EA02-025

FORD 10/27/03 LETTER TO ODI

APPENDIX M

BOOK 7 OF 22

PART A-D

PART C

[redacted]

01

01/01

DMS-025 43836

CITY OF GAINESVILLE ACCIDENT ANALYSIS

EMPLOYEE	DATE OF ACCIDENT	TIME	WAGE PER HOUR	SOCIAL SECURITY NUMBER
[redacted]	03-31-01	0900 AM PM	[redacted]	[redacted]

EMPLOYEE'S HOME ADDRESS	EMPLOYEE'S HOME PHONE	EMPLOYEE'S PHONE	DATE OF BIRTH
[redacted]		[redacted]	[redacted]

DATE OF EMPLOYMENT	DIVISION	DEPARTMENT	HOURS PER DAY	HOURS PER WEEK
[redacted]	Operations	Fleet	[redacted]	[redacted]

DUTIES AT TIME OF ACCIDENT	REGULAR DUTIES IF DIFFERENT
Off Duty - vehicle parked	

A – BACKGROUND INFORMATION

- [ ] - 01 - FIRST AID
- [ ] - 02 - MEDICAL
- [ ] - 04 - FATAL
- [ ] - 05 - PROPERTY DAMAGE
- [ ] - 10 - LOST TIME
- [x] - 05 - VEHICLE NO. 1897

07 – ESTIMATED CALENDAR DAYS LOST -0-
08 – TOTAL CALENDAR DAYS LOST -0-
09 – DATE RETURNED TO WORK
[ ] - 18 – SUPPLEMENTAL REPORT – DATE:

B – ACCIDENT TYPE

- [ ] - 01 – STRUCK AGAINST
- [ ] - 02 – STRUCK BY
- [ ] - 03 – FALL FROM ELEVATION
- [ ] - 04 – FALL FROM SAME LEVEL
- [ ] - 05 – CAUGHT IN, UNDER, BETWEEN
- [ ] - 06 – RUBBED OR ABRADED
- [ ] - 07 – BODILY REACTION (DERMATITIS)
- [ ] - 08 – OVER EXERTION (LIFTING, PUSHING)
- [ ] - 09 – CONTACT – ELECTRICITY
- [ ] - 10 – CONTACT – TEMPERATURE EXTREMES
- [ ] - 11 – CONTACT – TOXIC MATERIALS
- [ ] - 12 – MOTOR VEHICLE ACCIDENT
- [ ] - 13 – INGESTION, INHALATION, ABSORPTION
- [x] - 98 – ACCIDENT NOT CLASSIFIED & LIST –

C – TYPE OF INJURY

- [ ] - 01 – AMPUTATION
- [ ] - 02 – BURN (CHEMICAL)
- [ ] - 03 – BURN (HEAT)
- [ ] - 04 – CONTUSION, CRUSHING, BRUISE
- [ ] - 05 – CUT, LACERATION, PUNCTURE
- [ ] - 06 – DERMATITIS
- [ ] - 07 – DISLOCATION
- [ ] - 08 – ELECTRICAL SHOCK
- [ ] - 09 – FRACTURE
- [ ] - 10 – HEAT STROKE
- [ ] - 11 – HEART ATTACK, STROKE
- [ ] - 12 – HYPOTHERMIA
- [ ] - 13 – IRRITATION-JOINTS, MUSCLES
- [ ] - 14 – SIGHT IMPAIRMENT
- [ ] - 15 – SPRAINS, STRAINS
- [ ] - 98 – NOT CLASSIFIED & LIST –

D – BODY PART

- [ ] - 01 – ANKLE
- [ ] - 02 – ARM [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 03 – BACK [ ] - UPPER [ ] - LOWER
- [ ] - 04 – EAR [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 05 – EYE(S) [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 06 – FINGER(S)
- [ ] - 07 – FOOT [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 08 – GENITAL AREA
- [ ] - 09 – HAND [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 10 – HEAD [ ] - MISC [ ] - NECK
- [ ] - 11 – INTERNAL SYSTEM
- [ ] - 12 – LEG [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 13 – SHOULDER(S)
- [ ] - 14 – TOES(S)
- [ ] - 15 – TRUNK
- [ ] - 16 – WRIST [ ] - LEFT [ ] - RIGHT [ ] - BOTH
- [ ] - 98 – NOT CLASSIFIED

E – UNSAFE ACTS

- [ ] - 01 - IMPROPER TOOLS, OR USED IMPROPERLY
- [ ] - 02 – FAILED TO CHECK PATH
- [ ] - 03 – FAILED TO USE EQUIPMENT PROVIDED
- [ ] - 04 – MADE SAFETY DEVICES INOPERATIVE
- [x] - 05 – FAILED TO SECURE EQUIPMENT
- [ ] - 06 – TOOK UNSAFE POSITION OR POSTURE
- [ ] - 07 – CARRIED OR PUSHED EXCESSIVE LOAD
- [ ] - 08 – OPERATED WITHOUT AUTHORITY
- [ ] - 09 – DISREGARDED INSTRUCTIONS
- [ ] - 10 – PULLED INSTEAD OF PUSHED
- [ ] - 11 – WORKED OR DRIVE AT UNSAFE SPEED
- [ ] - 12 – HORSEPLAY, TEASING, DISTRACTING
- [ ] - 13 – WORE IMPROPER CLOTHING OR SHOES
- [ ] - 14 – PERFORMED TASK WITHOUT ADEQUATE KNOWLEDGE
- [ ] - 98 – NOT CLASSIFIED *LIST ON REVERSE SIDE UNDER 0-0*

F – LOCATION OF ACCIDENT &	G – TOOLS, EQUIPMENT INVOLVED &
307 SW 16th Av	Marked Patrol Vehicle (1897)

H – UNSAFE CONDITIONS

- [ ] - 01 – DEFECTIVE OR SLIPPERY FLOORS/SURFACES
- [ ] - 02 – LACK OF ADEQUATE BARRICADES
- [ ] - 03 – CONGESTED AREA – POOR STORAGE ARRANGEMENT
- [ ] - 04 – DEFECTIVE MACHINE, EQUIPMENT OR TOOLS
- [ ] - 05 – POOR DESIGN, CONSTRUCTION, ARRANGEMENT OF EQUIPMENT
- [ ] - 06 – EMPLOYEE FATIGUE
- [x] - 07 – VEHICLE DEFECT
- [ ] - 08 – IMPROPERLY OR INADEQUATELY GUARDED EQUIPMENT
- [ ] - 09 – LACK OF, OR IMPROPER LOCATION OF SWITCHES
- [ ] - 10 – EXPOSED HOT/COLD MATERIAL(S)
- [ ] - 11 – LACK OF PROPER/SUFFICIENT MATERIALS HANDLING EQUIPMENT
- [ ] - 98 – NOT CLASSIFIED & *LIST ON REVERSE SIDE UNDER 0-0*

I – SAFETY EQUIPMENT IN USE

[x] - 01 – YES [ ] - 02 – NO

& EXPLAIN AND LIST
Door locks

VNA6 0326
Miles → 54,753 (N)

ER02-026 43839

I – DESCRIBE SEQUENCE OF EVENTS –
On Saturday, 03-31-01 @ 0900 hours, Officer S Knighton was alerted to her parcel vehicle (# 1897) '94 Ford Crown Victoria being on fire. The vehicle had been parked in front of her apartment approximately 30 minutes prior, after working a full Midnight Shift. The witnesses stated they observed sparking wires dropping to the ground from the under carriage near the driver's side front tire. Seconds, then fire started immediately after. The witnesses and Officer Knighton attempted to put the fire out with a household extinguisher, while calling OFR, who responded a short time later. The vehicle was destroyed from the dash board forward. The interior compartments and their contents were damaged by heat and massive smoke. Department and personal property were damaged beyond repair. OFR reported evidence supported the fire was probably electrical. Ofc O'Farrell #421 took photos. Vehicle towed to Bins. CE #01-05167

K – WITNESS LIST –
Joseph Allen Borrelli, W/M, 10-08-63 NV/DL # 1700792868, SSN 354-78-6498, Cell phone #(702) 391-6640 and William J Schiele, W/M, 03-05-67, NV/DL #1704865[illegible]5

L – DESCRIBE PREVENTION OF RECURRENCE –
Electrical System untangling

M – ADDITIONAL COMMENTS / FINDINGS –
This is the second Crown Victoria I know of to catch fire while not running.

N – CORRECTIVE ACTION / ACCIDENT REDUCTION REQUIRES COMPLETION
INSERT STATUS CODE OPPOSITE EACH ACTION WHICH COULD PREVENT RECURRENCE OF THE ACCIDENT.

§ 1 – ACTION ALREADY COMPLETED § 2 – ACTION TO BE COMPLETED § ACTION REQUIRES MANAGEMENT APPROVAL

	01 – REINSTRUCT EMPLOYEE		08 – PROVIDE PERSONNEL PROTECTION EQUIPMENT
2	02 – DISCUSS ACCIDENT AT SAFETY MEETING		09 – IMPROVE PRE-JOB TRAINING
	03 – WARNING OR FORMAL REPRIMAND		10 – IMPROVE HOUSEKEEPING PRACTICES
	04 – TEMPORARY REASSIGNMENT OF EMPLOYEE		11 – IMPROVE PHYSICAL LAYOUT
	05 – PERMANENT JOB CHANGE		12 – OBTAIN BARRICADES TO BLOCK OFF AREAS
	06 – REPAIR/MODIFY EQUIPMENT, TOOLS		13 – INSTALL GUARDS, RAILINGS, ETC.
	07 – OBTAIN NON-SLIP FLOOR MATERIALS		14 –

O – DISPOSITION
☒ - 01 – RETURNED TO REGULAR DUTY ☐ - 02 – RETURNED TO LIMITED DUTY ☐ - 03 – DID NOT RETURN TO WORK
☐ - 04 – HOSPITALIZED ☐ - 05 – TREATED AT HEALTH SERVICES ☐ - 06 – OTHER TREATMENT

☒ - 20 – DEPARTMENTAL SAFETY NOTIFIED ☒ - 21 – SAFETY DEPARTMENT NOTIFIED
☒ - 22 – PHOTOGRAPHS TAKEN ☒ - 23 – POLICE DEPARTMENT NOTIFIED

REPORT WRITTEN BY	SUPERVISOR	DATE
Valerie K Dawson	1st Timothy A Co[redacted]	04-01-01

INVESTIGATOR	MANAGER'S SIGNATURE	DATE
Valerie K Dawson		4-2-01

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00002-025 43849

GAINESVILLE POLICE DEPARTMENT
INVESTIGATIVE REPORT

INCIDENT

Date of Report: 3-3-01
FROM: Day/Date/Time:
TO: Day/Date/Time: SAT 3-3-01 0900
Telephone Reporting: ☐ Yes
Case #: 2001-05167

Location of Occurrence (or address): 307 SW 16TH
Zone: N
Place Name (if Commercial):

OFFENSE #1

Incident Type: ☐ Felony ☐ Misdemeanor ☐ City Ordinance ☐ Traffic Felony ☐ Traffic Misd ☐ Other
Offense/Incident Description: Damaged City Property
☐ N/A ☐ State Statute ☐ City Ordinance
Offense/Charge:
UCR Code:

Aggravated Battery: ☐ N/A ☐ Gangland ☐ Juvenile Gang ☐ Domestic Violence ☐ Money Argument ☐ Homicide Related ☐ Other Felony ☐ Victim ☐ Witness ☐ Unknown
Drug Activity: ☐ N/A ☐ Buy ☐ Sell ☐ Deliver/Dist ☐ Manufacture ☐ Possess ☐ Other ☐ Smuggle ☐ Traffic ☐ Unknown ☐ Use ☐ Other
Drug Type: ☐ N/A ☐ Amphetamine ☐ Barbiturate ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Opium ☐ Phencyclidine ☐ Synthetic ☐ Unknown ☐ Other
Drug Qty (# Units):
Drug Units: ☐ Dose/Unit/Item ☐ Grams ☐ Kilograms ☐ Liter ☐ Milligram ☐ Milliliter ☐ Ounce ☐ Pound ☐ Ton
Drug Value (in whole Dollars):

OFFENSE #2

Incident Type: ☐ Felony ☐ Misdemeanor ☐ City Ordinance ☐ Traffic Felony ☐ Traffic Misd ☐ Other
Offense/Incident Description:
☐ N/A ☐ State Statute ☐ City Ordinance
Offense/Charge:
UCR Code:

Aggravated Battery: ☐ N/A ☐ Gangland ☐ Juvenile Gang ☐ Domestic Violence ☐ Money Argument ☐ Homicide Related ☐ Other Felony ☐ Victim ☐ Witness ☐ Unknown
Drug Activity: ☐ N/A ☐ Buy ☐ Sell ☐ Deliver/Dist ☐ Manufacture ☐ Possess ☐ Other ☐ Smuggle ☐ Traffic ☐ Unknown ☐ Use ☐ Other
Drug Type: ☐ N/A ☐ Amphetamine ☐ Barbiturate ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Opium ☐ Phencyclidine ☐ Synthetic ☐ Unknown ☐ Other
Drug Qty (# Units):
Drug Units: ☐ Dose/Unit/Item ☐ Grams ☐ Kilograms ☐ Liter ☐ Milligram ☐ Milliliter ☐ Ounce ☐ Pound ☐ Ton
Drug Value (in whole Dollars):

INCIDENT DETAILS

Weapon Type: ☐ N/A ☐ Blunt Object ☐ Gangl ☐ Explosive ☐ Fire ☐ Firearm ☐ Handgun ☐ Hand/Foot ☐ Knife ☐ Pellet ☐ Rifle ☐ Shotgun ☐ Simulated ☐ Threaten ☐ Unknown ☐ Other
Location Type: ☐ Air/Coach ☐ Airport ☐ Bank/Financial Inst ☐ Bar/Night Club ☐ Beach/Waterway Beaches ☐ Church/Clg Building ☐ Construction Site ☐ Conv Store ☐ Dept/Dist Store ☐ Drugstore/Pharmacy ☐ Gas Station ☐ Govt/Public Building ☐ Highway/Roadway ☐ Hotel ☐ Industrial/Manufac ☐ Jail/Prison ☐ Lake/Waterway ☐ Liquor Sales ☐ Motor Vehicle ☐ Other Motor ☐ Other Business ☐ Park/Woods ☐ Parking Lot/Garage ☐ Residence Bldg ☐ Residence/Other ☐ Restaurant ☐ School/University ☐ Specialty Store ☐ Storage ☐ Supermarket ☐ Other
Forced Entry: ☐ N/A ☐ Yes ☐ No ☐ Unk
No. of Offenders: 0-N/A, 01-99, 100-Unk: 0
No. of Victims: 0-N/A, 01-99, 100-Unk: 0
No. of Offenders: 0-N/A, 01-99, 100-Unk: 0
No. of Victims: 0-N/A, 01-99: 1
No. of Vehicle Stolen: 0-N/A, 01-99: 0
Safety Related: ☐ Yes ☐ No ☐ Unknown
Alcohol Related: ☐ Yes ☐ No ☐ Unknown
Publish Ordinance: ☐ Yes
Juvenile Involved: ☐ Yes ☐ No ☐ Unknown

PROPERTY INVOLVED

Property Type: ☐ Apparel/Acc ☐ Auto Accessory/Part ☐ Bicycle ☐ Boat/Motor ☐ Camera/Photo Equip ☐ Clothing/Fur ☐ Computer Equip ☐ Construc equip ☐ Credit Card/Non-cash ☐ Currency/Negotiable ☐ Drug ☐ Equipment/Tool ☐ Farm Equipment ☐ Food/Beverages ☐ Gun ☐ Household Appliance ☐ Jewelry/Precious Metal ☐ Livestock ☐ Miscellaneous ☐ Medical Instr ☐ Office Equipment ☐ Plant/Crop ☐ Radio Equipment ☐ Sports Equipment ☐ Weapon ☐ Structure ☐ TV/Video/VCR ☐ Other
General Status of Property: ☐ Fail to return ☐ Recovered for Other Agency ☐ Recovered/Found ☐ Seized ☐ Stolen ☐ Stolen & Recovered ☐ Other
Property Damage: ☐ N/A ☐ Arson ☐ Criminal Mischief ☐ During other offense ☐ Other
OTC Full Description of Property Including Make, Model, Serial Number, Age, and estimated value (additional if required): ☐ Yes

Property Type: ☐ Apparel/Acc ☐ Auto Accessory/Part ☐ Bicycle ☐ Boat/Motor ☐ Camera/Photo Equip ☐ Clothing/Fur ☐ Computer Equip ☐ Construc equip ☐ Credit Card/Non-cash ☐ Currency/Negotiable ☐ Drug ☐ Equipment/Tool ☐ Farm Equipment ☐ Food/Beverages ☐ Gun ☐ Household Appliance ☐ Jewelry/Precious Metal ☐ Livestock ☐ Miscellaneous ☐ Medical Instr ☐ Office Equipment ☐ Plant/Crop ☐ Radio Equipment ☐ Sports Equipment ☐ Weapon ☐ Structure ☐ TV/Video/VCR ☐ Other
General Status of Property: ☐ Fail to return ☐ Recovered for Other Agency ☐ Recovered/Found ☐ Seized ☐ Stolen ☐ Stolen & Recovered ☐ Other
Property Damage: ☐ N/A ☐ Arson ☐ Criminal Mischief ☐ During other offense ☐ Other
OTC Full Description of Property Including Make, Model, Serial Number, Age, and estimated value (additional if required): ☐ Yes

VEHICLE INVOLVED ☐ Yes

Vehicle Type: ☐ Aircraft ☐ Auto ☐ Bus ☐ Camper ☐ Motorcycle ☐ Trailer ☐ Truck/Van ☐ Other
Registry Location: ☐ N/A ☐ Apartment Complex ☐ Government ☐ Highway/Roadway ☐ Field/Playground ☐ Public Housing ☐ Shopping Mall ☐ Water ☐ Wooded ☐ Other
General Status of Vehicle: ☐ Fail to return ☐ Recovered ☐ Seized ☐ Stolen ☐ Stolen & Recovered ☐ Other
Vehicle Action Taken: ☐ N/A ☐ Abandoned Vehicle ☐ Being Held By GPD ☐ Keys left in ignition ☐ Owner has Keys ☐ Possessed Vehicle ☐ Released on scene ☐ Impounds Vehicle ☐ Stolen Vehicle ☐ Stolen Vehicle
Vehicle Damage: ☐ N/A ☐ Arson ☐ Criminal Mischief ☐ During other offense ☐ Damaged/Took from vehicle ☐ Other
Registry Type: ☐ N/A ☐ Reported Stolen by GPD - Recovered by GPD ☐ Reported Stolen to GPD - Recovered by Other Agency ☐ Reported Stolen to Other Agency - Recovered by GPD

Year/Make: 99 Ford
Vehicle Model (Name): Crown Vic
Color: White
Tag Year: N/A
Tag State: FL
Tag Number: 106239
Stolen/Recovered: ☐ Yes ☐ No
Vehicle Identification Number (VIN): 2FACP71W4PX160326
☐ Victim Vehicle ☐ Suspect Vehicle

Date/Time Crime Clsd/Assigned: 3-21-01 0900
Time Arrived: 0905
Time Clsd: 0945
Related Case Nbrs:
Arrested: 0

Name: K. Hahn
ID: 436
Unit/Det: 1
Div.: 74
Name: Valerie Kanstrup
ID: 4079

Administrative Disposition: ☐ Observed ☐ Dispatched ☐ Arrest ☐ Tel/Serve ☐ Front Desk ☐ Airport
Attachments: ☐ Citation ☐ BOLO ☐ Witness ☐ 180 Form ☐ N/A ☐ Prop. Card ☐ Comp. Witness
CRIMINAL INVESTIGATIONS DIVISION USE ONLY
Detective ID: Supervisor ID:
Copies Distributed: ☐ CID ☐ Media ☐ CAU ☐ Intake
Page 1 of 2

2001-05167

GPD 201 Rev. Date 03/00

ER2-625 43641

Person's Information

Case # 2001-05167

SUSPECT/PERSON #1

Person Type: ☐ N/A ☐ Missing Person ☐ Victim ☐ Complainant ☐ Person w/Knowledge ☐ Witness ☐ Susp/Off.

Offense Number: ☐ 1 ☐ 2 ☐ All ☐ Not Applicable

Victim Type: ☐ N/A ☐ LEO ☐ Juvenile ☐ Adult ☐ Business ☐ Government ☐ Church ☐ Other

Arrest Notify: ☐ Yes ☐ No

Arrest Notification Date/Time: By/ID:

Name (Last, First Middle): City of Gainesville

Date of Birth:

Alcohol or Drugs Indicated: ☐ Yes ☐ No ☐ Unk.

Sex: Race: Hair: Eyes: Weight: Height: Additional Description:

Street Address/Residence in Hallandale: City/State/Zip:

Home Phone:

Employer/School: Address: City/State/Zip:

Work Phone:

DL State: Driver License Number: Social Security Number:

Statement Given: ☐ N/A ☐ Verbal ☐ Referred ☐ Written

Victim Rights: ☐ Yes

Date Violence: ☐ Yes

Report Request: ☐ Yes

Residence Type: ☐ N/A ☐ City ☐ County ☐ Public ☐ Out of State

Residence Status: ☐ N/A ☐ Full year ☐ Part-year ☐ Non-resident

Bodily Injury: ☐ None ☐ Fatal ☐ Unk.

Injury Type: ☐ N/A ☐ Abrasion/Bruises ☐ Burn ☐ Gunshot ☐ Laceration ☐ Loss of Teeth ☐ Pain Broken Bones ☐ Pain Internal Injury ☐ Stabbed ☐ Unconscious ☐ Other

Victim/Suspect Relationship: ☐ N/A ☐ Acquaintance ☐ Bsf/Girlfriend ☐ Brother/Sister ☐ Child ☐ Child of Bsf/Girlfriend ☐ Ex-boyfriend ☐ Employee ☐ Employer ☐ Employee ☐ Friend ☐ In-Law ☐ Landlord/Tenant ☐ Neighbor ☐ Ex family ☐ Parent ☐ Sibling/Day Care ☐ Spouse ☐ Step-child ☐ Step-parent ☐ Stranger ☐ Student ☐ Teacher ☐ Unidentified ☐ Other

SUSPECT/PERSON #2

Person Type: ☐ N/A ☐ Missing Person ☐ Victim ☐ Complainant ☐ Person w/Knowledge ☐ Witness ☐ Susp/Off.

Offense Number: ☐ 1 ☐ 2 ☐ All ☐ Not Applicable

Victim Type: ☐ N/A ☐ LEO ☐ Juvenile ☐ Adult ☐ Business ☐ Government ☐ Church ☐ Other

Arrest Notify: ☐ Yes ☐ No

Arrest Notification Date/Time: By/ID:

Name (Last, First Middle): [redacted]

Date of Birth:

Alcohol or Drugs Indicated: ☐ Yes ☐ No ☐ Unk.

Sex: Race: Hair: Eyes: Weight: Height: Additional Description:

Street Address/Residence in Hallandale: On File City/State/Zip:

Home Phone:

Employer/School: Address: 721 NW 6ST City/State/Zip: Gainesville FL 32601

Work Phone: 334-2451

DL State: Driver License Number:

Social Security Number:

Statement Given: ☐ N/A ☐ Verbal ☐ Referred ☐ Written

Victim Rights: ☐ Yes

Date Violence: ☐ Yes

Report Request: ☐ Yes

Residence Type: ☐ N/A ☐ City ☐ County ☐ Public ☐ Out of State

Residence Status: ☐ N/A ☐ Full year ☐ Part-year ☐ Non-resident

Bodily Injury: ☐ None ☐ Fatal ☐ Unk.

Injury Type: ☐ N/A ☐ Abrasion/Bruises ☐ Burn ☐ Gunshot ☐ Laceration ☐ Loss of Teeth ☐ Pain Broken Bones ☐ Pain Internal Injury ☐ Stabbed ☐ Unconscious ☐ Other

Victim/Suspect Relationship: ☐ N/A ☐ Acquaintance ☐ Bsf/Girlfriend ☐ Brother/Sister ☐ Child ☐ Child of Bsf/Girlfriend ☐ Ex-boyfriend ☐ Employee ☐ Employer ☐ Employee ☐ Friend ☐ In-Law ☐ Landlord/Tenant ☐ Neighbor ☐ Ex family ☐ Parent ☐ Sibling/Day Care ☐ Spouse ☐ Step-child ☐ Step-parent ☐ Stranger ☐ Student ☐ Teacher ☐ Unidentified ☐ Other

SUSPECT/PERSON #3

Person Type: ☐ N/A ☐ Missing Person ☐ Victim ☐ Complainant ☐ Person w/Knowledge ☐ Witness ☐ Susp/Off.

Offense Number: ☐ 1 ☐ 2 ☐ All ☐ Not Applicable

Victim Type: ☐ N/A ☐ LEO ☐ Juvenile ☐ Adult ☐ Business ☐ Government ☐ Church ☐ Other

Arrest Notify: ☐ Yes ☐ No

Arrest Notification Date/Time: By/ID:

Name (Last, First Middle): [redacted]

Date of Birth: [redacted]

Alcohol or Drugs Indicated: ☐ Yes ☐ No ☐ Unk.

Sex: Race: Hair: Eyes: Weight: [redacted] Height: 6'2 Additional Description:

Street Address/Residence in Hallandale: none City/State/Zip:

Home Phone: cell PX [redacted]

Employer/School: none Address: City/State/Zip:

Work Phone:

DL State: [redacted] Driver License Number: [redacted] Social Security Number: [redacted]

Statement Given: ☐ N/A ☐ Verbal ☐ Referred ☐ Written

Victim Rights: ☐ Yes

Date Violence: ☐ Yes

Report Request: ☐ Yes

Residence Type: ☐ N/A ☐ City ☐ County ☐ Public ☐ Out of State

Residence Status: ☐ N/A ☐ Full year ☐ Part-year ☐ Non-resident

Bodily Injury: ☐ None ☐ Fatal ☐ Unk.

Injury Type: ☐ N/A ☐ Abrasion/Bruises ☐ Burn ☐ Gunshot ☐ Laceration ☐ Loss of Teeth ☐ Pain Broken Bones ☐ Pain Internal Injury ☐ Stabbed ☐ Unconscious ☐ Other

Victim/Suspect Relationship: ☐ N/A ☐ Acquaintance ☐ Bsf/Girlfriend ☐ Brother/Sister ☐ Child ☐ Child of Bsf/Girlfriend ☐ Ex-boyfriend ☐ Employee ☐ Employer ☐ Employee ☐ Friend ☐ In-Law ☐ Landlord/Tenant ☐ Neighbor ☐ Ex family ☐ Parent ☐ Sibling/Day Care ☐ Spouse ☐ Step-child ☐ Step-parent ☐ Stranger ☐ Student ☐ Teacher ☐ Unidentified ☐ Other

2002-025 43842

Suspect/Defendant Information

Case #: 2001-05167

SUSPECT/DEFENDANT #1 DATA

Name (Last, First, Middle) | Age Range | Date of Birth | Alcohol or Drugs Involved? ☐ Yes ☐ No ☐ Unk

Sex | Race | Hair | Eyes | Weight | Height | Tattoos | Scars/Marks

Street Address (Directions to Residence) | City, State, Zip | Home Phone

Employer/School | Work Phone

DL State | Driver License Number | Social Security Number

Hat/Cap | Shirt/Jacket | Pants (Color/Type) | Shoes (Color/Type) | Jewelry | Other

Arrest/Known Complaint Date/Time | Booking Date/Time | Suspect Identified by Whom? | Residence Type ☐ N/A ☐ City ☐ County ☐ Parole ☐ Out of State | Domestic Violence ☐ Yes

SUSPECT/DEFENDANT #1 CODE

Suspect Code ☐ Arrested ☐ Other ☐ Escape ☐ Subject | Offense Number ☐ 1 ☐ 2 ☐ 3 ☐ See Narrative | Arrest Type ☐ N/A ☐ Arrest ☐ NTA | Weapon Type ☐ N/A ☐ Firearm ☐ Knife ☐ Explosive ☐ Fire ☐ Handgun ☐ Knife ☐ Poison ☐ Rifle ☐ Shotgun ☐ Simulated Weapon ☐ Other | Ft Collar | Length | Color

Juvenile disposition ☐ Other ☐ Handcuffed while ☐ Dept. Released ☐ Turned over to Out ☐ Incarcerated | Citizenship ☐ N/A ☐ Iran ☐ Mexico ☐ Canada ☐ USA ☐ Israel ☐ Unknown | Statement Given ☐ N/A ☐ Refused ☐ Verbal ☐ Written | Name Verified ☐ N/A ☐ Department Records ☐ Other Licenses ☐ Dept Application ☐ Family Member ☐ Jail ID ☐ Known to Officer ☐ Letters, Designs ☐ Military ID ☐ Passport ☐ Soc Narrative ☐ State ID | Hair Length/Type ☐ Unk ☐ Bald ☐ Coarse ☐ Color ☐ Fine ☐ Long ☐ Other ☐ Kinks ☐ Shoulder ☐ Thick ☐ Thinning ☐ Wavy

Hair Style ☐ Unk ☐ Afro Hair ☐ Braided ☐ Ruffy ☐ Greasy ☐ Military ☐ Ponytail ☐ Pompadour ☐ Straight ☐ Wavy/Curly ☐ Wig ☐ Other | Facial Hair ☐ Unk ☐ Clean shave ☐ Pin Stripe ☐ Full beard ☐ Goatee ☐ Lower lip ☐ Mustache ☐ Sideburns ☐ Unknown ☐ Van Dyke ☐ Other | Complexion ☐ Unk ☐ Acne ☐ Dark ☐ Freckled ☐ Light ☐ Medium ☐ Pale ☐ Pocked ☐ Ruddy ☐ Sallow ☐ Tanned ☐ Other | Appearance ☐ Unk ☐ Casual ☐ Dirty ☐ Disguise ☐ Flashy ☐ Groomed ☐ Neatness ☐ Military ☐ Uniform ☐ Unusual Odor ☐ Other | Demeanor ☐ Unk ☐ Angry ☐ Apologetic ☐ Calm ☐ Disorganized ☐ Indifferent ☐ Nervous ☐ Polite ☐ Belligerent ☐ Super ☐ Talkative ☐ Other

SUSPECT/DEFENDANT #2 DATA

Name (Last, First, Middle) | Age Range | Date of Birth | Alcohol or Drugs Involved? ☐ Yes ☐ No ☐ Unk

Sex | Race | Hair | Eyes | Weight | Height | Tattoos | Scars/Marks

Street Address (Directions to Residence) | City, State, Zip | Home Phone

Employer/School | Work Phone

DL State | Driver License Number | Social Security Number

Hat/Cap | Shirt/Jacket | Pants (Color/Type) | Shoes (Color/Type) | Jewelry | Other

