

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Data Received

23-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857406

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2FTHF26H4PCA15811	FORD TRUCK	F250	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A FRONTAL COLLISION IN WHICH THE DRIVER SHOULDER BELT DID NOT LOCK UP, CAUSING DRIVER TO RECEIVE MASSIVE HEAD INJURIES. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (REVERSE)

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.

U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 125 Date Received _____ 23-FEB-2000 OFFICE DEFECTS INVESTIGATION	Od_or _____ rt_ct _____ od_it _____ up_lr _____ Reference No. 857406
	OWNER INFORMATION (Type or Print)		Work Number _____ Home No. _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized NHTSA representative, you will NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Signature] Date: 9/1/31/00

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2FTHF26H4PCA15B11	Vehicle Make FORD TRUCK	Vehicle Model F250	Vehicle Year 1993	Current Odometer Reading ?
Purchase Date 5-5-99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12250900	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 9-11-99 Mileage at Failure(s) UNKNOWN Vehicle Speed at Failure(s) BETWEEN 45 TO 55 MPH POSTED SPEED	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION				
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 1	Estimated Property Damage TOTAL LOSS
				Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A FRONTAL COLLISION IN WHICH THE DRIVER SHOULDER BELT DID NOT LOCK UP, CAUSING DRIVER TO RECEIVE MASSIVE HEAD INJURIES. PLEASE GIVE ANY FURTHER DETAILS. *AK

The collision was frontal with drivers side damage. Collision was with a dirt bank on edge of grain field adjacent to road. Vehicle remained upright, was not a rollover as stated on death cert. (OVER)

CONTINUE ON BACK IF NEEDED

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.

9-13-00

TO - US, DOT & NHTSA :

I AM trying to PURSUE this problem with FORD but AM getting NO RESULTS with them. I HAVE lost ANY TRUST OR FAITH I HAD in them AS A RESULT. I HAVE the DEFECTIVE PART in my POSSESSION which I HAD to pay for BECAUSE FORD WAS SO SLOW in SENDING out A RESPONSE to me. The VEHICLE WAS A total loss AND the INSURANCE COMPANY had sold the P.U. for SCRAP, so I EITHER purchased the VEHICLE OR ~~PAID~~ PAID the SALVAGE YARD for the DEFECTIVE PART, which I DID. FORD HAS requested the part to TEST but I'm NOT willing to HAND it OVER to FORD BECAUSE of LACK of TRUST. I will HAVE NO WAY of KNOWING if the test they SAY they will PERFORM ON SAID PART will ACTUALLY BE ON SAID PART. Without some KIND of REPRESENTATION DURING testing they COULD SAY OR REPORT ANYTHING.

I AM NOT pursuing this FOR ANY MONETARY RECOVERY. I would AS AN AMERICAN CONSUMER, like AN EXPLANATION why SOMEONE like my FATHER, who WAS

LAW ABIDING AND BELIEVED VERY FAITHFULLY IN SEATBELTS, COULD DIE WEARING HIS SEATBELT BELIEVING IT COULD OR WOULD SAVE HIS LIFE.

CONSUMERS IN THE U.S. HAVE NO WAY TO KNOW IF OUR SEATBELTS ARE WORKING PROPERLY OR ARE DEFECTIVE. YET OUR GOVERNMENT TELLS US WE HAVE TO WEAR THEM OR PAY A FINE ~~to~~ if CAUGHT WITHOUT THEM ON. CONSUMERS ARE LEFT WITH THE FALSE SECURITY OF BELIEVING THEY WILL WORK IF WE NEED THEM. FOR WITHOUT SOME WAY FOR US TO CHECK EACH AND EVERY TIME WE BUCKLE UP, WHAT HAPPENED TO MY FATHER COULD HAPPEN TO ANY ONE OF US. THINK ABOUT IT, DO YOU KNOW IF YOURS IS GOOD OR DEFECTIVE??

