price, 901 Main Street, Suite 4300, in the City of Dallas, County of Dallas, State of Texas, in accordance with the Texas Rules of Civil Procedure and the agreements hereinafter set forth.

COPY

e Crime Victims Compensation Act is intended to help innocent victims, dependents of deceased victims d their families.

Who may receive benefits?

(a) The victim
(b) Claimants who are:
1) Dependents of a deceased victim and certain family members who lived with the deceased victim.
2) Persons responsible for or who pay the medical and funeral expenses of a deceased victim.
3) Family members who live with a victim who is a child under 17 years of age.

2. What are the basic requirements?

(a) The crime occurred in Texas (this does not apply if the crime occurred in a state without a compensation program on or after September 1, 1989).
(b) The crime was reported to the police within 72 hours (this does not apply if the victim was a child under 17 years of age).
(c) An application was filed with the Industrial Accident Board within one year (this does not apply if the victim was a child under 17 years of age).
(d) The victim did not bear a share of the responsibility for the crime.
(e) The victim or claimant must cooperate with the police.
(f) The financial losses are not covered by insurance or other sources.

3. What benefits may be paid?

If the application is approved, the Board may pay:
(a) Up to $150.00 per week for loss of earnings ($200 per week if the crime occurred on or after September 1, 1989).
(b) Up to $150 per week for loss of support.
(c) Limited care for each minor child to allow a victim or spouse to work.
(d) Medical, hospital, counseling and funeral expenses not covered by insurance or other sources.
(e) Counseling for certain family members who lived with a deceased victim (effective September 1, 1987).
(f) Counseling for family members who lived with a victim who is a child under 17 years of age (effective September 1, 1985).
(g) An Emergency Award of limited amounts is available under certain circumstances and is generally limited to loss of wages and loss of support.

4. What other information is helpful?

(a) If a victim is under 18 and not married, the application and authorization must be completed and signed by a parent, guardian or conservator.
(b) if the victim is deceased, Part II must be completed by the claimant (person making claim).
(c) If you are applying for loss of wages, you will need to submit a doctor's report stating when you may return to work (this does not have to be filed with the application).
(d) Do not wait for medical bills, police reports or other reports. Send the application in as soon as possible.
(e) Automobile and boat accidents are not covered unless the driver is driving while intoxicated, fails to stop and render aid or it is an intentional act.
(f) Pain and suffering and stolen or damaged property are not covered.
(g) You must list all available insurance coverage.
(h) You must notify the board when and if a civil suit is filed because of the crime.
(i) You must notify us of a change of address.
(j) A victim who resided in the same household as the offender is not covered if the crime occurred before September 1, 1985.
(k) If your application is being filed late, please submit reason why.

Crime Victims — Austin, Tx. 1-800-983-99[redacted]
7:30 AM — 5:30 PM

WANT TO APPEAL CASE

GMAC FINANCIAL SERVICES

RETAIL INSTALMENT SALE CONTRACT
GMAC FLEXIBLE FINANCE PLAN

COPY

DEAL [redacted]
CUST

Dealer Number 800 Contract Number

Buyer (and Co-Buyer)—Name and Address (Include County and Zip Code)	Creditor (Seller Name and Address)
[redacted] "AND" [redacted] DALLAS COUNTY GARLAND, TX, [redacted] DALLAS COUNTY GARLAND, TX, [redacted]	RELIABLE CHEVROLET INC. 800 N CENTRAL EXPWY RICHARDSON, TX 75080

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. By signing this contract, you agree to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Creditor the Amount Financed and Finance Charge according to the payment schedule shown below. The Finance Charge is figured on a daily basis at the Annual Percentage Rate on the unpaid balance of the Amount Financed.

Description of Vehicle. You agree to buy and the Creditor agrees to sell the following vehicle:

New or Used	Year	Make and Model	Body Type	Vehicle Identification No.	Use for Which Purchased
USED	1989	CHEV ASTPAS	LT	1GNDM15Z3KB[redacted]	☒ personal ☐ agricultural ☐ business ☐

If truck—Give GVW and describe body and major items of equipment sold:

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your purchase on credit, including your down-payment of $ 9000.00 is
22.00 %	$ 2283.29	$ 6091.75	$ 8375.04	$ 17375.04

Your Payment Schedule Will Be:

Number of Payments	Amount of Payments	When Payments Are Due	Or as Follows:
36	232.64	Monthly beginning 28 FEB 1993	

Prepayment: If you pay off all your debt early, you will not have to pay a penalty.

Security Interest: You are giving a security interest in the vehicle being purchased.

Additional Information: See the other side of this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date, and security interest.

ITEMIZATION OF AMOUNT FINANCED

1	Cash Price (including any accessories, goods, services, and sales tax $ 843.75)	$ 14343.75 (1)
2	Total Downpayment = Net Trade-in $ N.A. + Cash Downpayment $ 9000.00 + Other (Describe) [redacted] $ N.A. Your Trade-in is a [redacted] (Year Make Model)	$ 9000.00 (2)
3	Unpaid Balance of Cash Price (1 minus 2)	$ 5343.75 (3)
4	Other Charges Including Amounts Paid to Others on Your Behalf:	
*A	Cost of Required Physical Damage Insurance Paid to the Insurance Company Named Below—Covering Damage to the Vehicle	$ N.A.
**B	Cost of Optional Coverages with Physical Damage Insurance. This insurance is not required by Creditor.	$ N.A.
***C	Cost of Optional Mechanical Repair Insurance Paid to the Insurance Company Named Below—Covering Certain Mechanical Repairs	$ N.A.
****D	Cost of Optional Credit Insurance Paid to the Insurance Company or Companies Named Below. Life $ N.A. Disability, Accident and Health $ N.A.	$ N.A.
E	Official Fees Paid to Government Agencies	$ N.A.
F	Taxes Not Included in Cash Price	$ N.A.
G	Government License and/or Registration Fees (Itemize)	$ N.A.
H	Government Certificate of Title Fees	$ 23.00
I	Motor Vehicle Inspection Fee	$ N.A.
J	**DOCUMENTARY FEE. A DOCUMENTARY FEE IS NOT AN OFFICIAL FEE. A DOCUMENTARY FEE IS NOT REQUIRED BY LAW, BUT MAY BE CHARGED TO BUYERS FOR HANDLING DOCUMENTS AND PERFORMING SERVICES RELATED TO CLOSING OF A SALE. BUYERS MAY AVOID PAYMENT OF THE FEE TO THE SELLER BY HANDLING THE DOCUMENTS AND PERFORMING THE SERVICES RELATING TO THE CLOSING OF THE SALE. A DOCUMENTARY FEE MAY NOT EXCEED $25. THIS NOTICE IS REQUIRED BY LAW.**	$ 25.00
K	Other Charges (Seller must identify who will receive payment and describe purpose) to [redacted] for MPPU-EXT-WAR-12000,MI-12,MO-[redacted]	$ 695.00
	to [redacted] for DEPTPY-RPR-[redacted]	$ 5.00
	Total Other Charges and Amounts Paid to Others on Your Behalf	$ 748.00 (4)

EXHIBIT [redacted]