Arrest/Known Complaint Date/Time | Booking Date/Time | Suspect Identified by Whom? | Residence Type ☐ N/A ☐ City ☐ County ☐ Parole ☐ Out of State | Domestic Violence ☐ Yes

SUSPECT/DEFENDANT #2 CODE

Suspect Code ☐ Arrested ☐ Other ☐ Escape ☐ Subject | Offense Number ☐ 1 ☐ 2 ☐ 3 ☐ See Narrative | Arrest Type ☐ N/A ☐ Arrest ☐ NTA | Weapon Type ☐ N/A ☐ Firearm ☐ Knife ☐ Explosive ☐ Fire ☐ Handgun ☐ Knife ☐ Poison ☐ Rifle ☐ Shotgun ☐ Simulated Weapon ☐ Other | Ft Collar | Length | Color

Juvenile disposition ☐ Other ☐ Handcuffed while ☐ Dept. Released ☐ Turned over to Out ☐ Incarcerated | Citizenship ☐ N/A ☐ All Others ☐ Canada ☐ Israel ☐ Iran ☐ Mexico ☐ USA ☐ Unknown | Statement Given ☐ N/A ☐ Refused ☐ Verbal ☐ Written | Name Verified ☐ N/A ☐ Department Records ☐ Other Licenses ☐ Dept Application ☐ Family Member ☐ Jail ID ☐ Known to Officer ☐ Letters, Designs ☐ Military ID ☐ Passport ☐ Soc Narrative ☐ State ID | Hair Length/Type ☐ Unk ☐ Bald ☐ Coarse ☐ Color ☐ Fine ☐ Long ☐ Other ☐ Short ☐ Shoulder ☐ Thick ☐ Thinning ☐ Wavy

Hair Style ☐ Unk ☐ Afro Hair ☐ Braided ☐ Ruffy ☐ Greasy ☐ Military ☐ Ponytail ☐ Pompadour ☐ Straight ☐ Wavy/Curly ☐ Wig ☐ Other | Facial Hair ☐ Unk ☐ Clean shave ☐ Pin Stripe ☐ Full beard ☐ Goatee ☐ Lower lip ☐ Mustache ☐ Sideburns ☐ Unknown ☐ Van Dyke ☐ Other | Complexion ☐ Unk ☐ Acne ☐ Dark ☐ Freckled ☐ Light ☐ Medium ☐ Pale ☐ Pocked ☐ Ruddy ☐ Sallow ☐ Tanned ☐ Other | Appearance ☐ Unk ☐ Casual ☐ Dirty ☐ Disguise ☐ Flashy ☐ Groomed ☐ Neatness ☐ Military ☐ Uniform ☐ Unusual Odor ☐ Other | Demeanor ☐ Unk ☐ Angry ☐ Apologetic ☐ Calm ☐ Disorganized ☐ Indifferent ☐ Nervous ☐ Polite ☐ Belligerent ☐ Super ☐ Talkative ☐ Other

CRIME ANALYSIS DATA

Method of Entry ☐ N/A ☐ Already Unlocked ☐ Attempt Only ☐ Easily Gone ☐ Left Open ☐ Unlocked ☐ Other ☐ Pry/Tool/Force ☐ Garage Door Opener ☐ Hid in building ☐ Key/Slip ☐ No Forced Entry ☐ Pry ☐ Pry/Tool/Force ☐ Removed Hinges ☐ Removed replacement ☐ Shoulder ☐ Screwdriver ☐ Smashed Window ☐ Try Key ☐ Unknown ☐ Window Pane Removed | Point of Entry ☐ N/A ☐ Already on Premises ☐ Component ☐ Pull/Toggle Door ☐ Door ☐ Fence Gate ☐ Fenced Compound ☐ Floor ☐ Garage Door ☐ Garage Door into House ☐ Ground Level ☐ Louvered Window ☐ Removable Window ☐ Patio Door ☐ Removed Window A/C ☐ Wall ☐ Screen ☐ Sliding Glass Door ☐ Trash Bin ☐ Unknown ☐ Upper Level ☐ Vehicle Convertible Top ☐ Vehicle Trunk ☐ Vending Machine ☐ Vent ☐ Wall ☐ Window ☐ Window w/Key Slot ☐ Yard

Suspect Actions ☐ Accident on Premises ☐ Return/Dropped victim ☐ Detained ☐ Demanded Cash ☐ Shoplifted Pants ☐ Shoplifted Pants ☐ Discharged Weapon ☐ Disabled Info ☐ Disabled partially ☐ Forced victim to lie on floor ☐ Forced victim to move ☐ Ind of M/A Suspects ☐ Jumped Counter ☐ Knew location of cash ☐ Made Threats ☐ Intended Victim ☐ No Loss ☐ Occupied Building ☐ Remodeled ☐ Ripped/Cut Clothing ☐ Suspect stored Vehicle here ☐ Suspect hit face ☐ Used Makeout to light | Used Other Code ☐ Other ☐ Used Victim's name ☐ Vandalized ☐ Victim Elderly ☐ Victim Foreign ☐ Victim Handicapped ☐ Victim's Face is Hidden ☐ Victim Young | Alarm Activated ☐ N/A ☐ Yes ☐ No | Alarm Status/Type ☐ N/A ☐ Disabled ☐ Bypassed ☐ Alarm Code Used ☐ Home ☐ No Int ☐ Use | Victim Activity ☐ N/A ☐ Alone ☐ At Home ☐ At Work ☐ Shopping ☐ Outside ☐ Walking ☐ Parking ☐ Hiding ☐ In Vehicle ☐ Position ☐ Sleeping ☐ Vacation ☐ Walking

Page 3 of 5

ORS2-825 43843

Evidence/Narrative

Case # 2001-05167

Type	Description of Article/Evidence	Description of where found	OPCR ID

Disposition of Evidence | Property # | Photo Taken | Photographer O'Ferrell #421

Fingerprint Made | Test Results Positive B | Test Performed By | Signed By | Additional Reports | Photo Taken | Unit By

1. AO (Date of Arrest) 2. INV (Investigative Summary) 3. EV (Witness, Crime Scene Information) 4. SCA (Scene Description, Arrest Information) 5. VEH (Additional Vehicle and Tow Information) 6. ADD (Additional Information/Follow-up)

1.AO: on 3-31-01 At approx 0600hrs, I was dispatched to 307 SULLIVAN FOR A vehicle fire. I was in uniform in a marked patrol car.
2.INV: Upon arrival I learned that it was LAS Patrol car #1897 that had caught fire.
I spoke with Joseph Beverlin and William J. Schiele (W/m 5-5-67 NV/170106831S). They advised that they saw electric sparks coming from beneath the patrol car and seconds later it was in flames.
LFR responded and put out the fire. LFR Lt. Jamie Rice advised that the fire looked electric to her.
The vehicle appeared to be a total loss. The engine and hood melted down during the fire.
At the time of this report Ofc. Knighton #336 (operator of veh #1897) was unable to inventory any personal loss from the fire.
3.EV: Ofc. J. O'Ferrell #421 responded and took photo's
4.SCA: N/A
5.VEH: The vehicle was towed by Williams to the Barn.
6.ADD: At the time of the fire, the vehicle was unoccupied with the engine off. According to Beverlin and Schiele, there was also no one seen standing anywhere near the vehicle.

Reported By: Name T. Hahn ID #436 Unit T | Approving Supervisor Name K. Anderson ID #074 Unit 1 Page 1 of 1

SR02-825 43844

2001-03167

Watson's Towing

516 SW 1st Street, Gainesville, FL 32601 **43594**
(352) 373-7475

Date	Time	Vehicle ID#
3/31/01	1:00 AM/PM	1877

Make/Model	Yr	Color	Tag #
FORD CROWN VIC		White/Blue	[redacted]

Towed From: 307 SW 4th AVE #388 State: FLA

Towed To: 39 N/E

Customer Name (Charge To): [redacted]

Mailing Address:

City/State/Zip Code:

[redacted]

Owner's Name/Address if Different from Above:

Mileage IN

Mileage OUT

[redacted]

	Mix #	Driver # 111	Truck # 10
	PO#	Credit Card	
	(Circle One) Cash Check Check# Date Paid:	Exp Date	
		Approval #	
		Name on Credit Card	

Hookup	20.00	2nd Tow	
Miles @ .6		Paid Out	
Road Service		Admin Charge	
Recovery		Sublet	
Labor	40.00	Misc.	
Waiting Time		SUB TOTAL	
Extra Person		Storage @	
Dollies		Tax on Storage 6%	
Remove Driveshaft		TOTAL	60.00

Make Exterior Damage Condition: o Good o Fair o Poor o Wrecked o Stripped ✓ Burn

FRONT LEFT SIDE RIGHT SIDE REAR

RADIO BATTERY REARV STEREO KEYS CD ANTENNA

Special Comments

NOTICE: TOWING FROM PRIVATE PROPERTY IS REGULATED BY THE PROVISIONS OF SECTION 715.07 FLA STATUTES, AND CHAPTER 14.5 ART III CITY OF GAINESVILLE CODE OF ORDINANCES

AUTHORIZED BY:

I RELEASE WATSON'S TOWING FROM ALL DIFFICULTY INVOLVED AND I AGREE NOT TO

ACCEPTED BY: X

ER62-025 43646

PLEASE FORWARD PROOF SHEET TO INTERNAL AFFAIRS

GAINESVILLE POLICE DEPARTMENT
EVIDENCE ANALYSIS REQUEST

TO FORENSIC CRIME UNIT: NOTE: ALL INFORMATION MUST BE PRINTED

TYPE OF ANALYSIS REQUESTED: ☐ EVIDENCE ANALYSIS ☒ PRINTS REQUEST ☐ LATENT PRINT REQUEST

		N/A	N/A

N/A				☐ ☐ ☐

03-31-2001	Ofc. J.T. O'Ferrell	421		157
FIRE INVESTIGATION/DAMAGED POLICE VEHICLE		03-31-2001	☐ N/A	☐

1. EVIDENCE ANALYSIS REQUEST:

2. PHOTOGRAPH REQUEST:

CHECK APPROPRIATE BLOCK(S) / COMPLETE APPROPRIATE INFORMATION:

☒ PROOF SHEET ☐ SUSPECT PHOTOGRAPH: ☐ FINISHED PHOTOGRAPHS:

☐ REQUEST PHOTOGRAPHS TAKEN (EXPLAIN):

04-02-2001		☐ PHOTO NEGATIVES ARE OF NO VALUE ☐ NEGATIVES / PHOTOS ARE NOT IN FILE	

3. LATENT FINGERPRINT COMPARISON REQUEST:

SUSPECT:	RACE:	SEX:	DATE OF BIRTH:	CRIMINAL JACKET #:	RESULTS:
					☐ POSITIVE ☐ NEGATIVE
					☐ POSITIVE ☐ NEGATIVE
					☐ POSITIVE ☐ NEGATIVE
					☐ POSITIVE ☐ NEGATIVE
					☐ POSITIVE ☐ NEGATIVE

LATENT EXAMINER'S FINDINGS (SEE COMMENTS BELOW):

☐ FALSE PRINTS NEEDED FOR A COMPLETE ANALYSIS
☐ NO LATENT PRINTS ON FILE FOR REQUEST
☐ LATENT PRINTS ARE OF NO VALUE
☐ NO MORE FINGERPRINTS AVAILABLE FOR REQUESTED SUBJECT(S) (SEE COMMENTS)
☐ AVAILABLE INKED FINGERPRINTS ON FILE ARE OF POOR QUALITY

LATENT EXAMINER COMMENTS:

GPD Form 109 (Revised 1999)

E282-625 43648

GAINESVILLE POLICE DEPARTMENT
CRIME SCENE REPORT

*CONFIDENTIAL ADDRESS!

CASE REPORT NUMBER: 2001-05167

INCIDENT TYPE: FIRE INVESTIGATION/DAMAGED CITY VEHICLE	DATE OF INCIDENT: 03-31-2001	DATE OF REPORT: 03-31-2001
LOCATION: [redacted]	TIME OF ARRIVAL: 0950	TIME CLEARED: 1047

EVIDENCE INFORMATION:

LATENT FINGERPRINTS: ☐ YES ☒ NO NUMBER LIFTED:	PHOTOGRAPHS TAKEN: ☒ YES ☐ NO NUMBER TAKEN: APPROX	EVIDENCE COLLECTED: ☐ YES ☒ NO NUMBER OF ITEMS:	PROPERTY RECORD NUMBER: —
DISPOSITION OF LATENT FINGERPRINTS: ☐ DROP BOX ☐ OTHER: N/A	DISPOSITION OF PHOTOGRAPHED FILM: ☐ DROP BOX ☐ OTHER:	DISPOSITION OF EVIDENCE (EVIDENCE AVAILABLE FOR RELEASE): ☐ YES ☒ NO ☐ PROPERTY RECEIPT GIVEN ☐ OTHER: N/A	
POINT OF ENTRY: FORCE USED ☐ YES ☐ NO: N/A		POINT OF EXIT: ALARM AT POINT OF ENTRY ☐ YES ☐ NO: N/A	
WEAPON/TOOL USED: N/A		WEATHER CONDITIONS: MOSTLY SUNNY AND MILD	

VICTIM / SUSPECT INFORMATION:

SUBJECT #1 - NAME (FIRST, MI, LAST): ☐ VICTIM ☐ SUSPECT [redacted]	RACE: W	SEX: F	DATE OF BIRTH: 03-10-80
SUBJECT #2 - NAME (FIRST, MI, LAST): ☐ VICTIM ☐ SUSPECT	RACE:	SEX:	DATE OF BIRTH:

VEHICLE / BICYCLE DESCRIPTION:

VEHICLE YEAR: 1994	VEHICLE MAKE: CHEVY	VEHICLE COLOR: RED	VEHICLE MODEL: BERETTA	VEHICLE STYLE: 2-DR	VEHICLE MILEAGE: 157,687
LICENSE YEAR: 2001	LICENSE STATE: FL	LICENSE NUMBER: NKG85I	VIN: 1G1LV15M1RY202207		

DESCRIPTION OF EVIDENCE COLLECTED:

N/A

CRIME SCENE PHOTOGRAPHS:

I PHOTOGRAPHED THE INTERIOR AND EXTERIOR FIRE DAMAGE TO POLICE CAR #1897 AND THE EXTERIOR OF A RED CHEVY BERETTA THAT WAS PARKED DIRECTLY BESIDE, TO THE SOUTH OF THE POLICE CAR.

NARRATIVE (CONTINUES ON BACK):

ON SATURDAY, 03-31-2001 AT APPROX 0950 HOURS, I ARRIVED AT 307 SW 16TH AVENUE TO PHOTO THE SCENE OF A VEHICLE FIRE FOR OFFICER R. HOEHN #436. THE VEHICLE IS A MARKED POLICE CAR ([redacted]) WHICH WAS PARKED IN A SPACE IN FRONT OF APT #358. THE VEHICLE IS ASSIGNED TO OFC. S. KNIGHTON #366 WHO PARKED IT IN THE

REPORTING OFFICER/PIT: OFC. J.T. O'FERRELL	ID: 421	DATE: /	SUPERVISOR:	ID:	DATE:

E982-025 43847

NARRATIVE CONTINUED

CASE REPORT NUMBER: 2007-05167.

LATENT FINGERPRINT LIFTS: N/A.

ICE SHORTLY AFTER 0800 HOURS; AFTER WORKING A FULL SHIFT IN THE POLICE CAR. THE ENTIRE ENGINE COMPARTMENT WAS BURNED FROM A FIRE MELTING THE HOOD, PLASTIC PARTS, AND WIRES. THE LEFT, FRONT TIRE WAS FLATTENED FROM THE FIRE. THE WINDSHIELD WAS ALSO BROKEN AND MELTED FROM THE FIRE EXPOSING THE INTERIOR OF THE VEHICLE TO THE FIRE. THE DASH AND ROOF AREA WERE DAMAGED FROM THE FIRE ALONG WITH MISCELLANEOUS POLICE EQUIPMENT BELONGING TO OFC. HUNTERTON. THERE WERE ASHES FROM THE FIRE ON A CITIZEN'S VEHICLE (SEE PG 1) THAT WAS PARKED IN THE SPACE DIRECTLY BESIDE THE POLICE CAR, TO THE SOUTH. THERE WAS NO OBVIOUS MAJOR DAMAGE TO THE CITIZEN'S VEHICLE.

WATSON'S TOWED THE POLICE CAR (#7897) TO THE CITY BARN PER SGT. V. DAWSON #074. I COMPLETED AN EVIDENCE ANALYSIS REQUEST TO HAVE A PROOF SHEET FORWARDED TO INTERNAL AFFAIRS.

*POLICE VEH #[redacted] MARKED POLICE CAR
- 1994 FORD CROWN VICTORIA, 4-DR, WHITE.
- CITY TAG [redacted]
- VIN # 2FALP71W4RX160326

GPD Form 342 (R99)

GAINESVILLE CITY SNORTON1
469299 FL

1411-12
1413-15

EM12-028 43840

CITY OF GAINESVILLE ACCIDENT ANALYSIS

ASD #99-6962

EMPLOYEE/OWNER/COMPANY	DATE OF ACCIDENT	TIME	WAGE PER HOUR	SOCIAL SECURITY NUMBER
[redacted]	06/01/1999	4:00	$19.4434	[redacted]

ADDRESS OF EMPLOYER/OWNER/COMPANY	EMPLOYEE'S PHONE	WORK PHONE	DATE OF BIRTH
[redacted], GAINESVILLE, FL [redacted]	[redacted]	[redacted]	[redacted]

DATE OF EMPLOYMENT	DIVISION	DEPARTMENT	HOURS PER DAY	HOURS PER WEEK
04/16/84	Patrol	Police	10	40

DUTIES AT TIME OF ACCIDENT	REGULAR DUTIES IF DIFFERENT
N/A	Patrol

A-BACKGROUND INFORMATION

- ☐-01-FIRST AID ONLY
- ☐-02-MEDICAL ☐-03-LOST TIME
- ☐-04-FATAL ☒-05-VEHICLE-NO. 1888
- ☐-06-PROPERTY DAMAGE

07-ESTIMATED CALENDAR DAYS LOST 0
08-TOTAL CALENDAR DAYS LOST 0
09-DATE RETURNED TO WORK 06/01/99
10-SUPPLEMENTAL REPORT - DATE

B-ACCIDENT TYPE

- ☐-01-STRUCK AGAINST
- ☐-02-STRUCK BY N/A
- ☐-03-FALL FROM ELEVATION
- ☐-04-FALL FROM SAME LEVEL
- ☐-05-CAUGHT IN,UNDER,BETWEEN
- ☐-06-RUBBED OR ABRADED
- ☐-07-BODILY REACTION (DERMATITIS)
- ☐-08-OVER EXERTION (LIFTING,PUSHING)
- ☐-09-CONTACT-ELECTRICITY
- ☐-10-CONTACT-TEMPERATURE EXTREMES
- ☐-11-CONTACT-TOXIC MATERIALS
- ☐-12-MOTOR VEHICLE ACCIDENT
- ☐-13-INGESTION,INHALATION,ABSORPTION
- ☐-98-ACCIDENT NOT CLASSIFIED *LIST-

C-TYPE OF INJURY

- ☐-01-AMPUTATION
- ☐-02-BURN (CHEMICAL) N/A
- ☐-03-BURN (HEAT)
- ☐-04-CONTUSION,CRUSHING,BRUISE
- ☐-05-CUT,LACERATION,PUNCTURE
- ☐-06-DERMATITIS
- ☐-07-DISLOCATION
- ☐-08-ELECTRICAL SHOCK
- ☐-09-FRACTURE
- ☐-10-HEAT STROKE
- ☐-11-HEART ATTACK, STROKE
- ☐-12-HYPOTHERMIA
- ☐-13-IRRITATION-JOINTS,MUSCLES
- ☐-14-IRRITATION-INTERNAL SYSTEM
- ☐-15-SIGHT IMPAIRMENT
- ☐-16-SPRAINS, STRAINS
- ☐-98-NOT CLASSIFIED *LIST-

D-BODY PART N/A

- ☐-01-ANKLE (L)(R)(B)
- ☐-02-ARM (L)(R)(B)
- ☐-03-BACK
- ☐-04-EAR (L)(R)(B)
- ☐-05-EYE (L)(R)(B)
- ☐-06-FINGER(S)
- ☐-07-FOOT (L)(R)(B)
- ☐-08-GENITAL AREA
- ☐-09-HAND (L)(R)(B)
- ☐-10-HEAD(MISC.)
- ☐-11-INTERNAL SYSTEM
- ☐-12-LEG (L)(R)(B)
- ☐-13-SHOULDER(L)(R)(B)
- ☐-14-TOE(S)
- ☐-15-TRUNK
- ☐-16-WRIST (L)(R)(B)
- ☐-98-NOT CLASSIFIED

E-UNSAFE ACTS

- ☐-01-IMPROPER TOOLS, OR USED IMPROPERLY
- ☐-02-FAILED TO CHECK PATH
- ☐-03-FAILED TO USE EQUIPMENT PROVIDED
- ☐-04-MADE SAFETY DEVICES INOPERATIVE
- ☐-05-FAILED TO SECURE EQUIPMENT
- ☐-06-TOOK UNSAFE POSITION OR POSTURE
- ☐-07-CARRIED OR PUSHED EXCESSIVE LOAD
- ☐-08-OPERATED WITHOUT AUTHORITY
- ☐-09-DISREGARDED INSTRUCTIONS
- ☐-10-PULLED INSTEAD OF PUSHED
- ☐-11-WORKED OR DROVE AT UNSAFE SPEED
- ☐-12-HORSEPLAY,TEASING,DISTRACTING
- ☐-13-WORE IMPROPER CLOTHING OR SHOES
- ☐-14-PERFORMED TASK WITHOUT ADEQUATE KNOWLEDGE

☒-98-NOT CLASSIFIED *LIST ON REVERSE SIDE UNDER (M)

F-LOCATION OF ACCIDENT *

Condidential. Ofc. Wright's home.

G-TOOLS,EQUIPMENT INVOLVED *

Patrol Vehicle 1888

H-U-SAFE CONDITIONS

- ☐-01-DEFECTIVE OR SLIPPERY FLOOR/SURFACES N/A
- ☐-02-LACK OF ADEQUATE BARRICADES
- ☐-03-CONGESTED AREA-POOR STORAGE ARRANGEMENT
- ☐-04-DEFECTIVE MACHINES,EQUIPMENT OR TOOLS
- ☐-05-POOR DESIGN,CONSTRUCTION,ARRANGEMENT OF EQUIPMENT
- ☐-07-EMPLOYEE FATIGUE ☐-08-VEHICLE DEFECT
- ☐-09-IMPROPERLY OR INADEQUATELY GUARDED EQUIPMENT
- ☐-10-LACK OF, OR IMPROPER LOCATION OF SWITCHES
- ☐-11-EXPOSED HOT/COLD MATERIAL(S)
- ☐-12-LACK OF PROPER/SUFFICIENT MATERIALS HANDLING EQUIPMENT
- ☐-98-NOT CLASSIFIED *LIST ON REVERSE SIDE UNDER (M)

I-SAFETY EQUIPMENT IN USE

☐-01-YES ☐-02-NO

* EXPLAIN AND LIST

N/A

COOA1101/94A

ESO2-028 43958

J-DESCRIBE SEQUENCE OF EVENTS-

The vehicle was parked in front of Ofc. Wright's residence at 4:00 a.m. Ofc. Wright was awakened by his neighbors who informed him that his patrol vehicle was on fire. The vehicle received severe damage to the engine compartment from the fire and heat and smoke damage to the body of the vehicle.

K-WITNESS LIST-

None

L-DESCRIBE PREVENTION OF RECURRENCE-

N/A

M-ADDITIONAL COMMENTS / FINDINGS-

The incident occurred in the county and was investigated by ASO (CR #99-6962).

N-CORRECTIVE ACTION (ACCIDENT REDUCTION REQUIRES COMPLETION)

INSERT STATUS CODE OPPOSITE EACH ACTION WHICH COULD PREVENT RECURRENCE OF THIS ACCIDENT.

*1-ACTION ALREADY COMPLETED *2-ACTION TO BE COMPLETED *3-ACTION REQUIRES MANAGEMENT APPROVAL

	01-REINSTRUCT EMPLOYEE		08-PROVIDE PERSONAL PROTECTION EQUIPMENT
2	02-DISCUSS ACCIDENT AT SAFETY MEETING		09-IMPROVE PRE-JOB TRAINING
	03-WARNING OR FORMAL REPRIMAND		10-IMPROVE HOUSEKEEPING PRACTICES
	04-TEMPORARY REASSIGNMENT OF EMPLOYEE		11-IMPROVE PHYSICAL LAYOUT
	05-PERMANENT JOB CHANGE		12-OBTAIN BARRICADES TO BLOCK OFF AREAS
	06-REPAIR/MODIFY EQUIPMENT,TOOLS		13-INSTALL GUARDS,RAILINGS,ETC.
	07-OBTAIN NON-SLIP FLOOR MATERIALS		14-

O-DISPOSITION

O-01-RETURNED TO REGULAR DUTY O-02-RETURNED TO LIMITED DUTY O-03-DID NOT RETURN TO WORK
O-04-HOSPITALIZED O-05-TREATED AT HEALTH SERVICES O-06-OTHER TREATMENT

O-20-DEPARTMENTAL SAFETY NOTIFIED O-21-SAFETY DEPARTMENT NOTIFIED
O-22-PHOTOGRAPHS TAKEN O-23-POLICE DEPARTMENT NOTIFIED

REPORT WRITTEN BY	SUPERVISOR	INVESTIGATOR	SUPERVISOR'S SIGNATURE	DATE
Cpl. C. Reddick	Cpl. C. Reddick	Det. W. Diehl		06/01/99
SUPERVISOR'S SIGNATURE		DATE 6/2/99		

TPC ® DLM /11-28-04 /GRJ

*COPIES-DEPARTMENT FILE / CITY SAFETY DEPARTMENT / HEALTH SERVICE

ER02-025 43681

ALACHUA COUNTY SHERIFF'S OFFICE

Sheriff Stephen M. Oelrich
Post Office Box 1210 • Gainesville, Florida 32602-1210

FACSIMILE TRANSMISSION SHEET

Date: June 1, 1999

No. Of Pages: 4 (Including Cover Page)

To: OFC. Reddick

Attention:

Fax Number: 334 3139

From: ASO Records

Fax Number: 374 1804

Subject: Report # 99-6962

Handling Instruction:

High Priority:

Call When Completed:

Normal Processing: ✓

Confidential:

Other:

If you have any problems with the transmission, please call:

Telephone Number: 967-4006 Ext.

ACSO 98-153 09/98

(352) 955-2500

ER62-625 43862

ALACHUA COUNTY SHERIFF'S OFFICE
GENERAL INCIDENT REPORT

9-0069-62 | Fire (Vehicle)

6233 SW 84th Ter | Gainesville | FL | 32608 | Hickory Forest

911 | Wright, Robert | (352) 373-4240

Gainesville Police Dept.

B | M | 03/26/60

21 | [redacted] | Gainesville | FL | [redacted]

N | N | N

ACFR Engine 15 responded to a vehicle fire at the incident location. A G.P.D. marked patrol car was fully engulfed in flames causing extensive damage to the entire front and inside of the vehicle. ACFR Lt. Stewart (#054) contacted the State Fire Marshall and the vehicle will be towed to a secure location, reference continuing the investigation. The vehicle was assigned to G.P.D. Officer Wright (#86). Sgt. Dawson (#79) responded from G.P.D. as well.

Det. Todd 5931 gmg 10/10/99 | Det. 10/10/99

PAGE 1 OF 3

ERGO-025 43653

VEHICLE IMPOUND REPORT

99-069662 | Fire (Vehicle) | 0645 | 060199

[redacted]

[redacted] Gainesville FL [redacted] ( )

66 | 01 | 110914 | Ford | Crown Vic | 4Dr | Blue/White | 106248 | N/A

N/A | N/A | 2FALP71W3RX160317 | 09

1000010 | N/A | | 060199 | 0401

1100 | 6225 SW 84 Ter | Hickory First

Robert Wright | 01 | Y ☒ N ☐ | PHONE ☐ ON SCENE ☒ 593

Watsons | 1104 S Main

SECURITY INVENTORY	YES	NO	UNK		YES	NO	UNK
[illegible]	☒	☐	☐	[illegible]	☒	☐	☐
[illegible]	☐	☒	☐	[illegible]	☒	☐	☐
[illegible]	☐	☒	☐	NUMBER OF SEATS			4
[illegible]	☐	☒	☐	NUMBER OF WHEELS			4
[illegible]	☐	☒	☐	NUMBER OF WHEEL COVERS			0

HOLD ON VEHICLE: YES ☒ NO ☐

REASON FOR HOLD: PROCESS & RELEASE ☐ | CASE ☐ | INVESTIGATION ☐ | OTHER ☒ EXPLANATION: State Fire Marshall Tourist.

LIST REPAIRS, PROPERTY DAMAGE, ACCESSORIES & PROBLEMS TO REPORT

Entire front end, was squished in flames / overhead bar/blue lights are melted / left front tire is melted / hood is melted

Mike Pugh | Mike Parks | 6:00 | 6:44

G.P.D. patrol car damaged by fire. The vehicle is being towed to the secure compound for the State Fire Marshall to continue the investigation.

[illegible] | 5931 | [illegible] | 06/01/99 | 12:24

PAGE 3 OF 3 TOTAL P.04

E002-025 43854

ALACHUA COUNTY SHERIFF'S OFFICE
NARRATIVE CONTINUATION

9 9 - 0 0 6 9 6 2

G.P.D. Officer Quick (#407) responded to the scene to take photographs and a damaged property report. G.P.D.'s report number is 99-10173. At the time of this report it is unknown if arson will be suspected. Officer Wright advised he heard a horn beeping in front of his residence that sounded like a car alarm. An unknown neighbor knocked on his door and advised him that his parked car was on fire. The neighbor lives at 6701 SW 84 Ave. He was not contacted reference the time of this report. Officer Wright advised the neighbor only saw the car on fire, no suspicious activity. The G.P.D. vehicle number is #1888.