ALL I'M ASKING IS FOR MANUFACTURERS TO GIVE CONSUMERS A WAY TO CHECK TO SEE IF THEY ARE WORKING PROPERLY, SO NO ONE ELSE HAS TO GO THROUGH WHAT OUR FAMILY HAS HAD TO.

MY FATHER ALWAYS TOLD US "WEAR YOUR SEATBELT - IT WILL SAVE YOUR LIFE IF YOU HAVE AN ACCIDENT." WELL, IT DIDN'T SAVE MY BROTHER 14 YEARS AGO AND IT SURE DIDN'T SAVE MY FATHER! HAD MY FATHER'S

SEATBELT SHOULDER PORTION BEEN WORKING PROPERLY, AS HE BELIEVED IT WAS, HE WOULD HAVE SURVIVED THIS ACCIDENT. HAD THERE BEEN A WAY TO CHECK TO SEE IF IT WAS FAULTY, HE WOULD HAVE HAD IT REPLACED. THAT IS HOW STRONGLY HE BELIEVED IN SEATBELTS!

I DON'T HAVE MONEY FOR SOME BIG NAME LAWYER TO REALLY PUSH THE ISSUE, BUT I REALLY AS A U.S. CONSUMER DESERVE AN ANSWER TO WHY MY FATHER'S SEATBELT FAILED. WITH THE RUN-AROUND I HAVE BEEN GIVEN, IT SURE MAKES A PERSON LOOSE FAITH IN OUR GOVERNMENT, THE MANUFACTURERS OF PRODUCTS AND OUR WHOLE SYSTEM IN THE U.S.

I BELIEVE AS A CONSUMER, WE DESERVE ANSWERS TO OUR QUESTIONS. IF WE CAN'T GET ANSWERS TO OUR QUESTIONS THEN THE SYSTEM NEEDS TO BE CHANGED.

I'M PLACING WHAT LITTLE TRUST I HAVE LEFT IN YOU, MAYBE YOU CAN GET SOME ANSWERS?

ADDRESS:

[REDACTED]

THANK YOU,

[REDACTED]

(ELDEST DAUGHTER)

PHONE

[REDACTED]

HOME

WORK

8:30 AM TO 4:30 PM

MONDAY THRU FRIDAY



Office of the General Counsel

Ford Motor Company
3 Parklane Boulevard
Parklane Towers West, Suite 1500
Dearborn, Michigan 48126-2588

November 12, 1999



Re: Case #: 0440000 2879


Dear 

Thank you for your recent contact to Ford Motor Company. Your complaint has been directed to this office for further handling. In order to assist us in evaluating your claim, we request that you provide us with the following information:

1. Copy of the police and or fire report.
2. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, names and addresses of all treating physicians, and copies of all medical bills and reports.
3. Photos of the interior and exterior of the vehicle.
4. What is the alleged defect
5. Has the defective part been repaired or replaced.
6. The present location of the alleged defective part and the vehicle.
7. Name, address and telephone number of the insurance company on the vehicle.
8. If the vehicle was purchased as used please provide the date of purchase and from whom purchased.

Once we are in receipt of the requested information, it will be reviewed and you will be contacted.

Sincerely,


Edward Drabczyk
Claims Analyst

dmb

[REDACTED]

January 13, 2000

Ford Motor Company
Claims Dept.

Case # 0440000 2879

To Whom it may concern:

Please find enclosed the information you have requested to review my claim.

- 1) Copy of the police report.
- 2) Copy of the Death Certificate with full name, date of birth, address etc. and such.
- 3) Photos of interior and exterior of the vehicle.
- 4) The alleged defective part was his seat belt. It did not lock and restrain him, therefore death occurred.
- 5) No.
- 6) The defective part is in my possession because insurance company sold the vehicle for scrap. I could not bare to have the vehicle at my home knowing that my father was killed in the vehicle.
- 7) Copy of name and address of the insurance company that carried said vehicle. Also the phone number of the insurance company.
- 8) Copy of the name of whom the vehicle was purchased from and their address that we had.

