

**EA02-025**

**FORD 10/27/03**

**APPENDIX N**

**BOOK 23 OF 61**

**PART 5 OF 5**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AUTO SAFETY HOTLINE</b><br><b>VEHICLE OWNER'S QUESTIONNAIRE</b><br>NATIONAL HIGHWAY<br>TRAFFIC SAFETY<br>ADMINISTRATION<br>NATIONWIDE 1-800-341-2885<br>DC METRO AREA 202-366-0722                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                            | <b>FOR AGENCY USE ONLY</b><br>DATE RECEIVED<br><b>59 FEB -3 PM 12:05</b><br>DEFECT INVESTIGATION<br>DAY TIME TELEPHONE NO. ( ) <b>543718</b>                                                                                                                                              |                                                                                                                                                                                              |
| OWNER INFORMATION (TYPE OR PRINT)<br>NAME AND ADDRESS<br><div style="background-color: black; width: 100px; height: 40px; margin-top: 5px;"></div> CITY AND STATE<br><div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            | REFERENCE NO.<br><div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>                                                                                                                                                                                |                                                                                                                                                                                              |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            | SIGNATURE OF OWNER <div style="background-color: black; width: 150px; height: 15px; display: inline-block;"></div> DATE <b>12/28/98</b>                                                                                                                                                   |                                                                                                                                                                                              |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| VEHICLE IDENTIFICATION NO.<br><b>1T1M181W3PY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            | VEHICLE MAKE<br><b>LINCOLN</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                              |
| VEHICLE MODEL<br><b>TOWN CAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            | MODEL YEAR<br><b>1993</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |
| *LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| CURRENT ODOMETER READING<br>1 1 2 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE PURCHASED <b>7/23/93</b><br><input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED                                                                                                                                                     | DEALER'S NAME, CITY & STATE<br><b>WAS HARTVILLE 1/M NOW</b><br><b>DOH JACKSON L/NE</b><br><b>UNKNOWN - CINCINNATI</b>                                                                                                                                                                     |                                                                                                                                                                                              |
| TRANSMISSION TYPE<br><input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            | ENGINE SIZE (DISCCAL) <b>4.6L</b><br><input type="checkbox"/> TURBO DIESEL <input checked="" type="checkbox"/> FUEL INJECTION                                                                                                                                                             |                                                                                                                                                                                              |
| ANTILOCK BRAKES<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                             | RESTRAINT SYSTEM<br><input checked="" type="checkbox"/> DRIVER'S SIDE AIRBAG <input type="checkbox"/> MOTORBELT<br><input checked="" type="checkbox"/> PASSENGER'S SIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT | CRUISE CONTROL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                     | BODY STYLE<br>STAMAG <b>4 DR</b> <input checked="" type="checkbox"/> HATCH BK <b>4 DR</b><br>2 DR <input type="checkbox"/> PK UP TRK <input type="checkbox"/> OTHER <input type="checkbox"/> |
| FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIME INFORMATION ON BACK)                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| COMPONENT<br><b>UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PART NAME(S)<br><b>UNKNOWN</b>                                                                                                                                                                                                                             | LOCATION<br><input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR                                                                                                                                                                                            | FAILED PART(S)<br><input checked="" type="checkbox"/> ORIGINAL REPLACEMENT                                                                                                                   |
| NO. OF FAILURES<br><b>ONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE(S) OF FAILURE(S) <b>12/10/98</b><br>MILEAGE AT FAILURE(S) <b>112,000</b><br>VEHICLE SPEED AT FAILURE(S) <b>74MPH</b>                                                                                                                                  | MANUFACTURER CONTACTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                             | NHTSA PREVIOUSLY CONTACTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                            |
| APPLICABLE ACCIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| ACCIDENT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                | NUMBER PERSONS INJURED<br><b>UNKNOWN</b>                                                                                                                                                                                                                                                  | NUMBER OF FATALITIES<br><b>0</b>                                                                                                                                                             |
| PROPERTY DAMAGE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            | POLICE REPORTED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                    |                                                                                                                                                                                              |
| NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| Vehicle was driven a short distance and then parked at 7:36 am under carport. A family member heard an explosion in carport at 8:00 am and discovered the auto's engine compartment was fully engulfed in flames. Fire Department was called but by the time the fire was extinguished, <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> lost the 88 Lincoln, a 74 VW, 88 Ford Econoline, their home and their neighbor's home was heavily damaged. |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| The Privacy Act of 1974<br>Public Law 95-620<br>This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            | be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA promulgates a mandatory recall or other action, your response, or a statistical summary thereof, may be used in support of the agency's action. |                                                                                                                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b></p> <p>NATIONWIDE 1-800-434-8383</p> <p>DC METRO AREA (202) 365-0123</p> <p>INTERNET: <a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a></p>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | <p><b>FOR AGENCY USE ONLY 108</b></p> <p>Date Received</p> <p style="text-align: center; font-size: 1.2em;">12 Feb 1999</p> <p>Reference No.</p> <p style="text-align: center; font-size: 1.2em;">834776</p>                                              |                                                                                                                                                                                                       |
| <p><b>OWNER INFORMATION (Type or Print)</b></p> <p style="text-align: right;">501542</p> <p><b>WARNER ROBBINS</b>      <b>GA</b>      [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  | <p>Work Number</p> <p>Home Number</p>                                                                                                                                                                                                                     |                                                                                                                                                                                                       |
| <p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date ____/____/____</p>                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p>Vehicle Ident. No. (VIN) <small>(Lensed or blown or scratched on driver's side)</small></p> <p><b>1LNLMB1W2N1Y</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | <p>Vehicle Make</p> <p><b>LINCOLN</b></p>                                                                                                                                                                                                                 | <p>Vehicle Model</p> <p><b>TOWN CAR</b></p>                                                                                                                                                           |
| <p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | <p>Vehicle Year</p> <p><b>1992</b></p>                                                                                                                                                                                                                    | <p>Current Odometer Reading</p> <p>_____</p>                                                                                                                                                          |
| <p>Dealer's Name</p> <p>City _____ State _____ Zip Code _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | <p>Engine Size (CC/CYL)</p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>                                                                                    |                                                                                                                                                                                                       |
| <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Anti-lock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                               | <p>Powertrain System</p> <p><input type="checkbox"/> Driveable A/C <input type="checkbox"/> Airbrake <input type="checkbox"/> Passenger A/C <input type="checkbox"/> 3-Point Seat <input type="checkbox"/> 3-Point Belt</p>                               | <p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                      |
| <p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sports Ute <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Heavy <input type="checkbox"/> Other</p> | <p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Other</p> |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p>Component</p> <p><b>60304000</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Part Name(s)</p> <p><b>FUEL/FUEL INJECTION SYSTEM</b></p>                                                                     |                                                                                                                                                                                                                                                           | <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>                                                      |
| <p>No. of Failures</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>Detailed of Failure(s) <b>05-0000-00</b></p> <p>Mileage at Failure(s) <b>100</b></p> <p>Vehicle Speed at Failure(s) _____</p> | <p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                          | <p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                    |
| <p><b>APPLICABLE INCIDENT INFORMATION</b></p> <p><i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Fire</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                           | <p>Number of Persons Injured</p> <p>_____</p>                                                                                                                                                                                                             | <p>Number of Fatalities</p> <p>_____</p>                                                                                                                                                              |
| <p>Estimated Property Damage</p> <p>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                      |                                                                                                                                                                                                       |
| <p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p><b>VEHICLE CAUGHT ON FIRE UNDERNEATH THE HOOD, ON DRIVER'S LEFT SIDE. FIRE DEPT CLAIMED WAS LEAKING FUEL INJECTORS. PLEASE PROVIDE FURTHER INFORMATION AND VIN. *AK</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p>CONTINUE ON BACK IF NEEDED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
| <p><small>The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a summary of your response, may be used in support of the agency's action.</small></p> |                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |

Form Approved OMB No. 2127-0049

| <br><b>AUTO SAFETY HOTLINE</b><br><b>VEHICLE OWNER'S QUESTIONNAIRE</b><br><small>NATIONWIDE TOLL-FREE NUMBER 1-800-4-A-SAFE</small><br><small>IN BOSTON AREA 617-252-0123</small>                                                                                                                                                                              |                                                                                                                                                                     | FOR AGENCY USE ONLY                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OWNER INFORMATION (TYPE OR PRINT)</b><br><br><b>NAME AND ADDRESS</b><br><br><div style="background-color: black; width: 150px; height: 40px; margin: 5px 0;"></div> <b>ATLANTA, GA.</b>                                                                                                                                                                     |                                                                                                                                                                     | <b>DATE RECEIVED</b><br><br><div style="border: 1px solid black; width: 100px; height: 40px;"></div>                                                                                                                                                                                                                                                                 | <b>REFERENCE NO.</b><br><br><div style="border: 1px solid black; width: 100px; height: 40px;"></div>                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                     | <b>DAY TIME TELEPHONE NO. (AREA CODE)</b><br><br><div style="border: 1px solid black; width: 150px; height: 20px;"></div>                                                                                                                                                                                                                                            |                                                                                                                                                                                          |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.                                                                               |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <b>SIGNATURE OF OWNER</b> <div style="border: 1px solid black; width: 150px; height: 20px;"></div>                                                                                                                                                                                                                                                             |                                                                                                                                                                     | <b>DATE</b> <b>5-3-79</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                          |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <b>VEHICLE IDENTIFICATION NO.</b><br><b>115481RXX</b>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                     | <b>VEHICLE MAKE</b><br><b>LINCOLN</b>                                                                                                                                                                                                                                                                                                                                | <b>VEHICLE MODEL</b><br><b>TOWN CAR</b>                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                     | <b>MODEL YEAR</b><br><b>1992</b>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |
| <b>LOCATED AT BOTTOM OF VEHICLE ON DRIVER SIDE</b>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <b>CURRENT MILEAGE READING</b><br><div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">115000</div>                                                                                                                                                                                                                            | <b>DATE PURCHASED</b> <b>8/98</b><br><input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED                                                          | <b>DEALER'S NAME, CITY &amp; STATE</b><br><br><div style="border: 1px solid black; width: 150px; height: 20px;"></div>                                                                                                                                                                                                                                               |                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                     | <b>ENGINE SIZE (CEN/CAL)</b> <b>4.6L</b><br><b>NO. CYLINDERS</b> <b>5</b>                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> TURBO<br><input type="checkbox"/> DIESEL<br><input checked="" type="checkbox"/> FUEL INJECTN                                                                    |
| <b>TRANSMISSION TYPE</b><br><input type="checkbox"/> MANUAL<br><input checked="" type="checkbox"/> AUTOMATIC                                                                                                                                                                                                                                                   | <b>APPROX. MILES</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                         | <b>DRIVE SHAFT SYSTEM</b><br><input checked="" type="checkbox"/> OFF-ROAD AWD <input type="checkbox"/> MOTORCYCLE<br><input checked="" type="checkbox"/> PASSENGER AWD <input type="checkbox"/> 3-SP. DRIFT<br><input type="checkbox"/> 3-SP. DRIFT                                                                                                                  | <b>CRUISE CONTROL</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                     | <b>DRIVETRAIN</b><br><input type="checkbox"/> FRONT<br><input checked="" type="checkbox"/> REAR<br><input type="checkbox"/> 4-WHEEL                                                                                                                                                                                                                                  | <b>BODY STYLE</b><br><b>STATION WAGON</b><br><input type="checkbox"/> HATCH BK<br><input type="checkbox"/> VAN<br><input type="checkbox"/> PICK UP TRK<br><input type="checkbox"/> OTHER |
| <b>FAILED COMPONENT/PARTS INFORMATION (REPORT TIME INFORMATION ON BACK)</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <b>COMPONENT</b><br><b>UNKNOWN</b>                                                                                                                                                                                                                                                                                                                             | <b>PART NAME(S)</b><br><b>UNKNOWN</b>                                                                                                                               | <b>LOCATION</b><br><input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR                                                                                                                                                                                                                                                                | <b>FAILED PART(S)</b><br><input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT                                                                               |
| <b>NO. OF FAILURES</b><br><br><b>ONE</b>                                                                                                                                                                                                                                                                                                                       | <b>DATE(S) OF FAILURE(S)</b> <b>MARCH 17, 1992</b><br><br><b>RELEASE AT FAILURE(S)</b> <b>ATLANTA 115000</b><br><br><b>VEHICLE USED AT FAILURE(S)</b> <b>PARKED</b> | <b>MANUFACTURER CONTACTED</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                 | <b>NHTSA PREVIOUSLY CONTACTED</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                 |
| <b>APPLICABLE ACCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <b>ACCIDENT</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                         | <b>FIRE</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                  | <b>NUMBER PERSONS INJURED</b><br><b>ONE</b>                                                                                                                                                                                                                                                                                                                          | <b>NUMBER OF FATALITIES</b><br><b>NONE</b>                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                     | <b>PROPERTY DAMAGE</b><br><b>\$25,250</b>                                                                                                                                                                                                                                                                                                                            | <b>POLICE REPORTED</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                            |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)</b><br><br><div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p><b>WHILE VEHICLE WAS PARKED FOR AN HOUR A FIRE STARTED ON THE LEFT SIDE OF THE ENGINE COMPARTMENT. OWNERS SON SMELLED SMOKE, OWNER SAW FIRE COMING FROM AROUND DRIVERS SIDE FRONT WHEEL.</b></p> </div> |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <b>CONTINUE ON BACK IF NEEDED</b>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |
| <small>The Privacy Act of 1974<br/>Public Law 93-579</small><br>This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. Your response may be used in support of the agency's action.                                                                                                                 |                                                                                                                                                                     | <small>In order to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect, if the NHTSA determines with administrative or judicial authority that a recall is warranted, your response, or a statement submitted in support of the agency's action, may be used in support of the agency's action.</small> |                                                                                                                                                                                          |

HS-Form 360 (Rev. 5-78)

| NHTSA SAFETY OUTLINE<br>VEHICLE OWNER'S QUESTIONNAIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | FOR AGENCY USE ONLY                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  US Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONAL HOTLINE 1-800-424-9393<br>OR METRO AREA 202-426-6722                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            | DATE RECEIVED<br>ml-yr _____<br>fl-yr _____<br>rd-yr _____<br>sp-yr _____<br>REFERENCE NO. _____                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| OWNER INFORMATION (TYPE OR PRINT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| NAME and ADDRESS<br>[Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | DAY TIME TELEPHONE NO. (AREA CODE) [Redacted]                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                   |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| SIGNATURE OF OWNER [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            | DATE 2-22-99                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                   |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| VEHICLE IDENTIFICATION NO.<br>1TNTM022W9B1 [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | VEHICLE MAKE<br>LINCOLN                                                                                                                                                                                                                                                                                                    | VEHICLE MODEL<br>TOWN CAR                                                                                                                                                                                         |
| MODEL YEAR<br>1992                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| CURRENT COUNTRY (ENGINE) DATE PURCHASED 7/94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            | DEALER'S NAME, CITY & STATE<br>FRANK JACKSON L/H<br>7555 ROSWELL RD.<br>DORWOOD, GA. 30344                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |
| 6 7 0 0 0 <input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | ENGINE SIZE (CID/CC) 4.6L <input type="checkbox"/> TURBO DIESEL <input checked="" type="checkbox"/> FUEL INJECTION <input checked="" type="checkbox"/>                                                                                                                                                                     |                                                                                                                                                                                                                   |
| TRANSMISSION TYPE<br><input type="checkbox"/> MANUAL<br><input checked="" type="checkbox"/> AUTOMATIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ANTI-LOCK BRAKES<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO | RESTRAINT SYSTEM<br><input checked="" type="checkbox"/> DRIVER'S SIDE AIRBAG <input type="checkbox"/> MOTORBELT<br><input checked="" type="checkbox"/> PASSENGER'S SIDE AIRBAG <input type="checkbox"/> SPORT BELT <input type="checkbox"/> SPORT BELT                                                                     | DOOR CONTROL<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | DRIVETRAIN<br><input type="checkbox"/> FRONT<br><input checked="" type="checkbox"/> REAR<br><input type="checkbox"/> 4-WHEEL                                                                                                                                                                                               | BODY STYLE<br>STANDARD 4 DR <input checked="" type="checkbox"/><br>2 DR <input type="checkbox"/><br>HATCH BK VAN <input type="checkbox"/><br>PK UP TRK <input type="checkbox"/><br>OTHER <input type="checkbox"/> |
| FAILED COMPONENT(S) PART(S) INFORMATION (REPORT THE INFORMATION ON BACK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| COMPONENT<br>UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PART NUMBER<br>UNKNOWN                                                                     | LOCATION<br><input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR                                                                                                                                                                                                                             | FAILED PART(S)<br><input checked="" type="checkbox"/> ORIGINAL REPLACEMENT                                                                                                                                        |
| NO. OF FAILURES<br>ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE(S) OF FAILURE(S)<br>OCTOBER 4, 1998                                                   | MANUFACTURER CONTACTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                              | NHTSA PREVIOUSLY CONTACTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                 |
| RELEASE AT FAILURE(S)<br>62,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | VEHICLE STATUS AT FAILURE(S)<br>PARKED                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |
| APPLICABLE ACCIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| ACCIDENT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FIRE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                | NUMBER PERSONS INJURED<br>UNKNOWN                                                                                                                                                                                                                                                                                          | NUMBER OF FATALITIES<br>NONE                                                                                                                                                                                      |
| PROPERTY DAMAGED<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            | POLICE REPORTED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |
| NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENTAL INJURY(ES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| <p>The owner parked her Lincoln under the carport at her residence on Saturday, October 3, 1998, and did not move the auto. On Sunday, October 4, 1998, our client noticed a bright light coming from the carport area at approximately 11:00 p.m. Our client looked in the carport and saw flames coming from under the hood of the Lincoln on the driver's side. The client called the Fire Department minutes later and then heard an explosion. Before the fire was extinguished, the Lincoln was destroyed, a 1994 Ford Explorer also parked in the carport was destroyed and over \$290,000.00 in damages was sustained by our client's home and the loss of personal effects.</p> |                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
| The Privacy Act of 1974<br>Public Law 93-579<br>This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            | be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If you NHTSA receives self-incriminatory information or litigation against a manufacturer, your response, or a confidential interview thereof, may be used in support of the agency's action. |                                                                                                                                                                                                                   |

| <p><b>VEHICLE OWNERS' QUESTIONNAIRE</b></p> <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p> <p>NATIONAL 1-800-454-0000<br/>OR METRO AREA 202-366-0128</p>                                                                                                                                                                                                                                                                                                                                                                                      |  | <p><b>FOR AGENCY USE ONLY</b></p>                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>OWNER INFORMATION (TYPE OR PRINT)</b></p> <p>NAME and ADDRESS</p> <p>[REDACTED]</p> <p>RESIDENCE, ST. [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <p>DATE RECEIVED</p> <p>DATE _____</p> <p>BY _____</p> <p>REFERENCE NO.</p> <p>DAY TIME TELEPHONE NO. (AREA CODE) _____</p>                                                                                                                          |  |
| <p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p>                                                                                                                                                                                                                                                                                                |  | <p>SIGNATURE OF OWNER _____ DATE 12/28/98</p>                                                                                                                                                                                                        |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                      |  |
| <p>VEHICLE IDENTIFICATION NO. 1TALH81H8P2 [REDACTED]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>VEHICLE MAKE LINCOLN</p>                                                                                                                                                                                                                          |  |
| <p>VEHICLE MODEL TOWN CAR</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <p>MODEL YEAR 1993</p>                                                                                                                                                                                                                               |  |
| <p>LOCATED AT BOTTOM OF VEHICLE OR DRIVER'S SIDE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                      |  |
| <p>CURRENT ODOMETER READING 112,000</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <p>DATE PURCHASED 7/23/93</p>                                                                                                                                                                                                                        |  |
| <p>VEHICLE TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <p>DEALER'S NAME, CITY &amp; STATE WAS BARTVILLE 1/18 BOW</p>                                                                                                                                                                                        |  |
| <p>TRANSMISSION TYPE <input checked="" type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <p>ENGINE SIZE (CC/CYL) 4.6L <input checked="" type="checkbox"/> TURBO DIESEL <input type="checkbox"/> GAS FUEL INJECTION</p>                                                                                                                        |  |
| <p>ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <p>RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVER'S AIRBAG <input type="checkbox"/> MOTORCYCLIST <input checked="" type="checkbox"/> PASSENGER'S AIRBAG <input type="checkbox"/> 4-POINT BELT <input type="checkbox"/> 2-POINT BELT</p> |  |
| <p>DRIVETRAIN <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> ALLWHEEL</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <p>SEAT STYLE <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> 2 OR 4 OR 6 HATCH BK <input type="checkbox"/> VAN <input type="checkbox"/> PK UP TRK <input type="checkbox"/> OTHER</p>                                          |  |
| <p><b>FAILED COMPONENT(S) PART(S) INFORMATION (REPORT TYPE INFORMATION ON BACK)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                      |  |
| <p>COMPONENT UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>PART NAME UNKNOWN</p>                                                                                                                                                                                                                             |  |
| <p>LOCATION <input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>FAILED PART(S) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT</p>                                                                                                                                              |  |
| <p>NO. OF FAILURES ONE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <p>DATE OF FAILURE 12/10/98</p>                                                                                                                                                                                                                      |  |
| <p>RELEASE AT FAILURE 112,000</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <p>MANUFACTURER CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>                                                                                                                                                    |  |
| <p>VEHICLE USED AT FAILURE PARKED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p>NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>                                                                                                                                                |  |
| <p><b>APPLICABLE ACCIDENT INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                      |  |
| <p>ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <p>PROPERTY DAMAGE \$750.00</p>                                                                                                                                                                                                                      |  |
| <p>PERSONS INJURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <p>POLICE REPORTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>                                                                                                                                                           |  |
| <p><b>NARRATIVE DESCRIPTION OF FAILURE, ACCIDENT, INJURY(ES)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                      |  |
| <p>Vehicle was driven a short distance and then parked at 7:36 am under carport. A family member heard an explosion in carport at 8:00 am and discovered the auto's engine compartment was fully engulfed in flames. Fire Department was called but by the time the fire was extinguished, Mr. and Mrs. Britton lost the 98 Lincoln, a 74 VW, 83 Ford Econoline, their home and their neighbor's home was heavily damaged.</p>                                                                                                                                                             |  |                                                                                                                                                                                                                                                      |  |
| <p><b>CONTINUE ON BACK IF NEEDED</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                      |  |
| <p>The Privacy Act of 1974<br/>Public Law 93-579<br/>This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and its predecessor agencies. You are under no obligation to respond to this questionnaire. Your response may be used to make the NHTSA in determining whether a manufacturer should take appropriate action in respect to a safety defect. If the NHTSA proceeds with subsequent enforcement or regulatory action, your response, or a compiled summary thereof, may be used in support of the agency's action.</p> |  | <p>NO-FORM 386 (Rev. 5-92)</p>                                                                                                                                                                                                                       |  |