815 SW Tabb	15931	10/10/99	1322	

ERG2-825 43668

GAINESVILLE POLICE DEPARTMENT
INVESTIGATIVE REPORT

Date of Report: 06-01-99
Case #: 99-10173
Location of Occurrence: 638 SW 84 TER
Zone: —
Place Name: HICKORY WOODS SUBDIVISION

Offense #1: DAMAGED PROPERTY - CITY VEHICLE

Offense #2:

Offense #3:

Property Type: Vehicle
Description: 1999 FORD CROWN VICTORIA, WHITE, CITY/106248, VIN 2FALP71W3XX160317
Property Value: $ 0

Property Type:
Description:

Property Type:
Description:

Vehicle Type: Auto
Current Status of Vehicle: Released
Vehicle Action Taken: Recovered Vehicle
Vehicle Owner: City
Recovery Type: Reported Stolen to GPD - Recovered by GPD

Vehicle Year: 99
Vehicle Make: FORD
Vehicle Model (Name): CROWN VICTORIA
Color: WHITE
Tag Year: —
Tag State: FL
Tag Number: CITY/106248
Vehicle Identification Number (VIN): 2FALP71W3XX160317
Stolen Vehicle / Recovered Vehicle

Date/Time Offense Discovered: 06-01-99 0430
Time Arrived: 0450
Time Out: 0600
Related Case Nos: ASO 99-6962
Arrested: 0

Reported By: W.J. QUILK, ID 407, 1
Officers on Scene: 074, 096
Supervisor: VALERIE K DAWSON #074

Administrative/Pro-Active: Observed, Dispatched, Arrest, Believe, Front Desk, Airport
Attachments: Citation, BOLO, Witness, 180 Form, NTA, Prop. Card, Comp. Witness
CRIMINAL INVESTIGATIONS DIVISION USE ONLY: Detective ID: Supervisor ID:
Original Distributed: CID, CALL, Media
Page 1 of 6

99-10173

GPD 201 Rev. Date 10/98

ERB2-025 43058

Person's Information

Case #: 99-10173

Person Type: ☐ Victim ☐ Witness ☐ Complainant ☐ Suspect ☐ Missing Person ☐ Person with Knowledge

Offense Number: ☐ 1 ☐ 2 ☐ All ☐ See Narrative

Victim Type: ☐ Juvenile ☐ Overcast ☐ Adult ☐ Church ☐ LEO ☐ Business ☐ Other

Arrest Made: ☐ Yes ☐ No

Arrest Information Date/Time: By ID#

Name (Last, First, Middle): [redacted]

Date of Birth: Adult

Alcohol or Drugs Indicated: ☐ Yes ☐ No ☐ Unk.

Sex	Race	Hair	Eyes	Weight	Height	Additional Description
M	B	—	—	—	—	—

Street Address/Directions to Residence: OU FILE

City/State/Zip:

Home Phone: —

Employer/School: BPD

Address: [redacted]

City/State/Zip: GAINESVILLE, FL [redacted]

Work Phone: 352/334-2400

DL State: —

Driver License Number: —

Social Security Number: —

Statement Given: ☐ N/A ☐ Verbal ☐ Refused ☐ Written

Victim Rights: ☐ Yes

Does Victim Want Prosecution: ☐ Yes

Report Requested: ☐ Yes

Residence Type: ☐ N/A ☐ City ☐ County ☐ Public ☐ Out of State

Residence Status: ☐ N/A ☐ Full year ☐ Part-year ☐ Non-resident

School Injury: ☐ None ☐ Fatal ☐ Unk.

Injury Type: ☐ N/A ☐ Abrasion/Bruises ☐ Burns ☐ Survival ☐ Laceration ☐ Loss of Teeth ☐ Face Broken Bones ☐ Face Internal Injury ☐ Stabbed ☐ Unconscious ☐ Other

Victim/Suspect Relationship: ☐ N/A ☐ Acquaintance ☐ Sig/Girlfriend ☐ Sig/Girlfriend ☐ Child ☐ Child of Sig/Girlfriend ☐ Ex-boyfriend ☐ Employee ☐ Employer ☐ Ex-spouse ☐ Friend ☐ In-Law ☐ Landlord/Tenant ☐ Neighbor ☐ Other family ☐ Parent ☐ Sitter/Day Care ☐ Spouse ☐ Step-child ☐ Step-parent ☐ Stranger ☐ Student ☐ Teacher ☐ Unknown ☐ Other

---

Person Type: ☐ Victim ☐ Witness ☐ Complainant ☐ Suspect ☐ Missing Person ☐ Person with Knowledge

Offense Number: ☐ 1 ☐ 2 ☐ All ☐ See Narrative

Victim Type: ☐ Juvenile ☐ Business ☐ Adult ☐ Church ☐ LEO ☐ Other

Arrest Made: ☐ Yes ☐ No

Arrest Information Date/Time: By ID#

Name (Last, First, Middle):

Date of Birth:

Alcohol or Drugs Indicated: ☐ Yes ☐ No ☐ Unk.

Sex	Race	Hair	Eyes	Weight	Height	Additional Description

Street Address/Directions to Residence:

City/State/Zip:

Home Phone:

Employer/School:

Address:

City/State/Zip:

Work Phone:

DL State:

Driver License Number:

Social Security Number:

Statement Given: ☐ N/A ☐ Verbal ☐ Refused ☐ Written

Victim Rights: ☐ Yes

Does Victim Want Prosecution: ☐ Yes

Report Requested: ☐ Yes

Residence Type: ☐ N/A ☐ City ☐ County ☐ Public ☐ Out of State

Residence Status: ☐ N/A ☐ Full year ☐ Part-year ☐ Non-resident

School Injury: ☐ None ☐ Fatal ☐ Unk.

Injury Type: ☐ N/A ☐ Abrasion/Bruises ☐ Burns ☐ Survival ☐ Laceration ☐ Loss of Teeth ☐ Face Broken Bones ☐ Face Internal Injury ☐ Stabbed ☐ Unconscious ☐ Other

Victim/Suspect Relationship: ☐ N/A ☐ Acquaintance ☐ Sig/Girlfriend ☐ Sig/Girlfriend ☐ Child ☐ Child of Sig/Girlfriend ☐ Ex-boyfriend ☐ Employee ☐ Employer ☐ Ex-spouse ☐ Friend ☐ In-Law ☐ Landlord/Tenant ☐ Neighbor ☐ Other family ☐ Parent ☐ Sitter/Day Care ☐ Spouse ☐ Step-child ☐ Step-parent ☐ Stranger ☐ Student ☐ Teacher ☐ Unknown ☐ Other

---

Person Type: ☐ Victim ☐ Witness ☐ Complainant ☐ Suspect ☐ Missing Person ☐ Person with Knowledge

Offense Number: ☐ 1 ☐ 2 ☐ All ☐ See Narrative

Victim Type: ☐ Juvenile ☐ Business ☐ Adult ☐ Church ☐ LEO ☐ Other

Arrest Made: ☐ Yes ☐ No

Arrest Information Date/Time: By ID#

Name (Last, First, Middle):

Date of Birth:

Alcohol or Drugs Indicated: ☐ Yes ☐ No ☐ Unk.

Sex	Race	Hair	Eyes	Weight	Height	Additional Description

Street Address/Directions to Residence:

City/State/Zip:

Home Phone:

Employer/School:

Address:

City/State/Zip:

Work Phone:

DL State:

Driver License Number:

Social Security Number:

Statement Given: ☐ N/A ☐ Verbal ☐ Refused ☐ Written

Victim Rights: ☐ Yes

Does Victim Want Prosecution: ☐ Yes

Report Requested: ☐ Yes

Residence Type: ☐ N/A ☐ City ☐ County ☐ Public ☐ Out of State

Residence Status: ☐ N/A ☐ Full year ☐ Part-year ☐ Non-resident

School Injury: ☐ None ☐ Fatal ☐ Unk.

Injury Type: ☐ N/A ☐ Abrasion/Bruises ☐ Burns ☐ Survival ☐ Laceration ☐ Loss of Teeth ☐ Face Broken Bones ☐ Face Internal Injury ☐ Stabbed ☐ Unconscious ☐ Other

Victim/Suspect Relationship: ☐ N/A ☐ Acquaintance ☐ Sig/Girlfriend ☐ Sig/Girlfriend ☐ Child ☐ Child of Sig/Girlfriend ☐ Ex-boyfriend ☐ Employee ☐ Employer ☐ Ex-spouse ☐ Friend ☐ In-Law ☐ Landlord/Tenant ☐ Neighbor ☐ Other family ☐ Parent ☐ Sitter/Day Care ☐ Spouse ☐ Step-child ☐ Step-parent ☐ Stranger ☐ Student ☐ Teacher ☐ Unknown ☐ Other

Suspect/Defendant Information

Case # 99-10173

SUSPECT/DEFENDANT #1 N/A

Name (Last, First, Middle) | Age Range | Date of Birth | Alcohol or Drugs Involved? ☐ Yes ☐ No ☐ Unk

Sex | Race | Hair | Eyes | Weight | Height | Teeth | Complexion

Street Address (Directions to Residence) | City, State, Zip | Home Phone

Employer/School | Work Phone

DL State | Driver License Number | Social Security Number

Tattoos | Scars/Marks | Facial (Color/Type) | Shoes (Color/Type) | Jewelry | Other

Arrest/Warrant Complaint Date/Time | Booking Date/Time | ID # | Suspect Identified by Whom? | Residence Type ☐ N/A ☐ City ☐ County ☐ Fixed ☐ Other State | Domestic Violence ☐ Yes

SUSPECT/DEFENDANT CODE

Suspect Code ☐ Arrested ☐ Other ☐ Escape ☐ Suspect | Offense Number ☐ 1 ☐ 2 ☐ 3 ☐ See Narrative | Arrest Type ☐ N/A ☐ Arrest ☐ FTA | Weapon Type ☐ Fire ☐ Hands ☐ Knife ☐ Poison ☐ Blunt Obj ☐ Explosive ☐ Rifle ☐ Shotgun ☐ Other | IR Color | Length | Color

Juvenile disposition ☐ Other | Citizenship ☐ N/A ☐ Int ☐ Al Citizen ☐ Mexico ☐ Canada ☐ USA ☐ Japan ☐ Unknown | Statement Given ☐ N/A ☐ Refused ☐ Verbal ☐ Written | Name verified ☐ N/A ☐ Department Photo ☐ Driver License ☐ Shop Application ☐ Family Member ☐ Jail ID ☐ Known to City ☐ Latest Company ☐ Military ID ☐ Passport ☐ See Narrative ☐ State ID | Hair Length/Type ☐ Unk ☐ Bald ☐ Coarse ☐ Color ☐ Fine ☐ Long ☐ Other ☐ Short ☐ Shoulder ☐ Thick ☐ Thinning ☐ Wavy

Hair Style ☐ Unk ☐ Afro ☐ Braids ☐ Curly ☐ Mohawk ☐ Ponytail ☐ Shaved ☐ Straight ☐ Wavy/Curly ☐ Wig ☐ Other | Facial Hair ☐ Unk ☐ Clean shave ☐ Fu Manchu ☐ Full beard ☐ Goatee ☐ Lower lip ☐ Mustache ☐ Sideburns ☐ Unknown ☐ Van Dyke ☐ Other | Complexion ☐ Unk ☐ Acne ☐ Dark ☐ Freckled ☐ Light ☐ Medium ☐ Pale ☐ Pocked ☐ Ruddy ☐ Sallow ☐ Tanned ☐ Other | Appearance ☐ Unk ☐ Clean ☐ Dirty ☐ Disorder ☐ Fleshy ☐ Good-looking ☐ Groomed ☐ Military ☐ Unkempt ☐ Unusual Color ☐ Other | Demeanor ☐ Unk ☐ Angry ☐ Apologetic ☐ Calm ☐ Cooperative ☐ Indifferent ☐ Nervous ☐ Pollo ☐ Pulmonary ☐ Super ☐ Talkative ☐ Other

SUSPECT/DEFENDANT #2 N/A

Name (Last, First, Middle) | Age Range | Date of Birth | Alcohol or Drugs Involved? ☐ Yes ☐ No ☐ Unk

Sex | Race | Hair | Eyes | Weight | Height | Teeth | Complexion

Street Address (Directions to Residence) | City, State, Zip | Home Phone

Employer/School | Work Phone

DL State | Driver License Number | Social Security Number

Tattoos | Scars/Marks | Facial (Color/Type) | Shoes (Color/Type) | Jewelry | Other

Arrest/Warrant Complaint Date/Time | Booking Date/Time | ID # | Suspect Identified by Whom? | Residence Type ☐ N/A ☐ City ☐ County ☐ Fixed ☐ Other State | Domestic Violence ☐ Yes

SUSPECT/DEFENDANT CODE

Suspect Code ☐ Arrested ☐ Other ☐ Escape ☐ Suspect | Offense Number ☐ 1 ☐ 2 ☐ 3 ☐ See Narrative | Arrest Type ☐ N/A ☐ Arrest ☐ FTA | Weapon Type ☐ Fire ☐ Hands ☐ Knife ☐ Poison ☐ Blunt Obj ☐ Explosive ☐ Rifle ☐ Shotgun ☐ Other | IR Color | Length | Color

Juvenile disposition ☐ Other | Citizenship ☐ N/A ☐ Int ☐ Al Citizen ☐ Mexico ☐ Canada ☐ USA ☐ Japan ☐ Unknown | Statement Given ☐ N/A ☐ Refused ☐ Verbal ☐ Written | Name verified ☐ N/A ☐ Department Photo ☐ Driver License ☐ Shop Application ☐ Family Member ☐ Jail ID ☐ Known to City ☐ Latest Company ☐ Military ID ☐ Passport ☐ See Narrative ☐ State ID | Hair Length/Type ☐ Unk ☐ Bald ☐ Coarse ☐ Color ☐ Fine ☐ Long ☐ Other ☐ Short ☐ Shoulder ☐ Thick ☐ Thinning ☐ Wavy

Hair Style ☐ Unk ☐ Afro ☐ Braids ☐ Curly ☐ Mohawk ☐ Ponytail ☐ Shaved ☐ Straight ☐ Wavy/Curly ☐ Wig ☐ Other | Facial Hair ☐ Unk ☐ Clean shave ☐ Fu Manchu ☐ Full beard ☐ Goatee ☐ Lower lip ☐ Mustache ☐ Sideburns ☐ Unknown ☐ Van Dyke ☐ Other | Complexion ☐ Unk ☐ Acne ☐ Dark ☐ Freckled ☐ Light ☐ Medium ☐ Pale ☐ Pocked ☐ Ruddy ☐ Sallow ☐ Tanned ☐ Other | Appearance ☐ Unk ☐ Clean ☐ Dirty ☐ Disorder ☐ Fleshy ☐ Good-looking ☐ Groomed ☐ Military ☐ Unkempt ☐ Unusual Color ☐ Other | Demeanor ☐ Unk ☐ Angry ☐ Apologetic ☐ Calm ☐ Cooperative ☐ Indifferent ☐ Nervous ☐ Pollo ☐ Pulmonary ☐ Super ☐ Talkative ☐ Other

CRIME ANALYSIS N/A

Method of Entry ☐ N/A ☐ Already Unlocked ☐ Attempt only ☐ Body force ☐ Not Closed ☐ Sabotage ☐ Cut ☐ Pry/Rock/Hatch ☐ Garage Door Opener ☐ Hid in Building ☐ Key Slip ☐ No Forced entry ☐ Pry ☐ Forced/Other ☐ Removed Hinges ☐ Removed Instrument ☐ Sheet/Other ☐ Shoveled ☐ Smashed Window ☐ Tin Ivy ☐ Unknown ☐ Window Pane Removed | Point of Entry ☐ N/A ☐ Already on Premises ☐ Crawlspace ☐ Patio/Sliding Door ☐ Door ☐ Person Gate ☐ Porch/ Component ☐ Floor ☐ Garage Door ☐ Garage Door Interior ☐ Ground Level ☐ Lowered Window ☐ Mezzanine Window ☐ Patio Door ☐ Removed Window A/C ☐ Roof ☐ Screen ☐ Sliding Glass Door ☐ Trash Bin ☐ Unknown ☐ Upper Level ☐ Vehicle Trash ☐ Yanking Hardware ☐ Wall ☐ Wall ☐ Window ☐ Window without Bars ☐ Yard

Suspect Actions ☐ Accident on Premises ☐ Attempted Hide ☐ Delivered ☐ Demanding Cash ☐ Destroyed Phone ☐ Displayed Phone ☐ Displayed Weapon ☐ Disrupted Party ☐ Forced victim to lie on floor ☐ Forced victim to move ☐ Left of Mult Suspects ☐ Jumped Counter ☐ Show location of cash ☐ Made Threats ☐ Multiple Victim ☐ Pin Loss ☐ Occupied Building ☐ Remained ☐ Spoke/On Cleaning ☐ Suspect opened victim's back ☐ Stepped bill here ☐ Used Mirrors to light ☐ Used Flips Chap ☐ Used Victim's name ☐ Vandalized ☐ Victim Safety ☐ Victim Foreign ☐ Victim Hard/Stopped ☐ Victim's Place a Bribe ☐ Victim Young ☐ Other | Alarm Activated ☐ N/A ☐ Yes ☐ No | Alarm Status/Type ☐ N/A ☐ Shelved ☐ Bypassed ☐ Alarm Code Listed ☐ Zone ☐ Not In ☐ Use | Victim Activity ☐ N/A ☐ Alone ☐ All Home ☐ At Work ☐ Shopping ☐ Church ☐ Dining ☐ Personal ☐ Homework ☐ In Yard ☐ Residence ☐ Shopping ☐ Vacation ☐ Visiting

Page 3 of 6

ER82-825 43658

Evidence/Narrative

Case # 99-10173

Type	Description of Article/Evidence	Description of where found	OFFR ID

Disposition of Evidence: GPD Film Locebox | Property # N/A | Photos Taken Yes No | Photographer Quirk 407 ID

Photographs Taken? Yes | Test Results Positive Negative B | Test Performed by On Agency GPD Bx | Report By 407 | Additional Evidence/Property in Officer's Vol | Video Taken Yes No | Taken By ID

1. CAD (Original Activity) 2. INV (Investigation, Statements) 3. INV (Witness, Other Seen Information) 4. SOA (Sworn Complaint, Arrest Information) 5. VOR (Additional Victim and Witness Information) 6. ADD (Additional Information Follows)

140: ON 06-01-99, AT APPROX 0930 HRS, WHILE ON UNIFORMED PATROL IN A MARKED UNIT, I WAS DISPATCHED TO 6318 SW 84 TER, REFERENCE DAMAGE TO CITY PROPERTY.

210U: ONCE ON SCENE, I CONTACTED GPD OFF. E. WRIGHT #086 WHO ADVISED THE FOLLOWING: AT APPROX 0900 HRS, A CAR HEAD SPINNED OUTSIDE OF HIS RESIDENCE, WAKING HIM UP. SHORTLY THEREAFTER, A NEIGHBOR, EARL WADE, WHO RESIDES AT 6321 SW 84 TER, KNOCKED ON WRIGHT'S DOOR AND INFORMED HIM THAT HIS PATROL CAR WAS ON FIRE. SEVERAL OTHER NEIGHBORS ALSO WERE PRESENT.

WRIGHT EXITED HIS RESIDENCE AND OBSERVED THAT HIS MARKED UNIT #1888, WHICH WAS PARKED ON THE STREET IN FRONT OF HIS RESIDENCE, WAS INDEED ON FIRE. HE STATED THAT THE FLAMES SEEMED TO ORIGINATE FROM THE ENGINE COMPARTMENT.

ACFR ARRIVED ON SCENE TO EXTINGUISH THE BLAZE. I CONTACTED ACFR LT CARLY STEWART #054, ENGINE CO #15, WHO STATED THAT THE FIRE APPEARED TO HAVE ORIGINATED FROM THE DRIVER'S SIDE OF THE ENGINE COMPARTMENT. THE POINT OF IGNITION IS AS OF YET UNDETERMINED. THE VEHICLE HAD BEEN PARKED IN THE SAME SPOT FOR THREE DAYS.

LT STEWART ADVISED THAT HE HAD CONTACTED THE STATE AN CALL FIRE MARSHAL REFERENCE THE INCIDENT. THE STATE FIRE MARSHAL HAD REQUESTED THAT THE VEHICLE BE TOWED TO SECURE STORAGE PENDING HIS INVESTIGATION. LT STEWART STATED THAT ARSON DID NOT APPEAR TO BE THE CAUSE BASED ON THE BURN PATTERN AND POINT OF IGNITION.

AS THIS INCIDENT OCCURRED OUTSIDE OF GAINESVILLE'S CITY LIMITS, ASO WAS DISPATCHED TO HANDLE THE PRELIMINARY INVESTIGATION, AS WELL AS TOW THE VEHICLE. ASO D/S TODD #593 ARRIVED ON SCENE FOR THIS PURPOSE (CASO'S CR - 99-6982)

Reported By: Name W.J. Quirk Ex 407 | Unit/Shift 1 | Approving Supervisor Name Lorenzo K Dupuis #074 | Unit/Shift 1 | Page 1 of 6

RR82-625 43069

GAINESVILLE POLICE DEPARTMENT
SUPPLEMENTAL REPORT

Incident Type	Address	☐ Supplement Date	Case #
DAMAGED PROPERTY.	6318 SW 84 TER		99-10173

1. AD (Date of Report) 2. INV (Investigation, Statement) 3. SV (Source, Other Serv. Information) 4. COA (Cause Complaint, Arrest Information) 5. VEH (Additional Vehicle and Tag Information) 6. ADD (Additional Information Followed)

SEN: I TOOK THE FOLLOWING PHOTOS:

1 - CASE NUMBER	21 - DRIVER'S SIDE
2 - LOCATION	22 - "
3 - VEHICLE PASS REAR	23 - FRONT ROOF
4 - PASS FRONT	24 - REAR ROOF
5 - DRIVER'S FRONT	25 - DRIVER'S SIDE INTERIOR
6 - DRIVER'S REAR	26 - "
7 - PASS SIDE	27 - "
8 - "	28 - "
9 - "	29 - INTERIOR THROUGH FRONT
10 - "	30 - DRIVER'S SIDE TRUNK
11 - PASS FRONT	31 - PASS SIDE TRUNK
12 - "	32 - WIDE SHOT
13 - "	33 - "
14 - DRIVER'S FRONT	34 - "
15 - "	35 - "
16 - "	36 - "
17 - PASS SIDE ENGINE	
18 - DRIVER'S SIDE ENGINE	
19 - DRIVER'S SIDE	
20 - "	

9SCAN N/A

SEN: THE FRONT HALF OF THE VEHICLE SUFFERED EXTENSIVE DAMAGE, BOTH TO THE INTERIOR AND EXTERIOR. THE WINDSHIELD AND FRONT DRIVER'S

Reported By	ID	Unit/Shift	Supervisor	ID
W.T. Brown	49	1	VALERIE K DAVIDSON	#074

GPD 911 Rev. Date 1/98

8982-825 43898

Case # 97-10173

SVEH (CONT): WINDOW BLEW OUT FROM THE HEAT. THE FRONT DRIVER'S SIDE TIRE ALMOST COMPLETELY MELTED OVER. ALSO TOWED THE VEHICLE TO WATSON'S.

GOOD: UPON MY ARRIVAL, ACFR HAD ALREADY EXTINGUISHED THE BLAZE AND ALSO WAS ALREADY ON SCENE.

Case Narrative

SF82-825 43881

FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPT. OF LABOR & EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION
For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours (904) 488-9044

RECEIVED BY CARRIER	SENT TO DIVISION	DIVISION REC'D DATE

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

[redacted]

[redacted]

City Gainesville State Fl Zip [redacted]

[redacted]

OCCUPATION [redacted]

DATE OF BIRTH [redacted] SEX ☒ M ☐ F

Social Security Number [redacted]

Date of Accident (month/day/year): 06-01-99

Time of Accident: 0400 ☐ AM ☐ PM

Employer's description of accident (place, cause of injury):
Patrol veh 1888 burn due to unknown cause.
2 pair of prescription glasses destroyed in fire.
see attached IOC.

DAY/TIME/DAY OF WEEK OCCURRED: None

PART OF BODY AFFECTED: N/A

EMPLOYER INFORMATION

COMPANY NAME [redacted]

D.B.A. [redacted]

Street [redacted]

City [redacted] State Fl Zip [redacted]

TELEPHONE Area Code Number [redacted]

EMPLOYER'S LOCATION ADDRESS (if different)

Street

City State Zip

LOCATION # (if applicable) [redacted]

PLACE OF ACCIDENT (Street, City, State, Zip)

Street 6318 SW 84 Terr.

City Gainesville State Fl Zip 32608

COUNTY OF ACCIDENT Alachua

PRODUCT I.D. NUMBER (FEIN) [redacted]

NATURE OF BUSINESS [redacted]

DATE EMPLOYED 04 / 16 / 84

LAST DATE EMPLOYEE WORKED 05-28-99

RETURNED TO WORK ☒ YES ☐ NO

IF YES, GIVE DATE 06-01- / 99

DATE OF DEATH (if applicable) / /

ARISE WITH ABSENCE OF ACCIDENT ☒ YES ☐ NO

DATE FIRST REPORTED (month/day/year) 06-01-99

POLICY/ACCOUNT NUMBER [redacted]

PAID FOR DATE OF INJURY ☒ YES ☐ NO

WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? ☒ YES

LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP / /

RATE OF PAY ☐ HR ☐ WK $ PER ☐ DAY ☐ MO

Number of hours per day 10

Number of hours per week 40

Number of days per week 04

NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL

N/A

AUTHORIZED BY EMPLOYER ☐ YES ☐ NO

Any person who, knowingly and with intent to injure, defraud, or conceal any employee or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.

[redacted] 06 / 01 / 99 DATE

[redacted] 6/2/99 DATE

CARRIER INFORMATION

☐ 1. Case Denied—DWC-12, Notice of Denial Attached ☐ 2. Medical Only which became Lost Time Case (Complete all info in #3)

☐ 3. Lost Time Case – 1st day of disability / / Salary continued in lieu of comp? ☐ YES Salary End Date / /

Date First Payment Issued / / AWW _____ Comp Rate _____

☐ T.T. ☐ T.T.-80% ☐ T.P. ☐ I.R. ☐ P.T. ☐ Death

REMARKS: _____

CARRIER CODE #	EMPLOYER'S NCI CLASS CODE	EMPLOYER'S SIC CODE

SERVICE CORP'A CODE #	CARRIER FILE #
64	

CARRIER NAME, ADDRESS & TELEPHONE

[redacted]

Tallahassee, Florida [redacted]

[redacted]

Is employer self-insured? ☐ YES ☐ NO

LEO Form DWC-1 (1/94)

DIVISION COPY

E992-625 43962

CITY OF

GAINESVILLE
POLICE DEPARTMENT

INTER-OFFICE-COMMUNICATION

Chief Darryl Johnston

TO: Lt. Don Dennis 051

DATE: 06-01-99

FROM: [redacted]

SUBJECT: Vehicle 1888 destroyed by fire

On 06-01-99 at approx. 0400 hours patrol vehicle 1888 was destroyed by fire of a possible arson. The vehicle was parked on the street in front of my residence on 05-28-99 at approx. 1930 hours. All vehicle equipment had functioned properly and there was no indication of any problem. The vehicle received an annual "C" maintenance on 05-17-99.

On 06-01-99 at approx. 0355 hours I heard a car horn. My neighbor [redacted] rang the door bell. Wade informed me patrol vehicle [redacted] was in flames. The front end of the vehicle was completely engulfed in flames. The fire was coming from the engine area.

Alachua County Fire Rescue responded and extinguished the flames. ASO deputy Todd ID# 593 responded and completed an incident report. ASO case number 99-6962. Watson towing removed the vehicle to secure storage pending completion of the Fire investigation.

The following items were destroyed in the fire:

GPD issued property:

Parking citation book - citation numbers 4252, 4561 thur 4600
Moving citation books - citation numbers 10751 thur 10775
108001 thur 10850

NTA citation book
Dept. Manual
Gould Manual
Legal bulletins
Juvenile procedures Manual

Rain coat
Traffic vest
Traffic gloves
Heavy jacket
All riot gear
First aid kit

Personal items:

One pair clear prescription glasses $125.
One pair Rayban frame prescription glasses $150.
One pair Peerless hinge cuffs $65
One metal moving citation case $25
One case of 500 printed business cards $25
One large plastic forms case used to maintain reports $25
cc: FILE

Lt. Don Dennis 1SD
06/01/99 1234

EX02-025 43883

CITY OF

GAINESVILLE
POLICE DEPARTMENT

INTER-OFFICE-COMMUNICATION

Chief Darryl Johnston

TO: Lt. Don Dennis 051

DATE: 06-01-99

FROM: [redacted]

SUBJECT: Vehicle 1888 destroyed by fire

On 06-01-99 at approx. 0400 hours patrol vehicle 1888 was destroyed by fire of a possible arson. The vehicle was parked on the street in front of my residence on 05-28-99 at approx. 1930 hours. All vehicle equipment had functioned properly and there was no indication of any problem. The vehicle received an annual "C" maintenance on 05-17-99.

On 06-01-99 at approx. 0355 hours I heard a car horn. My neighbor Earl [redacted] rang the door bell. [redacted] informed me patrol vehicle [redacted] was in flames. The front end of the vehicle was completely engulfed in flames. The fire was coming from the engine area.

Alachua County Fire Rescue responded and extinguished the flames. ASO deputy Todd ID# 593 responded and completed an incident report. ASO case number 99-6962. Watson towing removed the vehicle to secure storage pending completion of the Fire investigation.