Please also find copies of two other documents that my father recieved from the Ford Company.

I will be waiting to hear back from you as soon as possible as I am looking for some closure to my fathers untimely death.

Sincerely,

[REDACTED]

Eldest Daughter



1601872

CORRECTION

REPORT NO. 0562001



ADDRESS & PHONE 1

NATURE OF INJURIES

ADDRESS & PHONE 2

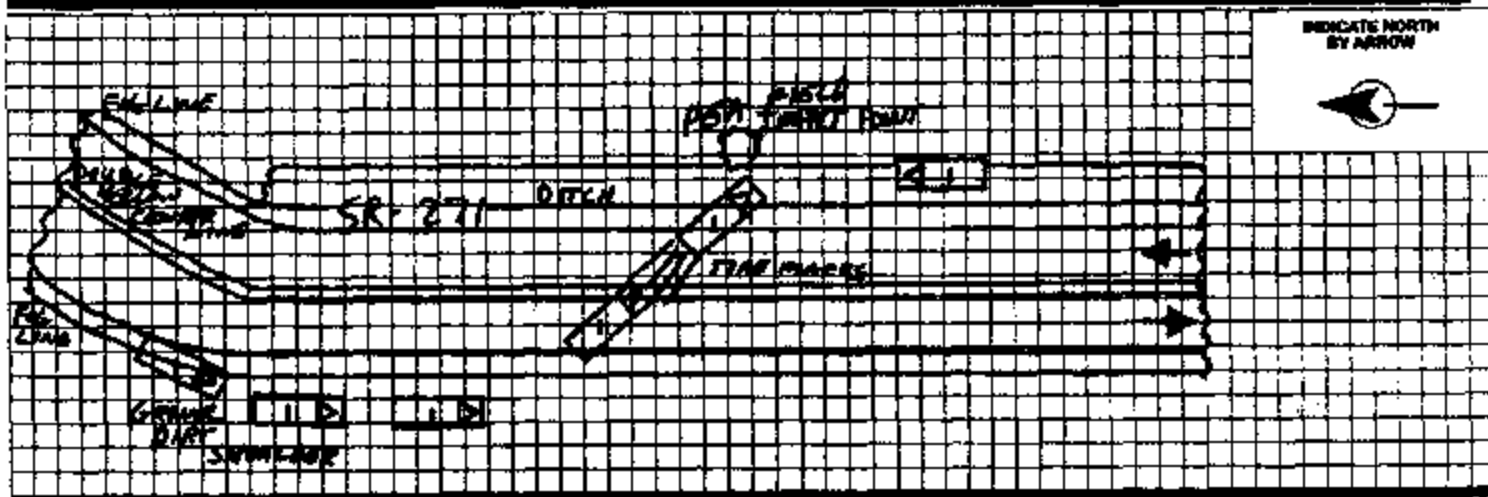
NATURE OF INJURIES

ADDRESS & PHONE 3

NATURE OF INJURIES

ADDRESS & PHONE 4

NATURE OF INJURIES



VEHICLE 1 SB SR-271 MP 3.4. VEHICLE 1 LEAVES ROADWAY TO THE RIGHT. VEHICLE 1 OVERCORRECTS TO THE LEFT. VEHICLE 1 CROSSES BOTH LANES STRIKING A DITCH ON THE EAST SIDE OF SR-271. VEHICLE 1 ROTATES AND COMES TO REST FACING NORTH IN THE DITCH ON THE EAST SIDE OF SR-271.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

Yvonne W. Robinson 4/6 9-11-99 WASHINGTON COUNTY
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET. DATED PLACE SIGNED

APPROVED BY [Signature] DATE 9-14-99

684 WANSPO406 1144 1208

1

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2804  **CERTIFICATE OF DEATH**