Provided to Fleet (Feb 4, 1992)

PHOT-468- Additional Fire Damage Overview

| ST        | VAR            | MTY | FD Date | Summary                                                                            |
|-----------|----------------|-----|---------|------------------------------------------------------------------------------------|
| Fire Inv. | TX (L) LAMTUVN | 02  | ?       | Fire in engine compartment left side                                               |
| Fire Inv. | PL (L) LAMTUVN | 01  | Jan-88  | Engine compartment fire left border (PORT ST. (NICE)                               |
| Fire Inv. | PL (L) LAMTUVN | 01  | ?       | Engine fire, hoses fire                                                            |
| VOC       | PL (L) LAMTUVN | 02  | Dec-88  | Fire in the engine compartment on drivers side, replace F2VY-SP24-A, repair wiring |
| VOC       | LA (L) LAMTUVN | 01  | Nov-88  | Fire at drivers side front wheel area and bottom of windshield                     |
| Fire Inv. | PL             |     | ?       | Engine compartment fire, short at brake pressure switch                            |
| Telephone | PL             |     | ?       | Engine compartment fire left side of engine while parked                           |
| VOC       | LA (L) LAMTUVN |     | Oct-88  | Fire in engine compartment near left front wheel, structure fire destroyed house   |
| Fire Inv. | LA (L) LAMTUVN | 02  | Dec-88  | Fire left side of engine compartment, BARTER FORD—(KUNA, LA                        |
| Fire Inv. | PL (L) LAMTUVN | 02  | Jan-88  | Fire left side of engine compartment                                               |
| Fire Inv. | PL (L) LAMTUVN | 03  | Aug-88  | Electrical fire in driver's side seat of the engine compartment                    |
| Fire Inv. | PL (L) LAMTUVN | 02  | Dec-88  | Electrical fire in driver's side seat of the engine compartment                    |
| Fire Inv. | PL (L) LAMTUVN | 04  | Dec-88  | Electrical fire in driver's side seat of the engine compartment                    |

|        |            |                |    |   |                                      |
|--------|------------|----------------|----|---|--------------------------------------|
| Hansen | Salvage-VI | TX (L) LAMTUVN | 02 | ? | Fire left side of engine compartment |
| Hansen | Salvage-VI | TX (L) LAMTUVN | 02 | ? | Fire left side of engine compartment |

3713 5488

00:51 66, 02 000



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 368-6123  
INTERNET: <http://www.nhtsa.dot.gov>

Form Approved OMB No. 2127-0094

FOR AGENCY USE ONLY 125

Date Received

30 Dec 1998

OL or  
FL or  
OL or  
up or

Reference No.

832888

## OWNER INFORMATION (Type or Print)

1

492782

NAPLES

FL

Work Number

Home Number

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

Signature of Owner

Date / /

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 2LNLM1W58V  
Vehicle Make LINCOLN Vehicle Model TOWN CAR Vehicle Year 1992 Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

CC/D/CAL

No Cylinders

☐ Turbo

☐ Diesel

☐ Gas

☐ Fuel Injection

☐ New ☒ Used

City

State

Zip Code

Transmission Type

☐ Manual

☐ Automatic

Antilock Brakes

☐ Yes

☒ No

Restraint System

☐ Driver's Airbag

☐ Nonretract

☐ Passenger's Airbag

☐ 2-Point Belt

☐ 3-Point Belt

Cruise Control

☐ Yes

☒ No

Drive Train

☐ Front

☐ Rear

☐ 4-Wheel

Vehicle Type

☐ Car

☐ Van

☐ Other

☐ Sports Car

☐ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☐ 4-Door

☐ Convertible

☐ Pick Up Truck

☐ Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 68109000 Part Name(s) ENGINE Location ☐ Left ☐ Right ☐ Front ☐ Rear Failed Part(s) ☐ Original ☐ Replacement  
No. of Failures Date(s) of Failure(s) 12/23/98 Mileage at Failure(s) 25,000 Vehicle Speed at Failure(s) Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☐ No

## APPLICABLE INCIDENT INFORMATION

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

Crash ☐ Yes ☒ No Fire ☒ Yes ☐ No Number of Persons Injured Number of Fatalities Estimated Property Damage Reported to Police ☐ Yes ☒ No

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

WHILE VEHICLE WAS IN PARKED AND THE ENGINE OFF A FIRE STARTED IN THE ENGINE COMPARTMENT AREA ON THE DRIVER'S SIDE CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. \*AK

686441 L/M

394997

12/23/98

SWAY - SPD

CAIT. DEAC

ENC F2VY-9F92A-A

JAR DELAGO

811-843-8615

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to auto subsequent expenditures. You are under no obligation to respond to this questionnaire. Your response to this questionnaire should not be used to initiate a safety recall. If the NHTSA, your state, or a manufacturer uses this information to initiate a safety recall, your response, or a statistical summary thereof, may be used in support of the agency's action.

NHTSA Form 380 (Rev. 5/95)





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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-484-8383

DC METRO AREA (202) 344-8123

INTERNET: <http://www.nhtsa.dot.gov>

Form Approved OMB No. 2127-0001

FEDERAL AGENCY USE ONLY 117

Date Received

30 Dec 1998

Of or

1. Left

2. Right

3. Up

4. Down

Reference No.

832844

OWNER INFORMATION (Type or Print)

SHREVEPORT

LA

452078

Make Number

Home Number

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

Signature of Owner

Date

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN)

(Located at bottom of  
vehicle's title or registration)

FLM ILNMBIWD

Vehicle Make

LINCOLN

Vehicle Model

TOWN CAR

Vehicle Year

1993

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

AC/DC/CL

☐ Turbo

☐ Diesel

☐ Gas

☐ Fuel Injection

☐ New

☒ Used

City

State

Zip Code

No. Cylinders

Transmission Type

☐ Manual

☐ Automatic

Antilock Brakes

☒ Yes

☐ No

Restraint System

☐ Driveline Airbag

☒ Passenger Airbag

☐ 3-Point Belt

☐ 3-Point Belt

Cruise Control

☐ Yes

☒ No

Drive Train

☐ Front

☐ Rear

☐ 4-Wheel

Vehicle Type

☐ Car

☐ Van

☐ Minivan

☐ Other

Sparks Left

☐ Sparks Left

☐ Truck

☐ Motorcycle

☐ Other

Body Style

☐ 2-Door

☐ 3-Door

☐ 4-Door

☐ Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component

85154600

Part Name(s)

ENGINE/OTHER PARTS

Location

☐ Left

☐ Right

☐ Front

☐ Rear

Failed Part(s)

☐ Original

☐ Replacement

No. of Failures

7

Date(s) of Failure(s)

25-DEC-98

Mileage at Failure(s)

00

Vehicle Speed at Failure(s)

0

Failed Part(s)

Available?

☐ Yes ☐ No

NHTSA Previously

Contacted?

☐ Yes ☐ No

## APPLICABLE INCIDENT INFORMATION

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

Crash

☐ Yes

☒ No

Fire

☒ Yes

☐ No

Number of Persons Injured

0

Number of Fatalities

0

Estimated Property Damage

0

Reported to Police

☐ Yes ☒ No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

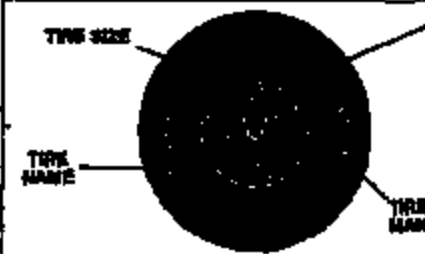
THE VEHICLE WAS PARKED WHEN IT CAUGHT ON FIRE. THE FIRE OCCURRED IN THE ENGINE COMPARTMENT NEAR THE LEFT FRONT WHEEL. THE FIRE DEPARTMENT PUT FLAMES OUT. THE INSURANCE ADJUSTOR WILL BE COMING TO CHECK VEHICLE OUT. \*AK

5/16/2000 1:05 PM 105-royal street

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-578) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

NO Form 318 (Rev. 2/81)

| Auto Safety Hotline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | FOR AGENCY USE ONLY                                                                                                                                                            |                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
|  <b>U.S. Department of Transportation</b><br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <b>Vehicle Owner's Questionnaire</b><br>NATIONWIDE 1-800-424-9393<br>DC METRO AREA (202) 365-0123<br>INTERNET: <a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a> |                                                                                                                         |
| <b>OWNER INFORMATION (Type or Print)</b><br>Name: [REDACTED]<br>Street: [REDACTED] Apt. No.: [REDACTED]<br>City: <u>Silsbee</u> State: <u>TXAS</u> Zip Code: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | Date Received: <b>RECEIVED</b><br>99 JAN -5 AM 11:00<br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <b>543218</b><br>Day Time Telephone Num: [REDACTED]                      |                                                                                                                         |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| Signature of Owner: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Date: <u>12.2.98</u>                                                                                                                                                           |                                                                                                                         |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| Vehicle Ident. No. (VIN) (Located at bottom of instrument or driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Vehicle Make                                                        | Vehicle Model                                                                                                                                                                  | Vehicle Year                                                                                                            |
| <u>1LNLM83W5N1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>LINCOLN</u>                                                      | <u>CARTIER</u>                                                                                                                                                                 | <u>1992</u>                                                                                                             |
| Purchase Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dealer's Name                                                       | Engine Size (CID/CC)                                                                                                                                                           | Current Odometer Reading                                                                                                |
| <input type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]             | No. Cylinders: <u>6</u>                                                                                                                                                        | <u>68314</u>                                                                                                            |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Artificial Brakes                                                   | Restraint System                                                                                                                                                               | Vehicle Type                                                                                                            |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Air <input type="checkbox"/> Lap Belt <input type="checkbox"/> 3-Point Belt                                                                | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Other |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Part Name(s)                                                        | Location                                                                                                                                                                       | Failed Part(s)                                                                                                          |
| No. of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Damage of Failure(s)                                                | Failed Part(s) Available?                                                                                                                                                      | NHTSA Previously Contacted?                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mileage at Failure(s)                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Vehicle Speed at Failure(s)                                         |                                                                                                                                                                                |                                                                                                                         |
| APPLICABLE INCIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fire                                                                | Number Persons Injured                                                                                                                                                         | Number of Fatalities                                                                                                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                                                                                                                                                                |                                                                                                                         |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | Reported to Police                                                                                                                                                             |                                                                                                                         |
| <u>\$</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |                                                                                                                         |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters). Note: This information not required for normal operation tires.                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Manufacturer                                                        | Tire Name                                                                                                                                                                      | Complete Tire Size                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                |                                                                                                                         |
|  <p><b>TIRE SIZE</b></p> <p><b>TIRE NAME</b></p> <p><b>TIRE MANUFACTURER</b></p> <p><b>U.S. DOT safety standard code</b><br/>         The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite sidewall or on either side of blackwall tire.</p>                                                                                                                                                                   |                                                                     |                                                                                                                                                                                |                                                                                                                         |
| The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a questionnaire should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action. |                                                                     |                                                                                                                                                                                |                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  |                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| <br><b>AUTO SAFETY HOTLINE</b><br><b>VEHICLE OWNER'S QUESTIONNAIRE</b><br>NATIONAL HIGHWAY<br>TRAFFIC SAFETY<br>ADMINISTRATION                                                                                                                                                                                                                                                  |  | <b>COPED</b><br><b>RECEIVED</b><br>DEC 29 AM 10:23<br>OFFICE<br>DEFECTS INVESTIGATION<br>DAY TIME TELEPHONE NO. (AREA CODE) |  | ORDER _____<br>FILE # _____<br>DATE _____<br>REFERENCE NO.<br><br><h1 style="margin: 0;">543167</h1>       |  |
| <b>OWNER INFORMATION (TYPE OR PRINT)</b>                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                             |  |                                                                                                            |  |
| <b>NAME AND ADDRESS:</b>                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                             |  |                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  |                                                                                                            |  |
| <b>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b><br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.                                                                                         |  |                                                                                                                             |  |                                                                                                            |  |
| <b>SIGNATURE OF OWNER</b>                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                             |  | <b>DATE</b>                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | 12/23/98                                                                                                   |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                             |  |                                                                                                            |  |
| <b>VEHICLE IDENTIFICATION NO.*</b>                                                                                                                                                                                                                                                                                                                                              |  | <b>VEHICLE MAKE</b>                                                                                                         |  | <b>VEHICLE MODEL</b>                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  | Lincoln                                                                                                                     |  | Towncar                                                                                                    |  |
| <b>*LOCATED AT BOTTOM OF INSTRUMENT OR DRIVER'S SIDE</b>                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                             |  | <b>MODEL YEAR</b>                                                                                          |  |
| 1LNL6M82WGP                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                             |  | 1993                                                                                                       |  |
| <b>CURRENT OCCUPANT REASON</b>                                                                                                                                                                                                                                                                                                                                                  |  | <b>DATE PURCHASED</b>                                                                                                       |  | <b>DEALER'S NAME, CITY &amp; STATE</b>                                                                     |  |
| 65000                                                                                                                                                                                                                                                                                                                                                                           |  | 11/95                                                                                                                       |  | Kamargue, Lincoln Mercury<br>1440 West Bank Dr. P.O. Box 1718<br>Racine, LA 70059                          |  |
| <input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED                                                                                                                                                                                                                                                                                                           |  |                                                                                                                             |  | <b>ENGINE SIZE (DISPLACE.)</b>                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | TURBO DIESEL GAS FUEL INJECTN                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <b>NO. CYLINDERS</b>                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | 8                                                                                                          |  |
| <b>TRANSMISSION TYPE</b>                                                                                                                                                                                                                                                                                                                                                        |  | <b>APPROXIMATE MILEAGE</b>                                                                                                  |  | <b>RESTRAINT SYSTEM</b>                                                                                    |  |
| <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC                                                                                                                                                                                                                                                                                                   |  | YES NO                                                                                                                      |  | <input checked="" type="checkbox"/> OVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input checked="" type="checkbox"/> PASSENGER-SIDE AIRBAG                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input type="checkbox"/> 5-POINT BELT <input type="checkbox"/> 3-POINT BELT                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input type="checkbox"/> CHAIR CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> CUSHION              |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <b>BODY STYLE</b>                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <b>STAMPS</b> HATCH BK MAN PK UP TRK OTHER                                                                 |  |
| <b>FAILED COMPONENT(PART(S)) INFORMATION (REPORT TIME INFORMATION ON BACK)</b>                                                                                                                                                                                                                                                                                                  |  |                                                                                                                             |  |                                                                                                            |  |
| <b>COMPONENT</b>                                                                                                                                                                                                                                                                                                                                                                |  | <b>PART NAME(S)</b>                                                                                                         |  | <b>LOCATION</b>                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input type="checkbox"/> ORIGINAL REPLACEMENT                                                              |  |
| <b>NO. OF FAILURES</b>                                                                                                                                                                                                                                                                                                                                                          |  | <b>DATE(S) OF FAILURE(S)</b>                                                                                                |  | <b>MANUFACTURER CONTACTED</b>                                                                              |  |
| 1                                                                                                                                                                                                                                                                                                                                                                               |  | NOV 9, 1998                                                                                                                 |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>MILEAGE AT FAILURE(S)</b>                                                                                                |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  | 65                                                                                                                          |  |                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>VEHICLE SPEED AT FAILURE(S)</b>                                                                                          |  |                                                                                                            |  |
| <b>APPLICABLE ACCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                             |  |                                                                                                            |  |
| <b>ACCIDENT</b>                                                                                                                                                                                                                                                                                                                                                                 |  | <b>FIRE</b>                                                                                                                 |  | <b>HUMAN PERSONS INJURED</b>                                                                               |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                         |  | 2                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <b>NUMBER OF FATALITIES</b>                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | 2                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <b>PROPERTY DAMAGE \$OTS TOTAL</b>                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | \$0                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <b>POLICE REPORTED</b>                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                        |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                                                             |  |                                                                                                            |  |
| <p>My vehicle was parked at a restaurant approximately 10-15 minutes. It suddenly broke into flames while parked. A report was made by the Marrero-Estrella Co. Fire Dept. 2248 Bonterra, LA 70072 FAX # 504-5985. A report was made by my local TV station, WWL Channel 5 that Lincoln Town cars 92-93 caught fire while parked. I confirmed this report with the station.</p> |  |                                                                                                                             |  |                                                                                                            |  |
| Fire Dept. Rep.                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                             |  |                                                                                                            |  |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                             |  |                                                                                                            |  |

# Clutch DEAC Monitor Into Digital Input Port (PC1 on DIAGNOSTIC NGSC - 3675 after 19940301)

$$R_{35} := 24 \text{ k}\Omega \quad R_{36} := 20 \text{ k}\Omega$$

$$V_z := 5.0 \quad V_{dd_{min}} := 0.95 \cdot V_z \quad V_{dd_{max}} := 1.05 \cdot V_z \quad \phi_{min} := 0.4 \quad \phi_{nom} := 0.7 \quad \phi_{max} := 1.0$$