The following items were destroyed in the fire:

GPD issued property:

Parking citation book - citation numbers 4251, 4561 thur 4600.
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108001 thur 10850

NTA citation book
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Gould Manual
Legal bulletins
Juvenile procedures Manual

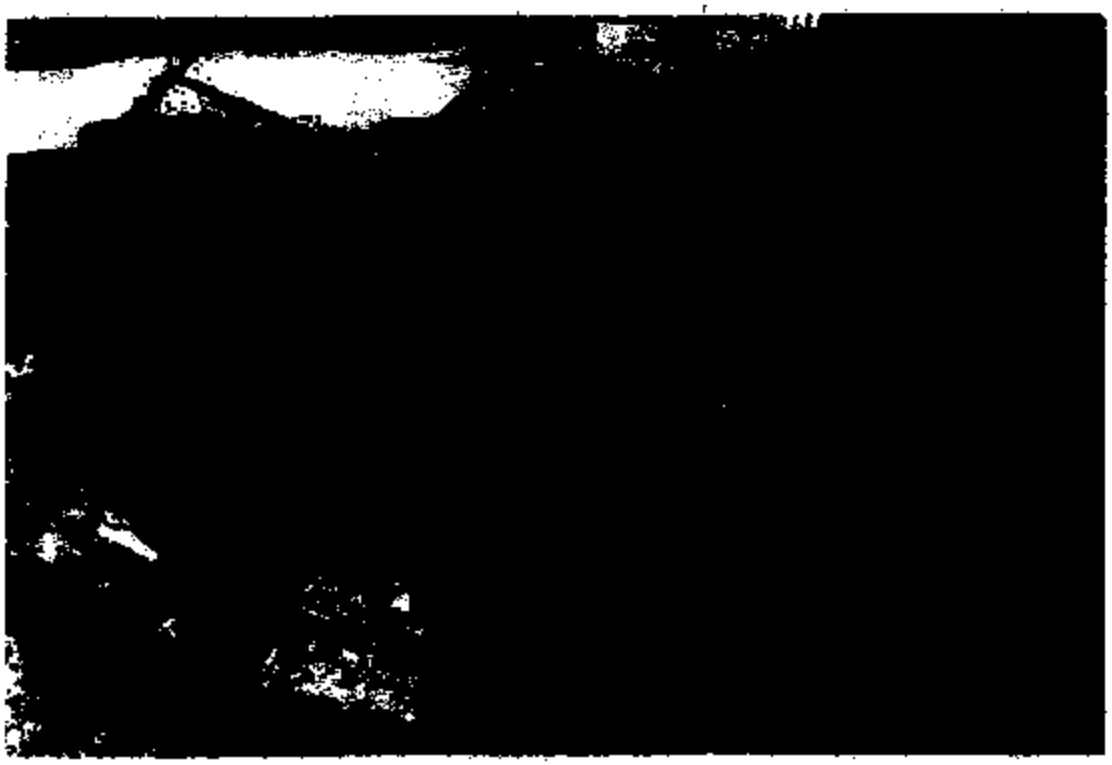
Rain coat
Traffic vest
Traffic gloves
Heavy jacket
All riot gear
First aid kit

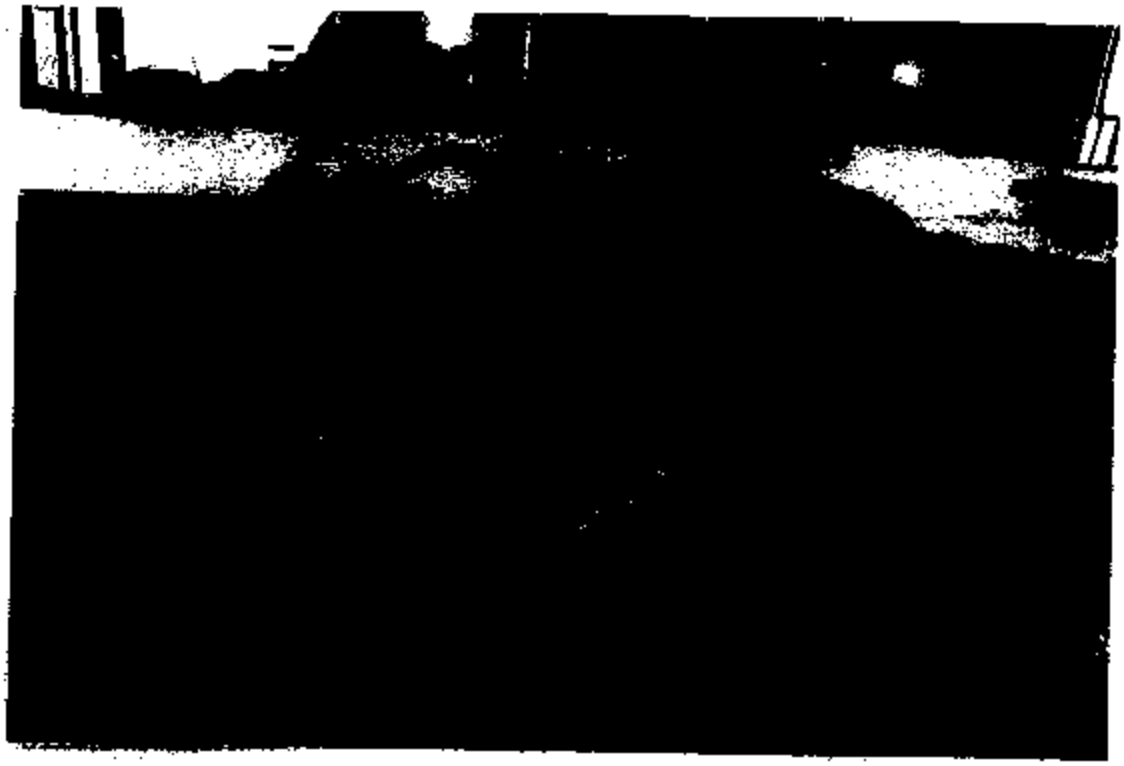
Personal items:

One pair clear prescription glasses $125.
One pair Rayban frame prescription glasses $150.
One pair Peerless hinge cuffs $65
One metal moving citation case $25
One case of 500 printed business cards $25
One large plastic forms case used to maintain reports $25
cc: FILE

Lt. Don Dennis 150
06/01/99 1235

8062-825 43884





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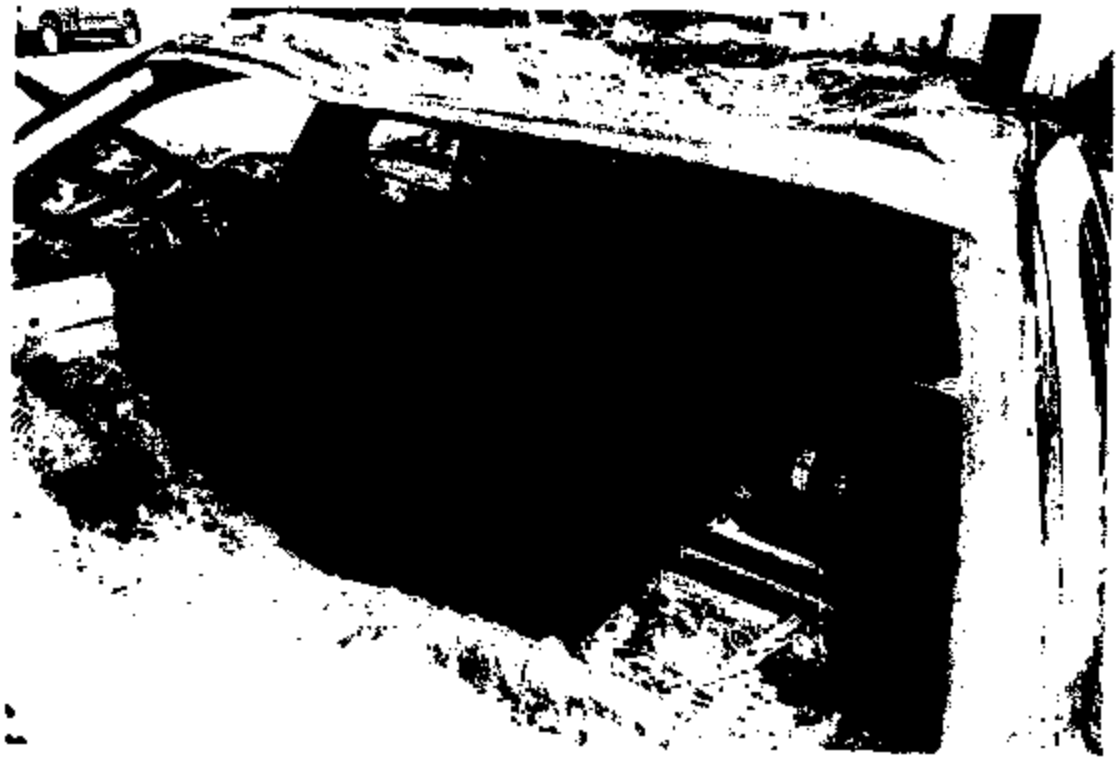
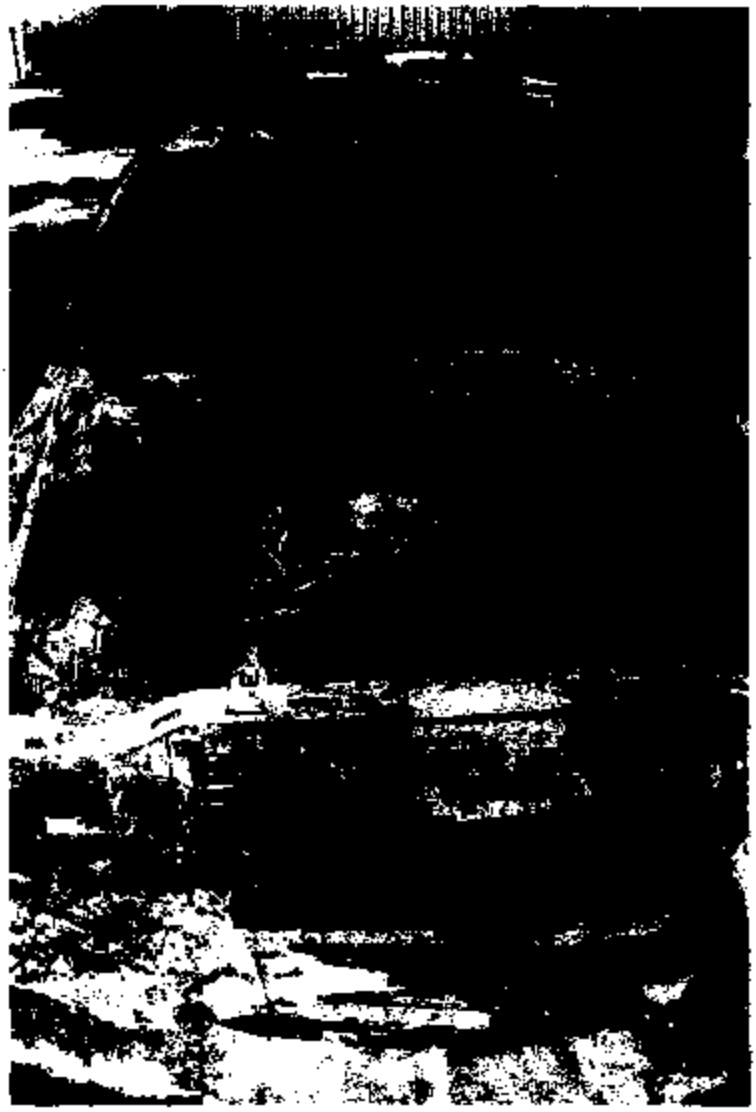
5962-828 41470



BR82-828 41488



ER82-025 41482

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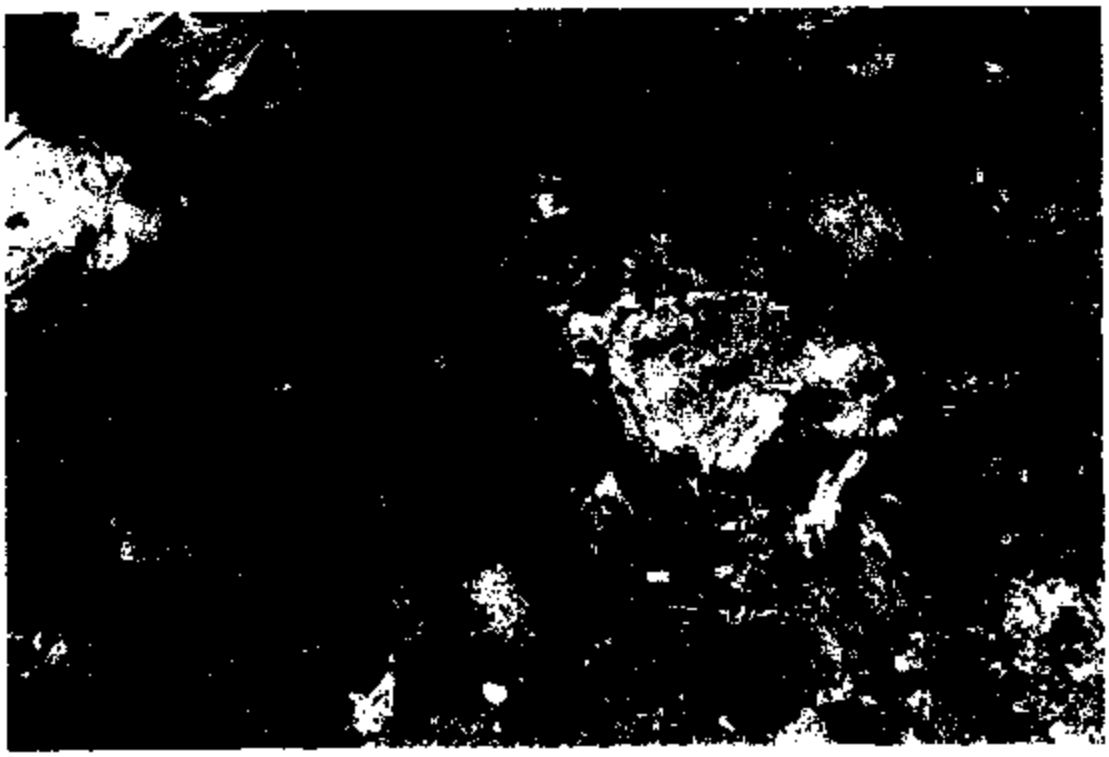

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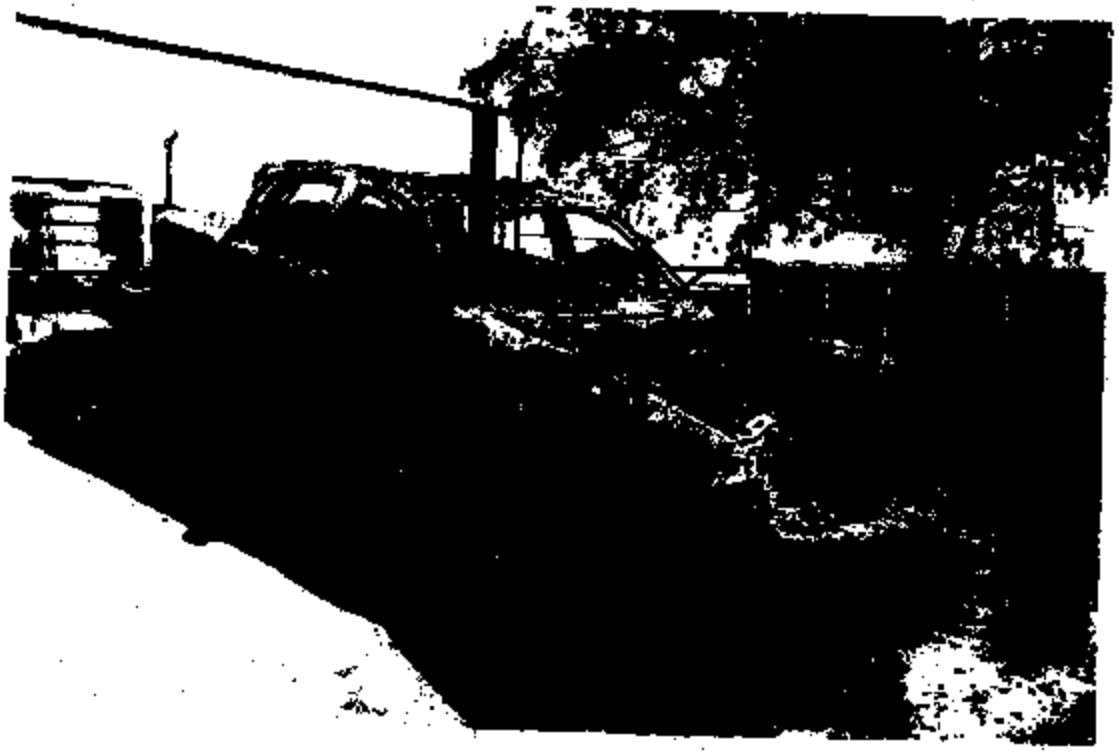

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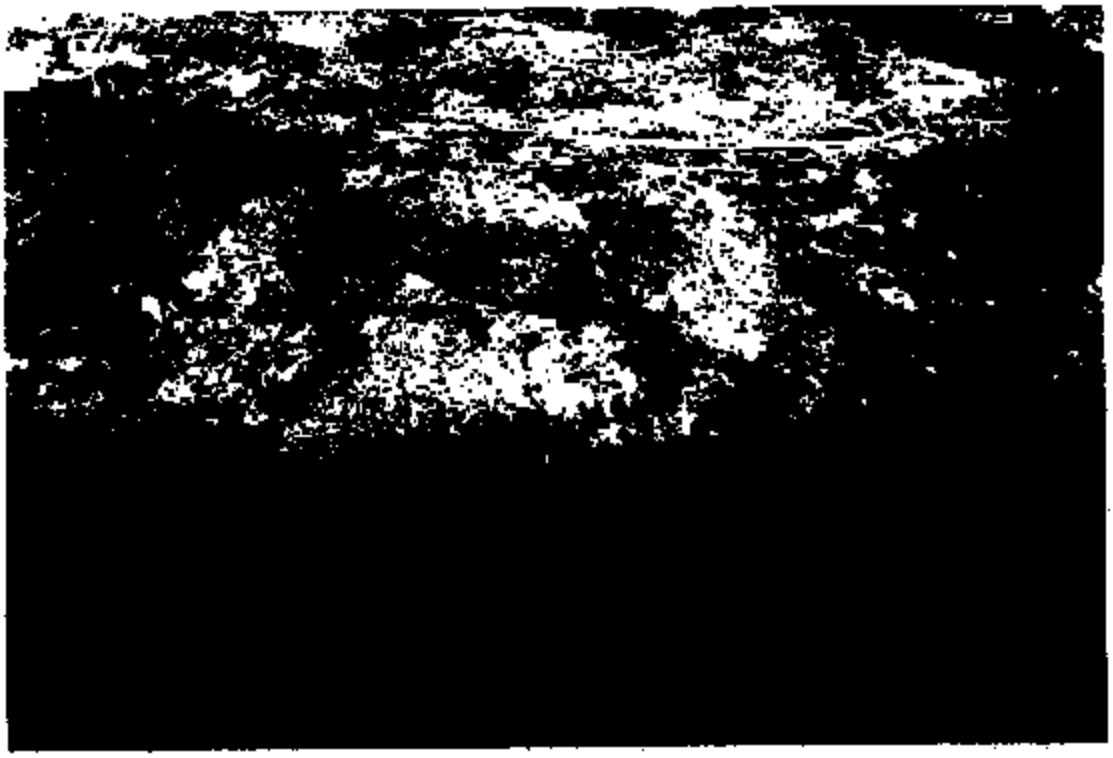

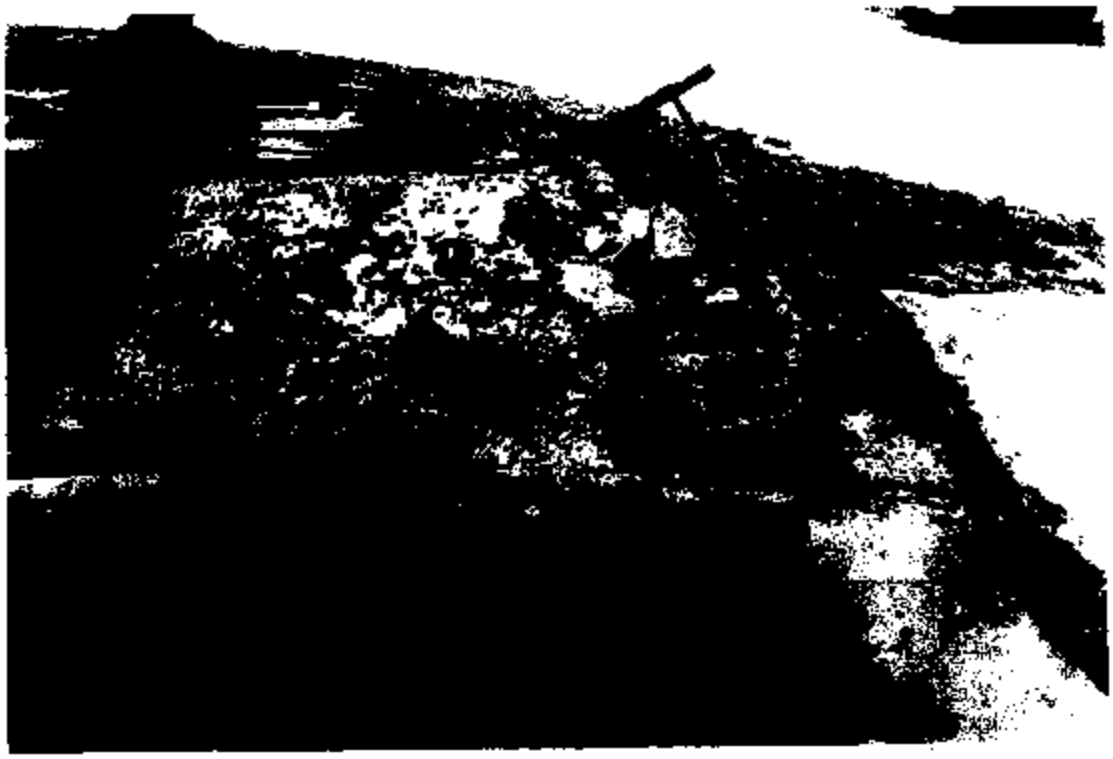

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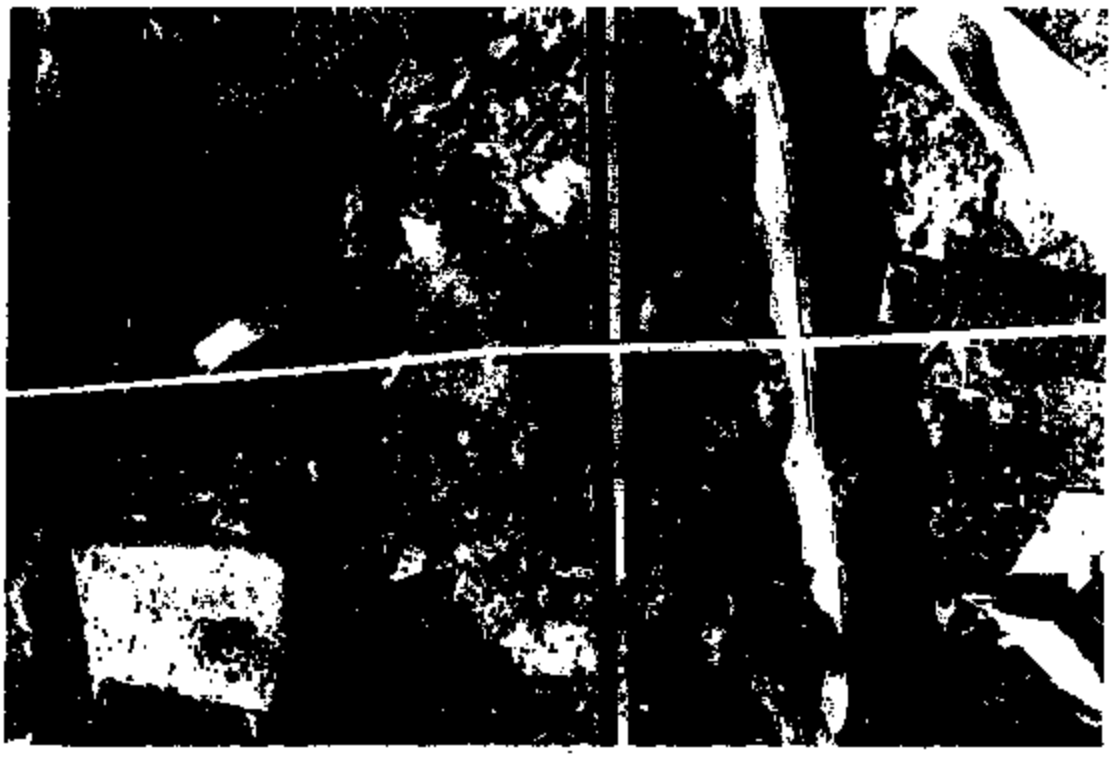

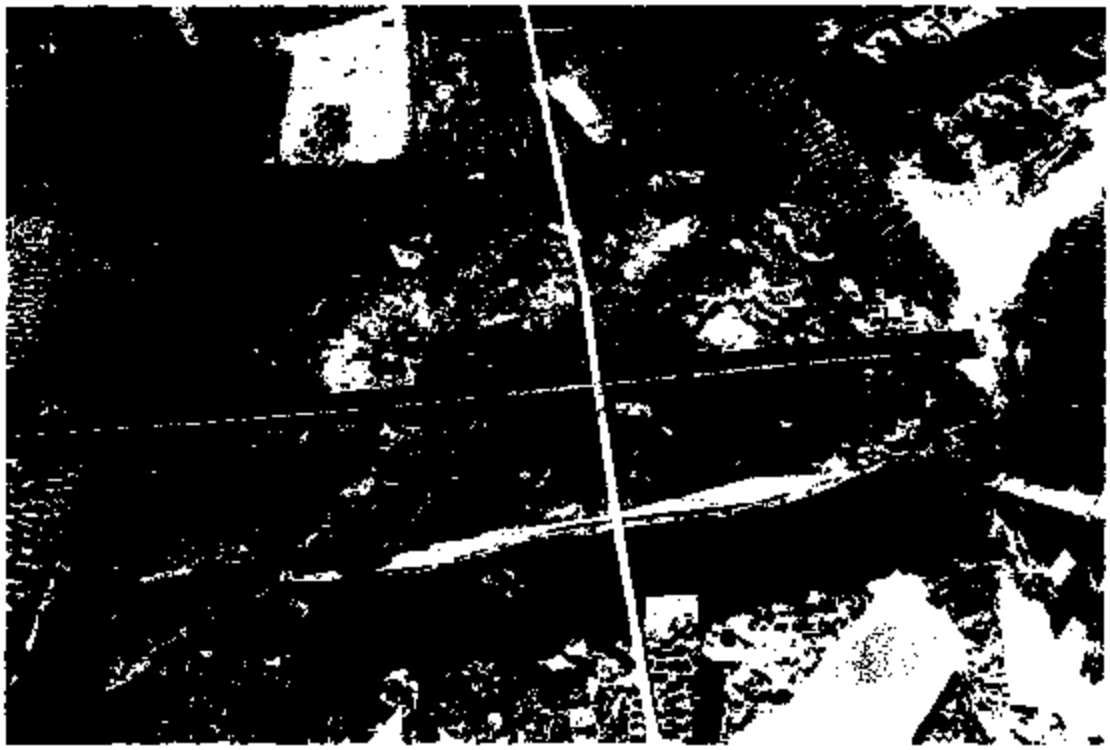

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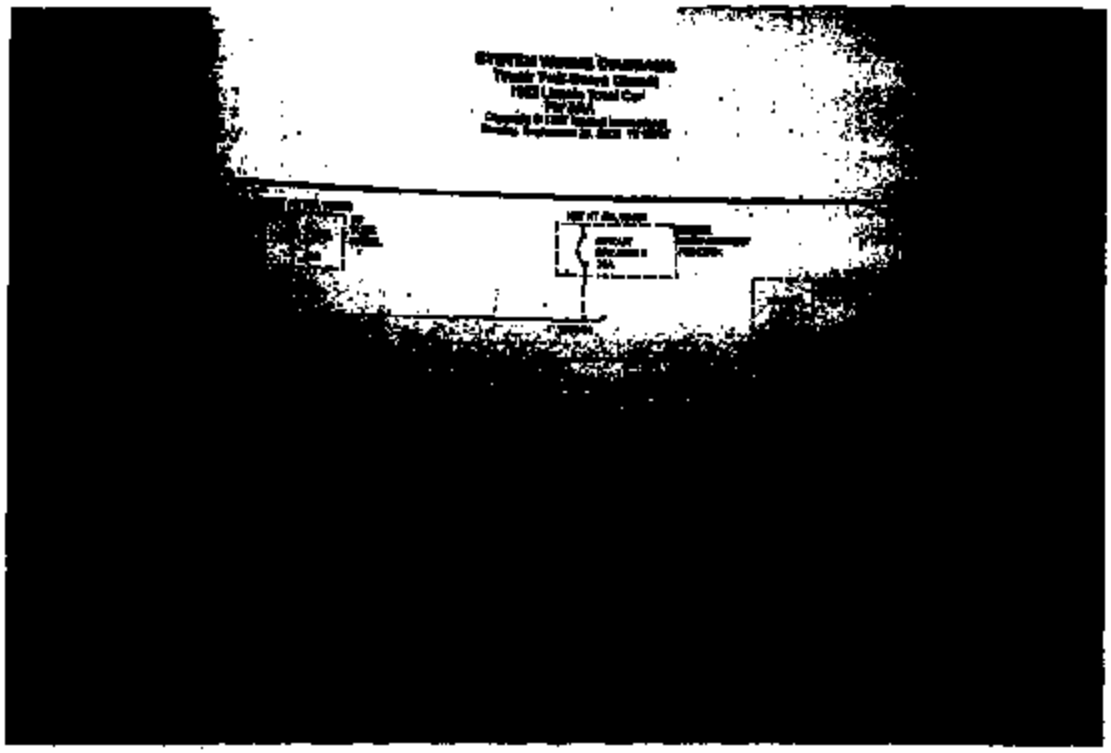

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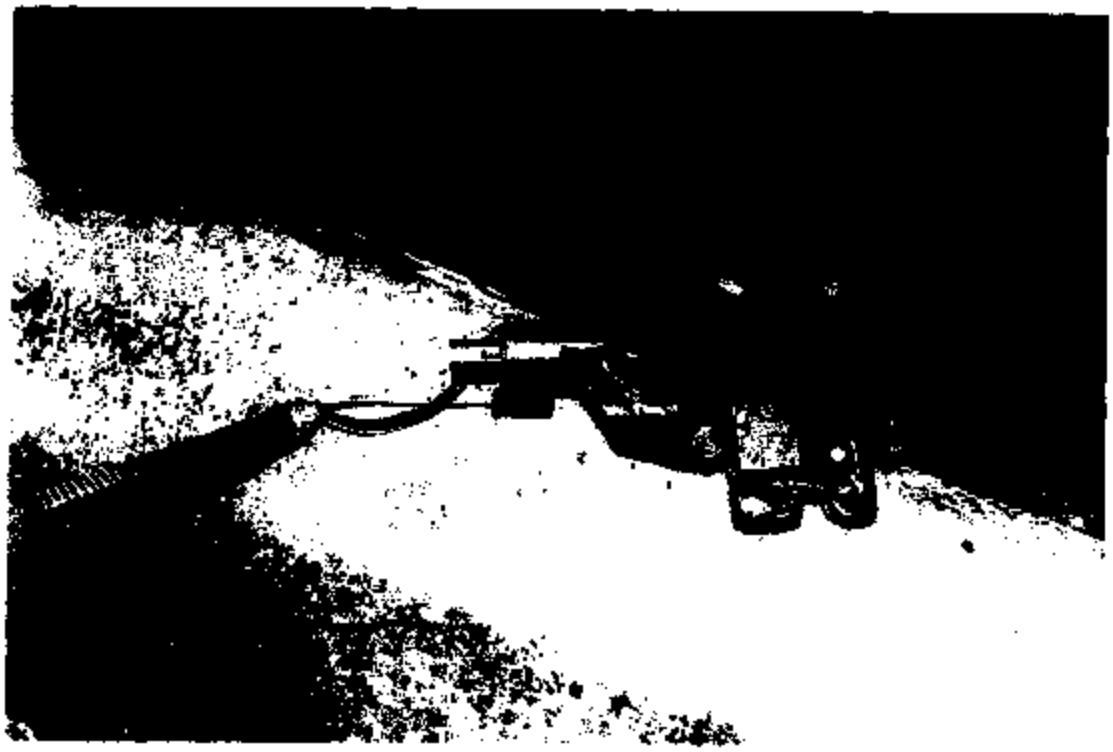