146

STATE FILE NUMBER

LOCAL FORM NUMBER

2781

1. NAME First: ERVIN Middle: JOHN Last: STRITZKE		2. SEX (M / F) MALE	3. DEATH DATE (Mo., Day, Yr.) Saturday SEPTEMBER 11, 1999
4. AGE LAST BIRTHDAY (Yr.) 67	5. UNDER 1 YEAR Wks. DYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo., Day, Yr.) JULY 2, 1932
8. BIRTHPLACE (City, State or Foreign Country) Slope County, No. DAKOTA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) -- YES-	10. COUNTY OF DEATH SPOKANE
11. CITY, TOWN OR LOCATION OF DEATH SPOKANE, WASHINGTON 99204		12. PLACE OF DEATH-- <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> IN HOME <input type="checkbox"/> IN OTHER PLACE EMERGENCY ROOM, SACRED HEART MEDICAL CENTER	
13. SMOKING IN LAST 12 YEARS? (Yes / No) -YES-		14. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify) MARRIED	
15. SURVIVING SPOUSE (If wife, give maiden name) J. CAROL PETERSON		16. SOCIAL SECURITY NO. 544-36-1850	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 12 College (1-4 or 5+) 6+
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) TEACHER/COACH	19. KIND OF BUSINESS OR INDUSTRY VOCATIONAL AGRICULTURE WASH. STATE PUBLIC SCHOOLS	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO	21. RACE (Specify) CAUCASIAN
22. RESIDENCE--NUMBER AND STREET No. 316432 NEWPORT HIGHWAY	23. CITY/TOWN OR LOCATION ELK	24. ZIP CODE 99009	25. COUNTY PEND OREILLE
26. PAYMENT NAME--FIRST, MIDDLE, LAST RICHARD STRITZKE		27. MOTHER'S NAME--FIRST, MIDDLE, MAIDEN SURNAME MARGARET BRINKMEYER	
28. INFORMANT--NAME J. CAROL STRITZKE, Wife		29. MAILING ADDRESS--STREET OR RD. NO. CITY OR TOWN STATE ZIP North 316432 NEWPORT HIGHWAY, ELK, WASHINGTON 99000	
30. BURIAL CREMATION (Specify) CREMATION	31. DATE (Mo., Day, Yr.) SEPT. 16, 1999	32. CEMETERY/CREMATORY--NAME Ball & Dodd Crematory North	33. LOCATION--CITY/TOWN, STATE SPOKANE, WASHINGTON
34. FUNERAL DIRECTOR SIGNATURE <i>Ralph E. Lauer</i>		35. NAME OF FACILITY LAUER FUNERAL HOME	36. ADDRESS OF FACILITY DEER PARK, WASHINGTON 99006
37. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE R		40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>George E. Lindholm MD</i> George E. Lindholm, MD, Medical Examiner	
41. DATE SIGNED (Mo., Day, Yr.)	42. HOUR OF DEATH (24 Hrs.)	43. DATE SIGNED (Mo., Day, Yr.) September 15, 1999	44. HOUR OF DEATH (24 Hrs.) 1410
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PROMOUNCED DEAD (Mo., Day, Yr.) September 11, 1999	47. HOUR PROMOUNCED DEAD (24 Hrs.) 1410
48. NAME AND ADDRESS OF CERTIFIER--PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) G.R. Lindholm, MD, Medical Examiner, 1116 W Broadway, Spokane, WA 99260		49. MEDICORONER FILE NUMBER 99-365	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	*Cerebral & Midbrain Contusions/Lacerations		INTERVAL BETWEEN ONSET AND DEATH
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH
	*Blunt Impact Injury To Head		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH
	C.		INTERVAL BETWEEN ONSET AND DEATH
	D.		INTERVAL BETWEEN ONSET AND DEATH
51. OTHER SIGNIFICANT CONDITIONS--CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE UNDERLYING CAUSE GIVEN ABOVE		52. ALTOBY? (Yes / No) -YES-	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES-
54. ACC. BLUDGE, HON, UNDET. OR PENETR. INJEST (Specify) accident (veh)	55. INJURY DATE (Mo., Day, Yr.) 09-11-99	56. HOW AND WHERE INJURY OCCURRED: subject was restrained driver of vehicle that was involved in rollover	
57. INJURY AT WORK? (Yes / No) NO	58. PLACE OF INJURY--AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) highway	59. LOCATION--STREET OR RD. NO., CITY/TOWN, STATE St Hwy 271, 4 miles south of MP 4, Elk, WA	
60. RECEIVED MEDICORONER (Physician use only) (Yes / No)	61. RECEIVED BY	62. RECEIVED DATE	63. DATE RECEIVED (Mo., Day, Yr.)