(from Diagnostic IC)  $V_{dd} := V_{dd_{max}} \cdot V_z \cdot V_{dd_{min}}$   $V_{ds_{on}} := 0.8 \quad \phi := \phi_{min} \cdot \phi_{nom} \cdot \phi_{max}$

$$V_{desc}(V_b) := \frac{R_{36}}{R_{35} + R_{36}} \cdot V_b$$

**Maximum Switch Leakage when "OPEN"**

$$Leak := 378 \text{ k}\Omega \quad \text{Indicated as minimum resistance allowed in this read is guaranteed LOW at -20 Vds when switch is OPEN}$$

$$V_{desc,dig}(V_{dd}, \phi, V_b) := \text{IF}(V_{desc}(V_b) < V_{dd} + \phi, V_{desc}(V_b), V_{dd} + \phi)$$

$$\text{Guaranteed HIGH above: } V_{in_{hi}}(V_{dd}) := 0.7 \cdot V_{dd}$$

$$zero_{on}(V_{ds_{on}}, V_b) := \frac{R_{36}}{R_{35} + R_{36}} \cdot (V_{ds_{on}})$$

$$\text{Guaranteed LOW below: } V_{in_{lo}}(V_{dd}) := 0.2 \cdot V_{dd}$$

$$zero_{off}(V_b) := \frac{R_{36}}{R_{35} + R_{36} + Leak} \cdot V_b$$

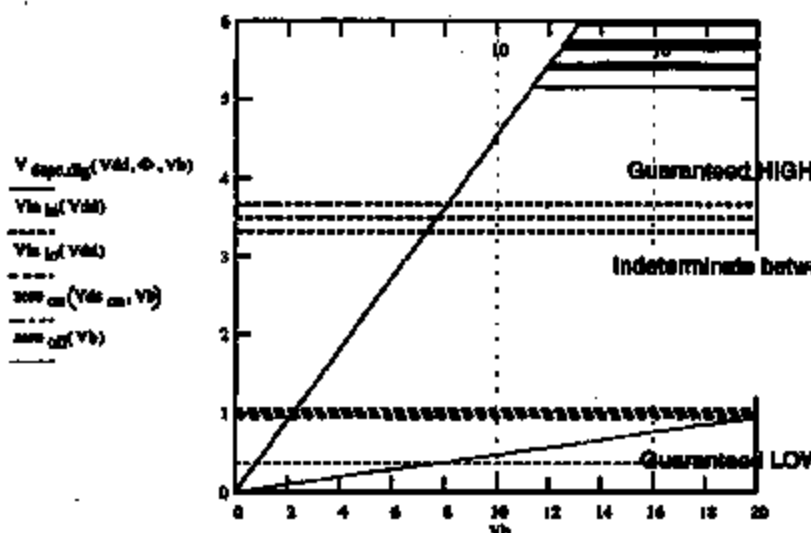
$$V_{in_{lo}}(V_{dd_{min}}) = 0.95$$

$$zero_{off}(20) = 0.948$$

Nominal Voltages  
at Digital Port Input

DEAC MONITOR RESPONSE:  
Sweep  $V_b := 0, 0.1, \dots, 21$

$$V_{desc,dig}(V_{dd_{max}}, \phi_{max}, 16) = 6.25$$



| Vdd  | phi | R35 = 24 | R36 = 20 |
|------|-----|----------|----------|
| 5.25 | 0.4 |          |          |
| 5    | 0.7 |          |          |
| 4.75 | 1   |          |          |

| Vdd  | phi   | V_in_lo(Vdd) | V_in_hi(Vdd) |
|------|-------|--------------|--------------|
| 1.05 | 3.673 | 5.25         |              |
| 1    | 3.5   | 5            |              |
| 0.95 | 3.323 | 4.75         |              |

$$V_{desc} \text{ with } V_{ds_{on}} = 0.8$$

with  $\phi$   $txzero_{on}(V_{ds_{on}}, 16) = 0.364$

| On | phi |
|----|-----|
|    | 0.4 |
|    | 0.7 |
|    | 1   |

$$V_b := 10, 13, 16$$

| Vb | zero_off(Vb) | volts |
|----|--------------|-------|
| 10 | 0.474        |       |
| 13 | 0.616        |       |
| 16 | 0.758        |       |

Note:  $V_{desc}$  swings Negative when DEAC switch Opens;  
 $V_{desc}$  goes to "zero" when Clutch Driver MOSFET turns Off.

$V_{desc}$  with  $Leak = 378 \text{ k}\Omega$   
with Clutch Driver MOSFET Off.

Show the Glitch DEAC Monitor Current as a function of  $V_{b1}$  with the DEAC Driver MOSFET Off:

$$I_{off,a}(V_b) := \frac{V_b}{R_{35} + R_{36}} \quad \text{mA}$$

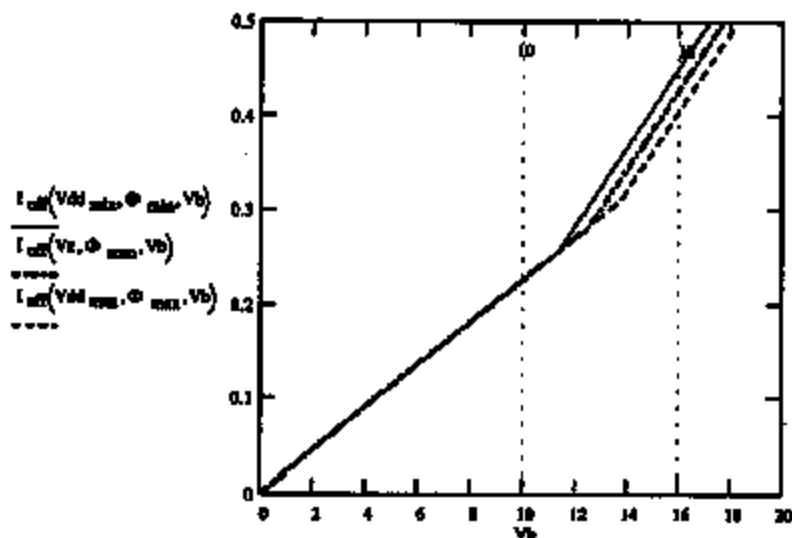
$$I_{off,b}(V_{dd}, \phi, V_b) := \frac{V_b - (V_{dd} + \phi)}{R_{35}} \quad \text{mA}$$

$$I_{off}(V_{dd}, \phi, V_b) := \text{if}(V_{deac}(V_b) < V_{dd} + \phi, I_{off,a}(V_b), I_{off,b}(V_{dd}, \phi, V_b)) \quad \text{mA}$$

DEAC MONITOR INPUT CURRENT, mA:

Sweep  $V_b := 0, 0.1 \dots 21$

| $V_{dd}$ | $\phi$ |
|----------|--------|
| 5.25     | 0.4    |
| 5        | 0.7    |
| 4.75     | 1      |



$$I_{off}(V_{dd\_min}, \phi\_min, 20) = 0.619 \quad \text{mA}$$

$$I_{off}(V_{dd\_min}, \phi\_min, 16) = 0.452 \quad \text{mA}$$

$$I_{off}(V_z, \phi\_nom, 12.6) = 0.287 \quad \text{mA}$$

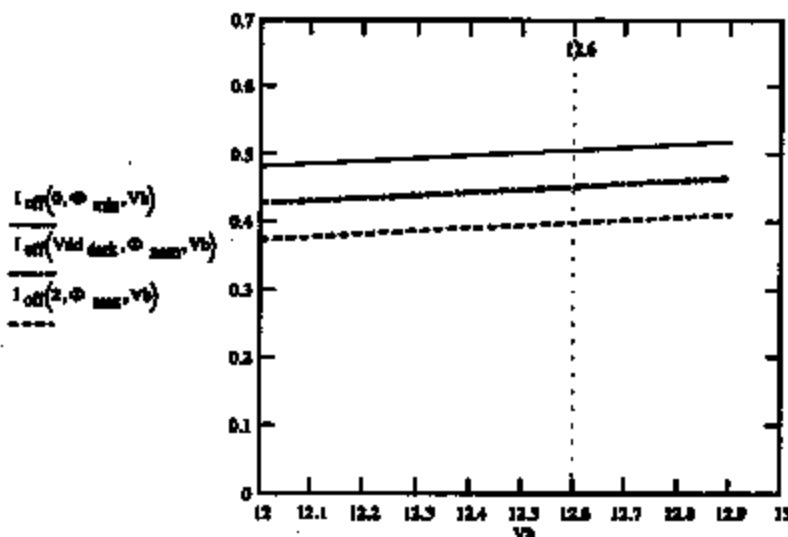
$$I_{off}(V_{dd\_max}, \phi\_max, 10) = 0.227 \quad \text{mA}$$

Show the Glitch DEAC Monitor Dark Current as a function of  $V_b$  with the Ign Key Off (if DEAC fed from  $V_b$ ):

DEAC MONITOR INPUT DARK CURRENT, mA:

Sweep  $V_b := 12, 12.1 \dots 13.1$

$$V_{dd\_dark} := 1.0 \quad \begin{aligned} \phi\_min &= 0.4 \\ \phi\_nom &= 0.7 \\ \phi\_max &= 1 \end{aligned}$$



$$I_{off}(0, \phi\_min, 13.6) = 0.55 \quad \text{mA}$$

$$I_{off}(V_{dd\_dark}, \phi\_nom, 12.6) = 0.454 \quad \text{mA}$$

$$I_{off}(2, \phi\_max, 11.6) = 0.358 \quad \text{mA}$$

## 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

Page 4-1

1992-1995 TOWN CAR ELECTRICAL

|     |                      |           |         |          |                                              |                                           |          |         |     |          |                                                                                                                                                                                     |
|-----|----------------------|-----------|---------|----------|----------------------------------------------|-------------------------------------------|----------|---------|-----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 454 | Jacksonville, FL     | FLA081800 | 4/7/95  | 2000     | Alan Cooper<br>State Power Inspection        | (770) 495-4923<br>Pager<br>(877) 494-4923 | 01/19/95 |         | 454 | NA 57170 | SE date established in 5711. Car not in RECORD yard. Cooper had no info. Photos taken of two others, SE TIC 429949, May Jackson & SE CDF 142294, SE MA0 Lash Shadell's Dept.        |
| 47  | Orlando, FL          | FLA081800 | 4/10/95 |          | Alan Cooper<br>State Power Inspection        | (770) 495-4923<br>Pager<br>(877) 494-4923 | 4/10/95  |         | 47  | 429949   | Alan Cooper, State Power and Mike Stansbury, Technical Support (Independent) by investigation on. Stationed by State Power) who both present at the inspection 2.0 with EPA.        |
| 48  | FL Lakeland, Florida | FLA081800 | 4/10/95 | 12/20/94 | FL Lakeland Livestock<br>George Taylor, Tech | (800) 770-3939                            | 4/10/95  | 0.00/04 | 48  | 429949   | Car is of Woodbury and Monday, April 28. This is an excellent opportunity to remove problems in use the vehicle that displays significant field damage at the 2.0 under body check. |
| 494 | Alpharetta, GA       | FLA081800 | 5-9-95  | 5-12-95  | Alan Cooper<br>State Power Inspection        | (770) 495-4923                            | 5/12/95  |         | 494 | 57170    | Car Malibu, 57170, not called with Wiley Thomas, State Power, in order to schedule the inspection with George Taylor. Malibu will be available 2.0 approximately mid week, SE May.  |
| 544 | Orlando, FL          | FLA081800 | 5-9-95  | 5-12-95  | Alan Cooper<br>State Power Inspection        | (770) 495-4923                            | 5/12/95  |         | 544 | 57170    | 2.0 Under body check                                                                                                                                                                |
| 554 | FL Miami, FL         | FLA081800 | 5-9-95  | 5-12-95  | Alan Cooper<br>State Power Inspection        | (770) 495-4923                            | 5/12/95  |         | 554 | 57170    | 2.0 Under body check                                                                                                                                                                |
| 564 | Columbus, OH         | FLA081800 | 5-9-95  | 5-12-95  | Alan Cooper<br>State Power Inspection        | (770) 495-4923                            | 5/12/95  |         | 564 | 57170    | 2.0 Under body check                                                                                                                                                                |
| 574 | Augusta, GA          | FLA081800 | 5-9-95  | 5-12-95  | Alan Cooper<br>State Power Inspection        | (770) 495-4923                            | 5/12/95  |         | 574 | 57170    | 2.0 Under body check                                                                                                                                                                |
| 584 | Shakville, FL        | FLA081800 | 5-9-95  | 5-12-95  | Alan Cooper<br>State Power Inspection        | (770) 495-4923                            | 5/12/95  |         | 584 | 57170    | 2.0 Under body check                                                                                                                                                                |

Notes:

1) Note in a case number indicates that this case was supplied to Ford by GM/THA.

All reports are double checked and photos are taken digital and sent on diskette:

1 copy of report and photos to Person

1 copy of report and 2 copies of photos to Joe Ryan

Send by Federal express priority overnight (already checked)

All parts to be carefully packaged to send to Ford/Cummins/Trucking Ltd, Department T170 with the following:

Sheet with VIN, date inspected, name, phone & fax of EPA SA who inspected the vehicle

and "if any questions, please contact Joe Ryan at (718) 399-6123". If you are having

difficulty contacting the EPA inspector immediately contact Alan Ryan at EPA, phone (202) 545-3523 X145, fax (202) 545-4995.

3713 6605

**Feldman-1**[illegible]

## 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

F05e4a-1

Send via fastest means available (overnight strongly preferred)

To be addressed to "Department T118 - EAA Project # F003A"

When requested, EAA will provide additional copies of reports and/or photos. Contact Alan Hase at the numbers listed above.

EAA will schedule inspections and notify any Ford representative who has agreed to attend.

Notification will be completed within one hour after establishing the inspection date and time.

If an insurance company or others assigned by them is delaying the inspection of an NHTSA case, EAA (Alan Hase) will immediately contact Ray Newl to help resolve the issue. Similar delays with non-NHTSA assigned cases will be immediately directed to Joe Hense for assistance in resolving delay issues.

Faren Anseri will call Alan Hase regarding each case and will also send the questionnaire (with her comments added) to the assigned EAA inspector's fax and also send a copy to Alan Hase by fax. Alan Hase will provide the name of the EAA inspector who has been assigned to each case.

Priority of cases is as follows: (1) NHTSA, (2) other most recent, (3) other older cases.

Daily status report to be sent by Alan Hase by e-mail to Joe Hense, Bill Abramczak, Ray Newl, [jsponer@ford.com](mailto:jsponer@ford.com), [lnashere@ford.com](mailto:lnashere@ford.com), and [fanseri1@ford.com](mailto:fanseri1@ford.com). The attached EXCEL file will be formatted at an EXCEL level which will enable all addressees

Questionnaire "rev" level to be added to each case. As questionnaire revisions are made this will aid in understanding which questions were asked in any given case. Alan Hase to maintain an electronic file of these "rev" levels.

Reports and photo archives are to be maintained by EAA inspectors until such time as Ford requests these materials to be sent to Ford. EAA will retain no copies of these materials after that point in time.

3713 6607



# 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

FoSeco-1

| CASE No | LOCATION        | VIN         | EAA SA    | EAA<br>NOTIFIED       | OWNER | ADDRESS | TELEPHONE | CONTACT AND<br>VEHICLE LOCATION                                                    | TELEPHONE                                          | SCHEDULED<br>DATE |
|---------|-----------------|-------------|-----------|-----------------------|-------|---------|-----------|------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|
| N/A     | Memphis TN      | 1LNLM81W8NY | Mullins   | 3-11-99<br>Alamogordo |       |         |           | Schilling Lincoln-Merco<br>2890 Mandershall<br>Memphis TN                          | James Faris<br>(901) 983-1380                      | 3/18/99           |
| 1       | Naples FL       | 1LNLM81W8NY | Burnett   | 3-12-99<br>PM         |       |         |           | owner                                                                              | Same                                               | 3/23/99           |
| 2       | Aurora IL       | 1LNLM82W8PY | Mullins   | 3-11-99<br>2:55PM     |       |         |           | 280 E Sullivan<br>Aurora IL 60565                                                  | (830) 686-5300                                     | 3/17/99           |
| 3N      | Tyler TX        | 1LNLM81W8NY | Albritton | 3-11-99<br>3:15PM     |       |         |           | Glen Bolton                                                                        | (803) 686-1860                                     | 3/22/99           |
| 15N     | Houston TX      | 1LNLM82W8NY | Albritton | 3-12-99<br>4:45PM     |       |         |           | Insurance Auto Auction<br>12575 Hiram Clarke Dr<br>Houston TX 77046                |                                                    | 4/1/99            |
| 16N     | Davenport FL    | 1LNLM81W8NY | Burnett   | 3-12-99<br>2:10PM     |       |         |           | Same                                                                               | Same                                               | 3/19/99           |
| 17N     | FT Myers FL     | 1LNLM82W8NY | Burnett   | 3-12-99<br>4:10PM     |       |         |           | Kustom Car Tops<br>1968 Custom Datsun<br>FT Myers FL 33607                         | (941) 743-8520                                     | 3/31/99           |
| 31      | Orlando, FL     | 2MECM76W1N  | Burnett   | 4/19/1999<br>2:55PM   |       |         |           | Alan Conger<br>State Farm Insurance<br>Vehicle located at<br>Barnhart Auto Auction | Phone<br>(770) 480-4823<br>Pager<br>(877) 484-0305 | 4/16/99           |
| 36N     | Gibsonville, FL | 2MECM74W1N  | Burnett   | 3/31/99               |       |         |           | Copert Salvage<br>Route 41 Gibsonville, FL                                         | N/A                                                | 4/8/99            |
| 43N     | Longview, TX    | 1LNLM81W8NY | Albritton | 4/14/99               |       |         |           | Glen Bolton<br>Fire Cause Investigation<br>Copert Salvage Co                       | Glen Bolton<br>(800) 432-4888                      | 4/14/99           |
| 44N     | Palmetto, FL    | 1LNLM81W8PY | Burnett   | 4/19/1999<br>3:55PM   |       |         |           | Alan Conger<br>State Farm Insurance                                                | (770) 480-4823<br>Pager<br>(877) 484-0305          | 4/30/99           |
| 45N     | Macon, GA       | 1LNLM81W8NY | Albritton | 4/19/1999<br>3:55PM   |       |         |           | Alan Conger<br>State Farm Insurance                                                | (770) 480-4823<br>Pager<br>(877) 484-0305          | N/A               |

3718 5511

# 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

Fo5acc-1

|     |                           |             |         |                    |                                                                                                          |                           |
|-----|---------------------------|-------------|---------|--------------------|----------------------------------------------------------------------------------------------------------|---------------------------|
| 46N | Jacksonville, FL          | 1LNLMS1W4NY | Barnett | 4/19/90<br>3:55PM  | Alan Conger<br>State Farm Insurance<br>(770) 490-4823<br>Pager<br>(877) 494-0305                         | 5/11/90                   |
| 47  | Orlando, FL               | 2NECM7344N  | Barnett | 4/19/90            | Alan Conger<br>State Farm Insurance<br>Manheim Auto Auction<br>(770) 490-4823<br>Pager<br>(877) 494-0305 | 4/29/90                   |
| 49  | FT Lauderdale,<br>Florida | 2FALP71NDRX | Barnett | 4/23/90<br>12:05PM | FT Lauderdale Linc-Memo<br>George Taylor, Tech<br>(954) 779-2000                                         | 4/29/90<br>9:30AM         |
| 53N | Rockland, ME              | 1LNLMS1W00N | Mullins | 5-6-90<br>9:12 AM  | Mid South Salvage Row B<br>James Vickers<br>(801) 856-6016                                               | 5/12/90                   |
| 54N | Venice, FL                | 2FALP74NBPX | Barnett | 5-6-90<br>9:12 AM  | CNA Insurance<br>Mike Huckaba<br>(800) 965-0327 X3412<br>Bill Buckley SEA Inc.<br>(813) 881-1448         | (813) 881-1448<br>5/13/90 |
| 55N | FT Myers, FL              | 1LNLMS1W50N | Barnett | 5-6-90<br>8:38 AM  | Contact Owner<br>Greg MacGeele<br>FT Myers Fire Marshall<br>(941) 433-0990                               | 5/12/90                   |
| 56N | Columbus, OH              | 1LNLMS1W1NY | Mullins | 5/13/90<br>4:26PM  | Rick Mazola SEA Inc.<br>Car located at Columbus<br>Salvage Yard<br>(614) 888-4160                        | TBD                       |
| 57N | Augusta, GA               | 1LNLMS1W2PY | Mullins | 5/14/90<br>4:05PM  | Alan Conger<br>State Farm Insurance<br>(770) 490-4823<br>Pager<br>(877) 494-0305                         | TBD                       |
| 58N | Brookville, FL            | 1LNLMS2400N | Mullins | 5/14/90<br>4:04PM  | John Rautler<br>Fire Investigator<br>Move car ASAP<br>(727) 845-3823                                     | 5/24/90                   |
| 59  | New Port<br>Fiche, FL     | 1LNLMS1W00N | Mullins | 5/17/90<br>4:23PM  | All State Ins. Jim Redding<br>X225<br>John Rautler, Investigator<br>(848) 888-7070<br>(727) 845-3823     | 5/24/90                   |

## Notes:

N suffix in a case number indicates that the case was supplied to Ford by NHTSA.