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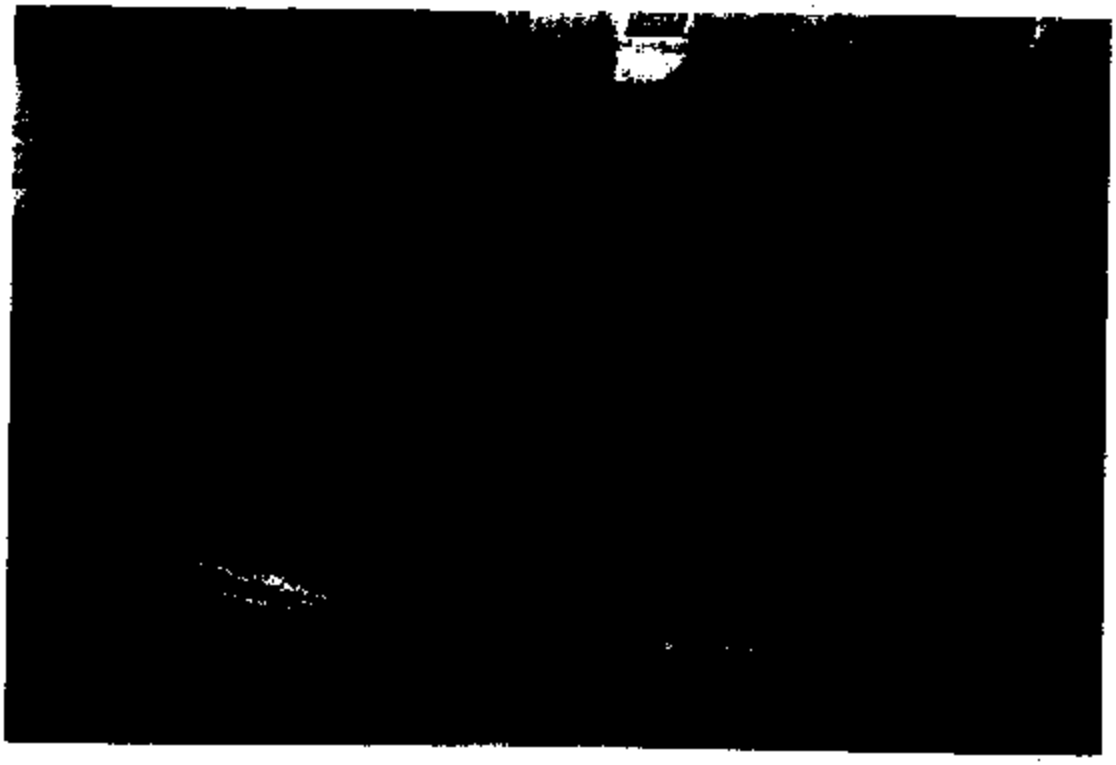

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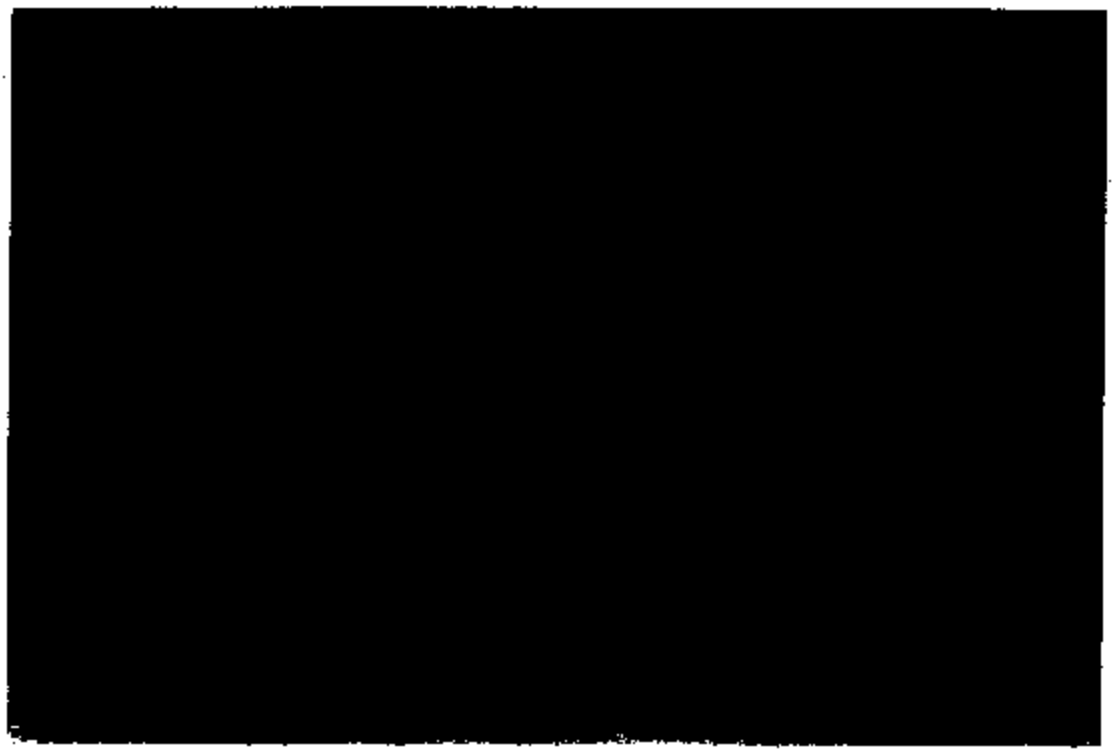

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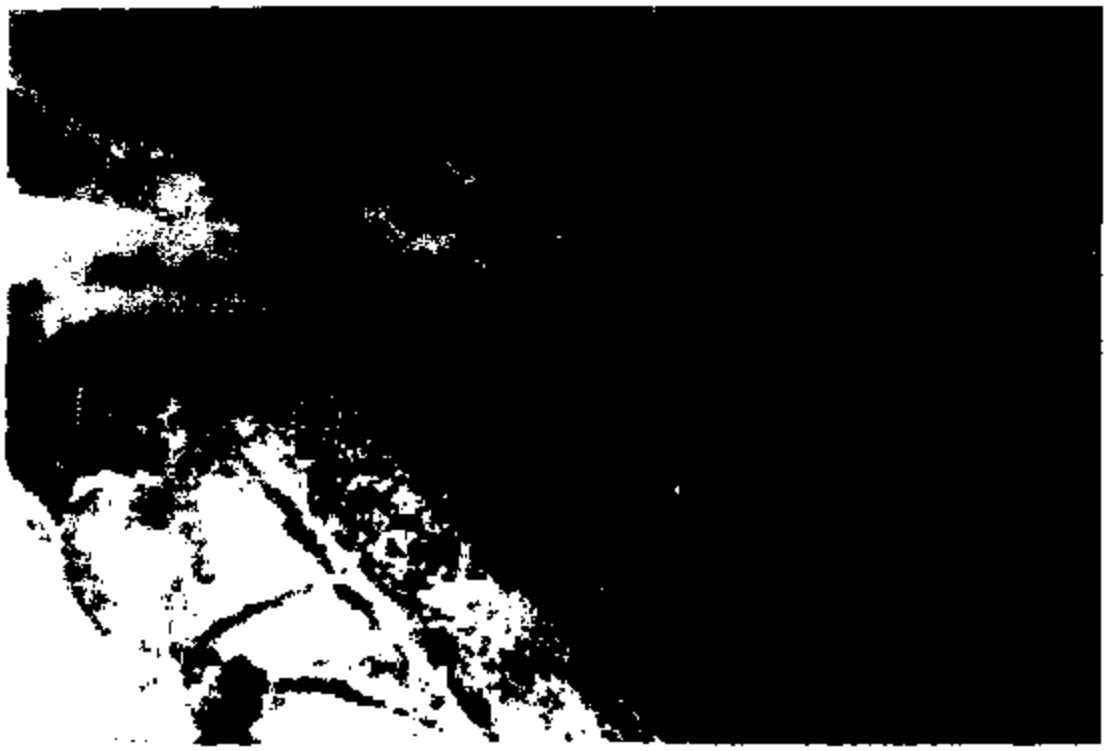

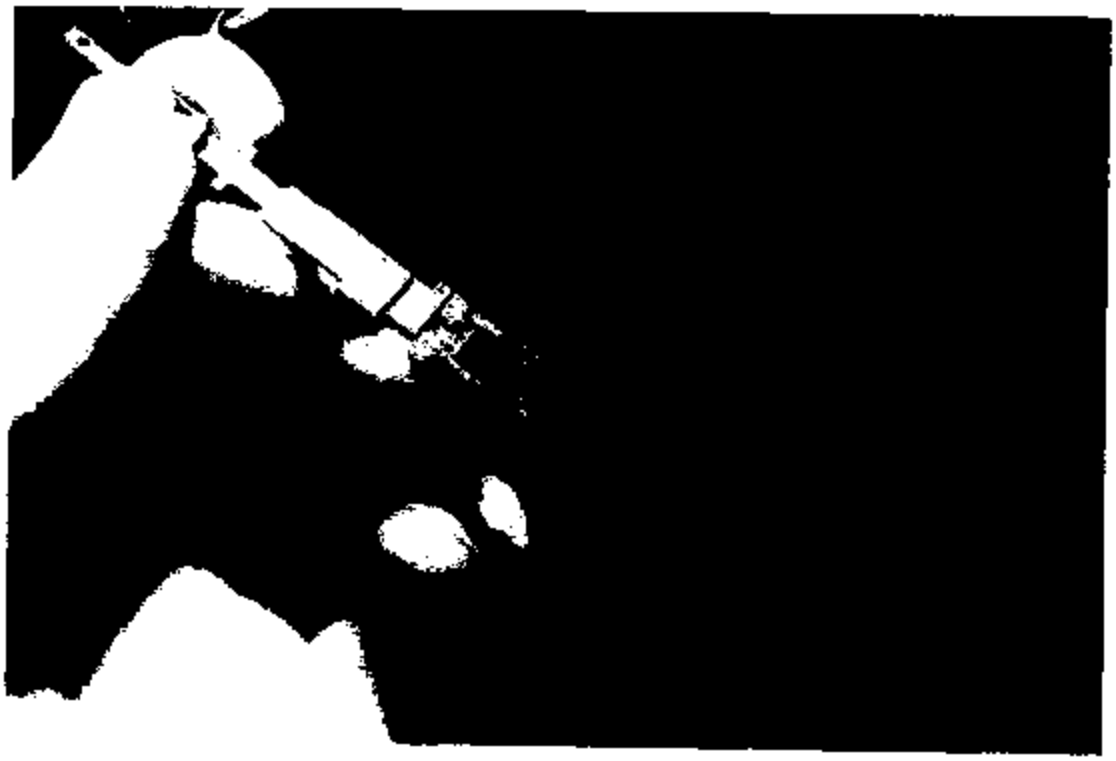

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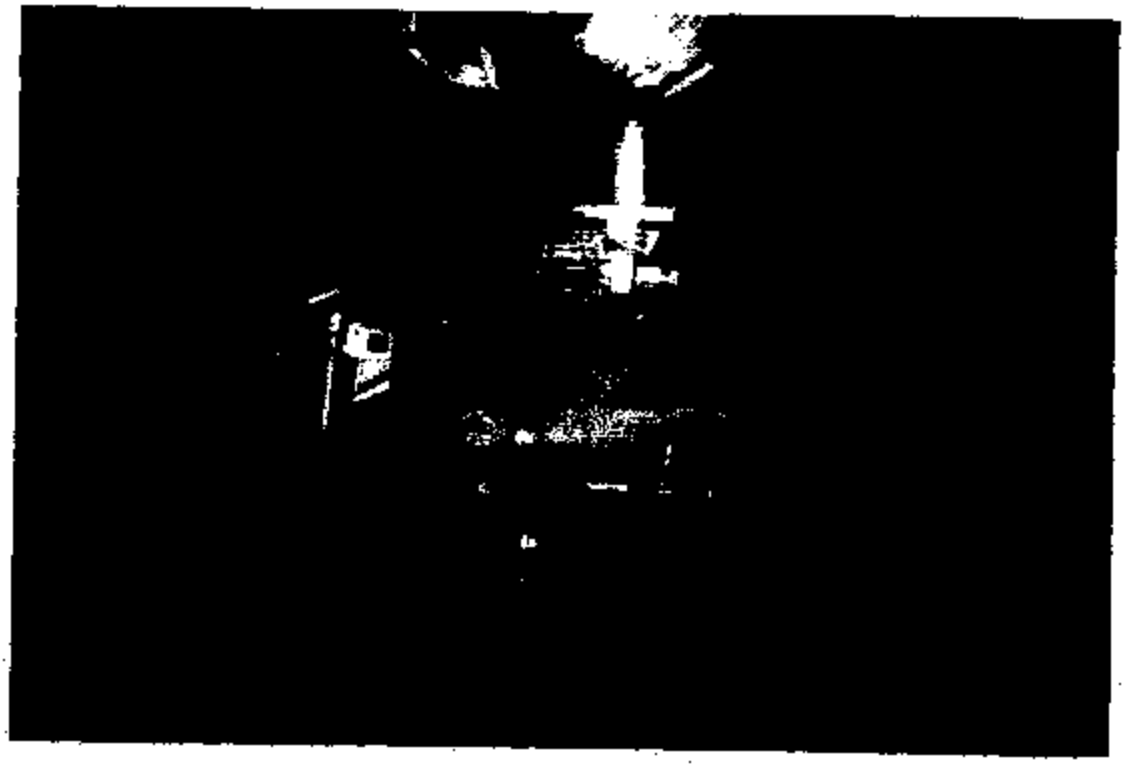

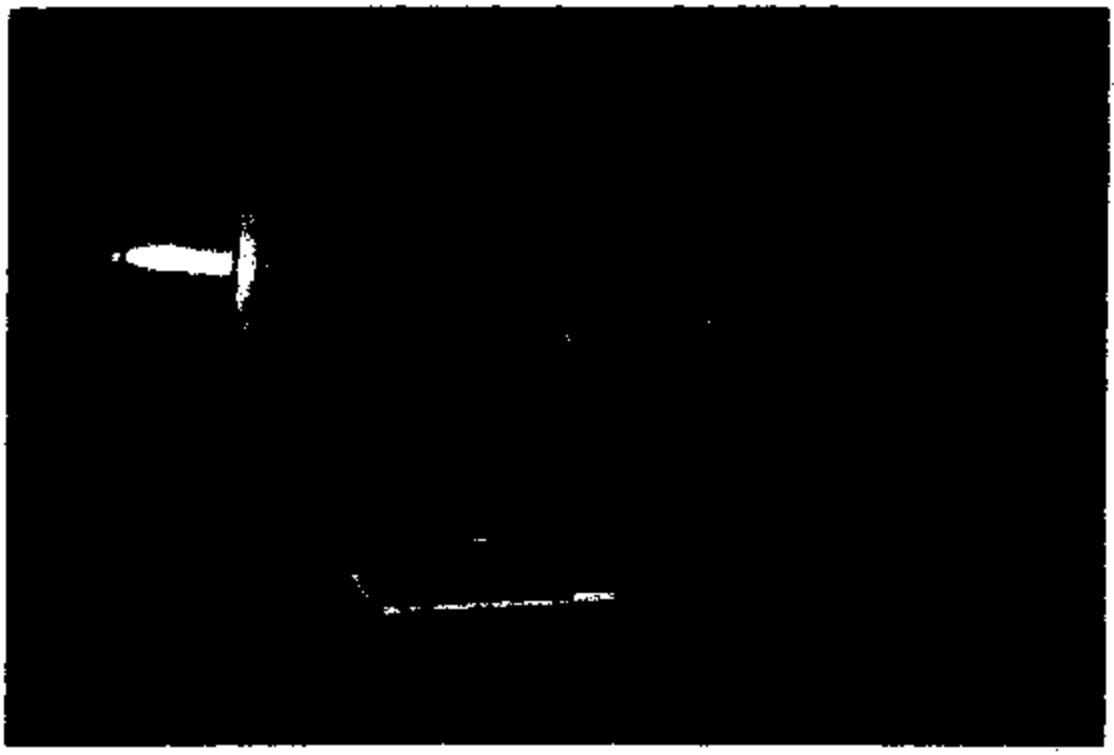

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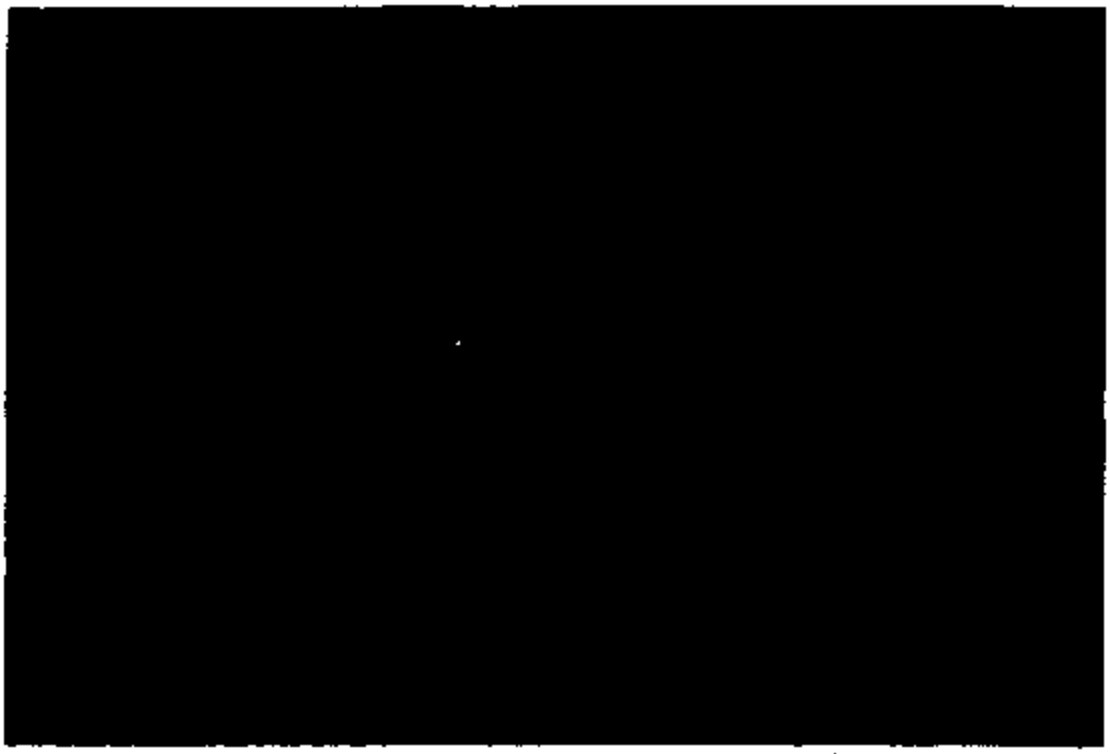

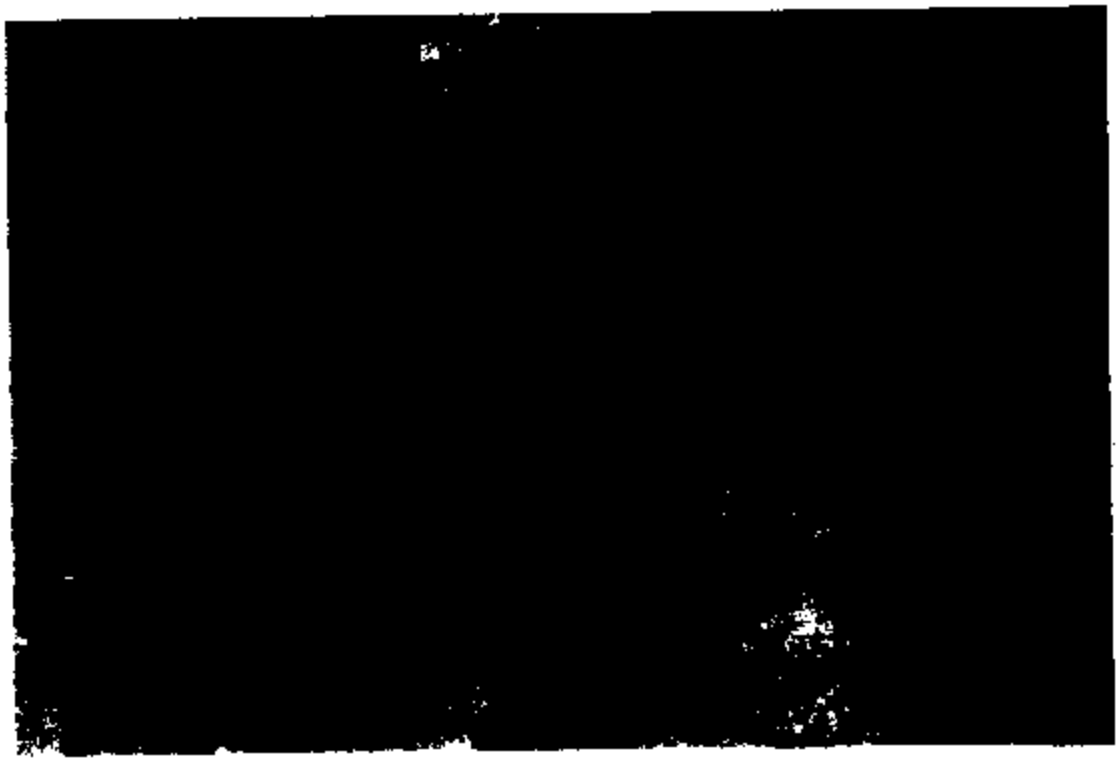

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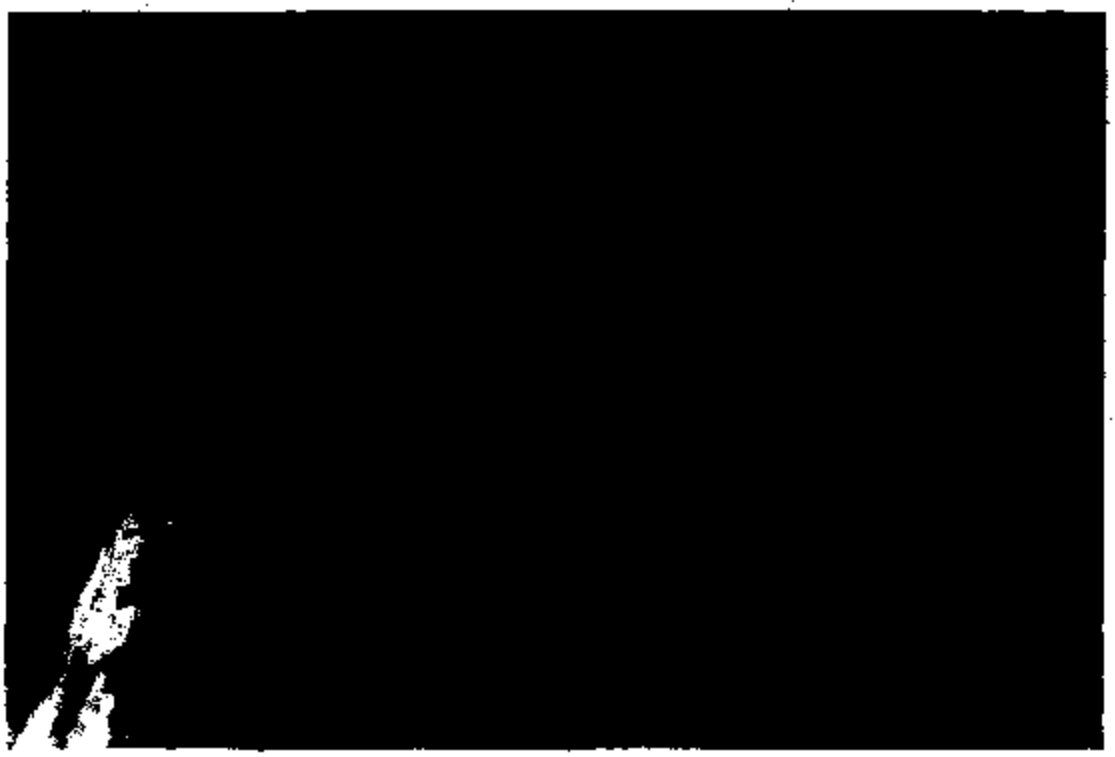

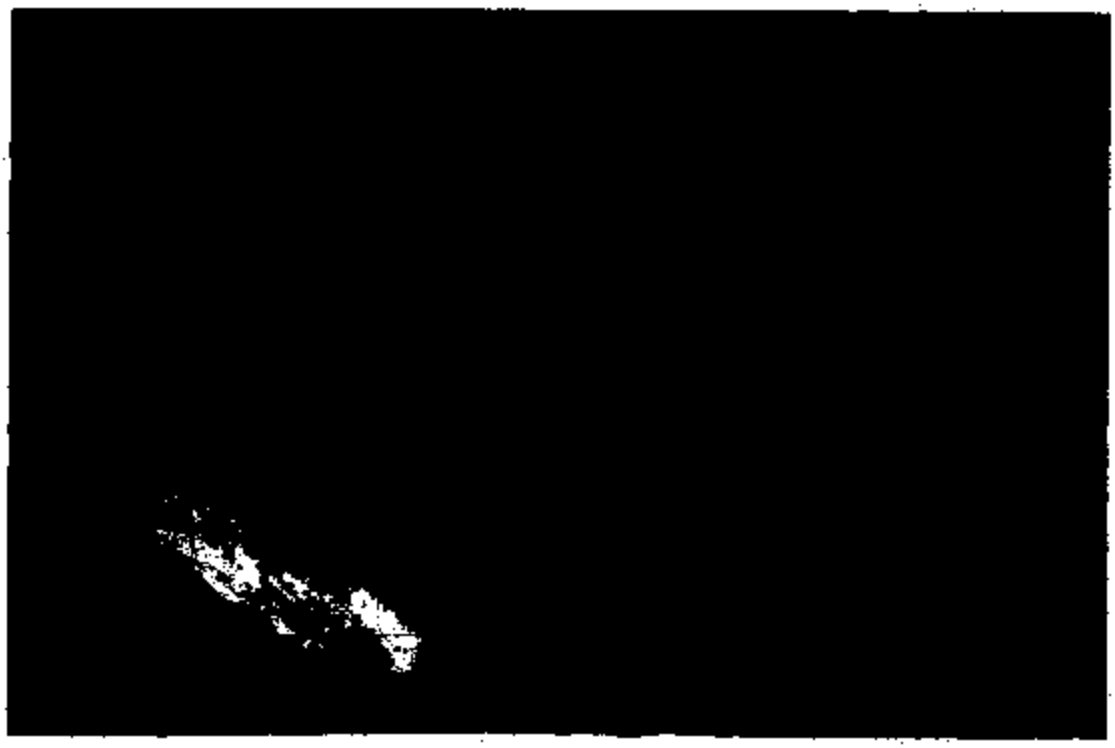

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BR82-025 41523

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[redacted]

ER82-825 41524

[redacted]

[redacted]

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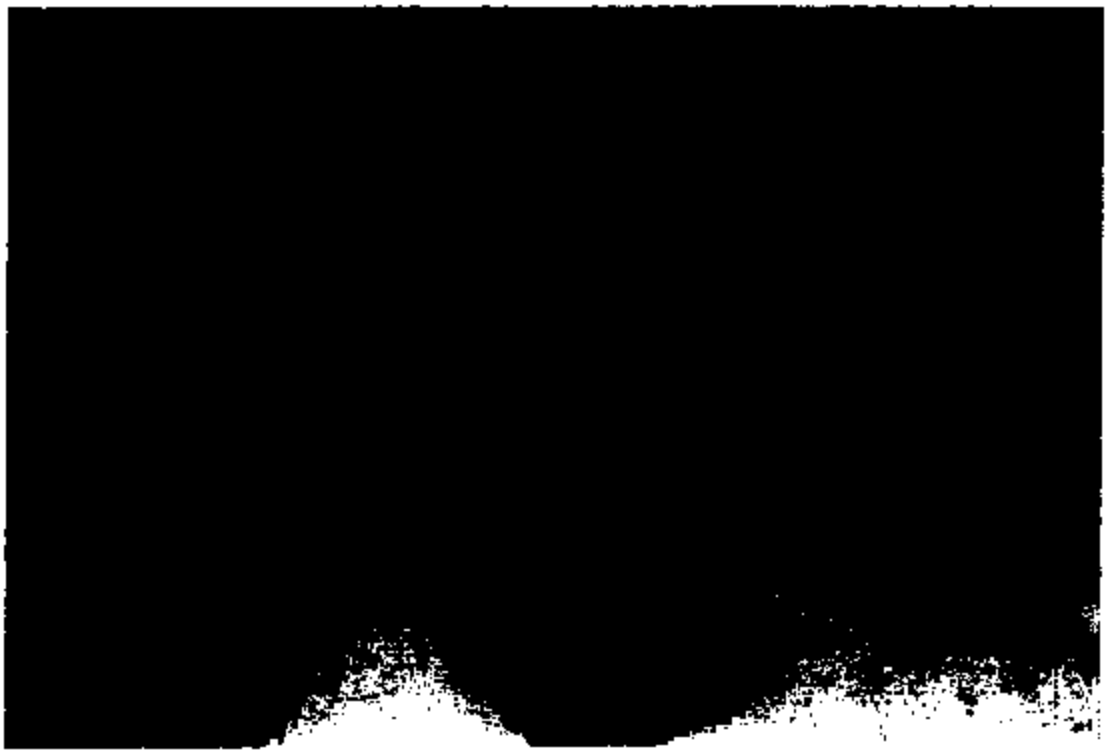

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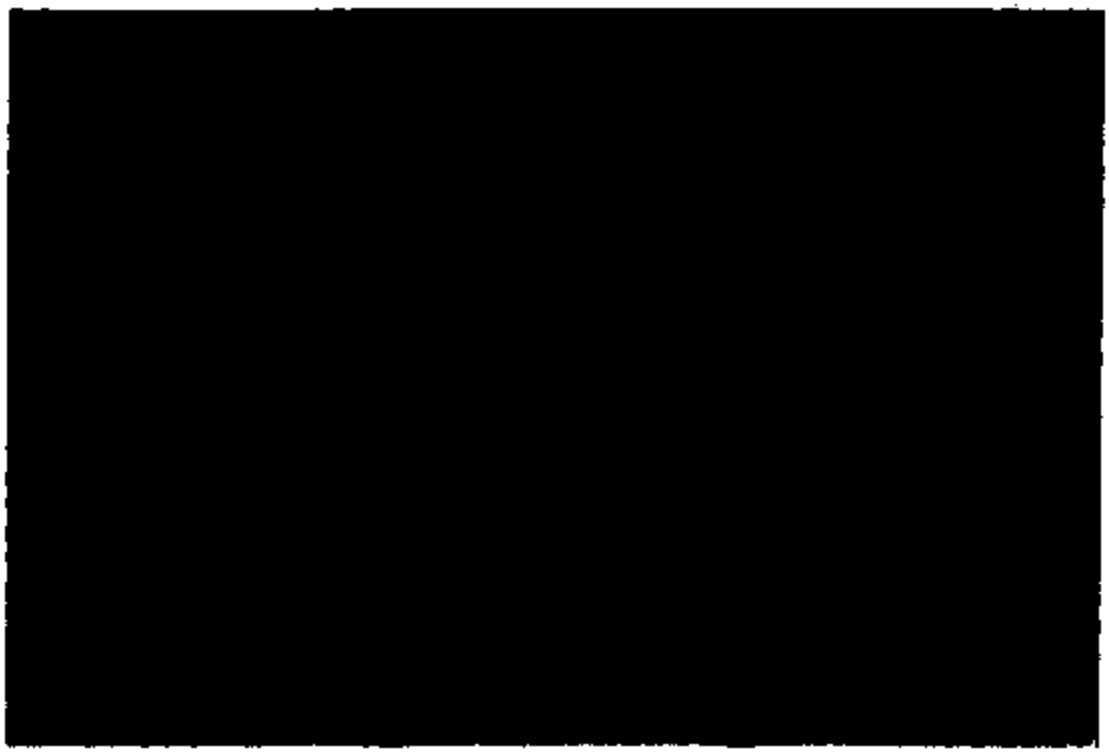

5962-825 41528

Ford Motor Company

PRIVILEGED AND CONFIDENTIAL

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

December 2, 2002

Flyway Mutual Insurance Company
918 West Main Street
P.O. Box 308
Waupun, WI 53963-0308
ATTENTION: DORIS HOPP

Re: Claimant: [redacted]
D/E: July 18, 2002
Y/Claim #: 02-1068

Dear Ms. Hopp:

As you may be aware our expert inspected this vehicle. His inspection revealed no evidence of a design or manufacturing defect present, which would have caused the accident to occur as alleged.