2

93 Ford Pickup # 2FTHF26H4 PCA15811
purchased from:

Dan Denisoff
616 3rd St
Nelson, British Columbia
Canada
V1L 2P9

5-5-99

8

9/10/99
Grange Insurance Association

290 Cedar Street

Seattle, Washington 98121-1223

Inured Copy

RETAIN THIS PORTION FOR YOUR RECORDS

EXPIRATION/REINSTATEMENT NOTICE

Your Agent is:

921-7039 - 3205
Kathleen Burns

UNIVERSAL INSURANCE SERVICES

124 S WASHINGTON
NEWPORT, WA 99156
(509)447-0428

Printed Date: September 10, 1999

7



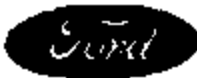
Inured:

ERVIN J STRITZKE
& JOYCE CAROL
316432 NEWPORT HWY
BLK, WA 99009

Policy Number: FPD1000758

Expiration Date: September 4, 1999

This premium is for: Farm Insurance



Ford Motor Company of Canada, Limited
Ford du Canada Limitée

The Canadian Road
P.O. Box 2000
Oakville, Ontario
L6J 5E4

April 27, 1999

TO: Ervin Stritzke
316432 North Newport Hwy
Elk, WA
99009

This is to advise that the 1993 Ford F-250, VIN# 2FTHF26H4PCA15811, equipped with Engine Calibration Number 1-75A-R00, is certified to meet United States Environmental Protection Agency Exhaust Regulations in effect for the 1993 model year.

Please refer to the enclosed emission decal.

We also advise that the above vehicle was manufactured to comply with the applicable United States Federal Motor Vehicle Safety Standards necessary to allow its importation into the United States from Canada.

Yours very truly,

FORD MOTOR COMPANY OF CANADA, Limited
National Customer Assistance Support

Enclosure



Ford Motor Company of Canada, Limited

The Canadian Road
Oakville, Ontario
L6J 5E4

April 21, 1999

To Whom It May Concern

Subject: Ford F-Series

The following vehicles were manufactured at our Ontario Truck located in
Oakville, Ontario, Canada.

The vehicles are;

1993 -Model 2FTHF26H 4PCA15811 F-Series

Sincerely,

A handwritten signature in cursive script that reads "Dave J. Potts".
Dave J. Potts

Customs & Financial Reporting



Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

February 1, 2000



Re: Claimant: Ervin Stripzke
D/L: September 11, 1999
case #: 0440000 2879

Dear Mr. [Redacted]

Thank you for your response to my letter of November 12, 1999.

Our engineers cannot make a determination as to liability based on the information you have provided.

We would be pleased to conduct non destructive testing on the part/parts you believe to be defective if you will ship these parts at your own expense. Please closely follow directions listed in the attached instructions.

Without having the opportunity to inspect the vehicle and/or alleged defective parts, we will have no alternative but to deny responsibility for this claim.

We again remind you that all necessary steps must be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial, should litigation ensue from this informal claim.

Sincerely,

Edward Drabczyk
Claims Analyst

Shipping of Parts

The allegedly defective parts should be sent to Dearborn for inspection by the Parts Analysis Section. The following steps should be taken when parts are shipped.