All reports are double copied and photos are triple copied and sent as follows:

1 copy of report and photos to Fagan

1 copy of report and 2 copies of photos to Joe Hene

Sent by fastest means possible (overnight strongly desired)

All parts to be carefully packaged & sent to Ford Central Testing Lab, Department T118 with the following:

Sheet with VIN, date inspected, name, phone & fax of EAA SA who inspected the vehicle

3713 0512

## 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

Fo5000-1

and "If any questions, please contact Joe Hama at (313) 390-8133". If you are having difficulty contacting the EAA Inspector immediately contact Alan Hase at EAA, phone (248) 642-3232 X148, fax (248) 642-4558. Send via fastest means available (overnight strongly preferred)

To be addressed to "Department T115 - EAA Project # F002A"

When requested, EAA will provide additional copies of reports and/or photos. Contact Alan Hase at the numbers listed above. EAA will schedule inspections and notify any Ford representative who has asked to attend.

Notification will be completed within one hour after establishing the inspection date and time.

If an insurance company or others assigned by them is delaying the inspection of an NHTSA case, EAA (Alan Hase) will immediately contact Ray Newl to help resolve the issue. Similar delays with non-NHTSA assigned cases will be immediately directed to Joe Hama for assistance in reaching delay issues.

Fayon Arenal will call Alan Hase regarding each case and will also send the questionnaire (with her comments added) to the assigned EAA Inspector's fax and also send a copy to Alan Hase by fax. Alan Hase will provide the names of the EAA Inspector who has been assigned to each case.

Priority of cases is as follows: (1) NHTSA, (2) other most recent, (3) other older cases.

Daily status report to be sent by Alan Hase by e-mail to Joe Hama, Bill Altamark, Ray Newl, [tposton@ford.com](mailto:tposton@ford.com), [frontera@ford.com](mailto:frontera@ford.com), and [finnar1@ford.com](mailto:finnar1@ford.com). The attached EXCEL file will be formatted at an EXCEL level which will enable all addressees

Questionnaire "rev" level to be added to each case. As questionnaire revisions are made this will aid in understanding which questions were asked in any given case. Alan Hase to maintain an electronic file of these "rev" levels.

Reports and photo negatives are to be maintained by EAA Inspectors until such time as Ford requests these materials to be sent to Ford. EAA will retain no copies of these materials after that point in time.

# 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

Fo800-1

| CASE No          | DATE COMPLETED | REPORT REV # | COMMENTS                                                                                                                                                                                                                                                    |
|------------------|----------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A<br>Abandoned | 3/18/99        | 1.0          | Completed                                                                                                                                                                                                                                                   |
| 1                | 3/23/99        | 2.0          | Owner(T) Lino-Marc repaired car. Car is spiffy per Barnett and the owner is willing to sell it to Ford.                                                                                                                                                     |
| 2                | 3/17/99        | 1.0          | John Kessler present at inspection. Owners had mailed aluminum hood. Could remove only cruise brake switch.                                                                                                                                                 |
| 3N               | 3/22/99        | 2.0          | NHTSA not present at inspection. Glen Bulkin, All State Ins. rep, would not permit any parts to be removed or broken fluid samples to be taken. Note blown fuse update history that is included in the report.                                              |
| 15N              | 4/1/99         | 2.0          | Difficulty was experienced in contacting the case representative, Michelle Torres, at USAA to schedule an inspection. I called Michelle on Monday, 3/29. Jeff Hestason (800) 502-4786 from Mass Eng. will represent USAA. All scheduling is done by him.    |
| 16N              | 3/17/99        | 1.0          | Very cooperative owner.                                                                                                                                                                                                                                     |
| 17N              | 3/31/99        | 2.0          | Mike Szwedko, (727) 712-8877 or pager (888) 880-3611, is the Nationwide Insurance investigator handling the inspection. I called Mike March 29. The inspection delay was due to an unrelated vehicle from the / terrible prioritized by Mike & the Pao file |
| 31               | 4/29/99        | 2.0          | Mike Szwedko, Technical Transport (Independent fire investigation co. for State Farm) & Alan Conger arrived at inspection before scheduled time and had removed a section of wiring/connector and the cruise brake switch. Parts may be available later.    |
| 32N              | 4/6/99         | 2.0          | I called Bill Buckley April 1, 9:00 AM. He was not available until April 12. Following our discussion, Bill agreed to meet Dave Barnett to inspect the car at 8:00 AM Monday, April 5 before his flight to Houston.                                         |
| 43N              | N/A            | N/A          | Cancel inspection per voice mail from Pareson on 4/14/99 at 12:10. There is significant additional property damage other than to vehicle.                                                                                                                   |
| 44N              | 4/30/99        | 2.0          | Six additional "shrink wrapped" Town Cars with similar conditions noted by Alan Conger in some salvage yard during inspection. Conger took VWRs to determine if they were State Farm claims, also.                                                          |
| 45N              | N/A            | N/A          | Inspection cancelled 4/29/99 per Pareson's call. Per Jessie Hellingworth, Ford OGC a Ford employee assigned for Robert Drew from Internal Investigation Services to complete this inspection.                                                               |

3713 5514

# 1992-1995 TOWN CAR ELECTRICAL INSPECTIONS

Fo5ec-1

|     |                   |     |                                                                                                                                                                                            |
|-----|-------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 46N | N/A 5/11/90       | N/A | 5/5 date rescheduled to 5/11. Car not in SEDISCO yard. Conger had no info. Photos taken of two citizens, 83 TAC 829843, Mary Jackson & 95 CV 182814, St Lucie Sheriff's Dept.              |
| 47  | 4/28/90           | 2.0 | Mike Blamock, Technical Transport (independent fire investigation co. retained by State Farm) & Alvin Conger were both present at the inspection with EAA.                                 |
| 48  | 4/28/90           | 2.0 | Car was at Dealership until Monday, April 28. This was an excellent opportunity to remove parts from a new fire vehicle that displays significant field damage at the cruise brake switch. |
| 53N | 5/17/90<br>1:00PM | 2.0 | Orv Mullins, EAA, talked with Timmy Temple, State Farm, in order to schedule the inspection with James Vickers. Vickers available approximately mid week, 12 May.                          |
| 54N | 5/13/90<br>9:00AM | 2.0 | Brake switch returned                                                                                                                                                                      |
| 55N | 5/13/90<br>1:00PM | 2.0 | Owner called for call from Ford. I called. Wanted buy back before any parts removed. Owner OK at inspection. No comments regarding work with 4th report sent to OSC.                       |
| 56N |                   | 2.0 | Rick Mizell has been contacted twice by Orv Mullins and Rick is currently attempting to fit this inspection into his schedule.                                                             |
| 57N |                   | 2.0 | Alvin Conger has been contacted. No inspection date set as of 5/16/90.                                                                                                                     |
| 58N |                   | 2.0 | I called Reutter 5/17/90 4:00PM. Inspection scheduled with Reutter by Mullins for 5/24/90 as noted.                                                                                        |
| 59  |                   | 2.0 | I called Reutter 5/17/90 4:00PM. Inspection scheduled with Reutter by Mullins for 5/24/90 as noted.                                                                                        |

3719 5516

**ENGINEERING ANALYSIS ASSOCIATES, INC.**

60700 Telegraph Road, Suite 4558  
Bingham Farms, Michigan 48025-4525  
Tel: (248) 642-3232  
Fax: (248) 642-4558

**INVOICE**

|                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>TO:</b><br><br>Ms. Martha Thomas<br>Ford Motor Company<br>Mail Drop #3NE-A<br>16800 Executive Plaza Dr.<br>Dearborn, MI 48126-4207<br><br>Supplier No. K6PRA | <b>INVOICE NO.</b> |
|                                                                                                                                                                 | P002A4             |
|                                                                                                                                                                 | <b>DATE</b>        |
|                                                                                                                                                                 | 05-15-99           |
|                                                                                                                                                                 | <b>DUE DATE</b>    |
|                                                                                                                                                                 | 06-15-99           |

RE: Purchase Order No: PO2 P099 857191  
Requisition No.: RQ99020R01  
Bill To Location: 1718  
Ship To Location: Box 43358  
Period: 05/15/99

|                                                                                                                                                                                                              | <u>Hours</u> | <u>Total</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| LINE NO. 001;<br>ITEM NO. PLANT PART NO.-MISC. 900104<br>Service Associate time to conduct<br>special underhood vehicle inspections<br>at the request of Litigation Prevention.<br>Rate of \$43.00 per hour. | 34.36        | 1,477.48     |

This invoice is for 4 inspections: Seckel - Case 49  
Burnett - Cases 31, 46N & 47

|                             |       |            |
|-----------------------------|-------|------------|
| TOTAL PROFESSIONAL SERVICES | 34.36 | \$1,477.48 |
|-----------------------------|-------|------------|

**ADDITIONAL CHARGES:**

|                                                      |        |
|------------------------------------------------------|--------|
| Service Associate expenses (see attached detail)     | 924.44 |
| EAA misc. office expense (fax, phone, postage, etc.) | 50.84  |

|                |          |
|----------------|----------|
| TOTAL EXPENSES | \$975.28 |
|----------------|----------|

|                                             |            |
|---------------------------------------------|------------|
| TOTAL AMOUNT OF THIS INVOICE.....PLEASE PAY | \$2,452.76 |
|---------------------------------------------|------------|

Federal ID# 38-2750534

P002A4.01A

40

3713 8518

**F002A4 Invoice Worksheet****Invoice Period: 5/15/99****Ford Litigation Prevention Inspections**

| <b>Rec'd<br/>Date</b> | <b>SA<br/>Name</b> | <b>Begin<br/>Date</b> | <b>FEES</b>  |              | <b>EXPENSES</b> |              |                  |              |              |
|-----------------------|--------------------|-----------------------|--------------|--------------|-----------------|--------------|------------------|--------------|--------------|
|                       |                    |                       | <b>Hours</b> | <b>Total</b> | <b>Mileage</b>  | <b>Meals</b> | <b>Phone/Fax</b> | <b>Misc.</b> | <b>Total</b> |
| 4/29/99               | Sackel, H.         | 4/29/99               | 13.05        | \$661.53     | \$78.75         | \$0.00       | \$7.00           | 421.75       | \$605.50     |
| 5/10/99               | Bursell, D.        | 4/29/99               | 21.3         | \$915.90     | 162.60          | 29.00        | \$2.00           | 236.34       | \$418.94     |

**Total Hours: 34.35****Total Professional Fees (\$43.00/hr.):****\$1,477.45****Service Associate Expenses:****\$324.44****EAA Misc. Office Expense (fax, phone, postage, etc.)****\$60.84****Total Invoice:****\$2,462.78**

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|                                             |        |                                     |
|---------------------------------------------|--------|-------------------------------------|
| ASSOCIATE: <b>H. SECKEL</b> <b>10#19</b>    | CLIENT | ZONE/REGION: <b>ORLANDO</b>         |
| PROJECT NAME: <b>FORD UNDERHOOD INVEST.</b> |        | CASE/FILE NO: <b>49</b>             |
| PROJECT NO. + EXT: <b>F002A</b>             |        | OWNER: <b>BROWARD SHERIFFS DEP.</b> |

INVESTIGATION PERFORMED: ☐ AIRBAG ☐ ACCIDENT ☐ UNINTENDED ACCELERATION  
☐ REPEAT ☐ ABS ☐ FIRE ☐ OTHER **FORD UNDERHOOD INVESTIGATION**

EXPLANATION: **SET UP TIME - INSPECTION & EVALUATION - 2<sup>ND</sup> INSPECTION AND PARTS REPLACEMENT + COLLECT FLUID SAMPLES - TRAVEL TIME. FINAL REPORTS WITH DETAILED APPENDUM AND PHOTOGRAPHIC NOTES. ALSO INCLUDES WAITING TIME AT DEALERSHIP**

| DAY & DATE →       | 04-26-99       | 04-27-99 | 04-28-99 |        | OFFICE USE |
|--------------------|----------------|----------|----------|--------|------------|
| TRAVEL FROM (CITY) | BODABATH       | BODABATH |          |        | RED        |
| TO                 | FT. LAUDERDALE |          |          |        |            |
| TO                 | BODABATH       | BODABATH |          |        |            |
| TO                 |                |          |          |        | TOTALS     |
| TRAVEL HOURS       | 2.0            | 2.0      |          |        | 4.0        |
| TOTAL HOURS        | 5.56           | 7.5      |          |        | 13.06      |
| AUTO MILES         | (55)           | (55)     |          |        | (110)      |
| AUTO \$            |                | 72.10    |          |        | 72.10      |
| LODGING            |                |          |          |        |            |
| MEALS              |                |          |          |        |            |
| AIR BAG/ABS TEST   |                | 297.95   |          |        | 297.95     |
| PHONE & FAX        | 7.00           |          |          |        | 7.00       |
| FILM & DEVELOPING  | 20.51          | 17.84    | 2.77     | 2.94   | 44.12      |
| POSTAGE            |                | 78.51    |          |        | 78.51      |
| OTHER* TOLLS       | 2.00           | 2.00     | 4.65     |        | 8.65       |
| TOTALS             | 29.51          | 389.89   | 85.93    | 505.33 | 505.33     |

TAILS: \*CAR RENTAL 2 DAYS. (A) FUEL FOR RENTAL CAR 4.05  
 (B) 2 FILMS 3 PRINTS EACH. (C) FLASH BATTERIES (D) 3 PACKAGES  
 OVERNIGHT (E) 7 PAGE FAX FROM EAA. (F) HAD TO RENT PERSONAL CAR NOT AVAILABLE.



RX109434

179099

## FORT LAUDERDALE LINCOLN-MERCURY, INC.

12 EAST SUNRISE BLVD.  
FORT LAUDERDALE, FLORIDA 33304  
(954) 778-3000  
SERVICE 778-2081  
"HOME OF PREMIER CUSTOMER CARE"  
P & A CODE 11527-0 MV-131589

\*INVOICE\*

PAGE 1

FORT LAUD., FL.  
HOME:

BUS:

SERVICE ADVISOR: 4497 A'LISSA PECORARO

| COLOR                                              | YEAR       | MAKE/MODEL          | VIN           | LICENSE                                            | MILEAGE NW DUT | TAB     |           |
|----------------------------------------------------|------------|---------------------|---------------|----------------------------------------------------|----------------|---------|-----------|
| WHITE                                              | 1994       | FORD CROWN VICTORIA | 2FALP71N3R    |                                                    | 87206/87206    | 79525   |           |
| DEL. DATE                                          | PROG. DATE | WARR. EXP.          | PROMISED      | PO NO.                                             | PLAN RATE      | PAYMENT | REV. DATE |
| 27JUN1994                                          | 09JUN94    |                     | 15.15 26APR99 |                                                    |                | CASH    | 27APR1999 |
| DAYS IN                                            |            | DAYS OUT            |               | OPTIONS: DERIVED BKG:4181R00A TRN:45PD ON AXL:4    |                |         |           |
| 10:14 26APR99                                      |            | 11:52 27APR99       |               | 1) ESP EXTRA ODED 2) EXP6-27-00 CR 3) 100000 MILES |                |         |           |
| 1) ESP EXTRA ODED 2) EXP6-27-00 CR 3) 100000 MILES |            |                     |               | RECALLS OPEN                                       |                |         |           |
|                                                    |            |                     |               | LIST                                               | NET            | TOTAL   |           |

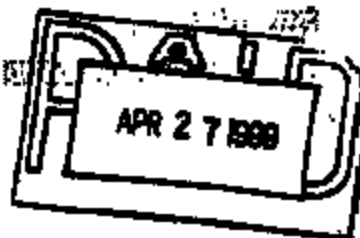
LINE OPCODE TECH TYPE HOURS  
A PRODUCT INSPECTION FOR FORD PER FORD ADVISE  
MISC REPLACE PARTS PER FORD MOTOR COMPANY

4134 C 3.00

- 1 F2AZ\*2B091\*B VALVE ASY BRK PRESS CONTROL 82.27 179.85 179.85
- 1 F2VY\*9F924\*A SW ASY-SPD CONT INACT 15.94 15.94 15.94
- 1 C6AZ\*19E42\*AB FLUID - BRAKE 3.03 3.03 3.03

87206 INSPECTION BY FORD MOTOR CO 3 HRS TOTAL TWO DAYS ASSIST HENRY  
BECKEL TO INSPECT AND REPLACE PART S AS REQUESTED BY FORD MOTOR CO

\*\*\*\*\*



\$297.95

|  |  | DESCRIPTION            | TOTAL  |
|--|--|------------------------|--------|
|  |  | LABOR AMOUNT           | 179.85 |
|  |  | PARTS AMOUNT           | 101.24 |
|  |  | GAS, OIL, LUB          | 0.00   |
|  |  | WASLET AMOUNT          | 0.00   |
|  |  | MISC. CHARGES          | 0.00   |
|  |  | TOTAL CHARGES          | 281.09 |
|  |  | LESS                   | 0.00   |
|  |  | SALES TAX              | 16.86  |
|  |  | PLEASE PAY THIS AMOUNT | 297.95 |

CUSTOMER COPY

PARTS AND SERVICE HOURS  
7:30 A.M. - 5:30 P.M. MON. THRU FRI.  
8:00 A.M. - 5:00 P.M. SATURDAY - 8:00 A.M. - 5:00 P.M. SUNDAY

The great advantage our company has over  
another is the quality of its people.

04/28/99 WED 16:25 [TX/RX NO 8360] 003

3713 5519



MAIL BOXED ETC.

## PARCEL SHIPPING ORDER

99060677



|                      |                     |
|----------------------|---------------------|
| PRINT NAME           | DATE <u>4/28/99</u> |
| CITY/STATE/ZIP       | PHONE               |
| <u>BOCA RATON FL</u> | DAYTIME PHONE       |

PARCEL SHIPPING ORDER  
No. **29860677**

| TO       | FROM                                                                                                                                                                                                          | ITEMS                                                                                                                                                                                                | WEIGHT      | VALUE      | INSURANCE                                                                                                                                                                                                                                                                                                                              | OTHER      |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>A</b> | NAME<br><u>FORD CENTRAL TESTING LAB</u><br>1500 CENTURY DR.<br>STREET<br><u>CONCRETE PARK N.</u> APT. 3<br>CITY/STATE/ZIP<br><u>DEARBORN MI 48120</u> PHONE<br><u>12 5X5 878 01 1002 453 7</u> SEE BACK       | <input checked="" type="checkbox"/> BREAKABLE<br><input type="checkbox"/> FRAGILE<br><input type="checkbox"/> REPLACABLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>SEE #5 BELOW | <u>12.2</u> | <u>102</u> | <input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00 | <u>102</u> |
| <b>B</b> | NAME<br><u>FORD CONSUMER AFFAIRS</u><br>16800 EXECUTIVE PL. DR.<br>STREET<br><u>MAIL ORG 3 NEB SUITE 331</u><br>CITY/STATE/ZIP<br><u>DEARBORN MI 48120</u> PHONE<br><u>12 5X5 878 01 1002 451</u> SEE BACK    | <input type="checkbox"/> BREAKABLE<br><input type="checkbox"/> FRAGILE<br><input type="checkbox"/> REPLACABLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>SEE #5 BELOW            | <u>10.4</u> | <u>102</u> | <input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00 | <u>102</u> |
| <b>C</b> | NAME<br><u>FORD LUXURY LARGE CAR CENT</u><br>2000 DRATON DR. BUILD 1<br>STREET<br><u>MAIL ORG 174 CURET 172</u><br>CITY/STATE/ZIP<br><u>DEARBORN MI 48120</u> PHONE<br><u>12 5X5 878 01 1002 452</u> SEE BACK | <input type="checkbox"/> BREAKABLE<br><input type="checkbox"/> FRAGILE<br><input type="checkbox"/> REPLACABLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>SEE #5 BELOW            | <u>10.4</u> | <u>102</u> | <input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00<br><input type="checkbox"/> 0.00 | <u>102</u> |

1. The Carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

2. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

3. Subject to the terms and conditions herein, we will receive and forward parcel for you, and your full name and address should appear on the parcel. For the delivery of the parcel, we will receive and forward parcel for you, and your full name and address should appear on the parcel. For the delivery of the parcel, we will receive and forward parcel for you, and your full name and address should appear on the parcel.

4. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

5. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

6. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

7. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

8. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

9. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

10. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

11. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

12. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

13. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

14. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

15. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

16. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

17. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

18. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

19. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

20. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled. The carrier is not responsible for the loss of or damage to the contents of the parcel if the contents are not properly packed and labeled.

CENTER COPY

© 1996 MAIL BOXED ETC. 11007 ETC. (Rev. 11/97) (FORM 4280100)

Thank You

EMPLOYEE'S SIGNATURE

\$ 78.51

THE HOME DEPOT 0204  
9800 BLADES ROAD  
BOCA RATON, FLORIDA 33434 (561)451-0204

1 HR PHOTO PRO  
MISSION BAY PLAZA  
20423 ST. RD. 7, SUITE F-1  
BOCA RATON, FL 33498  
407-2799

086107

SALE 0204 00008 03687 04/28/99  
61 321 02:28 PM



04123213019 BATTERY 2.77  
2.77 TAX FL 6.000 0.17  
TOTAL 22.94  
CASH 2.00  
CHANGE DUE 2.04



ORIGINAL RECEIPT REQUIRED FOR REFUND  
THANK YOU FOR SHOPPING AT THE HOME DEPOT  
WARRANTY PRICES - DAY IN, DAY OUT

|              |            |                |        |
|--------------|------------|----------------|--------|
| NAME         |            | STREET         |        |
| ADDRESS      |            | CITY/STATE/ZIP |        |
| PHONE NUMBER |            | 4-28-99        |        |
| QUANTITY     |            | DESCRIPTION    |        |
| 1            | FILM       | PRICE          | AMOUNT |
| 1            | PROCESSING |                | 4.15   |
|              |            |                | 15.20  |
|              |            |                | 19.35  |
|              |            | TAX            | 1.16   |
|              |            |                | 20.51  |

1 HR PHOTO PRO  
MISSION BAY PLAZA  
20423 ST. RD. 7, SUITE F-1  
BOCA RATON, FL 33498  
407-2799

086108

FUEL FOR  
RENTAL CAR

CHEURON 16.28  
04/27/99  
1501 738  
1501 738 441  
BOCA RATON, FL 33498

Invoice 3886586  
Sub 541388  
Page # 1  
3.15 1.19  
8.20 2.17 2.00  
Total 4.65

FROM Y CHEURONITE  
RENTAL CAR

\$ 4.65

|              |           |                |        |
|--------------|-----------|----------------|--------|
| NAME         |           | STREET         |        |
| ADDRESS      |           | CITY/STATE/ZIP |        |
| PHONE NUMBER |           | 4-27-99        |        |
| QUANTITY     |           | DESCRIPTION    |        |
| 1            | PROCESSOR | PRICE          | AMOUNT |
| 1            | FILM      |                | 12.40  |
|              |           |                | 4.15   |
|              |           |                | 16.55  |
|              |           | TAX            | 1.16   |
|              |           |                | 17.71  |

|     |                                 |         |        |                           |
|-----|---------------------------------|---------|--------|---------------------------|
| EAA | ASSOCIATE: David Burnett        | ID# 254 | CLIENT | ZONE/REGION: FL010A       |
|     | PROJECT NAME: Ford - Under Hood |         |        | CASE/FILE NO: 44N, 31, 47 |
|     | PROJECT NO. + EXT: F002A        |         |        | OWNER: STATE FARM (3)     |

|          |                                                                                                                                                                                                                                                                                          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER FORD UNDER HOOD |
|          | EXPLANATION: RECEIVED CALL FROM ALAN HASS CONCERNING THREE                                                                                                                                                                                                                               |
|          | UNDER HOOD INVESTIGATIONS IN DELAWARE (2) & PALMETO (1). FL. I WAS JOINED                                                                                                                                                                                                                |
|          | BY STATE FARM INVESTIGATOR ALAN CONGER & FIRE INVESTIGATOR MIKE BRESNAHAN.                                                                                                                                                                                                               |
|          | DEBUE TO DELAWARE FOR TITANUS APPOINTMENT - INSP & PHOTOGRAPH 2 CAR-DRIVE                                                                                                                                                                                                                |
|          | 150-MILES TO BRADENTON, FL. AREA TO INSPECT 3 CAR. RETURNED NEXT DAY TO JUPITER. SPENT WORKING WRITING 3 RPTS & 4 RPT'S - PENNITAFORD 5-3-97                                                                                                                                             |

| HOURS          | DAY & DATE → 99    | AP 29 THU | AP 30 FRI | MAY 1 SAT | MAY 2 SUN | MAY 3 MON | YOUR AVAILABILITY               |
|----------------|--------------------|-----------|-----------|-----------|-----------|-----------|---------------------------------|
|                | TRAVEL FROM (CITY) | JUPITER   | DAWINTO   | JUPITER   | JUPITER   | JUPITER   | JUPITER                         |
| TO             | ORLANDO            | FLORIDA   |           |           |           |           | <input type="checkbox"/> YELLOW |
| TO             | PALMETO            | JUPITER   |           |           |           |           | <input type="checkbox"/> RED    |
| TO             |                    |           |           |           |           |           | TOTALS                          |
| TRAVEL HOURS   | 4.5                | 4.3       | 0         | 0         | .8        |           | 9.1                             |
| TOTAL HOURS    | 8.3                | 5.0       | 6.0       | 1.0       | 1.8       |           | 21.3                            |
| EXPENSES       | AUTO MILES         | 285       | 257       |           |           | 9         | 545                             |
|                | MILEAGE \$ 0.28    | 79.80     | 71.96     |           |           | 2.52      | 152.60                          |
|                | TOLLS              | 8.10      | .90       |           |           |           | 9.10                            |
|                | RENTAL CAR         |           |           |           |           |           |                                 |
|                | AIR FARE           |           |           |           |           |           |                                 |
|                | LODGING            | 106.95    |           |           |           |           | 106.95                          |
|                | MEALS              | 24.00     | 5.00      |           |           |           | 29.00                           |
|                | AIR BAG/ABS TEST   |           |           |           |           |           |                                 |
|                | PHONE & FAX /EXP   |           |           |           |           | 2.00      | 2.00                            |
|                | FILM & DEVELOPING  |           | 3.50      | 66.81     |           |           | 66.81                           |
|                | POSTAGE OVER WIGHT |           |           |           | 17.50     | 35.00     | 52.50                           |
| OTHER*         |                    |           |           |           |           |           |                                 |
| TOTAL EXPENSES | 218.93             | 72.86     | 66.81     | 17.50     | 37.80     | 418.94    |                                 |

\*DETAILS: \* ALAN HASS REQUESTED I SEND COPY OF CASE 16N  
TO FAREN ANSARI ON 5-9-99 - OVERMANT - BILL ATTACHED

MAY 10 1999  
012000

COMMODITY NO. 823-186

FORM 823-483-488  
TOLLS  
Aug-88

FLORIDA DEPARTMENT OF TRANSPORTATION

TOLL RECEIPT  
JUPITER TOLL PLAZA

| MILEPOST | INTERCHANGE     | ASLES | ASLES | ASLES | ASLES | ASLES |
|----------|-----------------|-------|-------|-------|-------|-------|
|          |                 | 2     | 3     | 4     | 5     | 6     |
| 236      | THREE LAKES     | 6.75  | 13.05 | 17.40 | 21.75 | 26.10 |
| 193      | YEEHAW JUNCTION | 4.00  | 6.90  | 8.25  | 11.60 | 13.80 |
| 182      | PORT PIERCE     | 2.20  | 3.90  | 4.40  | 5.80  | 6.80  |
| 142      | PORT ST. LUCIE  | 1.00  | 2.40  | 2.20  | 4.00  | 4.80  |
| 133      | STUART          | 1.10  | 1.65  | 2.20  | 2.75  | 3.30  |
| 116      | JUPITER         |       |       |       |       |       |
| 108      | PALM BEACH CONC | 0.40  | 0.50  | 0.60  | 1.00  | 1.20  |
| 88       | W. PALM BEACH   | 0.00  | 1.00  | 1.00  | 2.25  | 2.75  |
| 92       | LAKE WORTH      | 1.30  | 1.95  | 2.60  | 3.25  | 3.80  |
| 86       | LANTANA         | 2.20  | 3.30  | 4.40  | 5.50  | 6.60  |

DATE

COLLECTOR IA I  
APR 30 1999

COMMODITY NO. 823-171

FORM 823-483-410  
TOLLS  
Aug-88

FLORIDA DEPARTMENT OF TRANSPORTATION

TOLL RECEIPT  
THREE LAKES TOLL PLAZA

| MILEPOST | INTERCHANGE     | ASLES | ASLES | ASLES | ASLES | ASLES |
|----------|-----------------|-------|-------|-------|-------|-------|
|          |                 | 2     | 3     | 4     | 5     | 6     |
| 236      | THREE LAKES     |       |       |       |       |       |
| 193      | YEEHAW JUNCTION | 4.10  | 6.15  | 8.20  | 10.25 | 12.30 |
| 182      | PORT PIERCE     | 6.50  | 9.75  | 13.00 | 16.25 | 19.50 |
| 142      | PORT ST. LUCIE  | 7.10  | 10.85 | 14.20 | 17.75 | 21.30 |
| 133      | STUART          | 7.60  | 11.40 | 15.20 | 19.00 | 22.80 |
| 116      | JUPITER         | 8.70  | 13.25 | 17.40 | 21.75 | 26.10 |
| 108      | PALM BEACH CONC | 9.10  | 13.85 | 18.20 | 23.75 | 27.30 |
| 88       | W. PALM BEACH   | 9.60  | 14.40 | 19.20 | 24.00 | 28.80 |
| 92       | LAKE WORTH      | 18.00 | 19.00 | 20.00 | 25.00 | 30.00 |
| 86       | LANTANA         | 18.90 | 19.95 | 21.00 | 27.25 | 32.70 |

DATE

4/29/99

COLLECTOR

# \$ Holiday Inn

SELECT

## FORT MYERS AIRPORT AREA

13051 Bell Tower Drive

Fort Myers, FL 33907

941/482-2900

Fax 941/482-2900

|             |         |
|-------------|---------|
| Floors      | 154-11  |
| Arrive Date | 4/27/99 |
| Dept. Date  | 4/30/99 |
| Folio #     | 6       |
| Room Rate   | 78.10   |
| Account     | 7-CBANK |
| Method      | 6-MORR  |

Page 1

Independently owned and operated by Cooper Companies, Inc.

I authorize you to bill the full amount of my account to my credit card which was presented upon registration.

## Rapid Check-Out<sup>SM</sup>

SIGNATURE

The management is not responsible for any damages not covered by properly stored items provided in the hotel office. I agree that my liability for any damages is not limited and shall be the full amount of the bill in the event that the indicated amount, promptly or immediately fails to pay for any part of the bill amount of such damages.

X  
SIGNATURE

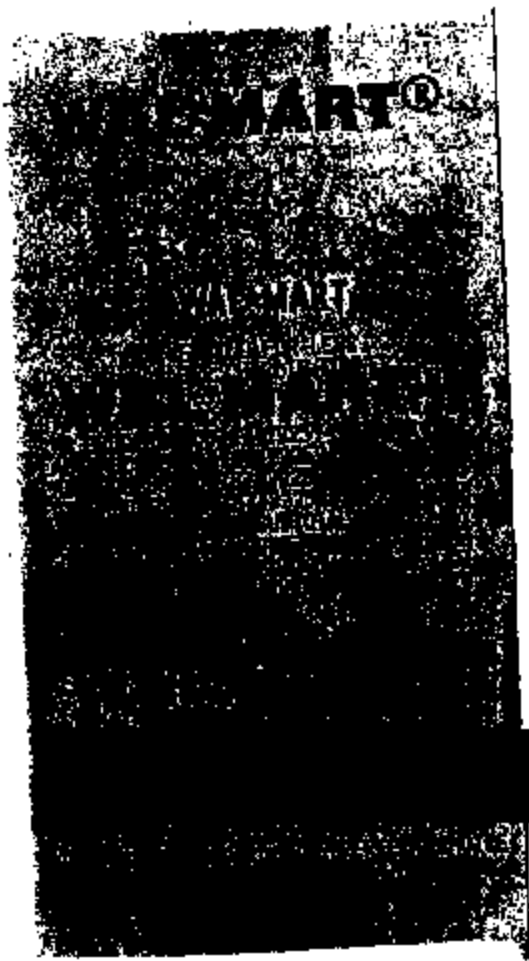
| DATE        | ROOM | RATE    | TAXES | DISCOUNT        | TOTAL  | PAYMENT  | BALANCE |
|-------------|------|---------|-------|-----------------|--------|----------|---------|
| 429         | 114  | 0429000 | RAJ   | DISCOUNT ROOM   | 78.104 | .000     | 78.104  |
| 429         | 111  | 0429001 | RAJ   | SALES TAX       | 5.894  | .000     | 102.998 |
| 429         | 812  | 0429002 | RAJ   | OCCUPANCY TAX   | 2.940  | .000     | 106.938 |
| 430         | 712  | 0430000 | YIN   | VISA/MASTERCARD | .000   | -106.938 | .000    |
| ***TOTAL*** |      |         |       |                 |        |          | .000    |

**Holiday Inn**  
**SELECT**

|                                                                                 |                           |
|---------------------------------------------------------------------------------|---------------------------|
| <b>HOLIDAY INN FORT MYERS</b><br>13051 BELL TOWER DRIVE<br>FORT MYERS, FL 33907 |                           |
| CONFIRMATION<br><b>X</b>                                                        | <b>Holiday Inn SELECT</b> |

|                             |                                       |
|-----------------------------|---------------------------------------|
| DATE OF CHECKOUT<br>4/30/99 | PHONE NO. CHECK NO.<br>81-271964-97   |
| AUTHORIZATION<br>778607     | TAX<br>TTN<br>121.044<br>.000<br>.800 |
| PURCHASE & SERVICES         | 104.938                               |
| TOTAL AMOUNT                |                                       |

3713 5525





CARRABBA'S 198  
2298 CLEVELAND AVE  
FT WORTH, TX 76107

TIME 8:21 PM DATE 04/29/99  
TERM 0000224 MSGN 0002303000250  
TYPE TYPE SALE

EXP DATE 06/99 SS 1 113  
TICKET 1 000250 SEWER ID 75  
AUTH CODE 687768

BASE \$26.78  
TIP \$00  
31.78

I AGREE TO PAY ABOVE TOTAL AMOUNT

McDonald's Corporation  
Thank you for eating at McDonald's

LA QUIN: A  
59 K5402  
THANK YOU  
TEL# 4078571940  
Apr. 29 '99 (Thu) 12:03

Order #259 EAT IN

|                        |       |
|------------------------|-------|
| 1 GRILLED CHICKEN MEAL | 3.10  |
| 1 21COKE               | 1.19  |
| SUB TOTAL              | 4.29  |
| EAT IN TAX             | 0.26  |
|                        | 4.55  |
| CASH TENDERED          | 10.00 |
| CHANGE                 | 5.45  |

MAIL BOXES ETC. PARCEL SHIPPING ORDER Form 007

PARCEL SHIPPING ORDER

No. 36441448

12 348 52E 01 1014 242 2

12 348 52E 01 1014 234 2

MAIL BOXES  
ETC.  
STORE 2405

CLERK 1 0001 76

2X 217.30  
SHIP CHARGES \$35.00  
CREDIT CARD  
\$35.00

make timely delivery an delivery date  
of delivery by Carrier is a statement  
that in any event, the carrier shall be  
liable for any loss or damage resulting  
from the shipment of this item. We  
do not accept any responsibility for loss  
or damage.

TAX

\$35.00

Thank You  
CENTER #  
EMPLOYEE'S INITIALS

© 1987 MAIL BOXES ETC. (1987 Ed., Form 1007) (FORM 1007100)

CUSTOMER COPY

3713 5527



**ENGINEERING ANALYSIS ASSOCIATES, INC.**

30700 Telegraph Road, Suite 4558  
Bingham Farms, Michigan 48025-4528  
Tel: (248) 642-3232  
Fax: (248) 642-4558

**INVOICE**

CONSUMER AFFAIRS  
SECTION

99 MAY 19 AM 1:33

|                                                                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| TO:<br><br>Ms. Martha Thomas<br>Ford Motor Company<br>Mail Drop #3NE-A<br>16800 Executive Plaza Dr.<br>Dearborn, MI 48126-4207<br><br>Supplier No. R6PRA | INVOICE NO. |
|                                                                                                                                                          | F002A4      |
|                                                                                                                                                          | DATE        |
|                                                                                                                                                          | 05-15-99    |
|                                                                                                                                                          | DUE DATE    |
|                                                                                                                                                          | 06-15-99    |

RE: Purchase Order No: F02 P099 857191  
Requisition No.: RQ99020R01  
Bill To Location: 1718  
Ship To Location: Box 43358  
Period: 05/15/99

|                                                                                                                                                                                                              | Hours | Total    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|
| LINE NO. 001;<br>ITEM NO. PLANT PART NO.-MISC. 900104<br>Service Associate time to conduct<br>special underhood vehicle inspections<br>at the request of Litigation Prevention.<br>Rate of \$43.00 per hour. | 34.36 | 1,477.48 |

This invoice is for 4 inspections: Beckel - Case 49

Barrett - Cases 31, 44N & 47

|                             |       |            |
|-----------------------------|-------|------------|
| TOTAL PROFESSIONAL SERVICES | 34.36 | \$1,477.48 |
|-----------------------------|-------|------------|

**ADDITIONAL CHARGES:**

|                                                  |        |
|--------------------------------------------------|--------|
| Service Associate expenses (see attached detail) | 924.44 |
|--------------------------------------------------|--------|

|                                                      |       |
|------------------------------------------------------|-------|
| EAA misc. office expense (fax, phone, postage, etc.) | 50.84 |
|------------------------------------------------------|-------|

|                |          |
|----------------|----------|
| TOTAL EXPENSES | \$975.28 |
|----------------|----------|

|                                             |            |
|---------------------------------------------|------------|
| TOTAL AMOUNT OF THIS INVOICE.....PLEASE PAY | \$2,452.76 |
|---------------------------------------------|------------|

Federal ID# 38-2750534

FORM 1.000

L.D. 40

3713 5529

**F002A4 Invoice Worksheet****Invoice Period: 5/15/99****Ford Litigation Prevention Inspections**

| <b>Rec'd<br/>Date</b> | <b>SA<br/>Name</b> | <b>Begin<br/>Date</b> | <b>FERS</b>  |              | <b>EXPENSES</b> |              |                  |              |              |
|-----------------------|--------------------|-----------------------|--------------|--------------|-----------------|--------------|------------------|--------------|--------------|
|                       |                    |                       | <b>Hours</b> | <b>Total</b> | <b>Mileage</b>  | <b>Meals</b> | <b>Phone/Fax</b> | <b>Misc.</b> | <b>Total</b> |
| 4/29/99               | Sectel, H.         | 4/29/99               | 13.08        | \$621.36     | \$70.75         | \$0.00       | \$7.00           | 421.75       | \$605.50     |
| 5/10/99               | Burnett, D.        | 4/29/99               | 21.3         | \$916.80     | 152.00          | 28.00        | \$2.00           | 235.34       | \$418.34     |

**Total Hours: 34.38****Total Professional Fees (\$43.00/hr.):****\$1,477.40****Service Associate Expenses:****\$924.44****AAA Misc. Office Expense (fax, phone, postage, etc.)****\$60.94****Total Invoice:****\$2,462.78**

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|                                               |        |                                     |
|-----------------------------------------------|--------|-------------------------------------|
| ASSOCIATE: <b>H. SECKEL</b> <b>10#119</b>     | CLIENT | ZONE/REGION: <b>ORLANDO</b>         |
| PROJECT NAME: <b>FORD UNDER 11000 INVEST.</b> |        | CASE/FILE NO: <b>49</b>             |
| PROJECT NO. + EXT: <b>F002 A</b>              |        | OWNER: <b>BROWARD SHERIFFS DEP.</b> |

INVESTIGATION PERFORMED: ☐ AIRBAG ☐ ACCIDENT ☐ UNINTENDED ACCELERATION  
☐ REPEAT ☐ ABS ☐ FIRE ☐ OTHER **FORD UNDER 11000 INVESTIGATION**

EXPLANATION: **SET UP TIME - INSPECTION & EVALUATION - 2<sup>ND</sup> INSPECTION AND PARTS REPLACEMENT & COLLECT FLUID SAMPLES - TRAVEL TIME. FINAL REPORTS WITH DETAILED APPENDIX AND PHOTOGRAPHIC NOTES. ALSO INCLUDES WAITING TIME AT DEALERSHIP**

| DAY & DATE →       | 04-26-99       | 04-27-99  | 04-28-99 |        | OFFICE USE |
|--------------------|----------------|-----------|----------|--------|------------|
| TRAVEL FROM (CITY) | BDCARATON      | BDCARATON |          |        | RED.       |
| TO                 | FT. LAUDERDALE |           |          |        |            |
| TO                 | BDCARATON      | BDCARATON |          |        |            |
| TO                 |                |           |          |        | TOTALS     |
| TRAVEL HOURS       | 2.0            | 2.0       |          |        | 4.0        |
| TOTAL HOURS        | 5.56           | 7.5       |          |        | 13.06      |
| AUTO MILES         | (55)           | (55)      |          |        | (110)      |
| AUTO \$            |                | 72.10     |          |        | 72.10      |
| LODGING            |                |           |          |        |            |
| MEALS              |                |           |          |        |            |
| AIR BAG/ABS TEST   |                | 297.95    |          |        | 297.95     |
| PHONE & FAX        | 7.00           |           |          |        | 7.00       |
| FILM & DEVELOPING  | 20.51          | 17.84     | 2.77     | 2.94   | 44.06      |
| POSTAGE            |                | 78.51     |          |        | 78.51      |
| OTHER* TOLLS       | 3.00           | 2.00      | 4.65     |        | 8.65       |
| TOTALS             | 29.51          | 389.89    | 85.93    | 505.33 | 505.33     |

FAILS: \*CAR RENTAL 2 DAYS. (A) FUEL FOR RENTAL CAR 4.05  
 (B) 2 FILMS 3 PRINTS EACH. (C) FLASH BATTERIES (D) 3 PACKAGES 17.51  
 OVERNIGHT (E) 7 PAGE FAX FROM EAA. (F) HAD TO RENT PERSONAL CAR NOT AVAILABLE.