Therefore, we must respectfully deny this claim.

Please be advised 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,

Shawn L. Norton
Claims Analyst

Flyway Mutual Insurance Company

918 West Main Street, P.O. Box 308, Waupun, Wisconsin 53963-0308

Since 1874

920-324-3571
1-800-261-3571
FAX: 920-324-3137
Email: flywaymutual@postwcnet

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Blvd.
Dearborn, MI 48126-2568

August 12, 2002

Re[redacted]
Our Claim: 02-1068
DOL: 7/16/ 2002

Attn: Shawn L. Norton

Dear Shawn:

This letter is in response to your letter of August 8th, 2002 in which you acknowledge our notice to you of our intent to conduct an onsite investigation of the 1992 Lincoln Town Car involved in a house fire at the [redacted]sidence.

Th[redacted] family is without a home and needs to begin the rebuilding process as soon as possible. We have held the scene to allow you to accompany us in our investigation on site. Your response indicates that you want to be provided much information and documentation that will only become available as we conduct our on site investigation.

Since you have been given the opportunity to investigate the scene and have declined to do so at this time we must go ahead and conduct the onsite investigation without your input which we requested.

The scene will be reviewed by our fire investigation firm and an electrical engineer. No destructive testing will be done. The car will be secured and taken into impoundment for your inspection at a later date if you so choose to do so. With the car removed and the scene documented our insureds can begin the rebuilding process.

Our on site investigation and the removal of the car is schedule to take place on August 16th, 2002. If you choose to be present please contact us prior to that date.

Sincerely,

Dorie Hopp

Dorie Hopp,
General Manager
Flyway Mutual Insurance Company

This letter was mailed on August 12th, 2002 and faxed to Ford Motor Company at 313-845-4069; John Pagel at 763-444-6396; Rich Rellen at 920-233-4126; and Pilon Adj. at 920-921-7222.

Flyway Mutual Insurance Company

918 West Main Street, P.O. Box 308, Weyauwega, Wisconsin 54983-0308

Since 1874

920-324-2571
1-800-261-2571
FAX: 920-324-3137
Email: flywaymutual@powercom.net

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Blvd.
Dearborn, MI 48126-2568

August 12, 2002

Re: [redacted]
Our Claim: 02-1068
DOL: 7/16/ 2002

Attn: Shawn L. Norton

Dear Shawn:

This letter is in response to your letter of August 8th, 2002 in which you acknowledge our notice to you of our intent to conduct an onsite investigation of the 1992 Lincoln Town Car involved in a house fire at the [redacted] residence.

The [redacted] family is without a home and needs to begin the rebuilding process as soon as possible. We have held the scene to allow you to accompany us in our investigation on site. Your response indicates that you want to be provided much information and documentation that will only become available as we conduct our on site investigation.

Since you have been given the opportunity to investigate the scene and have declined to do so at this time we must go ahead and conduct the onsite investigation without your input which we requested.

The scene will be reviewed by our fire investigation firm and an electrical engineer. No destructive testing will be done. The car will be secured and taken into impoundment for your inspection at a later date if you so choose to do so. With the car removed and the scene documented our insureds can begin the rebuilding process.

Our on site investigation and the removal of the car is schedule to take place on August 16th, 2002. If you choose to be present please contact us prior to that date.

Sincerely,

Doris Hopp,
General Manager
Flyway Mutual Insurance Company

This letter was mailed on August 12th, 2002 and faxed to Ford Motor Company at 313-845-4089; John Pagel at 763-444-6388; Rich Rellen at 920-233-4128; and Pilon Adj. at 920-921-7222.

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Blvd.
Dearborn, MI 48126-2568

Re: [redacted]
Our Claim: 02-1088
DOL: 7 16 2002

This letter is in response to your letter of August 8th, 2002 in which you acknowledge our notice to you of our intent to conduct an onsite investigation of the 1992 Lincoln Town Car involved in a house fire at the [redacted] residence.

The [redacted] family is without a home and needs to begin the rebuilding process as soon as possible. We have held the scene to allow you to accompany us in our investigation on site. Your response indicates that you want to be provided much information and documentation that will only become available as we conduct our on site investigation. At this time we must go ahead and conduct the onsite investigation.

The scene will be reviewed by our fire investigation firm and an electrical engineer. No destructive testing will be done. The car will be secured and taken into impoundment for your inspection at a later date if you so choose to do so. With the car removed and the scene documented, our insureds can begin the rebuilding process.

Our on site investigation and the removal of the car is schedule to take place on August 16th, 2002. If your investigator would like to be present have them contact the electrical engineer, John Pagel at 763-444-9897 or our cause and origin engineer Rich Rellen at 920-233-4001 prior to that date.

Doris Hopp,
General Manager
Flyway Mutual Insurance Company

This letter was mailed on August 12th, 2002 and faxed to Ford Motor Company at 313/845-4089 and John Pagel (Electrical Engineer) 763 444 6398 and Rich Rellen (Fire Investigator) 920 921 7222 and Pat King (Claim Representative) 920 921 7222

Flyway Mutual Insurance Company

Since 1874

918 West Main Street, P.O. Box 308, Waupun, Wisconsin 53963-0308

920-324-2571

1-800-261-2571

FAX: 920-324-3137

Email: flywaymutual@powercom.net

FORD MOTOR COMPANY
AUG 2002
OF THE COUNSEL

Office of General Counsel
Ford Motor Company
Three Parklane Blvd.
Parklane Towers West, Suite 300
Dearborn, MI 48126

FORD MOTOR COMPANY
AUG 06 2002
OF THE COUNSEL

On July 16, 2002 a fire destroyed a home insured by Flyway Mutual Insurance Company.

The cause of the loss has been determined to be a 1992 Lincoln Town Car that was parked in the attached garage. Upon preliminary examination the car and scene was secured and we have called in John Pagel of Svare Engineering to come to the scene and complete the investigation.

The car involved has vehicle identification number 1LNLM82W4NY617598.

The owner of the car and the house that was destroyed is

REDACTED

[redacted]

Beaver Dam, W[redacted]

The scene will be preserved for 7 days. If any representative of Ford Motor Company wishes to examine the scene along with the electrical engineer please call John Pagel at 763-444-9897 or our cause and origin engineer, Rich Relien at 920-233-4001.

This situation was called in to Ford Motor customer service center at 1-800-392-3673 and we spoke to Kimberly at extension 3815.

Doris Hopp

Doris Hopp
Manager
Flyway Mutual Insurance Company

REDACTED

[redacted]1

1229-12
1-10WC-55

Ford Motor Company

Office of the General Counsel

Ford Motor Company
3 Parklane Boulevard
Parklane Towers West, Suite 300
Dearborn, Michigan 48126-2568

February 7, 2002

Farmers Insurance
PO BOX 149293
Austin, TX 78714-9293
ATTENTION: SUBROGATION DEPARTMENT

Re: Claimant: [redacted]
D/O/E: 07-30-2001
Your Claim #:89-162425

Dear Sir or Madam:

Following a review of the facts and circumstances surrounding this event, Ford Motor Company finds no evidence of a manufacturing or design defect; therefore, we must deny liability for this claim. Additionally, we believe that the Economic Loss Doctrine would prohibit you from any recovery under these circumstances.

Please be advised that all necessary steps must be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved in the event you elect to litigate this matter. 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.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Sincerely,

Shawn Norton
Claims Analyst

FARMERS

Austin Subrogation COE
180 Farmers Circle
PO Box 149293
Austin, Texas 78714-9293
Bus 512 248-2318
Fax 512 338-7060

December 21, 2001

Ford Motor Company
Office of General Counsel
Parklane Towers West, Ste. 400
3 Parklane Blvd
Dearborn, MI 48216

RECEIVED
CLAIMS UNIT
JAN 24 2002
OFFICE OF THE GENERAL COUNSEL

RE:	Our Insured	:	[redacted]
	Claim Number	:	[redacted]
	Date of Loss	:	7-30-01
	Total Claim Amount	:	$4,899.19

A review of the facts of the loss indicates that our insured is entitled to recover damages from you. Therefore, we have the right to make claim for these damages in our insured's behalf. This letter is to notify you of our subrogation rights and advise you that no one else has authority to give you a release for our interest except a representative of the Company.

If you carry liability insurance to protect you for such losses, we shall present our claim to your company. Please complete the following information and return this letter to us.

Insurance Company name and address:_____

Policy number/claim number:_____

Name of agent or adjuster:_____

If you are not insured, please send us your check for the amount due. If you are unable to fulfill this obligation, please contact our office immediately.

Very truly yours,

Subrogation Department

1-877-864-5830

REDACTED

FARMERS

Austin Subrogation COE
100 Farmers Circle
P.O. Box 149293
Austin, Texas 78714-9293
Telephone: (512)258-5739
FAX: (512)238-9949

January 16, 2002

Ford Auto/Consumer Affairs
PO Box 6248
MD-3NE-B
Dearborn, MI 48126

Attention: Claims Department

FORD MOTOR COMPANY
RECEIVED
JAN 30 2002
OFFICE OF THE GENERAL COUNSEL

RE: Our Insured: [redacted]
Policy Number:
Loss Date: 7/30/2001
Claim Number: 89-162425
Your Insured: Mercury
Amount Owed: $4,899.19
Your File # : None

Our investigation has established that the above loss was caused by the negligence of your insured.

[X] We have made payment to our insured for the damage. By virtue of our subrogation rights this letter is to advise you that we shall seek reimbursement from you for the amount of the damage.

[ ] Our insured's vehicle was rendered a total loss. When sold, we will forward support for disposition of salvage.

Our name should appear on any check made payable to our insured in settlement of his or her damage. If you have already made a settlement with our insured, please advise us immediately.

Your prompt consideration of our claim will be appreciated.

Sincerely
TEXAS FARMERS INSURANCE COMPANY

S. Mercado

Stephanie Mercado
Subrogation Claims Representative

CUSTOMER SUPPORT CENTER
2002 JAN 29 A 10 40

ER02-028 43214

Unified
Investigations & Sciences, Inc.

223 E. Greenbriar Lane
Dallas, Texas 75203-1013
214-946-8989
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PRIVILEGED AND CONFIDENTIAL

October 5, 2001

First and Final Report

PREPARED FOR:	Farmers Insurance Group 5047 Sherri Ann Drive San Antonio, Texas 78265
ATTENTION:	Ms. Kimberly Balque
INSURED:	[redacted]
DATE OF LOSS:	July 30, 2001
LOSS LOCATION:	Insurance Auto Auction San Antonio, Texas
POLICY NUMBER:	[redacted]
CLAIM NUMBER:	89162425
UIS FILE NUMBER:	[redacted]

Claim
San Antonio

THIS REPORT FURNISHED AS PRIVILEGED AND CONFIDENTIAL TO ADDRESSEE. RELEASE TO ANY OTHER COMPANY, CONCERN OR INDIVIDUAL IS THE SOLE RESPONSIBILITY OF ADDRESSEE.

Insured: [redacted]
UIS File No.:

ASSIGNMENT

The assignment was received on September 26, 2001, and the investigation commenced October 1, 2001. Instructions were to conduct an origin and cause investigation.

DETERMINATION OF ORIGIN AND CAUSE

The fire was accidental.

The fire originated in the engine compartment of the vehicle in the area of the speed control deactivation switch under the brake master cylinder. The most probable cause of the fire was a resistive short in the electrical circuit to the speed control deactivation switch.

Information and factors available to establish origin:

1. Examination of the passenger compartment
2. Examination of the engine compartment
3. Examination of the electrical system
4. Examination of the heating system
5. Examination of the fuel system
6. Examination of the underside of the vehicle

Information and factors available to establish cause:

1. Movement and intensity patterns low in the engine compartment
2. Examination of the wiring harness in the engine compartment
3. Examination of the brake system of the vehicle
4. Examination of burn patterns in the area of origin
5. Examination of the engine components
6. Elimination of all other natural and accidental causes

RISK

The risk was a 1993 Mercury Grand Marquis 4-door sedan. The vehicle was white in color. The vehicle displayed Texas License Plate [redacted] and a partial VIN# 2MELM---W8PX642533.

There was a recall found on the vehicle through the NHTSA database for components in the area of origin of the fire. The recall date was May 20, 1999 for 262,695 affected vehicles. The NHTSA recall number is 99V124000. The recall was cited for a defective speed control deactivation switch that could cause a resistive fire to develop in the wiring harness in the engine compartment of the vehicle.

Insured: [redacted]
UIS File No.:

FIRE SCENE EXAMINATION

The vehicle was at Insurance Auto Auction in San Antonio, Texas. No one was present during the examination other than myself.

There were no conditions affecting the scene examination. There were no alterations to the vehicle.

The fire originated in the area of the speed control deactivation switch and related wiring.

The glass on the vehicle was smoked, cracked, and melted. The doors were closed during the fire. No forced entry was observed.

The left side of the engine compartment displayed the most damaged area of the vehicle. The left front aluminum wheel was melted and the tire consumed. The right front wheel was intact with fire damage to the inside of the tire. The remaining rear wheels and tires were undisturbed. The brake fluid container was consumed by the fire, as was the under-hood fuse panel. The fire traveled from the left rear of the engine compartment, across the front of the engine, to the right rear of the engine compartment. Intensity and movement patterns were observed in the left rear of the engine compartment in the area of the brake components. Melted wiring and wiring blocks were observed. Hoses and fittings were consumed, as was the air filter system. The left side of the engine compartment was basically void of any engine components near the area of origin.

After the fire ignition, the fire violated the rear firewall into the passenger compartment. No key was found in the floorboards. The trunk was inaccessible, and the interior fuse panel was consumed. Normal contents of a vehicle were observed in the area of the glove compartment and surrounding areas.

Evidence collected at the loss site was transported and stored at the Dallas Service Center of Unified Investigations & Sciences, Inc.

INVESTIGATION

- ***Discovery***

It is not known who discovered the fire.

ERB2-625 43218

Insured:
UIS File No.: [redacted]

- ***Fire Officials***

Fire officials were not available for interviews at the time of this examination.

- ***Investigating Officials***

Investigating officials were not available for interviews at the time of this examination.

COMMENTS

A verbal report was given. In compliance with your instructions, the file will close with this report. Should further investigation be required, this file can easily be reopened.

EXHIBITS

1. Property Description Sheet
2. Vehicle Inspection Report
3. Component Diagrams
4. NHTSA Recall Sheet
5. 36 Color Photographs with Explanation Sheet
6. Photograph Negatives (mailed under separate cover)

Scott Leake
Special Investigator
Unified Investigations & Sciences, Inc.
210-659-8677 or 1-800-615-4840

E002-028 43219

Insured: [redacted]
UIS File No.

Photograph Explanation Sheet

(1) Property Description Sheet
(2) Left side of vehicle
(3) Hood of vehicle
(4) Right rear of vehicle
(5) Right front of vehicle
(6) Right front door of vehicle
(7) Rear of vehicle
(8) License plate
(9) Vehicle Identification Number Plate
(10) Engine compartment of vehicle
(11) Front of engine
(12) Left side of engine
(13) Right side of engine
(14) Left front passenger area
(15) Left rear passenger area
(16) Right front passenger area
(17) Right rear passenger area
(18) Roof of vehicle
(19) Left firewall of engine compartment
(20) Right firewall of engine compartment
(21) Top of engine compartment
(22) Area of origin
(23) Close-up of photo #22
(24) Wiring harness in area of origin
(25) Brake system
(26) Left front of engine
(27) Left side of area of origin
(28) Brake line brackets below master cylinder
(29) Expanded view of area of origin
(30) Brake line connectors
(31) Brake line connectors
(32) Left front aluminum wheel
(33) Inside of left front aluminum wheel melted
(34) Wiring harness and wiring blocks in area of origin
(35) Wiring harness and wiring blocks in area of origin
(36) Evidence collected labeled number 001

EM2-025 43228

ured [redacted] UIS N [redacted]

treet [redacted] City San Antonio State TX

ccupancy: ☐ Dwelling ☐ Business ☐ Unoccupied ☒ Other – Vehicle

☒ Owner occupied ☐ Tenant occupied Approximate age – 8 Yrs.

uilding construction: ☐ Masonry ☒ Metal ☐ Wood ☐ Other-

oofing construction: ☐ Composition material ☒ Metal ☐ Tile ☐ Wood

☐ Tar and gravel ☐ Other – Concrete

Number of stories N/A Number of rooms N/A Number of baths N/A

oundation: ☐ Basement ☐ Concrete slab ☐ Pier and beam ☐ Crawl space

eating: ☒ Electric ☐ Natural gas ☐ Propane gas ☐ Other -

ir conditioning: ☒ Electric ☐ Natural gas ☐ Propane gas ☐ Other -

lectrical service connected: ☒ Yes ☐ No ☐ Unknown

larm system: ☐ Yes ☒ No Type – ☐ Local ☐ Monitored

arage: ☒ None ☐ Attached ☐ Detached Approximate size –

utbuildings on premises: ☐ Yes ☒ No ☐ Damaged ☐ Undamaged

utside Conditions: ☒ Normal ☐ Unkempt ☐ Well groomed ☐ Other –

uilding Conditions: ☐ Excellent ☒ Average ☐ Poor ☐ Other –

ire Protection: ☐ Paid ☐ Paid & volunteer ☐ Volunteer ☒ Unknown

epartment: Unknown Distance to Station –

ompleted during examination: ☐ Diagram ☐ Video ☒ Photographs ☐ Measurements

e examination began 10/01/01 Date examination completed 10/01/01

Unified Investigations & Sciences, Inc.
Vehicle Inspection Report

Exhibit 2

Owner: [redacted]
UIS File Number: TX01-[redacted]

Make	Year	Model	Body Style
Mercury	1993	Grand Marquis	4-door

State Inspection	Date	Odometer
Texas	Unknown	Unknown

Displayed on Vehicle	Year	State	VIN
Tag Number [redacted]	Unknown	TX	2MELM——WBPX642533

Vehicle Examination Date	Examination Location
10-01-01	Insurance Auto Auctions, San Antonio, Texas

Fire Damaged Areas ☒ Exterior ☒ Interior ☒ Engine Compartment

		Burned	Distorted/Melted	Accelerant Patterns	Collision Damage
	Bumper and Grill	☒	☒	☐	☐
	Hood	☒	☒	☐	☐
	Left Front	☒	☒	☐	☐
	Right Front	☒	☒	☐	☐
	Roof	☒	☒	☐	☐
E	Left Door(s)	☒	☒	☐	☐
	Right Door(s)	☒	☒	☐	☐
X	Trunk	☐	☐	☐	☐
	Left Rear	☐	☐	☐	☐
T	Right Rear	☐	☐	☐	☐
	Rear Bumper Area	☐	☐	☐	☐
E	Underside	☒	☒	☐	☐

R Remarks: Trunk locked

I TIRES

O		Burned Yes	Burned No	Unusual Tread Wear Yes	Unusual Tread Wear No
	Left Front	☒	☐	☐	☒
R	Right Front	☒	☐	☐	☒
	Left Rear	☐	☒	☐	☒
	Right Rear	☐	☒	☐	☒
	Spare	☐	☐	☐	☐

Tires indicate signs of recent removal or exchange? ☐ Yes ☒ No
Wheels or wheel covers indicate recent removal/exchange? ☐ Yes ☒ No
Indicate areas of forced entry ☐ Door(s) ☐ Hood ☐ Trunk ☐ Glass
Unknown

Remarks:

GLASS

	Smoked	Cracked	Distorted/Melted	Broken
Windshield	☒	☒	☒	☐
Left Door(s)	☒	☒	☒	☐
Right Door(s)	☒	☒	☒	☐
Rear	☒	☒	☒	☐
Sunroof	☐	☐	☐	☐

Remarks:

		Yes	No
I	After market electrical accessories	☐	☒
N	Door(s) open during fire	☐	☒
T	Window(s) open during fire	☐	☒
E	Was key in ignition/floor	☐	☒
R	Have accessories been removed	☐	☒
I	Any unusual burn patterns	☐	☒
O	Any abnormal melting	☐	☒
R	Any unusual objects in vehicle	☐	☒
	Was trunk open during fire	☐	☒
	Any unusual objects in trunk	☐	☐ Unknown

0002-626 43222

		Yes	No		Yes	No
C O	Hood open during fire	☐	☒	Oil below lowest ma... on dipstick	☐	☒
E M	Radiator Melted	☒	☐	Evidence of excessive fluid leakage	☐	☒
N P	Upper radiator hose burned	☒	☐	Unusual odor/color motor oil	☐	☒
G A	Lower radiator hose burned	☒	☐	Holes or cracks in transmission case	☐	☒
I R	Drive belts burned	☒	☐	Transmission case burned/melted	☐	☒
N T	Other hoses burned	☒	☐	Transmission has inadequate lubrication	☐	☒
E M	Fan and shroud burned	☒	☐	Unusual odor/color transmission fluid	☐	☒
E	Inner fenders burned	☒	☐	Any problems with drive-train/suspension	☐	☒
N T	Heating system burned	☒	☐	Motor mounts burned	☒	☐

Remarks:

		Missing	Burned/Discolored	Brittle/Melted	Shorted/Arced
E L E C T R I C A L	Battery(s)	☐	☒	☒	☐
	Battery connections	☐	☒	☒	☐
	Battery cables	☐	☒	☒	☐
	Starter	☐	☒	☐	☐
	Alternator/generator	☐	☒	☒	☐
	Ignition system	☐	☒	☒	☐
	Fuse panel	☐	☒	☒	☐
	Wiring harness	☐	☒	☒	☐
	After market accessories	☐	☐	☐	☐

Remarks:

		Missing	Burned	Distorted/Melted
E M I S S I O N S	Filler cap	☐	☐	☐
	Filler assembly	☐	☐	☐
	Fuel tank assembly	☐	☐	☐
	Fuel lines	☐	☐	☐
	Fuel pump(s)	☐	☐	☐
	Fuel filter(s)	☐	☐	☐
	Carburetor/ injectors/ turbos	☐	☒	☒
	Air intake filter(s)	☒	☒	☒
	Fuel vapor recovery system	☒	☒	☒
	Exhaust and tail pipes	☐	☐	☐
	Muffler and catalytic converter	☐	☐	☐

T E M	Any loose fuel line connections?	☐ Yes		☒ No			
	Any evidence of tampering?	☐ Yes		☒ No			
	Fuel tank	☒ Unknown	☐ Empty	☐ 1/4	☐ 1/2	☐ 3/4	☐ Full

Remarks

Evidence of any explosion or rupture	☐ Yes	☒ No
Was an oil sample obtained?	☐ Yes	☒ No
Was a fuel sample obtained?	☐ Yes	☒ No
Were debris samples obtained?	☒ Yes	☐ No

Comments: Wiring and wiring blocks collected from area of origin

Investigator Scott Leake Date October 1, 2001

Exhibit 324

Check to order research. Submit below.

NHTSA CAMPAIGN ID Number: 99V124000
Component: ELECTRICAL SYSTEM
Manufacturer: FORD MOTOR COMPANY

Year:	Make:	Model:	Recall Date:
1993	MERCURY	GRAND MARQUIS	05/20/1999

Type of Report: Vehicle

Potential Number of Units Affected: 262695

Defect Summary:

VEHICLE DESCRIPTION: PASSENGER VEHICLES. THE SPEED CONTROL DEACTIVATION SWITCH CAN DEVELOP A RESISTIVE SHORT IN THE ELECTRICAL CIRCUIT THAT COULD POTENTIALLY RESULT IN AN UNDERHOOD FIRE. A FIRE IS POSSIBLE BOTH WHEN THE VEHICLE IS RUNNING AND WHEN THE VEHICLE ENGINE IS OFF. ALSO, THE SHORT COULD DISABLE THE SPEED CONTROL SYSTEM OR CAUSE THE BRAKE LIGHT FUSE TO OPEN.

Consequence Summary:

A FIRE CAN ORIGINATE IN THE LEFT FRONT UNDERHOOD AREA.

Corrective Summary:

DEALERS WILL INSTALL A NEW SPEED CONTROL DEACTIVATION SWITCH AND CONNECTOR SHELL.

SUBMIT

BR82-828 43224

Service Recall Bulletin

May, 1999

To:
All Ford and Lincoln Mercury Dealers

Subject:
Safety Recall 99S15 Including Supplement # 1: Certain 1992 and 1993 Crown Victoria, Grand Ma
Lincoln Town Cars with Speed Control - Speed Control Deactivation Switch

AFFECTED VEHICLES

Certain 1992 and 1993 Crown Victoria and Grand Marquis with Speed Control built at the St. Tho
assembly plant from February 5, 1992 through November 30, 1992. Also, certain 1992 and 1993
built at the Wixom Assembly plant from November 4, 1991 through November 30, 1992.

REASON FOR RECALL

Some Speed Control Deactivation Switches on the affected vehicles may develop a resistive shor
electrical circuit that may potentially result in an underhood fire. A fire is possible both when the v
running and when the vehicle engine is off. Also, the short may disable the speed control system
fuse to open.

SERVICE ACTION

Repair parts will not be available until mid-June, 1999. Until parts are available, the interim repair
Attachment III should be used. When parts are available the permanent repair must be completec
recall.

Interim Repair: This repair should be performed immediately to eliminate the possibility of a fire.
repair involves disconnecting the electrical connector from the Speed Control Deactivation Switch
connector and to protect it from contamination and securing the connector with a tie-strap. The sp
system will be inoperative until the permanent repair is performed.

Permanent Repair: The parts for this repair are expected to become available the middle of June
repair will involve the replacement of the Speed Control Deactivation Switch with a new switch. In
switch hard-shell connector will be replaced to eliminate the possibility of undetected heat damag
connector.

QUESTIONS?

Claims Information 1-800-423-8851
Other Recall Questions 1-800-325-5821

Attachments

- **Attachment I**
  - Administrative Information

Attachment I - Administrative Information

OASIS

You must use OASIS to determine if a vehicle is eligible for this recall.

Please note that the Interim Repair will not remove the VIN from OASIS.

PLEASE NOTE Correct all vehicles in stock before delivery. Federal law requires dealers to complete any outstanding safety recall service before a new vehicle is delivered to the buyer or lessee. Violation of this requirement by a dealer could result in a civil penalty of up to $1,100 per vehicle.

PROMPTLY CORRECT

Promptly correct affected vehicles are included in the list provided and other eligible vehicles which are brought to your dealership.

DEALER-OWNER CONTACT

Immediately contact any affected owner whose name is not on the list. Give the owner a copy of the Owner Letter and schedule a service date.

REGIONAL CONTACT

Advise regional office if an owner:

^ cannot be contacted

^ does not make a service date

CLAIMS PREPARATION AND SUBMISSION

^ Enter claims using DWE.

^ Refer to ACESII Manual for claims preparation and submission information.

^ After performing the Permanent Repair, the replaced parts must be returned to the Warranty Parts Return Center for inspection (See Attachment II). FCS 700 tags will be sent as soon as the claim for the Permanent Repair is submitted.

OWNER REFUNDS

Ford Motor will only refund for owner-paid repairs made before the date of the Owner Letter (or after the date of the Owner Letter if an emergency repair was made away from the servicing dealer.) Refer to ACESII Manual for Refund information.