1. The parts should be marked by the sender in some manner so that they can be identified as the ones we inspected.
2. The parts should be properly packaged so that they can withstand handling by the carrier to Dearborn.
3. All parts should be labeled with the name of the claimant, complete address and the Claims Analyst name by the sender.
4. The package should be shipped to:

Ford Motor Company
Parts Analysis Section
Parklane Towers West
Suite 408
3 Parklane Boulevard
Dearborn, MI 48126

5. The package should be shipped U.P.S. - prepaid.
6. The sender should advise the Claims Analyst by letter when the parts have been shipped.

Ford Motor Company

August 28, 2000

70959911
Ervin Stripzke
P.O. Box 114
LaCrosse, WA 99143-0114

|||||.....|||||.....|||||.....|||||.....|||||.....

1993 Ford F-Series
Vehicle ID #: 2FTHF26H4PCA15811

Dear Ervin Stripzke:

At Ford Motor Company, providing the highest level of customer safety is our top priority. In recent days, you have probably heard or seen media coverage concerning the Firestone tire recall.

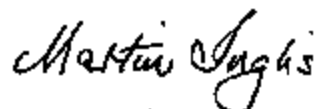
In an effort to answer your questions, this letter is to inform you that, according to our records, your 1993 Ford F-Series with factory-equipped tires *is not* affected by this recall. The only tires involved in this recall are certain Firestone 15-inch light truck and SUV tires.

Our records indicate that unless you have had your tires changed from the original equipment provided with this vehicle, the vehicle listed above is not affected by the Firestone recall. In addition, you'll find important details you should know to ensure your utmost safety listed on the backside of this letter.