04/28/99 WED 16:25 (TX/RX NO 83881) 0002

3718 5531

RX189434

179099

\*INVOICE\*

FORT LAUDERDALE LINCOLN-MERCURY, INC.  
12 EAST SUNRISE BLVD.  
FORT LAUDERDALE, FLORIDA 33304  
(804) 778-2000  
SERVICE 778-2081  
"HOME OF PREMIER CUSTOMER CARE"  
P & A CODE 1987-0 MV-12888

PAGE 1

FORT LAUD, FL  
HOME:

BUS:

SERVICE ADVISOR: 4497 A'LISSA PECORARO

| COLOR         | YEAR       | MAKE/MODEL          | VIN           | LICENSE                                            | MR.EASE IN/OUT | TAX     |           |
|---------------|------------|---------------------|---------------|----------------------------------------------------|----------------|---------|-----------|
| WHITE         | 1994       | FORD CROWN VICTORIA | 2FALP71W82    |                                                    | 87206/87206    | 73525   |           |
| DEL. DATE     | PROD. DATE | WARR. EXP.          | PROMISED      | PO NO.                                             | PLAN RATE      | PAYMENT | INV. DATE |
| 27JUN1994     | 09JUN94    |                     | 16:18 26APR92 |                                                    |                | CASH    | 27APR1992 |
| DATE IN       |            | DATE OUT            |               | OPTIONS: CLR:MED ENG:418TR00A TRN:4SPD OD AXL:4    |                |         |           |
| 10:14 26APR92 |            | 11:52 27APR92       |               | 1) MSP EXTRA ODED 2) EXPS-27-00 OR 3) 100000 MILES |                |         |           |
| 10:14 26APR92 |            | 11:52 27APR92       |               | RECALL OPEN                                        |                |         |           |
|               |            |                     |               | LIST                                               | NET            | TOTAL   |           |

A PRODUCT INSPECTION FOR FORD PER FORD ADVISE  
MISC REPLACE PARTS PER FORD MOTOR COMPANY

|                                                                                                                                        |               |                             |  |  |       |        |        |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|--|--|-------|--------|--------|
| 4134                                                                                                                                   | C             | 3.00                        |  |  |       | 179.85 | 179.85 |
| 1                                                                                                                                      | F2AZ*2B091*B  | VALVE ASY BRK PRESS CONTROL |  |  | 82.27 | 82.27  | 82.27  |
| 1                                                                                                                                      | F2VY*9F924*A  | SW ASY-SPD CONT DEACT       |  |  | 15.94 | 15.94  | 15.94  |
| 1                                                                                                                                      | C6AZ*19542*AB | FLUID - BRAKE               |  |  | 3.03  | 3.03   | 3.03   |
| 87206 INSPECTION BY FORD MOTOR CO 3 HRS TOTAL TWO DAYS ASSIST HENRY SECKEL TO INSPECT AND REPLACE PART S AS REQUESTED BY FORD MOTOR CO |               |                             |  |  |       |        |        |

\*\*\*\*\*

FORD



| DESCRIPTION           | TOTALS |
|-----------------------|--------|
| LABOR AMOUNT          | 179.85 |
| PARTS AMOUNT          | 101.24 |
| SALE OR. LUBE         | 0.00   |
| SURVEY AMOUNT         | 0.00   |
| MISC. CHARGES         | 0.00   |
| TOTAL CHARGES         | 281.09 |
| LESS                  | 0.00   |
| SALES TAX             | 16.86  |
| CLEAR PAY THIS AMOUNT | 297.95 |

CUSTOMER COPY

PARTS AND SERVICE HOURS  
7:00 A.M. - 6:00 P.M. MON. THRU FRI.  
8:00 A.M. - 6:00 P.M. SATURDAY - 8:00 A.M. - 2:00 P.M. SUNDAY

The one advantage our company has over  
another is the quality of its people.

04/28/89 WED 16:25 TX/RX NO 43881 0003

3713 5532



MAIL BOXES ETC.

## PARCEL SHIPPING ORDER

29860677



|                                           |
|-------------------------------------------|
| DATE <b>4/24/99</b>                       |
| PHONE                                     |
| CITY/STATE/ZIP <b>BOCA RATON FL 33434</b> |
| DAYTIME PHONE                             |

 PARCEL SHIPPING ORDER  
 NO. **29860677**

| ITEM | NAME                     | STREET                  | CITY/STATE/ZIP      | PHONE                             | ITEM NO. | ITEM NAME | ITEM NO. | ITEM NAME | ITEM NO. | ITEM NAME | ITEM NO. |
|------|--------------------------|-------------------------|---------------------|-----------------------------------|----------|-----------|----------|-----------|----------|-----------|----------|
| A    | POLO CENTRAL TESTING LAB | 1500 CENTURY DR.        | BOCA RATON FL 33434 | TE 5X3 878 01 1002 455 7, 22 BACK | 102      | 102       | 102      | 102       | 102      | 102       | 102      |
| B    | POLO CONSUMER AFFAIRS    | 16800 EXECUTIVE PL. DR. | BOCA RATON FL 33434 | TE 5X3 878 01 1002 455 7, 22 BACK | 102      | 102       | 102      | 102       | 102      | 102       | 102      |
| C    | POLO LUXURY LARGE CAR    | 2000 DRATON DR. BUILD 1 | BOCA RATON FL 33434 | TE 5X3 878 01 1002 455 7, 22 BACK | 102      | 102       | 102      | 102       | 102      | 102       | 102      |

1. The Carrier for all items shipped by this form shall be the Carrier of the item and shall be responsible for the item until it is delivered to the addressee.

2. We do not accept responsibility for items shipped by this form.

3. Subject to the terms and conditions herein, we will receive and forward parcels for you, and you shall retain the responsibility for the item until it is delivered to the addressee.

4. We do not accept responsibility for items shipped by this form.

5. We do not accept responsibility for items shipped by this form.

6. We do not accept responsibility for items shipped by this form.

7. This Parcel Shipping Order constitutes the full and complete agreement between you and us, and no other agreement, written or oral, shall be binding on you or us.

8. We do not accept responsibility for items shipped by this form.

9. We do not accept responsibility for items shipped by this form.

10. We do not accept responsibility for items shipped by this form.

11. We do not accept responsibility for items shipped by this form.

12. We do not accept responsibility for items shipped by this form.

13. We do not accept responsibility for items shipped by this form.

14. We do not accept responsibility for items shipped by this form.

15. We do not accept responsibility for items shipped by this form.

16. We do not accept responsibility for items shipped by this form.

17. We do not accept responsibility for items shipped by this form.

18. We do not accept responsibility for items shipped by this form.

19. We do not accept responsibility for items shipped by this form.

20. We do not accept responsibility for items shipped by this form.

21. We do not accept responsibility for items shipped by this form.

22. We do not accept responsibility for items shipped by this form.

23. We do not accept responsibility for items shipped by this form.

24. We do not accept responsibility for items shipped by this form.

25. We do not accept responsibility for items shipped by this form.

26. We do not accept responsibility for items shipped by this form.

27. We do not accept responsibility for items shipped by this form.

28. We do not accept responsibility for items shipped by this form.

29. We do not accept responsibility for items shipped by this form.

30. We do not accept responsibility for items shipped by this form.

31. We do not accept responsibility for items shipped by this form.

32. We do not accept responsibility for items shipped by this form.

33. We do not accept responsibility for items shipped by this form.

34. We do not accept responsibility for items shipped by this form.

35. We do not accept responsibility for items shipped by this form.

36. We do not accept responsibility for items shipped by this form.

37. We do not accept responsibility for items shipped by this form.

38. We do not accept responsibility for items shipped by this form.

39. We do not accept responsibility for items shipped by this form.

40. We do not accept responsibility for items shipped by this form.

41. We do not accept responsibility for items shipped by this form.

42. We do not accept responsibility for items shipped by this form.

43. We do not accept responsibility for items shipped by this form.

44. We do not accept responsibility for items shipped by this form.

45. We do not accept responsibility for items shipped by this form.

46. We do not accept responsibility for items shipped by this form.

47. We do not accept responsibility for items shipped by this form.

48. We do not accept responsibility for items shipped by this form.

49. We do not accept responsibility for items shipped by this form.

50. We do not accept responsibility for items shipped by this form.

51. We do not accept responsibility for items shipped by this form.

52. We do not accept responsibility for items shipped by this form.

53. We do not accept responsibility for items shipped by this form.

54. We do not accept responsibility for items shipped by this form.

55. We do not accept responsibility for items shipped by this form.

56. We do not accept responsibility for items shipped by this form.

57. We do not accept responsibility for items shipped by this form.

58. We do not accept responsibility for items shipped by this form.

59. We do not accept responsibility for items shipped by this form.

60. We do not accept responsibility for items shipped by this form.

61. We do not accept responsibility for items shipped by this form.

62. We do not accept responsibility for items shipped by this form.

63. We do not accept responsibility for items shipped by this form.

64. We do not accept responsibility for items shipped by this form.

65. We do not accept responsibility for items shipped by this form.

66. We do not accept responsibility for items shipped by this form.

67. We do not accept responsibility for items shipped by this form.

68. We do not accept responsibility for items shipped by this form.

69. We do not accept responsibility for items shipped by this form.

70. We do not accept responsibility for items shipped by this form.

71. We do not accept responsibility for items shipped by this form.

72. We do not accept responsibility for items shipped by this form.

73. We do not accept responsibility for items shipped by this form.

74. We do not accept responsibility for items shipped by this form.

75. We do not accept responsibility for items shipped by this form.

76. We do not accept responsibility for items shipped by this form.

77. We do not accept responsibility for items shipped by this form.

78. We do not accept responsibility for items shipped by this form.

79. We do not accept responsibility for items shipped by this form.

80. We do not accept responsibility for items shipped by this form.

81. We do not accept responsibility for items shipped by this form.

82. We do not accept responsibility for items shipped by this form.

83. We do not accept responsibility for items shipped by this form.

84. We do not accept responsibility for items shipped by this form.

85. We do not accept responsibility for items shipped by this form.

86. We do not accept responsibility for items shipped by this form.

87. We do not accept responsibility for items shipped by this form.

88. We do not accept responsibility for items shipped by this form.

89. We do not accept responsibility for items shipped by this form.

90. We do not accept responsibility for items shipped by this form.

91. We do not accept responsibility for items shipped by this form.

92. We do not accept responsibility for items shipped by this form.

93. We do not accept responsibility for items shipped by this form.

94. We do not accept responsibility for items shipped by this form.

95. We do not accept responsibility for items shipped by this form.

96. We do not accept responsibility for items shipped by this form.

97. We do not accept responsibility for items shipped by this form.

98. We do not accept responsibility for items shipped by this form.

99. We do not accept responsibility for items shipped by this form.

100. We do not accept responsibility for items shipped by this form.

CENTER COPY

© 1998 MAIL BOXES ETC. 1987 Ed. / Rev. 1987 (FORM 1000/100)

PAID BY AMEX

\$ 78.51



THE HOME DEPOT 0204  
8820 GLADES ROAD  
BOCA RATON, FLORIDA 33434 (361)451-0204

1 HR PHOTO PRO  
MISSION BAY PLAZA  
20423 ST. RD. 7, SUITE F-1  
BOCA RATON, FL 33498  
407-2798

086107

0204 00008 05897 04/26/99  
SALE 51 321 08:00 AM



04133213018 BATTERY  
2.77 TAX FL 6.000  
TOTAL 8.77  
CASH 8.00  
CHANGE DUE 0.77

3.77  
0.17  
82.84  
8.00  
2.00



0204 09 06687 04/26/99 6365

ORIGINAL RECEIPT REQUIRED FOR REFUND  
THANK YOU FOR SHOPPING AT THE HOME DEPOT  
MEMBERSHIP PRICES - DAY IN, DAY OUT

|                |             |                |        |
|----------------|-------------|----------------|--------|
| NAME           |             | ADDRESS        |        |
| CITY/STATE/ZIP |             | CITY/STATE/ZIP |        |
| PHONE          |             | 4-28-99        |        |
| QUANTITY       | DESCRIPTION | PRICE          | AMOUNT |
| 1              | FILM        |                | 4.15   |
| 1              | PROCESSING  |                | 15.20  |
|                |             |                | 19.35  |
|                |             | TAX            | 1.16   |
|                |             |                | 20.51  |

1 HR PHOTO PRO  
MISSION BAY PLAZA  
20423 ST. RD. 7, SUITE F-1  
BOCA RATON, FL 33498  
407-2798

086108

FUEL FOR  
RENTAL CAR

04/27/99 16:38  
APS 748  
1045 US 441  
BOCA RATON FL 33433

Invoice 3506496  
Buck 941388  
Fuel # 1  
J. # 1.199  
Self # 1.45  
Total \$ 4.65

FORMALY CHELSEA  
TEL: 305-333-3333

\$ 4.65

|                |             |                |        |
|----------------|-------------|----------------|--------|
| NAME           |             | ADDRESS        |        |
| CITY/STATE/ZIP |             | CITY/STATE/ZIP |        |
| PHONE          |             | 4-27-99        |        |
| QUANTITY       | DESCRIPTION | PRICE          | AMOUNT |
| 1              | PROCESSING  |                | 12.40  |
| 1              | FILM        |                | 4.15   |
|                |             |                | 16.55  |
|                |             | TAX            | 1.16   |
|                |             |                | 17.71  |

EAA ACTIVITY & EXPENSE REPORT (See Reverse Side For Instructions) 170C

|     |                                 |         |        |                           |
|-----|---------------------------------|---------|--------|---------------------------|
| EAA | ASSOCIATE: David Burnett        | ID# 254 | CLIENT | ZONE/REGION: FLOEIDA      |
|     | PROJECT NAME: Ford - Under Hood |         |        | CASE/FILE NO: 44N, 31, 47 |
|     | PROJECT NO. + EXT: F002A        |         |        | OWNER: STATE FARM (3)     |

|          |                                                                                                                                                                                                                                                                                                 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER <u>FORD UNDER HOOD</u> |
|          | EXPLANATION: RECEIVED CALL FROM ALAN HASS CONCERNING THREE                                                                                                                                                                                                                                      |
|          | UNDER HOOD INVESTIGATIONS IN RELATION (2) PALMETO (1). R. I WAS JOINED                                                                                                                                                                                                                          |
|          | BY STATE FARM INVESTIGATOR ALAN CONGER & FIRE INVESTIGATOR MIKE BERSUCK.                                                                                                                                                                                                                        |
|          | DEBUE TO DELAYED FOR TOWAL APPOINTMENT INSP & PHOTOGRAPH 2 CASE-DRIVE<br>150 MILES TO SEADATION, FL. AREA TO INSPECT 3 CASE. RETURNED NEXT<br>DAY TO JUPITER. SPENT WEEKEND WRITING 3 RPTS. 4 REAFILM - BEING FOR 5-9-91                                                                        |

|                |                    |            |                     |           |           |           |                                                                                                   |
|----------------|--------------------|------------|---------------------|-----------|-----------|-----------|---------------------------------------------------------------------------------------------------|
| HOURS          | DAY & DATE → 99    | APR 29 THU | APR 30 FRI          | MAY 1 SAT | MAY 2 SUN | MAY 3 MON | YOUR AVAILABILITY                                                                                 |
|                | TRAVEL FROM (CITY) | JUPITER    | DAWNTON             | JUPITER   | JUPITER   | JUPITER   | <input type="checkbox"/> GREEN<br><input type="checkbox"/> YELLOW<br><input type="checkbox"/> RED |
|                | TO                 | ORLANDO    | FINELANDS           |           |           |           |                                                                                                   |
|                | TO                 | PALMETO    | JUPITER             |           |           |           |                                                                                                   |
|                | TO                 |            |                     |           |           |           | TOTALS                                                                                            |
|                | TRAVEL HOURS       | 4.5        | 4.3                 | 0         | 0         | .3        | 9.1                                                                                               |
|                | TOTAL HOURS        | 8.3        | 5.0                 | 6.0       | 1.0       | 1.3       | 21.3                                                                                              |
| EXPENSES       | AUTO MILES         | 285        | 257                 |           |           | 3         | 545                                                                                               |
|                | MILEAGE \$ 0.28    | 79.80      | 71.96               |           |           | 0.84      | 152.60                                                                                            |
|                | TOLLS              | 8.20       | .90                 |           |           |           | 9.10                                                                                              |
|                | RENTAL CAR         |            |                     |           |           |           |                                                                                                   |
|                | AIR FARE           |            |                     |           |           |           |                                                                                                   |
|                | LODGING            | 106.99     |                     |           |           |           | 106.99                                                                                            |
|                | MEALS              | 24.00      | 5.00                |           |           |           | 29.00                                                                                             |
|                | AIR BAG/ABS TEST   |            |                     |           |           |           |                                                                                                   |
|                | PHONE & FAX 1800   |            |                     |           |           | 21.00     | 21.00                                                                                             |
|                | FILM & DEVELOPING  |            | 4 ROLLS 3 SETS EACH | 66.81     |           |           | 66.81                                                                                             |
|                | POSTAGE OVERNIGHT  |            |                     |           | 17.50     | 35.00     | 52.50                                                                                             |
|                | OTHER*             |            |                     |           |           |           |                                                                                                   |
| TOTAL EXPENSES | 218.99             | 77.86      | 66.81               | 17.50     | 37.84     | 410.94    |                                                                                                   |

\*DETAILS: ALAN HASS REQUESTED 1 BOND COPY OF CASE 16N  
TO FAREW HASSER ON 5-9-91 - OVERNIGHT - BILL ATTACHED

MAY 1 A 1991

3713 5536

**12051 Ball Tower Drive  
Fort Myers, FL 33907  
941/482-9900  
Fax 941/482-9900**

|             |     |
|-------------|-----|
| Flavor      | ... |
| Arrive Date | ... |
| Depart Date | ... |
| Polls #     | ... |
| Passes Paid | ... |
| Amount      | ... |
| Notes       | ... |

Independently owned and operated by Cooper Companies, Inc.

