 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>TOP PAGE NO. 108 (REV. 11/01/05)</p> <p>Date Received: 03JUN-2022</p> <p>Repository: <input type="checkbox"/></p> <p>Reference No.: 11467285</p>	
<p><b>OWNER INFORMATION (Type or Print)</b></p>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	ZIP Code			
jefferson	MA				
<p>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).</p>					
<p><b>VEHICLE INFORMATION</b></p>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		MAKE	Model	Model Year	
1ZVHT82H375		FORD	MUSTANG	2007	
Date Purchased	Dealer's Name and Telephone Number		Engine No. Cylinders	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City West Covina	STATE	ZIP Code		
		CA	91791		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	<input type="checkbox"/> Cruise Control			03JUN-2022	
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
Vehicle Components Codes: 140000 AIR BAGS			Failure Mileage	Failure Speed	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>					
Tire Make	Tire Model (Make or Number)		Tire Size (Example: P215/65R15)		
COOPER	DISCOVERER RTX		275/65R18		
DOT No. (Example: DOT#14 BARBER)	<input type="checkbox"/> Original Requirement	Failure Location: DRIVER SIDE REAR			
HGT4RTF62818	<input type="checkbox"/> Prior Repair				
Tire Component Code	Tire Failure Type: TREAD SEPARATION				
140000 TIRES					
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<p><b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), injury(ies).)</i></p>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police	
				N	
<p>Narrative Description of Incident(s), Crash(es), 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).</p>					
<p>The contact owns a 2007 Ford Mustang. The contact received notification of NHTSA Campaign Number: 19V001000 (Air Bags) and 15V319000 (Air Bags) and requested to be removed from the recall distribution list. The local dealer and manufacturer were not contacted.</p> <p><i>I do not own the Ford Mustang. I am the Executor of my uncle's estate, Vito Spirauskas. The car of this notice was stolen after my uncle's death. The car was recovered by the police &amp; then surrendered to my uncle's insurance company, Safety Insurance of Boston MA. Please stop sending recall notices. The car no longer exists. Ford has been notified by email, phone &amp; mail for 3 years. Enclosed is his death certificate. Thank U.</i></p>					
<p>Include, if available, Police/Fire Department Report, Photos and Repairs/Invoices.</p>					
<p>ATTACH ADDITIONAL SHEETS IF NECESSARY.</p>					
<p>The Privacy Act of 1974-Public Law 93-579. This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>					

# The Commonwealth of Massachusetts

## City of Worcester - "The Heart of the Commonwealth"



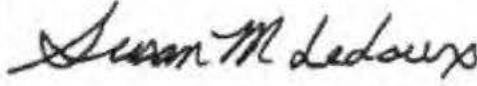
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Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**CERTIFICATE OF DEATH**

MEDICAL EXAMINER

State File # [REDACTED]  
Registered # [REDACTED]  
OCME CASE # [REDACTED]

RECEBENT	Place of Death	[REDACTED] WORCESTER, MA	Age	[REDACTED]	Sex	[REDACTED]
	Date of Death	[REDACTED]				
	Current Name	[REDACTED]				
	Surname at Birth or Adoption	[REDACTED]			SSN	UNKNOWN
	AKA	---				
	Date of Birth	[REDACTED]	Birthplace	UNKNOWN, UNKNOWN		
	Residence	[REDACTED]	WORCESTER, MASSACHUSETTS [REDACTED]			
	Race	WHITE	Education	UNKNOWN		
	Marital Status	UNKNOWN	Occupation/Industry	UNKNOWN/UNKNOWN		
	Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	UNKNOWN	Decedent: U.S. Veteran (Most Recent)	UNKNOWN		
Mother/Parent Name - Last, First, Middle (Surname at Birth or Adoption)	UNKNOWN	Birthplace	UNKNOWN			
Father/Parent Name - Last, First, Middle (Surname at Birth or Adoption)	UNKNOWN	Birthplace	UNKNOWN			
MEDICAL CERTIFIER	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause					Interval between onset and death
	a. Immediate Cause (Final condition resulting in death)					
	HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND					---
	b. Due to or as a consequence of					
	DIABETES MELLITUS					UNKNOWN ---
c. Due to or as a consequence of						
---						
d. Due to or as a consequence of						
---						
Part II. Other significant conditions contributing to death but not resulting in underlying cause					Manner of Death:	
---					NATURAL	
					Time of Death: 99:99	
					Result of Injury: NO	
Certifier RICHARD M. ATKINSON, MD					Lic # 258036	
Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118						
Funeral Licensee/Designee ROBERT J. LAWLER					Lic # 5784	
Facility/Addr. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS						
DISPOSITION	Immediate Disposition	BURIAL				
	Date of Immediate Disposition	AUGUST 07, 2018				
	Place/Address	MOUNT BENEDICT CEMETERY, 409 COREY STREET, BOSTON, MASSACHUSETTS 02201				
	Date of Record	SEPTEMBER 21, 2018				
Date of Amendment	---					
					 CLERK, CITY OF WORCESTER	

DATE ISSUED: JANUARY 24, 2019

I, the undersigned, hereby certify that I am the Clerk of the City of Worcester; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

  
 Clerk  
 City of Worcester

VOID WITHOUT WATERMARK AND ILLEGAL TO ALTER OR REPRODUCE



Safety Insurance

P O. Box 55098  
Boston, MA 02205-5098  
617-951-0600

May 18, 2022

[REDACTED]

WORCESTER MA [REDACTED]

RE: 2007 FORD MUSTANG VIN:1ZVHT82H375 [REDACTED]

Dear Insured,

Your vehicle has been appraised and deemed a total loss. Before we can settle your claim, we need you to complete the enclosed paperwork. The settlement process is easy, simply return the completed forms and promptly issue a payment. We've included a postage-paid envelope for your convenience.

We have also enclosed information about the appraised value of your vehicle. The final Settlement amount can be found in the section titled **Settlement**.

To receive your settlement, please complete and return the following:

- **Bill of Sale & Lienholder Information Release:** This document transfers ownership of your vehicle to Safety Insurance. Our records indicate you do not currently have a loan on your vehicle.
- **Original Certificate of Title:** If you do not have a loan, you are required to provide us with a properly executed Certificate of Title. Please see the enclosed instructions on *Completing the Assignment of Certificate of Title by Owner*. If you have an **outstanding loan**, your title may be located with your lienholder. Simply provide us with your lienholder's information and the signed Assignment and Authorization for Payoff for a Salvage Motor Vehicle Form. We will take care of securing the title from your lienholder.
- **Appointment of Personal Representative for Owner**
- **Death Certificate**