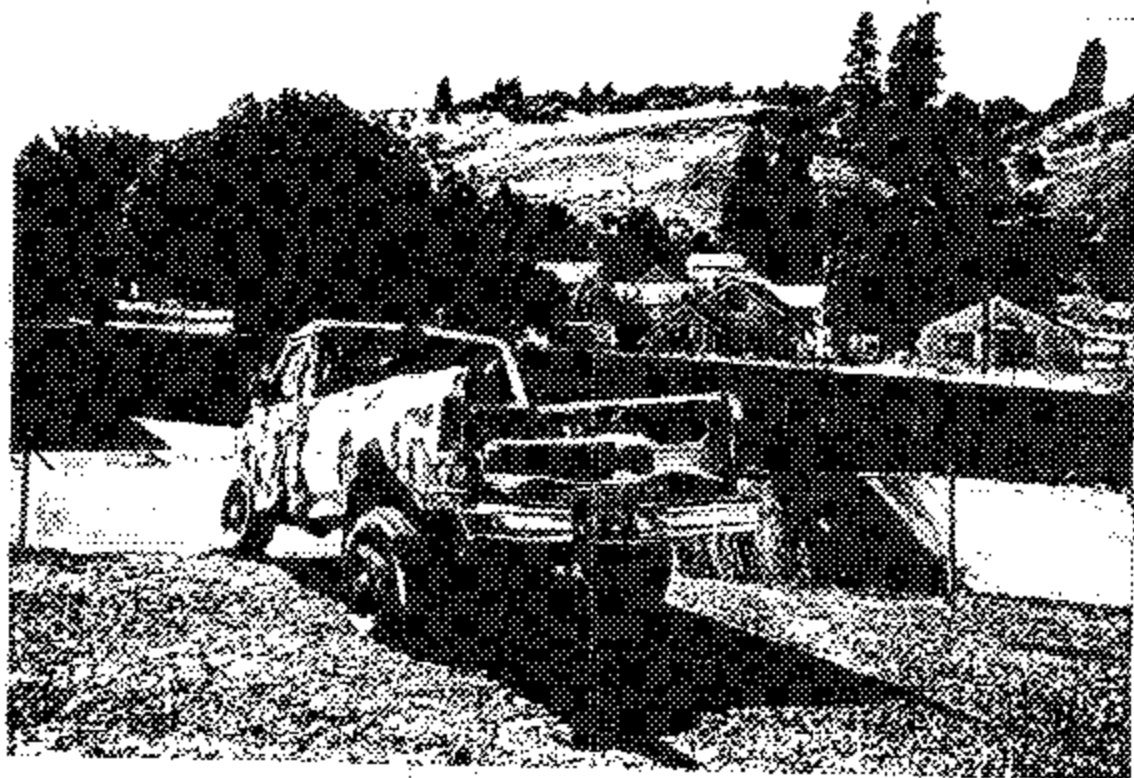
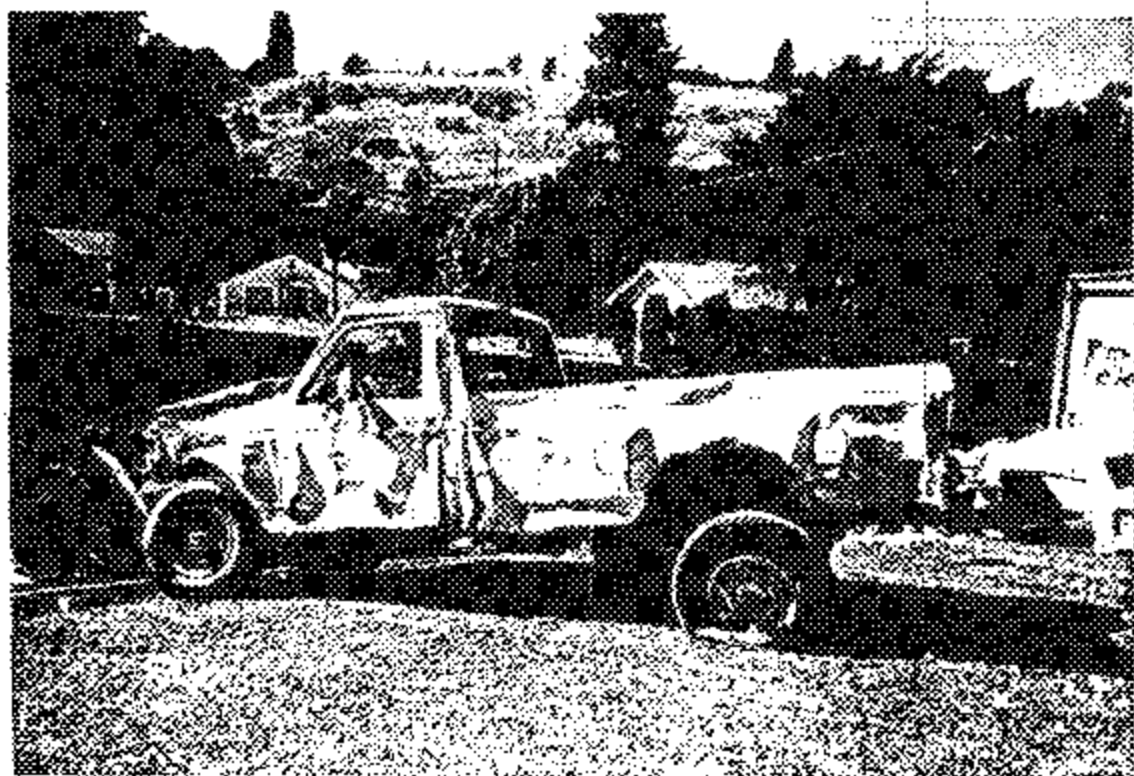
For nearly 100 years, people around the world have put their trust in the hands of Ford Motor Company, every single day. We take that responsibility seriously, and are working closely with the U.S. government and Firestone on this issue.

We are absolutely committed to enhancing your safety and maintaining your trust – and will put forth our greatest efforts to keep you informed during this Firestone tire recall.

Sincerely,



Martin Inglis
Vice President, Ford North America



Actual photos were sent
to Ford