I authorize you to bill me for interest on my account in my home state which was ☐ Alaska ☐ Arizona ☐ California ☐ Colorado ☐ Connecticut ☐ Delaware ☐ Florida ☐ Georgia ☐ Hawaii ☐ Idaho ☐ Illinois ☐ Indiana ☐ Iowa ☐ Kansas ☐ Kentucky ☐ Louisiana ☐ Maine ☐ Maryland ☐ Massachusetts ☐ Michigan ☐ Minnesota ☐ Missouri ☐ Montana ☐ Nebraska ☐ Nevada ☐ New Hampshire ☐ New Jersey ☐ New Mexico ☐ New York ☐ North Carolina ☐ North Dakota ☐ Ohio ☐ Oklahoma ☐ Oregon ☐ Pennsylvania ☐ Rhode Island ☐ South Carolina ☐ South Dakota ☐ Tennessee ☐ Texas ☐ Utah ☐ Vermont ☐ Virginia ☐ Washington ☐ West Virginia ☐ Wisconsin ☐ Wyoming

## CONCLUSION

The undersigned is not responsible for any statements not contained in publicly domain items provided by the undersigned. I agree that my liability for the charges is not waived and agree to be held personally liable for the costs for the following items, supplies or materials that I pay for my job or the care of my dog.

## CONCLUSIONS

| QTY | UNIT | DESCRIPTION  | PRICE | AMOUNT  | TAX  | TOTAL   |
|-----|------|--------------|-------|---------|------|---------|
| 100 | EA   | WIRELESS EDP | 15.00 | 1500.00 | 0.00 | 1500.00 |
| 100 | EA   | WIRELESS TPA | 15.00 | 1500.00 | 0.00 | 1500.00 |
| 100 | EA   | WIRELESS TPA | 15.00 | 1500.00 | 0.00 | 1500.00 |
| 100 | EA   | WIRELESS TPA | 15.00 | 1500.00 | 0.00 | 1500.00 |

\*\*\*

1. **NAME**  
 2. **DATE**  
 3. **TIME**  
 4. **LOCATION**  
 5. **REMARKS**  
 6. **SIGNATURE**  
 7. **DATE**  
 8. **TIME**  
 9. **LOCATION**  
 10. **REMARKS**  
 11. **SIGNATURE**  
 12. **DATE**  
 13. **TIME**  
 14. **LOCATION**  
 15. **REMARKS**  
 16. **SIGNATURE**  
 17. **DATE**  
 18. **TIME**  
 19. **LOCATION**  
 20. **REMARKS**  
 21. **SIGNATURE**  
 22. **DATE**  
 23. **TIME**  
 24. **LOCATION**  
 25. **REMARKS**  
 26. **SIGNATURE**  
 27. **DATE**  
 28. **TIME**  
 29. **LOCATION**  
 30. **REMARKS**  
 31. **SIGNATURE**  
 32. **DATE**  
 33. **TIME**  
 34. **LOCATION**  
 35. **REMARKS**  
 36. **SIGNATURE**  
 37. **DATE**  
 38. **TIME**  
 39. **LOCATION**  
 40. **REMARKS**  
 41. **SIGNATURE**  
 42. **DATE**  
 43. **TIME**  
 44. **LOCATION**  
 45. **REMARKS**  
 46. **SIGNATURE**  
 47. **DATE**  
 48. **TIME**  
 49. **LOCATION**  
 50. **REMARKS**  
 51. **SIGNATURE**  
 52. **DATE**  
 53. **TIME**  
 54. **LOCATION**  
 55. **REMARKS**  
 56. **SIGNATURE**  
 57. **DATE**  
 58. **TIME**  
 59. **LOCATION**  
 60. **REMARKS**  
 61. **SIGNATURE**  
 62. **DATE**  
 63. **TIME**  
 64. **LOCATION**  
 65. **REMARKS**  
 66. **SIGNATURE**  
 67. **DATE**  
 68. **TIME**  
 69. **LOCATION**  
 70. **REMARKS**  
 71. **SIGNATURE**  
 72. **DATE**  
 73. **TIME**  
 74. **LOCATION**  
 75. **REMARKS**  
 76. **SIGNATURE**  
 77. **DATE**  
 78. **TIME**  
 79. **LOCATION**  
 80. **REMARKS**  
 81. **SIGNATURE**  
 82. **DATE**  
 83. **TIME**  
 84. **LOCATION**  
 85. **REMARKS**  
 86. **SIGNATURE**  
 87. **DATE**  
 88. **TIME**  
 89. **LOCATION**  
 90. **REMARKS**  
 91. **SIGNATURE**  
 92. **DATE**  
 93. **TIME**  
 94. **LOCATION**  
 95. **REMARKS**  
 96. **SIGNATURE**  
 97. **DATE**  
 98. **TIME**  
 99. **LOCATION**  
 100. **REMARKS**  
 101. **SIGNATURE**  
 102. **DATE**  
 103. **TIME**  
 104. **LOCATION**  
 105. **REMARKS**  
 106. **SIGNATURE**  
 107. **DATE**  
 108. **TIME**  
 109. **LOCATION**  
 110. **REMARKS**  
 111. **SIGNATURE**  
 112. **DATE**  
 113. **TIME**  
 114. **LOCATION**  
 115. **REMARKS**  
 116. **SIGNATURE**  
 117. **DATE**  
 118. **TIME**  
 119. **LOCATION**  
 120. **REMARKS**  
 121. **SIGNATURE**  
 122. **DATE**  
 123. **TIME**  
 124. **LOCATION**  
 125. **REMARKS**  
 126. **SIGNATURE**  
 127. **DATE**  
 128. **TIME**  
 129. **LOCATION**  
 130. **REMARKS**  
 131. **SIGNATURE**  
 132. **DATE**  
 133. **TIME**  
 134. **LOCATION**  
 135. **REMARKS**  
 136. **SIGNATURE**  
 137. **DATE**  
 138. **TIME**  
 139. **LOCATION**  
 140. **REMARKS**  
 141. **SIGNATURE**  
 142. **DATE**  
 143. **TIME**  
 144. **LOCATION**  
 145. **REMARKS**  
 146. **SIGNATURE**  
 147. **DATE**  
 148. **TIME**  
 149. **LOCATION**  
 150. **REMARKS**  
 151. **SIGNATURE**  
 152. **DATE**  
 153. **TIME**  
 154. **LOCATION**  
 155. **REMARKS**  
 156. **SIGNATURE**  
 157. **DATE**  
 158. **TIME**  
 159. **LOCATION**  
 160. **REMARKS**  
 161. **SIGNATURE**  
 162. **DATE**  
 163. **TIME**  
 164. **LOCATION**  
 165. **REMARKS**  
 166. **SIGNATURE**  
 167. **DATE**  
 168. **TIME**  
 169. **LOCATION**  
 170. **REMARKS**  
 171. **SIGNATURE**  
 172. **DATE**  
 173. **TIME**  
 174. **LOCATION**  
 175. **REMARKS**  
 176. **SIGNATURE**  
 177. **DATE**  
 178. **TIME**  
 179. **LOCATION**  
 180. **REMARKS**  
 181. **SIGNATURE**  
 182. **DATE**  
 183. **TIME**  
 184. **LOCATION**  
 185. **REMARKS**  
 186. **SIGNATURE**  
 187. **DATE**  
 188. **TIME**  
 189. **LOCATION**  
 190. **REMARKS**  
 191. **SIGNATURE**  
 192. **DATE**  
 193. **TIME**  
 194. **LOCATION**  
 195. **REMARKS**  
 196. **SIGNATURE**  
 197. **DATE**  
 198. **TIME**  
 199. **LOCATION**  
 200. **REMARKS**  
 201. **SIGNATURE**  
 202. **DATE**  
 203. **TIME**  
 204. **LOCATION**  
 205. **REMARKS**  
 206. **SIGNATURE**  
 207. **DATE**  
 208. **TIME**  
 209. **LOCATION**  
 210. **REMARKS**  
 211. **SIGNATURE**  
 212. **DATE**  
 213. **TIME**  
 214. **LOCATION**  
 215. **REMARKS**  
 216. **SIGNATURE**  
 217. **DATE**  
 218. **TIME**  
 219. **LOCATION**  
 220. **REMARKS**  
 221. **SIGNATURE**  
 222. **DATE**  
 223. **TIME**  
 224. **LOCATION**  
 225. **REMARKS**  
 226. **SIGNATURE**  
 227. **DATE**  
 228. **TIME**  
 229. **LOCATION**  
 230. **REMARKS**  
 231. **SIGNATURE**  
 232. **DATE**  
 233. **TIME**  
 234. **LOCATION**  
 235. **REMARKS**  
 236. **SIGNATURE**  
 237. **DATE**  
 238. **TIME**  
 239. **LOCATION**  
 240. **REMARKS**  
 241. **SIGNATURE**  
 242. **DATE**  
 243. **TIME**  
 244. **LOCATION**  
 245. **REMARKS**  
 246. **SIGNATURE**  
 247. **DATE**  
 248. **TIME**  
 249. **LOCATION**  
 250. **REMARKS**  
 251. **SIGNATURE**  
 252. **DATE**  
 253. **TIME**  
 2

|                          |                            |
|--------------------------|----------------------------|
| DATE OF CHANGE<br>1-2-77 | POLICE CHECK NO.<br>1-2-77 |
| AUTHORIZATION<br>1-2-77  | 1-2-77                     |
| FOREIGNER'S SERVICES     |                            |
| TOTAL AMOUNT             |                            |

**3719 6637**

COMMODITY NO. 825-125

FORM 825-405-111  
TOLLS  
Aug-98

FLORIDA DEPARTMENT OF TRANSPORTATION

TOLL RECEIPT  
JUPITER TOLL PLAZA

| MILEPOST | INTERCHANGE     | TOLLS |       |       |       |       |
|----------|-----------------|-------|-------|-------|-------|-------|
|          |                 | 2     | 3     | 4     | 5     | 6     |
| 226      | THREE LAKES     | 3.75  | 12.00 | 17.00 | 21.75 | 26.10 |
| 192      | YEEHAW JUNCTION | 4.00  | 8.00  | 8.25  | 11.50 | 12.00 |
| 182      | PORT PIERCE     | 2.25  | 3.50  | 4.00  | 5.50  | 6.00  |
| 142      | PORT ST. LUCIE  | 1.00  | 2.40  | 3.25  | 4.50  | 5.00  |
| 122      | STUART          | 1.10  | 1.65  | 2.20  | 2.75  | 3.20  |
| 116      | JUPITER         |       |       |       |       |       |
| 109      | PALM BEACH RIMS | 5.00  | 6.00  | 6.50  | 1.00  | 1.20  |
| 99       | TK PALM BEACH   | 5.00  | 1.50  | 1.00  | 2.25  | 2.70  |
| 92       | LAKE WORTH      | 1.50  | 1.50  | 2.00  | 3.25  | 3.50  |
| 88       | LANTANA         | 2.20  | 2.20  | 4.00  | 5.50  | 6.50  |

DATE

APR 30 1999

COMMODITY NO. 825-171

FORM 825-405-111  
TOLLS  
Aug-98

FLORIDA DEPARTMENT OF TRANSPORTATION

TOLL RECEIPT  
THREE LAKES TOLL PLAZA

| MILEPOST | INTERCHANGE     | TOLLS |       |       |       |       |
|----------|-----------------|-------|-------|-------|-------|-------|
|          |                 | 2     | 3     | 4     | 5     | 6     |
| 226      | THREE LAKES     |       |       |       |       |       |
| 192      | YEEHAW JUNCTION | 4.10  | 6.15  | 8.20  | 12.25 | 12.30 |
| 182      | PORT PIERCE     | 6.00  | 9.75  | 13.00 | 15.25 | 19.00 |
| 142      | PORT ST. LUCIE  | 7.10  | 10.55 | 14.20 | 17.75 | 21.20 |
| 122      | STUART          | 7.50  | 11.40 | 15.20 | 19.00 | 22.50 |
| 116      | JUPITER         | 8.70  | 12.50 | 17.40 | 21.75 | 26.10 |
| 109      | PALM BEACH RIMS | 9.10  | 12.65 | 18.20 | 22.75 | 27.30 |
| 99       | TK PALM BEACH   | 8.60  | 14.40 | 19.20 | 24.00 | 28.40 |
| 92       | LAKE WORTH      | 10.00 | 15.00 | 20.00 | 25.00 | 30.00 |
| 88       | LANTANA         | 10.00 | 15.35 | 21.00 | 27.25 | 32.70 |

DATE

4/29/99

COLLECTOR

3713 B538

LET YOU  
TEL# 4078571980  
Apr-29'99(Tue)12:03

IT #259 EAT IN

|                  |       |
|------------------|-------|
| LED CHICKEN MEAL | 3.10  |
| FE               | 1.19  |
| TAL              | 4.29  |
| TAX              | 0.26  |
|                  | <hr/> |
|                  | 4.55  |
| EMERGED          | 10.00 |
|                  | 5.44  |

**WALMART**

```

      000001372 YES 55 TR# 04037
LAB PROCESS          067874222594    11.22 J
LAB PROCESS          067874222594    12.24 J
LAB PROCESS          067874222594    12.75 J
LAB PROCESS          067874222594    19.38 J
                        SUBTOTAL        55.59
JSMN FILM           004177175389     7.44 J
                        SUBTOTAL       63.03
TAX @ 6.00% Z              3.78
                        TOTAL          66.81
HCARD TEND             66.81

```

EXHIBIT \$25.76  
 TIP \$ 00  
 TOTAL \$31.76  
 [REDACTED]

**DATE OF PAY PERIOD TOTAL NO.**

ACCOUNT APPROVAL TRANS ID VALIDATION PAYMENT SERVICE - M CHANGE DUE 0:00

TC# 2546 1693 5846 1520 6745  
WAL-MART GIFT CARD, THE PERFECT CHOICE  
05/01/99 12:21:14  
\*\*\*CUSTOMER COPY\*\*\*

PARCEL SHIPPING ORDER  
No. 36441448

|                |                        |                                                          |                                                          |                                                          |                                                          |
|----------------|------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| STREET         | 16900 Enderbury Rd     | REPAIRABLE                                               | REPLACEABLE                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CITY/STATE/ZIP | DEARBORN MI 48124-4707 | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME           | JOE NEME               | SEE US BELOW                                             | SEE BACK                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME           | JOE NEME               | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| STREET         | MAN DEAR 1144 1144     | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CITY/STATE/ZIP | 3000 ROTONDA 01 01     | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME           | DEARBORN MI 48124      | SEE US BELOW                                             | SEE BACK                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME           | JOE NEME               | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| STREET         | 348 52E 01 1014 342 2  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CITY/STATE/ZIP | DEARBORN MI 48124      | SEE US BELOW                                             | SEE BACK                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

APR 12 249 52H 01 1014 234 Z

2. Wie sieht eine gute Führung aus?

3. Subject to the  
you and your firm  
history of the firm  
the position of the  
person, we will  
that will have no  
your desired high  
standards and you  
starting to those  
superiority in the  
business world. In

4. This is properly an above market value sale for purposes of Section 1015(b)(1)(B)(i).

[illegible]

which likely differs on different dates  
from all different by Center is a measure  
and is my concern. We are not likely to  
find, and our loss or distance relative

A second complete assessment (between the questionnaire, 10 days before and 1 day after) was conducted by the authors.

United Nations of the same time  
to and from the University in the  
to the University

\_\_\_\_\_

|                          |          |
|--------------------------|----------|
| GRAND TOTAL              | \$       |
|                          |          |
|                          |          |
| TAX                      |          |
|                          | \$ 35.07 |
| Thank You                |          |
| CREDITED @               |          |
| REMAIN CHECKED DETAIL IN |          |

**CUSTOMER CENTER**

© 1997 MAA, INCORPORATED ETC.® (1997 Ed. Pgs.1897) (FORM #0001-000)

3713 5529

# MESSAGE CONFIRMATION

MAY-04 14:18 TUE

FAX NUMBER : 561-575-5699

NAME : MAIL BOXES ETC.

FAX NUMBER : 12986424538

PAGE : 01

ELAPSED TIME : 00'36"

MODE : 63 STD

## MAIL BOXES ETC. PARCEL SHIPPING ORDER Form 907

|                                                               |  |                                                       |  |
|---------------------------------------------------------------|--|-------------------------------------------------------|--|
| <b>PRINTED NAME</b><br><b>STREET</b><br><b>CITY/STATE/ZIP</b> |  | <b>ZIP CODE</b><br><b>NO. 31912318</b>                |  |
| <b>NAME</b><br><b>STREET</b><br><b>CITY/STATE/ZIP</b>         |  | <b>NAME</b><br><b>STREET</b><br><b>CITY/STATE/ZIP</b> |  |
| <b>NAME</b><br><b>STREET</b><br><b>CITY/STATE/ZIP</b>         |  | <b>NAME</b><br><b>STREET</b><br><b>CITY/STATE/ZIP</b> |  |

1. The Carrier for parcels accepted by this Mail Box Etc. Order ("us" or "we") shall be (USPS unless otherwise noted (Other: )) Parcel Accepted from Customer ("you") are subject to payment for shipment by the Carrier.

2. We do not accept hazardous materials, illegal items or articles of personal value, for shipment.

3. Subject to the terms and conditions herein, we will receive and forward parcels for you, and your true name and address appear above. We assume no liability for the delivery of the parcels accepted for shipment and for loss or damage by any means to the parcels in this container while in transit. In the event of loss or damage to any parcel, we will advise you by filing and processing of claims only. You hereby agree that we have no liability if any claim is denied or paid only to you for the benefit of any other designated value provided. Parcels packaged by you for shipping to the following destinations of Alaska, Canada, and Mexico are not accepted by us. We assume no responsibility or liability for damage to a parcel packaged by you any such parcels that have been certified by you may be covered only by Fed. ex. damage.

4. We expressly acknowledge that the value of each of the parcels do not exceed the above stated amount declared by you and understand that covered value represents the actual value of the parcels and not the declared value. If it is determined that the actual value of the parcels is less than the declared value, you agree to the terms and conditions on the back of this Parcel Shipping Order. If no amount is specified in the statement value column, above, you acknowledge that the value of the parcel shall not exceed \$100.

5. We are not liable for the failure of the Carrier to properly collect or remit funds to CCC Parcel. If Parcel(s) shown to be accepted for CCC by the Carrier, it will be at your risk unless "Cash Only" is noted on CCC tag. We acknowledge that you have read and understand the instructions on the CCC tag.

6. We are not liable for Carrier's failure to make timely delivery on delivery date specified. Any statement by us as to probable date of delivery by Carrier is a statement of opinion and estimate only, and is not binding in any manner. We are not liable for any overpayment, underpayment, or partial payment, and any loss or damage resulting from delay in shipping or delivery.

7. This Parcel Shipping Order constitutes the full and complete agreement between you and us. Any statement of price/insurance/representation, other written or oral, is hereby voided and rejected. Such coverage is provided by the applicable declared value limits and conditions.

8. Mail Carriers are not used or operated by Mail Boxes Etc. Inc. (the "Franchisor"). The Franchisor and agent the Franchisor is not responsible or liable for any acts or omissions of the carrier(s).