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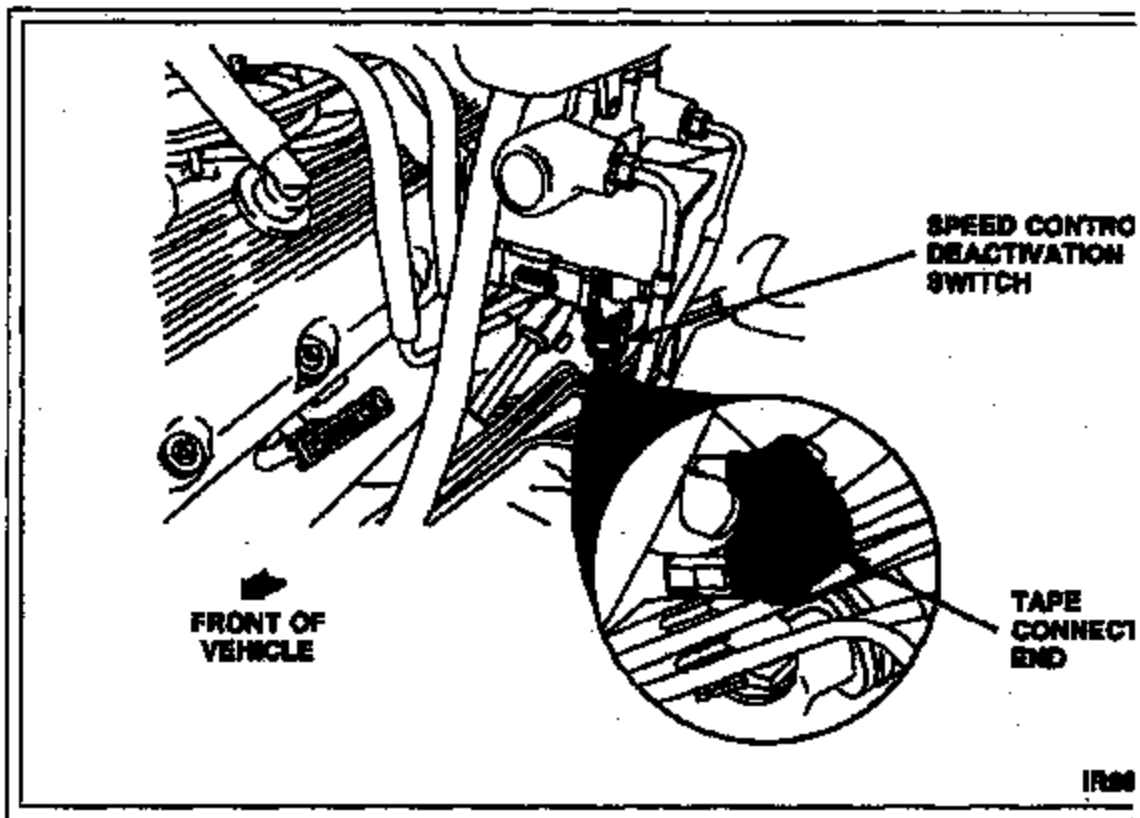


Figure 1

ZOOM

2. Disconnect the electrical connector from the speed control deactivation switch. See Figure 1.
3. Tape the end of the connector to prevent contamination from entering the end of the connector.
4. Tie strap the connector to the wiring harness located on the left splash shield.

PERMANENT REPAIR

SPEED CONTROL DEACTIVATION SWITCH AND CONNECTOR REPLACEMENT

AFFECTED VEHICLES:
CERTAIN 1992 AND 1993 CROWN VICTORIA, GRAND MARQUIS AND TOWN CAR WITH SPEED CONTROL

OVERVIEW
This repair involves replacement of the speed control deactivation switch and the hard shell of the switch electrical connector. The connector terminals will be removed from the old connector hard shell and inserted into the new connector hard shell.

PROCEDURE

1. Inspect the vehicle for the type of speed control servo installed.

   ^ If the vehicle is equipped with a (round) vacuum operated-type servo, no further action is required. Release the vehicle to the owner

   ^ If the vehicle is equipped with a (square) electronic-type servo, proceed to Step 2.

2. Install a memory saver and disconnect the negative battery terminal.

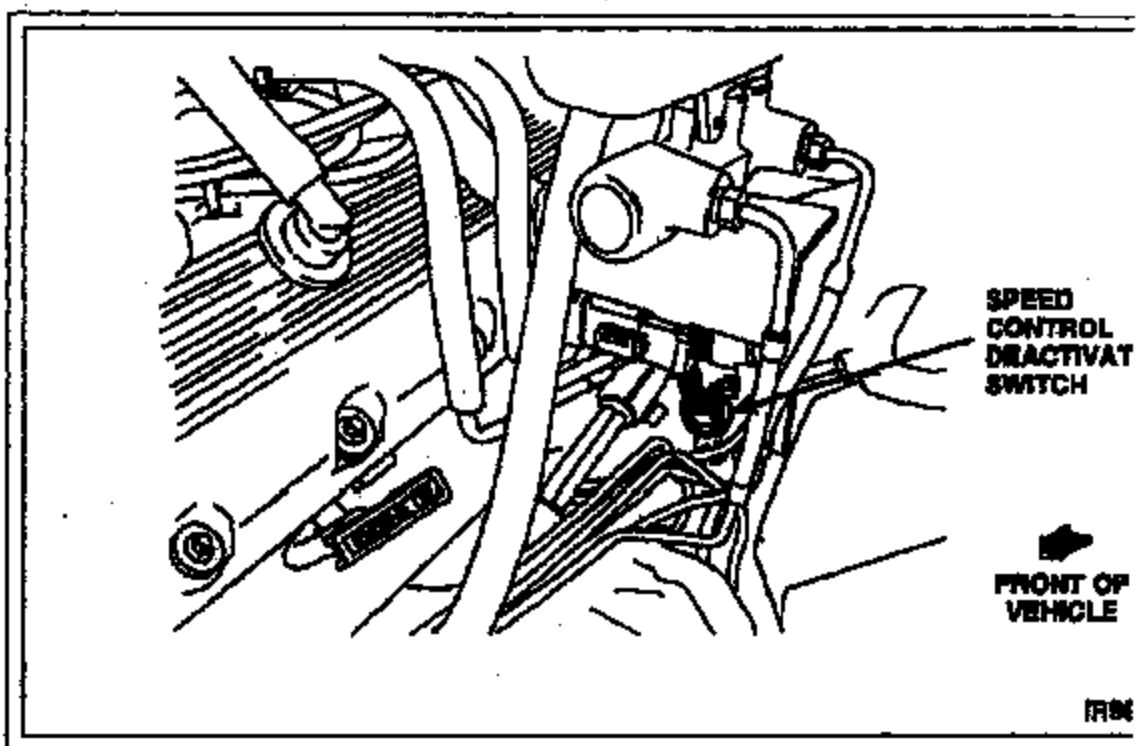


Figure 2

ZOOM

3. Disconnect the electrical connector from the speed control deactivation switch. See Figure 2.

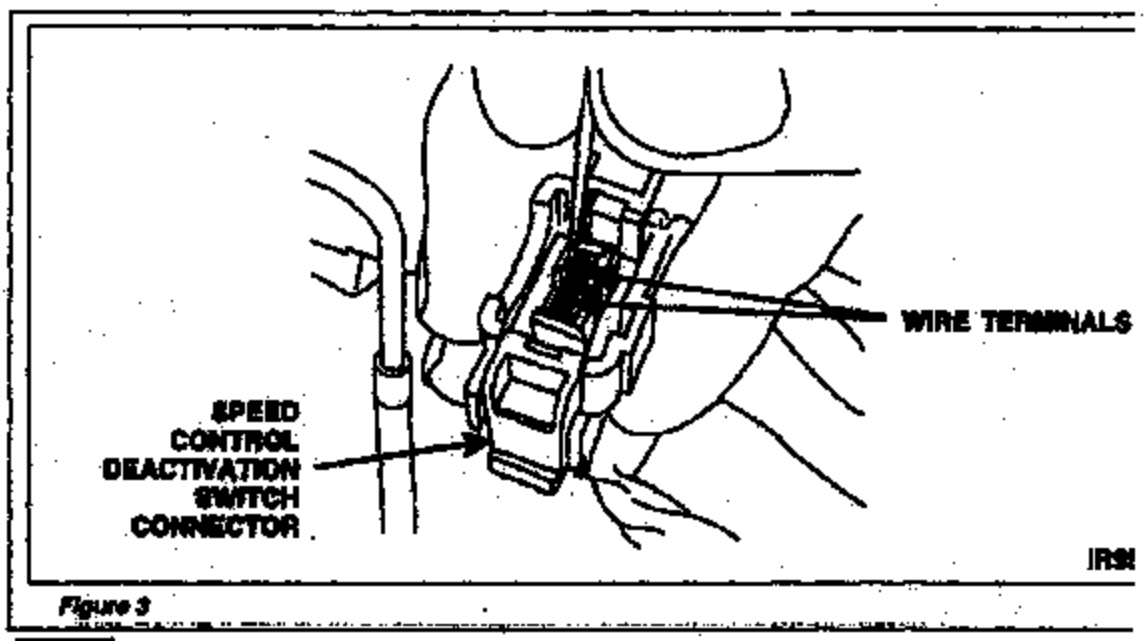


Figure 3

ZOOM

4. Remove the locking wedge from the end of the connector. Then, disengage the locking tabs and remove the wire terminals from the connector. See Figure 3.
5. Obtain the new connector from the kit. Insert both wire terminal ends through the connector seal and into the connector hard shell. (The wire terminal ends may be installed into either of the connector cavities).
6. Check the connector to make sure the locking tabs have engaged both terminal ends. Also, make sure the seal is fully seated in the back of the connector. Then, install the red locking wedge to secure the terminals in the connector.
7. Obtain the speed control deactivation switch from the parts kit.
8. Remove the old speed control deactivation switch.
9. Fill the new speed control deactivation switch with High Performance DOT 3 Brake Fluid and install the speed control deactivation switch. Tighten the switch to 18 Nm (13 lb-ft).
10. Attach the electrical connector to the speed control deactivation switch.
11. Connect the battery negative cable and remove the memory saver.
12. Raise the vehicle on a hoist.
13. Connect a clear drain tube to the RH rear bleeder screw and the other end in a container partially filled with the recommended brake fluid.
14. Have an assistant pump the brake pedal and then hold firm pressure on the brake pedal.
15. Loosen the RH rear bleeder screw until a stream of brake fluid comes out. While the assistant maintains pressure on the brake pedal, tighten the bleeder screw.

* Repeat until clear, bubble-free fluid comes out.

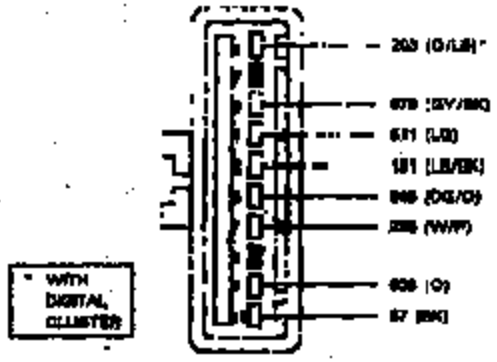
1993 Mercury Grand Marquis V8-281 4.6L SOHC

Top - Vehicle
Cruise Control
Cruise Control Servo
Diagnosis

SEARCH or CONTINUE DATA

Cruise Control Servo

Speed Control Servo Assembly



C234
SPEED CONTROL SERVO ASSEMBLY

PIN NUMBER	CIRCUIT	CIRCUIT FUNCTION
1	203 (O/LB)*	Speed Control Indicator Lamp Output
2	—	NOT USED
3	879 (GY/BK)	Vehicle Speed Sensor Input
4	511 (LG)	Brake On/Off (BOO) Switch Input
5	151 (LB/BK)	Speed Control Switch Input
6	848 (DG/O)	Speed Control Switch Ground
7	256 (W/P)	Hot in RUN and ACC

8	—	NOT USED
9	65B (U)	Brake Pressure Switch Input
10	57 (BK)	Ground

ZOOM SIZED FOR PRINT

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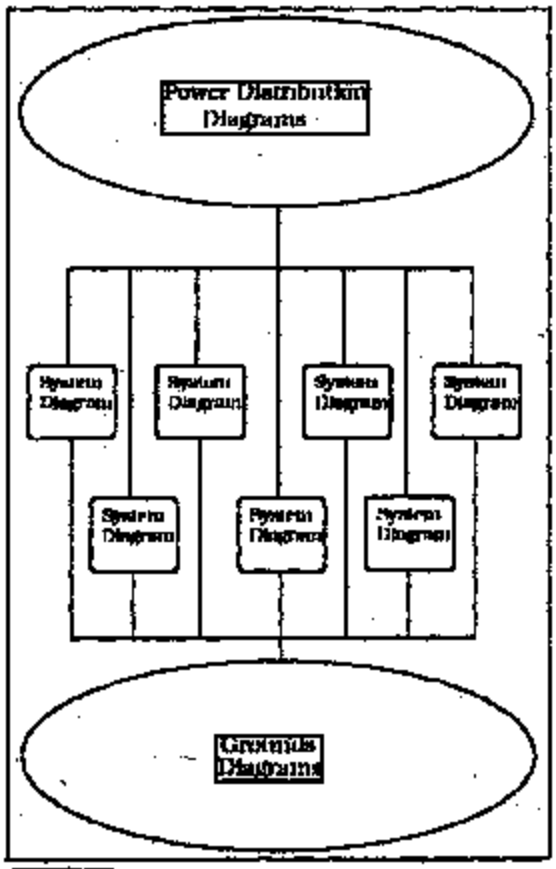
Cadillac Seville Diagrams V8-281 4.9L SOHC

How to Find and Use These Diagrams

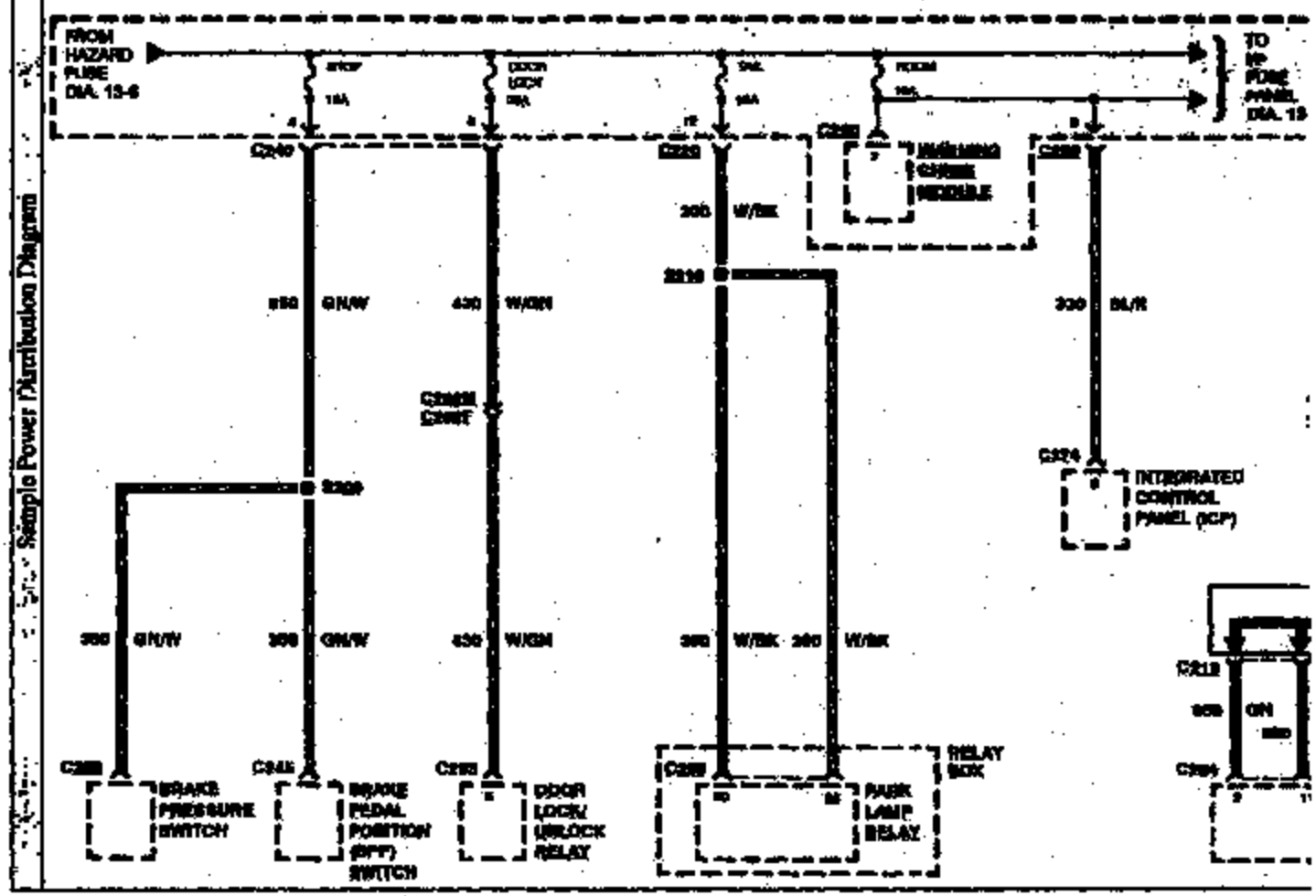


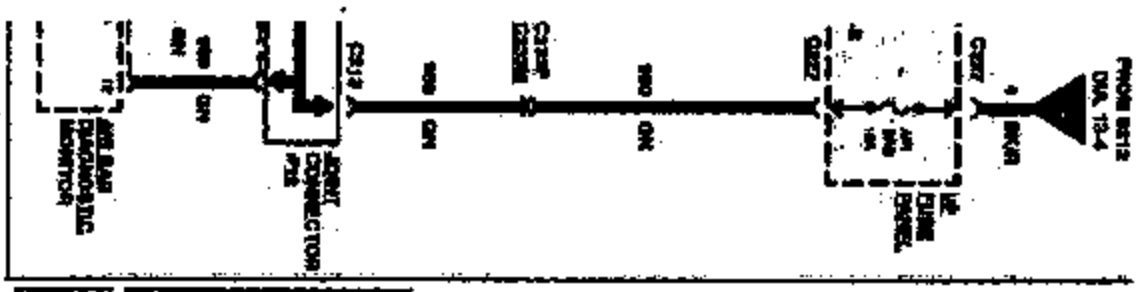
ZOOM

Diagrams are presented in three main categories:

- Power Distribution Diagrams
- Systems Diagrams
- Grounds Diagrams

Simple Power Distribution Diagram





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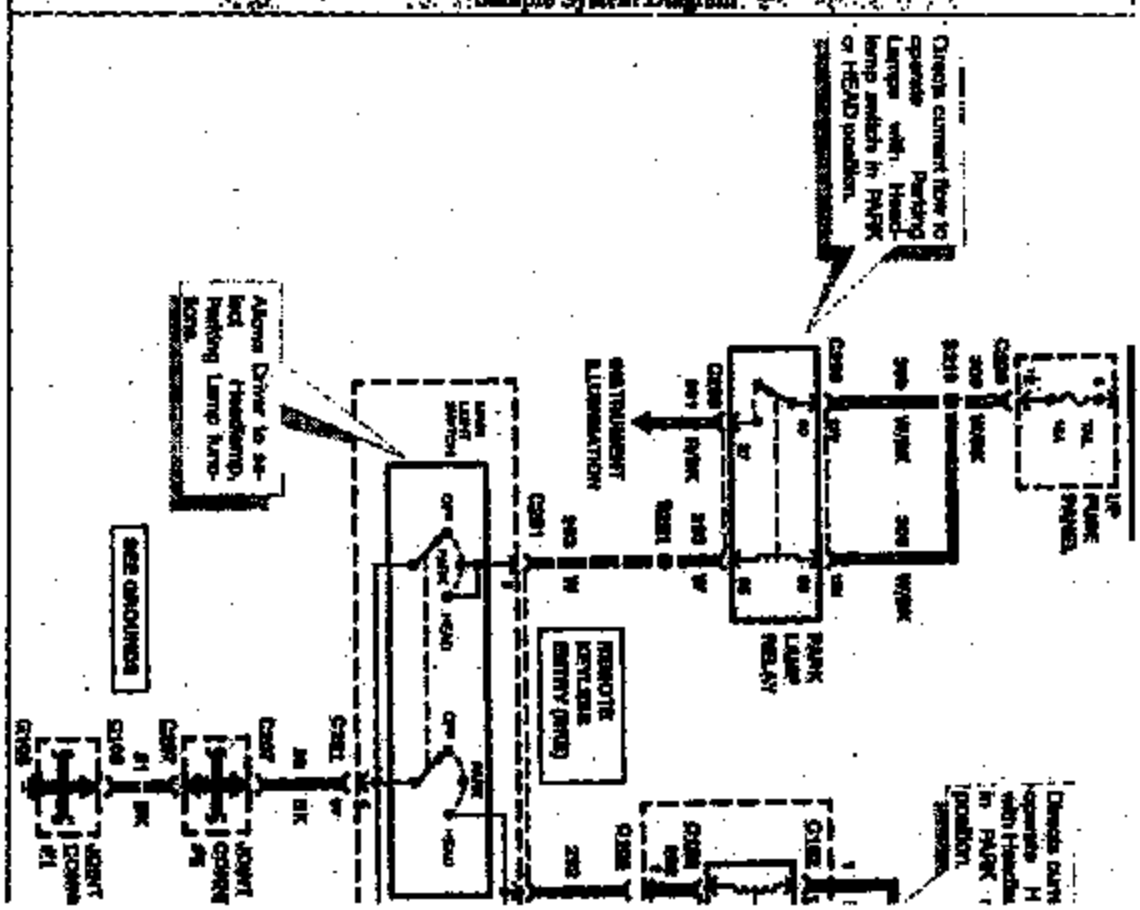
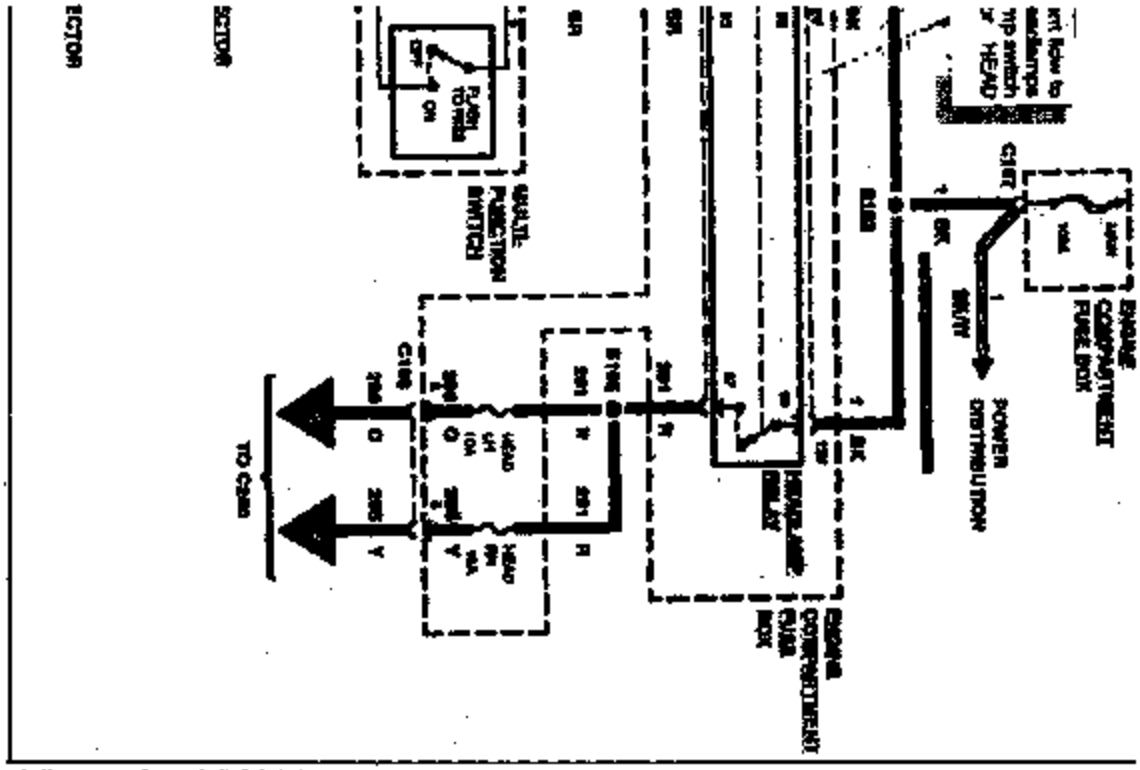
Power Distribution Diagrams

Provide the circuit details of how the system diagrams are powered. The power distribution source is shown at the top of a diagram page. All wires, connectors, and splices are shown in the same manner that the current flows, ending at the component/system being powered near the bottom of a diagram page. Circuits that go from one diagram page to another will be marked with large arrow heads.

The power distribution diagrams can be found at Starting and Charging/Power and Ground Distribution.

Sample System Diagram





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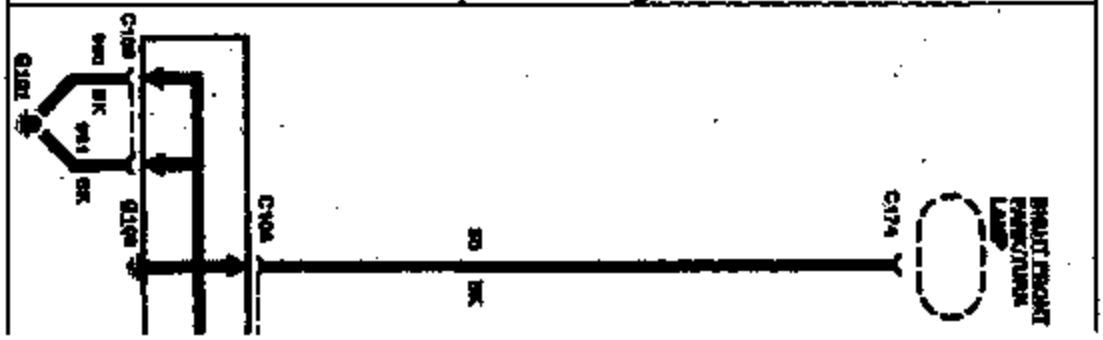
System Diagrams

Components that work together are shown together in a system/subsystem diagram or set of diagrams. The system feed (circuit breaker, fuse, etc.) is shown at the top of a diagram page. All wires, connectors, components, and splices are shown in the same manner that the current flows, ending at the ground at the bottom of a diagram page. Circuits that go from one diagram page to another will be marked with large arrow heads.

The system diagrams can be found at the specific Alldata System/SubSystem that they are most closely related to, such as Cruise Control, Powertrain Management, Radio/Stereo, etc.

Sample Grounds Diagram



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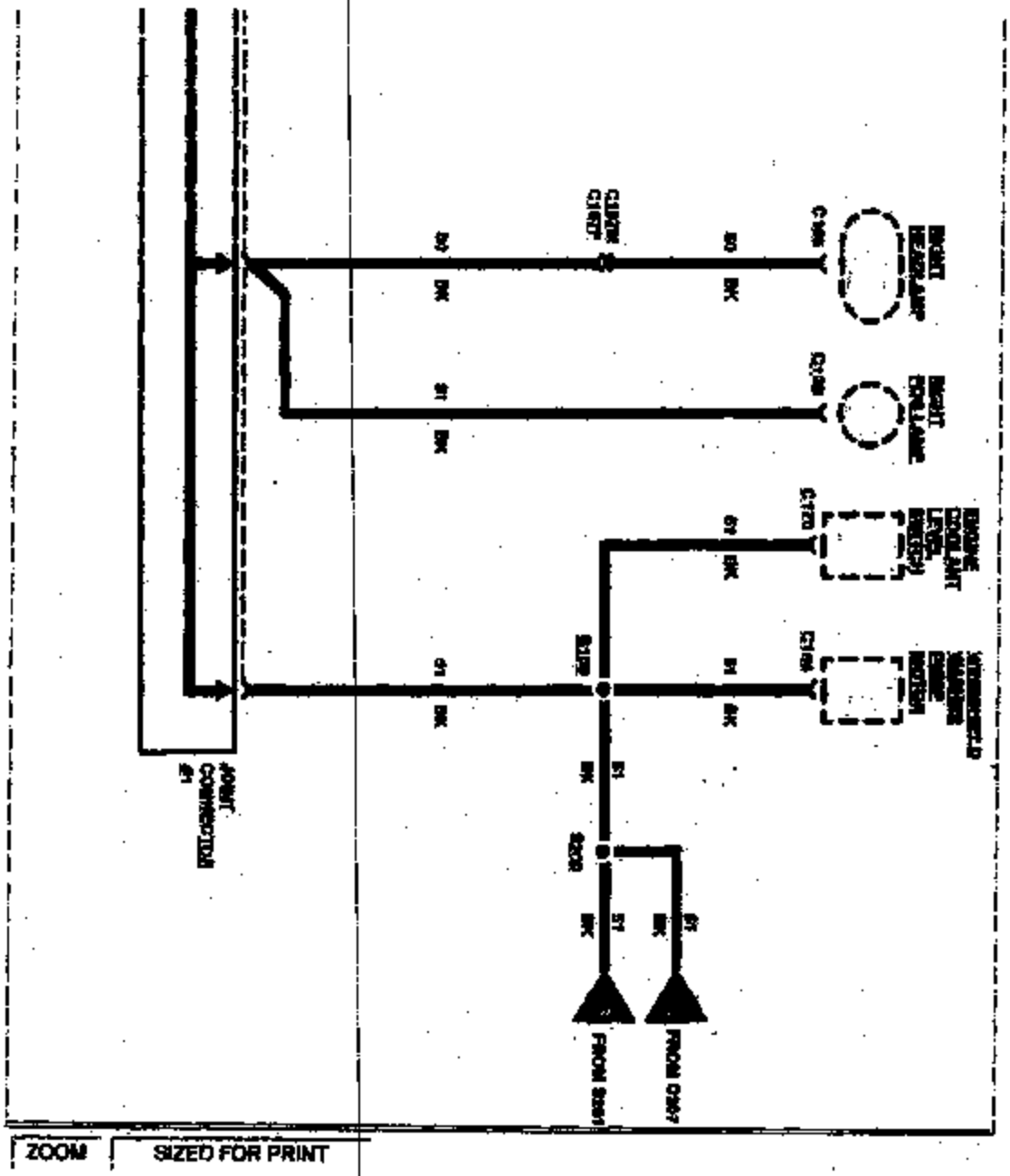
RIGHT HEADLAMP
RIGHT TAILLAMP
ENGINE COOLANT TEMPERATURE SENSOR
AIR CONDITIONING PRESSURE SENSOR
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1993 Mercury Grand Marquis V8-281 4.6L SOHC

Wire Color Code Identification

BK : Black
BL : Blue
BR : Brown
DB : Dark Blue
DG : Dark Green
GY : Gray
GN : Green
LB : Light Blue
LG : Light Green
PK : Pink
O : Orange
P : Purple
R : Red
T : Tan
V : Violet
W : White
Y : Yellow

Where two colors are shown for a wire, first is basic color and second is stripe marking (tracer). For example, BR/O is brown with orange stripe.

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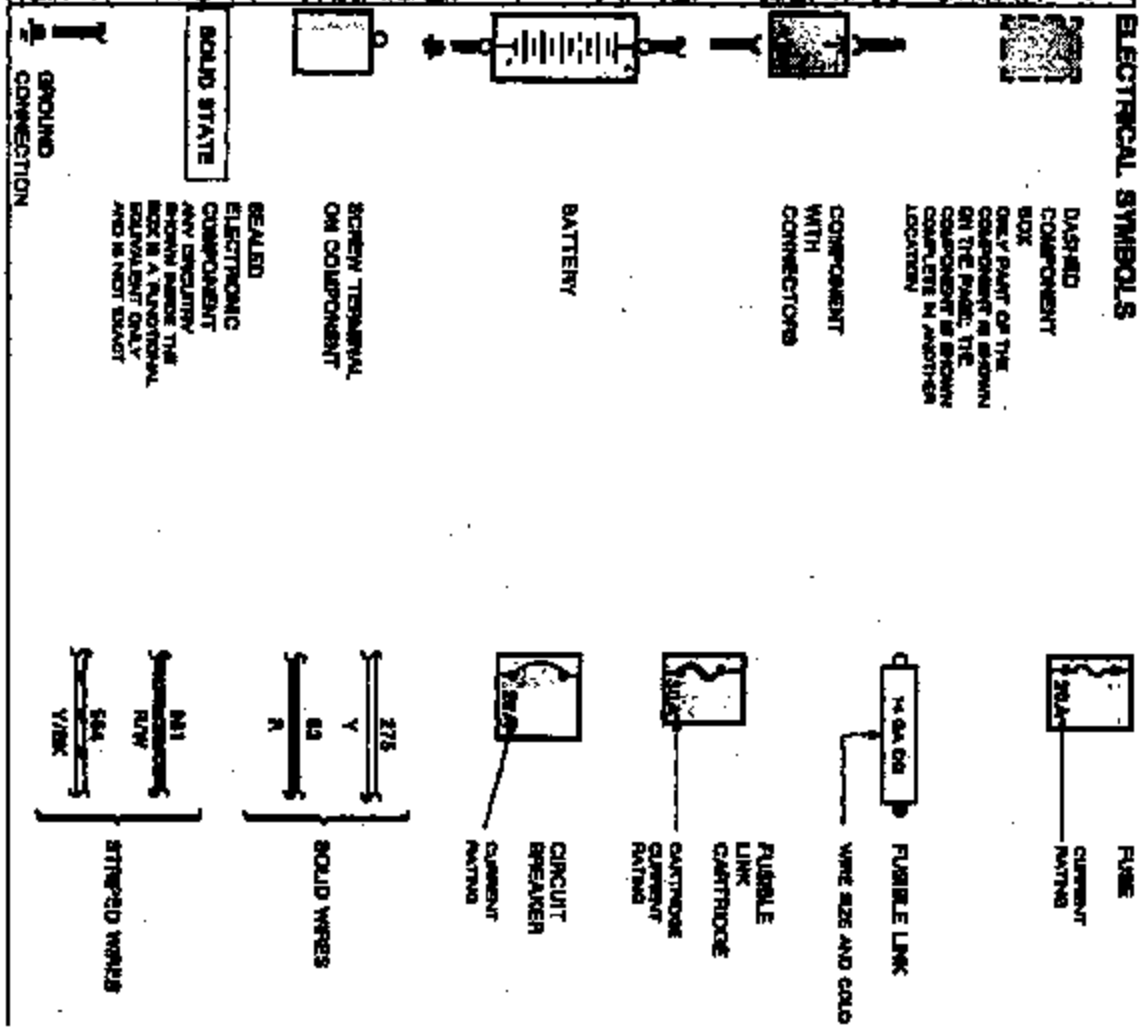
1993 Mercury Grand Marquis V8-281 4.6L SOHC

Diagnosis Information and Instructions

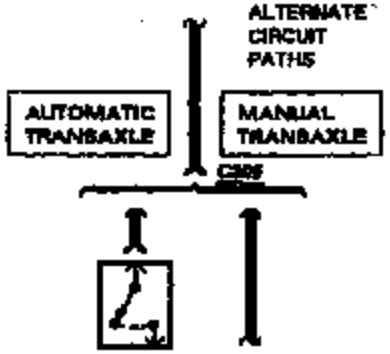
Electrical Symbols



SPLICE OR CRIMP TERMINAL

"CUT" WIRES REFERENCED BETWEEN PAGES
ARROWS SHOW CURRENT FLOW FROM POWER TO GROUND

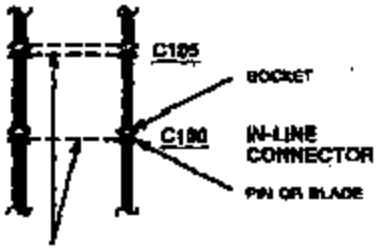
"REFERENCE" WIRES
COMPLETE WIRING SHOWN ON ANOTHER PAGE



ZOOM | SIZED FOR PRINT

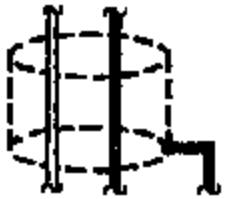
Electrical Symbols

ELECTRICAL SYMBOLS



SINGLE OR DOUBLE DASHED LINE INDICATES THAT WIRE ON LEFT ALSO PASSES THROUGH THE SAME CONNECTOR

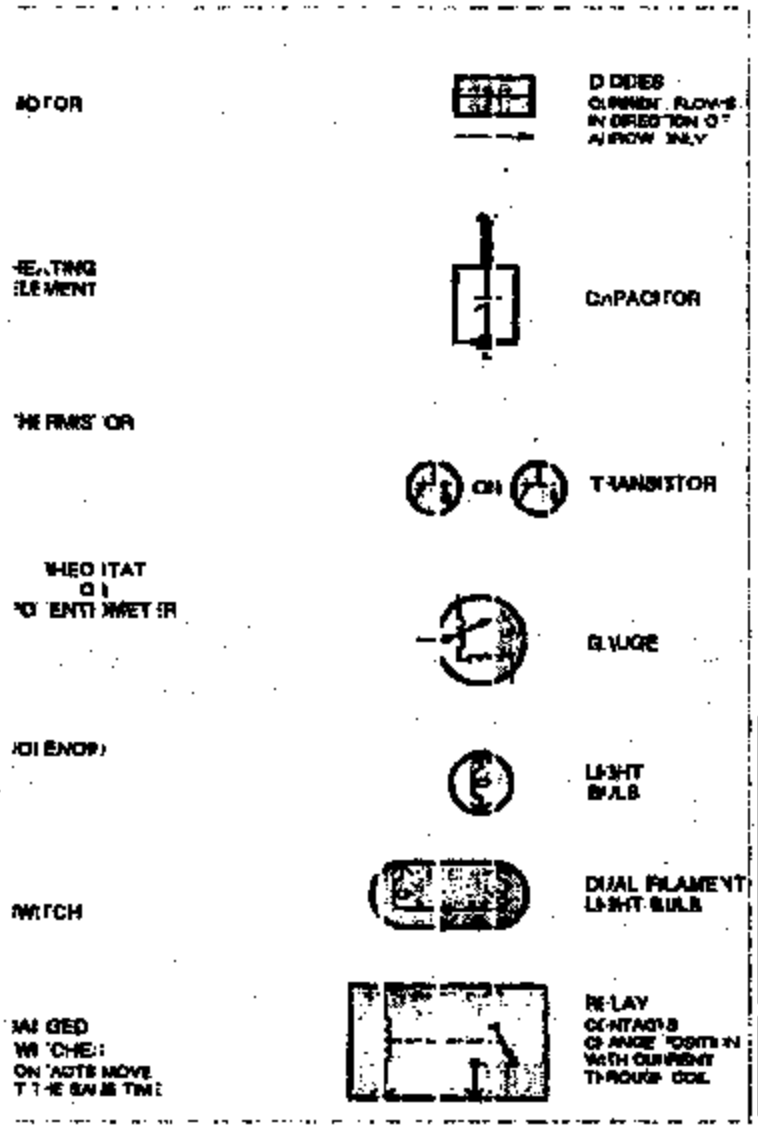
DASHED WIRE
CIRCUITRY IS NOT SHOWN IN COMPLETE DETAIL, BUT IS COMPLETE ON ANOTHER PAGE



SHIELD
WIRES ARE COVERED BY A SHIELD

FIELD COIL OR CHOKE

A
E
T
F
G
S
C
S
A



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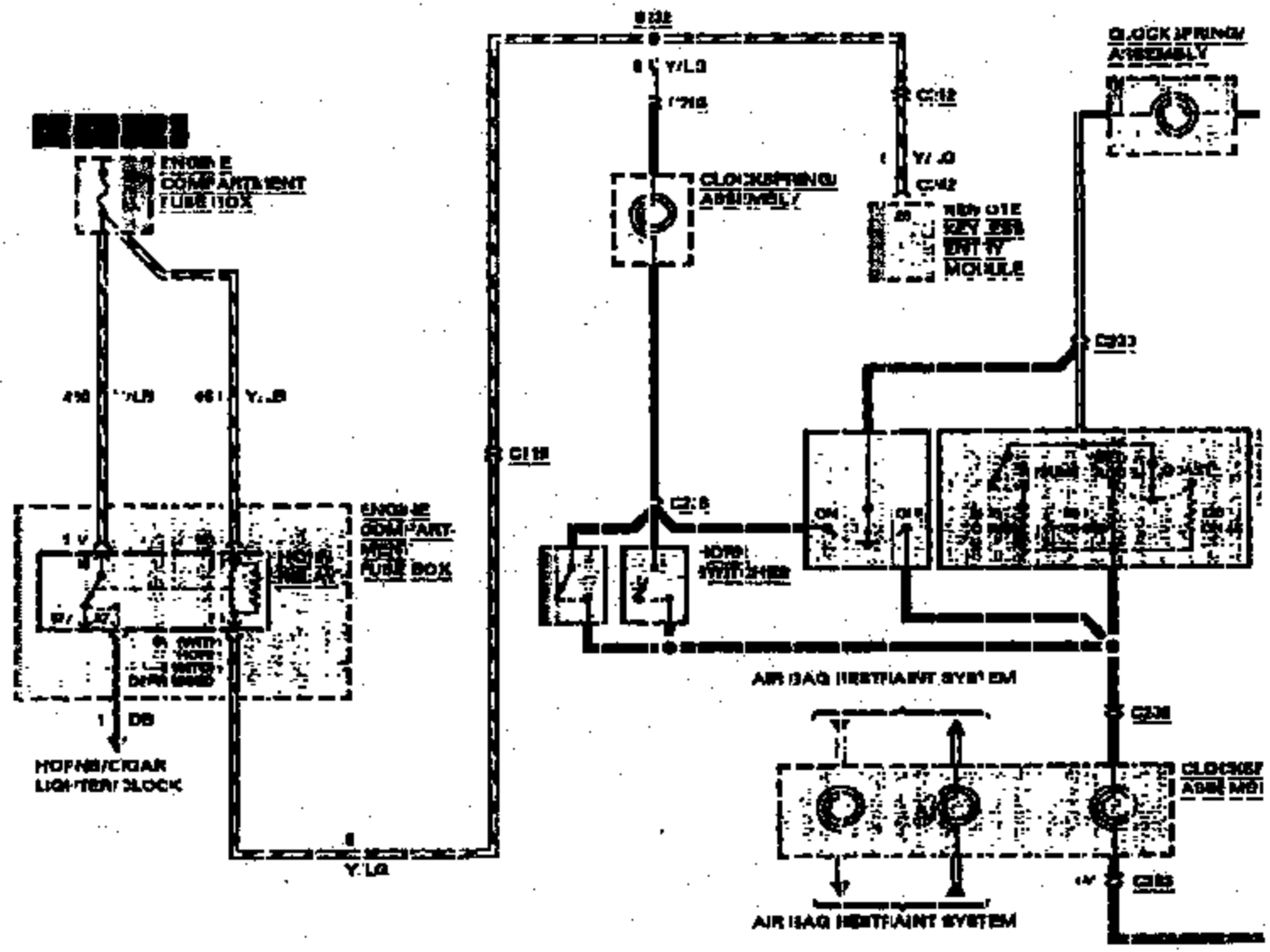
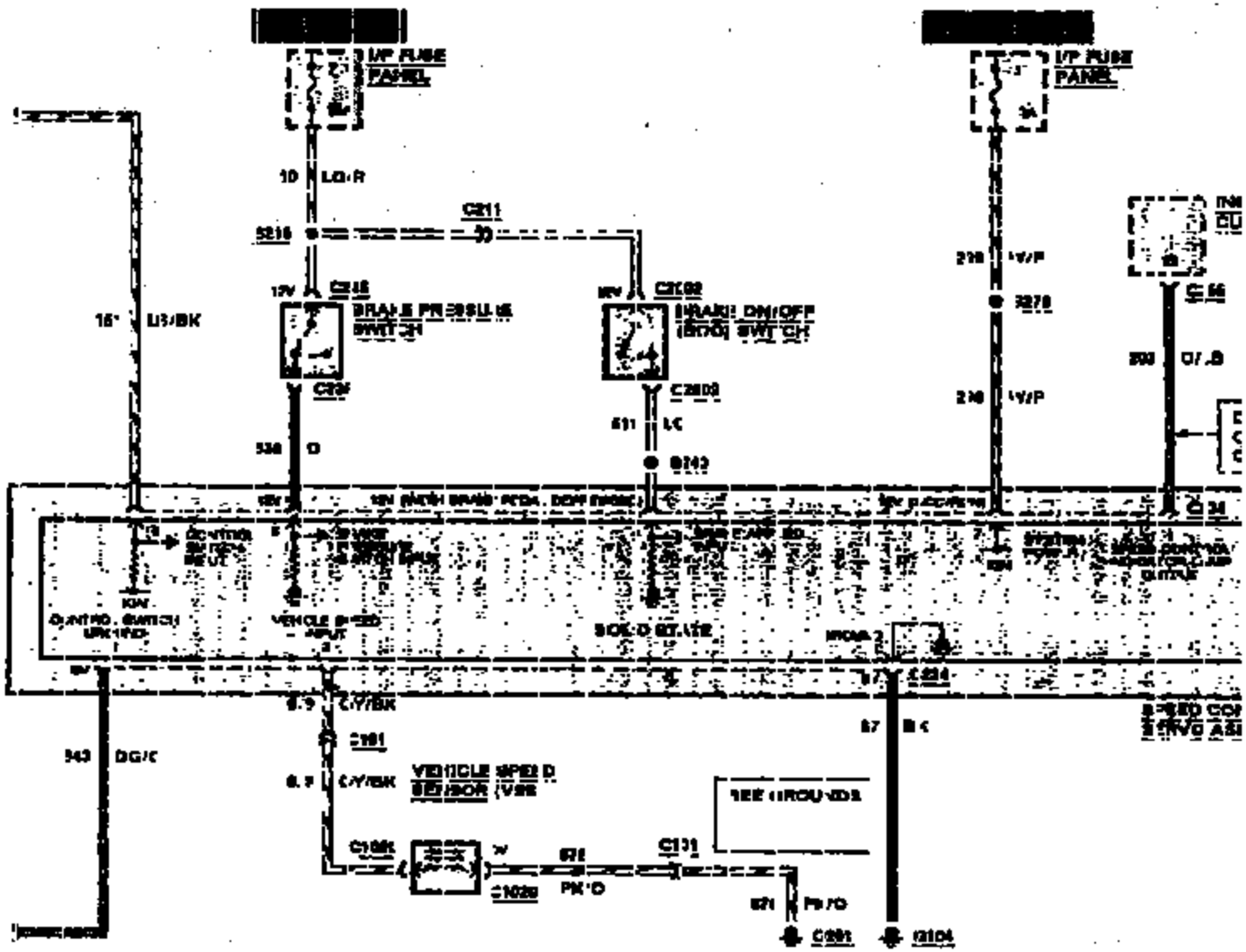

ENGINE COMPARTMENT FUSE BOX
ENGINE COMPARTMENT FUSE BOX
HORN/CIGAR LIGHTER/CLOCK
CLOCKSPRING ASSEMBLY
CLOCKSPRING ASSEMBLY
AIR BAG RESTRAINT SYSTEM
AIR BAG RESTRAINT SYSTEM


I/P FUSE PANEL
I/P FUSE PANEL
BRAKE PRESSURE SWITCH
BRAKE ON/OFF (BOO) SWITCH
VEHICLE SPEED SENSOR (VSS)
SEE GROUNDS
SPEED CONTROL SERVO ASSY

INSTRUMENT
METER
MECHANICAL
FLUIDMETER
ASSY
VTSS
REF/BLT

Photo # 2

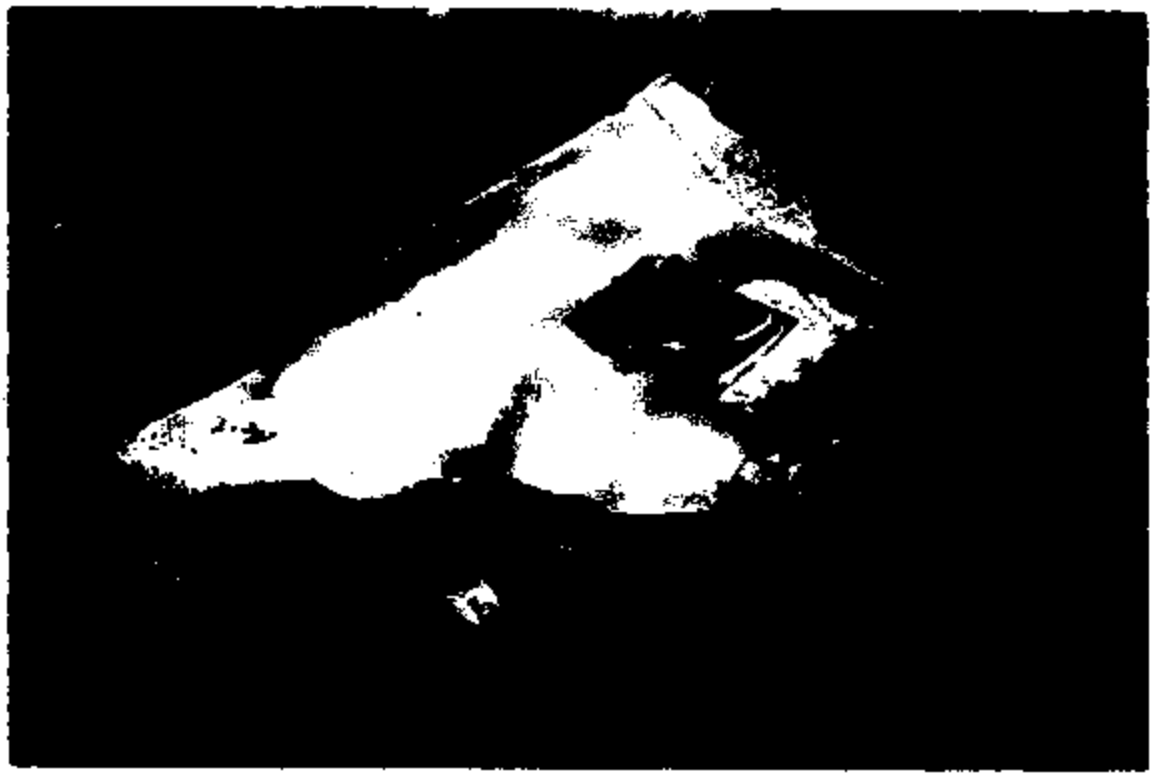


Photo # 3

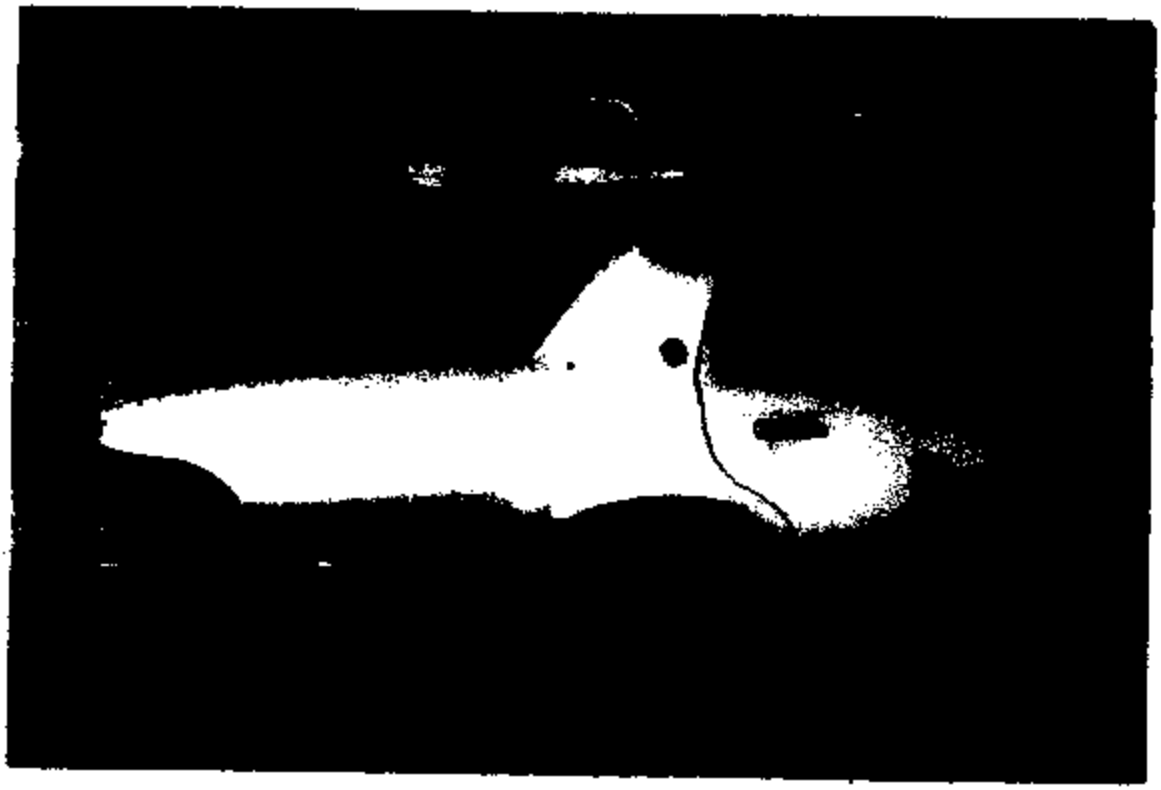


Photo # 4

Photo # 5

Photo # 6

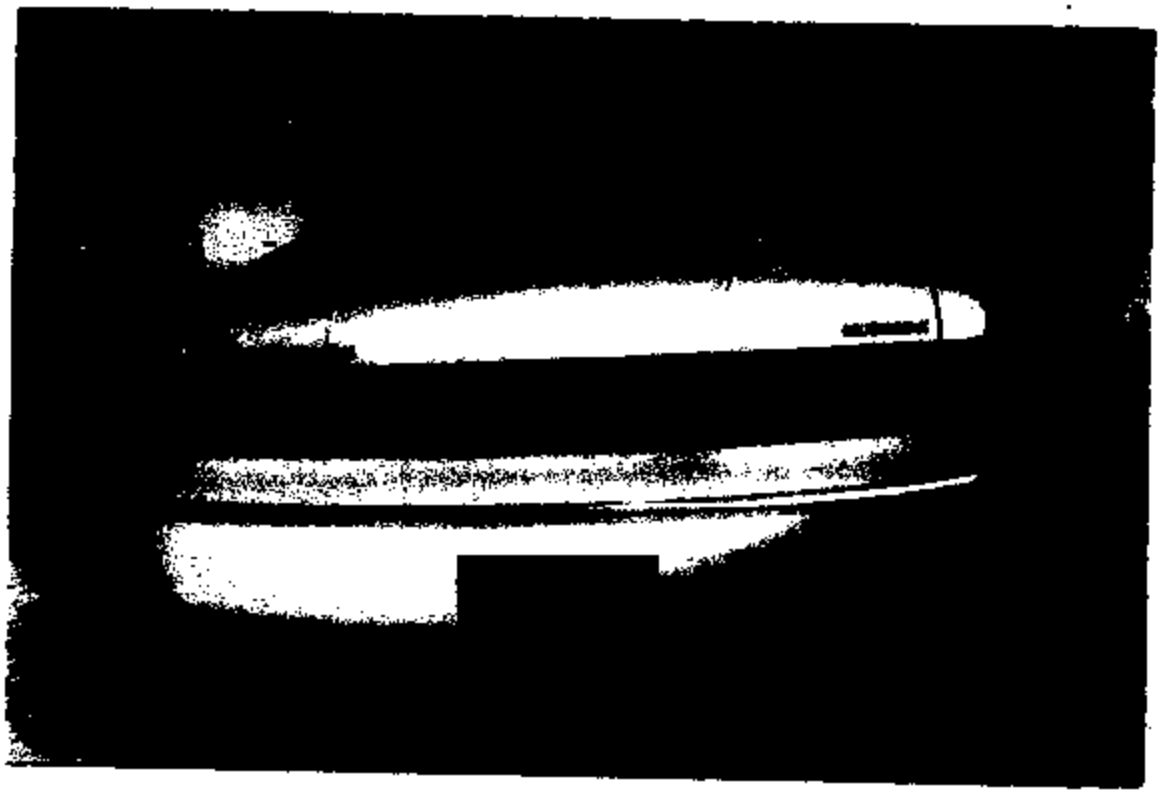


Photo # 7

Photo # 8

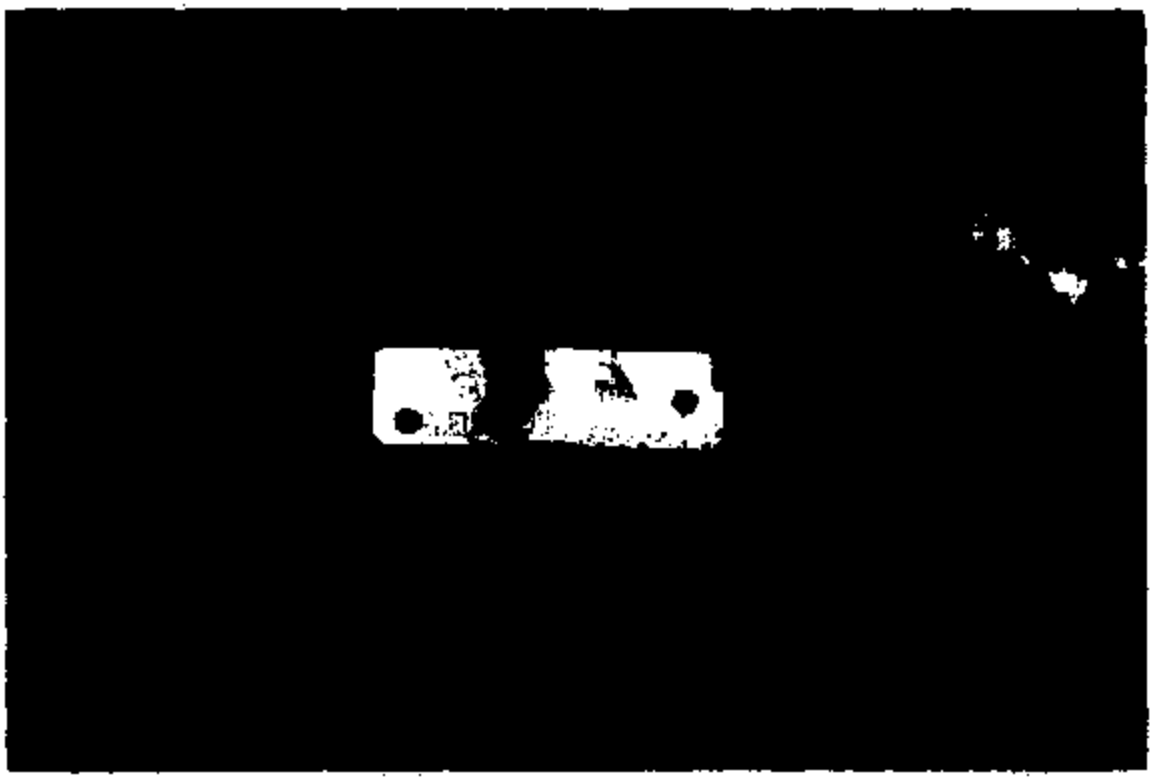


Photo # 9

Photo #

Photo # 11

Photo # 12

Photo # 13

Photo # 14

Photo # 15

Photo # 16

Photo # 17

Photo # 18

Photo # 19

Photo # 20

Photo # 21

Photo # 22

Photo # 23

Photo # 24

Photo # 25

Photo #

Photo #

Photo #

Photo #

Photo # 1

Photo # 1

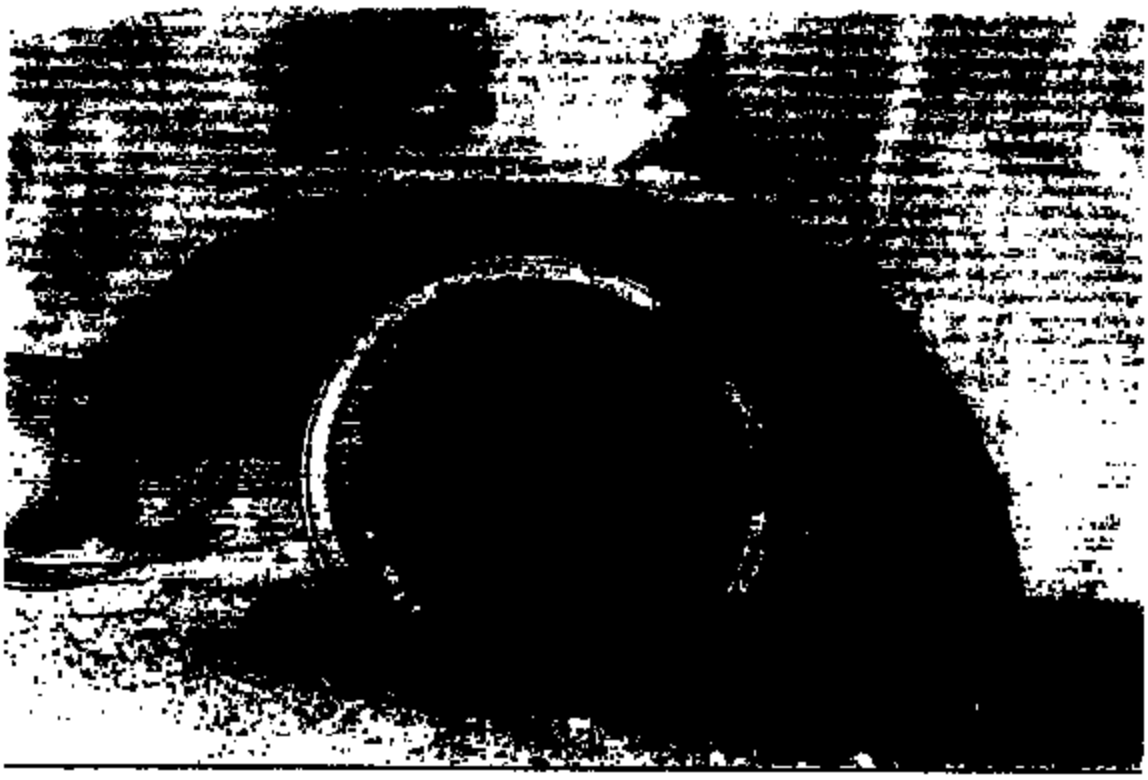


Photo #

Photo #

Photo # 34

Photo # 35

Photo #