I hereby read and agree to the foregoing terms and conditions and

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

TAX \$17.50

Thank You

EMPLOYER'S SIGNATURE

CUSTOMER COPY

© 1995 MAIL BOXES ETC. (1987 Ed., Form 907) (FORM 9070100)

3713 5840

Foreen -  
pls get the info you need  
and forward memo to Lynn.  
-Lily

**ENGINEERING ANALYSIS ASSOCIATES, INC.**

30700 Telegraph Road, Suite 4500

Bingham Farms, Michigan 48025-4525

Tel: (248) 642-9232

Fax: (248) 642-4558

**INVOICE**

|                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>TO:</b><br><br>Ms. Martha Thomas<br>Ford Motor Company<br>Mail Drop #3NE-A<br>16800 Executive Plaza Dr.<br>Dearborn, MI 48126-4207<br><br>Supplier No. K6PRA | <b>INVOICE NO.</b> |
|                                                                                                                                                                 | F002A5             |
|                                                                                                                                                                 | <b>DATE</b>        |
|                                                                                                                                                                 | 05-31-99           |
|                                                                                                                                                                 | <b>DUE DATE</b>    |
|                                                                                                                                                                 | 06-30-99           |

RE: Purchase Order No: F02 P099 857191  
Requisition No.: RQ99020R01  
Bill To Location: 1718  
Ship To Location: Box 43358  
Period: 05/31/99

LINE NO. 001,  
ITEM NO. PLANT PART NO.-MISC. 900104  
Service Associate time to conduct  
special underhood vehicle inspections  
at the request of Litigation Prevention.  
Rate of \$43.00 per hour.

Hours                      Total

60.75                      2,612.25

This invoice is for 4 inspections: Burnett - Cases 46 & 55N  
Orville - Cases 53N & 58N  
Seckel - Phone charges

**TOTAL PROFESSIONAL SERVICES**                      60.75                      \$2,612.25

**ADDITIONAL CHARGES:**

Service Associate expenses (see attached detail)                      1,505.80

EAA misc. office expense (fax, phone, postage, etc.)                      82.82

**TOTAL EXPENSES**                      \$1,588.62

**TOTAL AMOUNT OF THIS INVOICE.....PLEASE PAY**                      \$4,200.87

Federal ID# 38-2750534

FORM 95-513

Lud

EF

3713 5542



**F002A5 Invoice Worksheet****Invoice Period: 5/31/99****Ford Litigation Prevention Inspections**

| <b>Rec'd<br/>Date</b> | <b>SA<br/>Name</b> | <b>Begin<br/>Date</b> | <b>FEES</b>  |              | <b>EXPENSES</b> |              |                  |              |              |
|-----------------------|--------------------|-----------------------|--------------|--------------|-----------------|--------------|------------------|--------------|--------------|
|                       |                    |                       | <b>Hours</b> | <b>Total</b> | <b>Mileage</b>  | <b>Meals</b> | <b>Phone/Fax</b> | <b>Misc.</b> | <b>Total</b> |
| 5/19/99               | Burnett, D.        | 5/10/99               | 15.5         | \$885.50     | \$106.84        | \$25.00      | \$17.71          | \$152.38     | \$301.94     |
| 5/19/99               | Burnett, D.        | 5/12/99               | 15.25        | \$855.75     | \$120.12        | \$25.50      | \$0.00           | \$154.10     | \$300.72     |
| 5/24/99               | Sectel, H.         | 4/23/99               | 0            | \$0.00       | \$0.00          | \$0.00       | \$17.80          | \$0.00       | \$17.80      |
| 5/25/99               | Mullins, O.        | 5/17/99               | 10           | \$430.00     | \$130.78        | \$8.00       | \$0.00           | \$53.39      | \$200.16     |
| 5/25/99               | Mullins, O.        | 5/23/99               | 20           | \$880.00     | \$60.41         | \$32.00      | \$0.00           | \$829.78     | \$822.19     |

**Total Hours: 60.75****Total Professional Fees (\$43.00/hr.): \$2,612.25****Service Associate Expenses: \$1,506.80****EAA Misc. Office Expense (fax, phone, postage, etc.) \$82.82****Total Invoice: \$4,200.87**

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

3-11  
REC

|     |                                    |         |        |                                 |               |
|-----|------------------------------------|---------|--------|---------------------------------|---------------|
| EAA | ASSOCIATE: David Burnett           | ID# 254 | CLIENT | ZONE/REGION: FLORIDA            | DATE: 5/15/99 |
|     | PROJECT NAME: Ford Under Hood Loop |         |        | CASE/FILE NO: 46N-73 UNNUMBERED |               |
|     | PROJECT NO. + EXT: F002A           |         |        | OWNER: STATE FARM(S)            |               |

|                                                                                    |                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY                                                                           | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|                                                                                    | EXPLANATION: RECEIVED CASE 46N FOR UNDER HOOD INSPECTION IN JACKSONVILLE, FL. -                                                                                                                                                                                          |
|                                                                                    | A STATE FARM CASE JOINED BY ALAN CONNER, ACKNOWLEDGED DATE & LOCATION (SABOTAGE)                                                                                                                                                                                         |
|                                                                                    | BUT A. CONNER DID NOT KNOW CASE 46N - HIS DESIGNATION CAR WAS A 92 LINCOLN                                                                                                                                                                                               |
|                                                                                    | TOWN CAR V.I.N. 6Z9643, MAJOR FIRE DAMAGE JOINED BY SPECIAL                                                                                                                                                                                                              |
|                                                                                    | INVESTIGATOR M. BRENNAN - MARIETTA, GA. NO PART REMAINS - TWO OTHER                                                                                                                                                                                                      |
| IN SABOTAGE CASE - NONO/F - PHOTOGRAPHS ALL - WROTE THREE REPORTS - MAILED 5/15/99 |                                                                                                                                                                                                                                                                          |
| LAST VEHICLE WAS A 95 PONTIAC                                                      |                                                                                                                                                                                                                                                                          |

|                |                    |              |              |          |  |          |                                         |
|----------------|--------------------|--------------|--------------|----------|--|----------|-----------------------------------------|
| HOURS          | DAY & DATE → 1999  | Mon 5-10     | Tue 5-11     | Sat 5-15 |  |          | YOUR AVAILABILITY                       |
|                | TRAVEL FROM (City) | JUPITER      | JACKSONVILLE | JUPITER  |  |          | <input type="checkbox"/> GREEN          |
|                | TO                 | JACKSONVILLE | JUPITER      |          |  |          | <input type="checkbox"/> YELLOW         |
|                | TO                 | VIAG, FL     |              |          |  |          | <input checked="" type="checkbox"/> RED |
| EXPENSES       | TO                 |              |              |          |  |          | TOTALS                                  |
|                | TRAVEL HOURS       | 4.75         | 4.25         | .5       |  |          | 9.5                                     |
|                | TOTAL HOURS        | 4.75         | 7.25         | 3.5      |  |          | 15.5                                    |
|                | AUTO MILES         | 321          | 270          | 5        |  |          | 596                                     |
|                | MILEAGE \$ 0.28    | \$98.88      | \$75.60      | \$1.40   |  |          | \$166.88                                |
|                | FUEL               |              |              |          |  |          |                                         |
|                | RENTAL CAR         |              |              |          |  |          |                                         |
|                | AIR FARE           |              |              |          |  |          |                                         |
|                | LODGING            | \$67.50      |              |          |  |          | \$67.50                                 |
|                | MEALS              | \$20.00      | \$5.00       |          |  |          | \$25.00                                 |
|                | AIR BAG/ABS TEST   |              |              |          |  |          |                                         |
|                | PHONE & FAX        |              | \$17.71      |          |  |          | \$17.71                                 |
|                | FILM & DEVELOPING  |              |              | \$47.93  |  |          | \$47.93                                 |
| POSTAGE        |                    |              | \$35.00      |          |  | \$35.00  |                                         |
| OTHER* YIELD X |                    |              | \$1.92       |          |  | \$1.92   |                                         |
| TOTAL EXPENSES | \$172.38           | \$98.31      | \$86.25      |          |  | \$361.94 |                                         |

\*DETAILS:

MAY 10 1999

# Hampton Inn.

JACKSONVILLE / ORANGE PARK  
8135 Youngerman Circle  
Jacksonville, FL 32244  
904-777-6313  
Fax 904-778-1546

Name: [REDACTED]

Room: 209/1-15L  
Check-In: 05/10/99 10:15 AM  
Check-Out: 05/11/99  
Adults/Child: 1/0  
Room Rate: \$60.00

Room Type:

FL 32 33458

05/10/99

CONFIRMATION NUMBER: 5548578

We warrant to not be responsible for any damages not covered by policy deposit held provided in the form of the guest's agreement and signed to be personally liable for all charges incurred at the hotel.

SIGNATURE

I warrant to not be responsible for any damages not covered by policy deposit held provided in the form of the guest's agreement and signed to be personally liable for all charges incurred at the hotel.

EXPRESS CHECK

05/11/99 PAGE 1

| DATE     | ROOM  | DESCRIPTION               | RATE  |
|----------|-------|---------------------------|-------|
| 05/10/99 | 37101 | MOVIE                     | 7.47  |
| 05/10/99 | 37153 | GUEST ROOM SINGLE         | 50.00 |
| 05/10/99 | 37158 | STATE TAX                 | 3.24  |
| 05/10/99 | 37153 | COUNTY TAX                | 1.30  |
| 05/11/99 | 37322 | TELEPHONE-LD (INTERSTATE) | 2.42  |
| 05/11/99 | 37333 | TELEPHONE-LD (INTERSTATE) | 1.33  |
| 05/11/99 | 37335 | TELEPHONE-LD (INTERSTATE) | 1.33  |
| 05/11/99 | 37342 | MG 5437030701216562 05/99 | 17.76 |
|          |       |                           | 39.18 |
|          |       |                           | 2.00  |



60.00  
3.96  
3.24  
17.76  
85.96

ACCT. NO. MC 5437030701216562 05/99

CARD MEMBER NAME GURNETT, DAVID G

ESTABLISHMENT NO. & LOCATION

CARD [REDACTED]

DATE OF CHARGE 05/10/99

POLY. NO. / CHECK NO.

AUTHORIZATION

YARD

TYP & UNIC.

TOTAL AMOUNT

3713 5545

|                                                               |                |                                     |                       |                            |
|---------------------------------------------------------------|----------------|-------------------------------------|-----------------------|----------------------------|
| <b>ENTERTAINMENT EXPENSE</b>                                  |                | TYPE _____                          | DATE _____            | TOTAL NO. OF PERSONS _____ |
| HOSTS _____                                                   |                | BUSINESS _____                      |                       | OTHER _____                |
|                                                               | NAME AND TITLE | COMPANY                             | BUSINESS RELATIONSHIP |                            |
| 1                                                             | _____          | _____                               | _____                 |                            |
| 2                                                             | _____          | _____                               | _____                 |                            |
| 3                                                             | _____          | _____                               | _____                 |                            |
| 4                                                             | _____          | _____                               | _____                 |                            |
| BUSINESS REASON _____                                         |                | NATURE OF BUSINESS DISCUSSION _____ |                       |                            |
| IF DISCUSSION IS BEFORE OR AFTER, STATE DATE & DURATION _____ |                |                                     |                       |                            |
| <b>TRAVELING EXPENSE</b>                                      |                | TYPE _____                          | DATE _____            | TOTAL NO. OF PERSONS _____ |
| BUSINESS TRAVELER INC. SELF _____                             |                |                                     |                       | OTHER _____                |
| BUSINESS PURPOSE OF THIS PORTION OF TRIP _____                |                |                                     |                       |                            |
| <b>ALLOCATION</b>                                             |                | BUSINESS _____                      | PERSONAL _____        | REIMBURSED _____           |

ALWAYS OBTAIN ITEMIZED BILL FOR LOOKING IF MORE THAN ONE EXPENDITURE IS INCLUDED

## PARCEL SHIPPING ORDER

**Page 100**

11.

**Index:**

**JOSEPH E.**

No. **31912365**

[illegible]

111 112

© 1996 MAIL BOXES ETC. (1997 Int. Reg. 1997) (PCPNL 00001900)

# WAL-MART

**WE GET FOR LESS**

**MANAGER CHARLIE CONNER**

( 361 ) 746 - 6422

514 2176 0P4 00000850 IE# 65 TR# 05778

LAB PROCESS 00767422594 15.25.J

|            |             |         |
|------------|-------------|---------|
| LAD PRCEES | 00787422594 | 12.75 J |
| LAD PRCEES | 00787422594 | 12.75 J |

LAB PROCEBS 007874222594  
LAB PROCEBS 007874277594

LAB PROCESS 007874223594  
ADJ ADJUST 007874223594  
F.98 J 6.98 J

|            |       |
|------------|-------|
| RENTAL AND | 12.24 |
| SUBTOTAL   | 45.21 |

|          |         |       |
|----------|---------|-------|
| Tax 1    | 6,000 £ | 43.21 |
| SUBTOTAL |         | 2.32  |

FAX 1 6.000 2

HEARD - TEND  
FBI  
JUN 27 1967

1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

10

**ROADS TO  
STREET**

JOINTS IN ENEMY  
PAYMENT SERVICE - 4

00'0 THE BUREAU

TE# 3448 5161 7200 5615 2817

ESTABLISHED 1913  
WASH. STATE COLLEGE  
10.18.13

71-01-38  
201-21-1228

635061-1973年

**3713 5547**

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|     |                                    |         |        |                                |
|-----|------------------------------------|---------|--------|--------------------------------|
| EAA | ASSOCIATE: David Burnett           | ID# 254 | CLIENT | ZONE/REGION: FORD/OP           |
|     | PROJECT NAME: UNDERHOOD Insp. Ford |         |        | CASE/FILE NO: 54N-55N          |
|     | PROJECT NO. + EXT: F002A           |         |        | OWNER: 54N-WALTHAM, STU-WATERS |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input checked="" type="checkbox"/> OTHER UNDERHOOD Insp                                                                                                                                     |
|          | EXPLANATION: RECEIVED BY FAX TWO FORD UNDERHOOD INSPECTION CASES IN VEHICLE, FL & FT MYERS, CALLED PAUL BOULDER TO SETUP VEHICLE (54N) INSPECTION AND DAVID WATERS (55N) IN FT MYERS, DROVE PRIOR AFTERNOON TO PORT CHARLOTTE. MET DAN PAUL WATERS - INSPECT BURNED CAR & BURNED MOOSE. DROVE TO FT MYERS TO INSPECT WATERS CAR. DROVE BACK TO JUPITER. DETENT REPORTS - TYPE - BAY PARTS FROM VEHICLE CAR - PRIORITY SHIP-ALL 5-17-99 |

|                      |                    |                          |          |          |          |          |                                                                                                   |
|----------------------|--------------------|--------------------------|----------|----------|----------|----------|---------------------------------------------------------------------------------------------------|
| HOURS                | DAY & DATE → 1999  | WED 5-12                 | THU 5-13 | FRI 5-14 | SAT 5-15 | SUN 5-17 | YOUR AVAILABILITY                                                                                 |
|                      | TRAVEL FROM (CITY) | JUPITER                  | PORT C   |          | JUPITER  | JUPITER  | <input type="checkbox"/> GREEN<br><input type="checkbox"/> YELLOW<br><input type="checkbox"/> RED |
|                      | TO                 | PORT CHARLOTTE - VEHICLE |          |          |          |          |                                                                                                   |
|                      | TO                 | FL                       | FL       |          |          |          |                                                                                                   |
| EXPENSES             | TO                 |                          |          |          |          |          | TOTALS                                                                                            |
|                      | TRAVEL HOURS       | 3.75                     | 4.5      |          | .5       | .5       | ✓ 9.25                                                                                            |
|                      | TOTAL HOURS        | 3.75                     | 7.5      |          | 3.5      | .5       | ✓ 15.25                                                                                           |
|                      | AUTO MILES         | 173                      | 248      |          | 5        | 3        | 429                                                                                               |
|                      | MILEAGE \$ 0.29    | 48.44 ✓                  | 69.44 ✓  |          | 1.40 ✓   | 1.94 ✓   | 120.12                                                                                            |
|                      | FUEL               |                          |          |          |          |          |                                                                                                   |
|                      | RENTAL CAR         |                          |          |          |          |          |                                                                                                   |
|                      | AIR FARE           |                          |          |          |          |          |                                                                                                   |
|                      | LODGING            | 62.70 ✓                  |          |          |          |          |                                                                                                   |
|                      | MEALS              | 19.50                    | 11.00    |          |          |          | 29.50                                                                                             |
|                      | AIR BAG/ABS TEST   |                          |          |          |          |          |                                                                                                   |
|                      | PHONE & FAX 12204  |                          |          |          | 1.42     |          | 1.42                                                                                              |
| FILM & DEVELOPING    |                    |                          |          | 30.95 ✓  | 7.64     | 38.57    |                                                                                                   |
| POSTAGE PRIORITY OPS |                    |                          |          |          | 39.60    | 39.60    |                                                                                                   |
| OTHER* PARTS OPS     |                    |                          |          |          | 11.31    | 11.31    |                                                                                                   |
| TOTAL EXPENSES       | 129.64             | 80.44                    | 0        | 34.20    | 59.44    | ✓ 303.72 |                                                                                                   |

DETAILS: \* SENT A CR-SET PRINTS/REP TO JESSIE HOLLINGSWORTH (55N WATERS) FORD GENERAL COUNCIL, AK FOR EAA REQUEST - 1 SET PRINTS & REP CASE/FILE 1. COUNCIL TO F. ANGELO.

David Burnett 5-19-99

**WAL-MART**

WE SELL FOR LESS  
MANAGER CHARLIE BONNER  
(561) 743-4422  
ST# 2176 DP# 00001430 TEF AS TR# 05556  
LAB PROCESS 007874223594 12.75 J  
LAB PROCESS 007874223594 12.75 J  
SUBTOTAL 25.13  
TAX 1 6.000 Z 1.71  
TOTAL 30.88  
CARD TEND 30.88

STRAW (CA)

TRANS ID -  
VALIDATION -  
PAYMENT SERVICE - N  
CHANGE DUE 0.00

ICA 0098 5869 7000 51.9 2617  
STAR WARS HITS WAL-MART BEFORE NO. 122  
05/16/99 10:39:59

\*\*\*CUSTOMER COPY\*\*\*

540  
-552  
4503

**WAL-MART**

WE SELL FOR LESS  
MANAGER CHARLIE BONNER  
(561) 743-4422  
ST# 2176 DP# 00001430 TEF AS TR# 05556  
LAB PROCESS 007874223594 12.75 J  
LAB PROCESS 007874223594 12.75 J  
SUBTOTAL 25.13  
TAX 1 6.000 Z 1.71  
TOTAL 30.88  
CARD TEND 30.88

TRANS ID -  
VALIDATION -  
PAYMENT SERVICE - N  
CHANGE DUE 0.00

TL# 2487 3483 9422 3101 4759  
STAR WARS HITS WAL-MART BEFORE NO. 122  
05/13/99 14:33:14

\*\*\*CUSTOMER COPY\*\*\*

DAYS INN PORT CHARLOTTE  
1941 TAMiami TRAIL  
PORT CHARLOTTE FL 33948  
941-627-8900 FAX 941-743-8503

Jupiter, FL

Statement Date: 05/13/99  
Guest #: 51558  
Room #: 238

**STATEMENT of CHARGES**

Page: 1

| Date         | Description         | Amount                | Balance |
|--------------|---------------------|-----------------------|---------|
| 05/12/99     | Nightly Room Charge | 05/12/99 Rm:238 57.00 | 57.00   |
| 05/12/99     | State Sales Tax     | 05/12/99 Rm:238 3.99  | 60.99   |
| 05/12/99     | Local Tax           | 05/12/99 Rm:238 1.71  | 62.70   |
| Balance Due: |                     |                       | 62.70   |

3713 5549

## REFERENCES

**PARCELS SHIPPING ORDER** Form 1000

No. **31912315**

[illegible]

**CUSTOMER COPY**

© 1996 MAIL BOXES ETC.® (1997 Ed., Rev. 10/97) FORM 4220105

**3713 5550**



2864

MAIL BOXES  
ETC.  
STOR 240

05-17-99 12:18 B6  
CLERK 1 DND

SHIP CHARGES \$13.20  
SHIP CHARGES \$13.20  
SHIP CHARGES \$13.20  
CREDIT CARD \$39.60

| 5437 0217 0191 5562                                                                                                 |       | 5114003                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |          |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------|-------------|-----------|--------|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Do not write above this line<br>05/17/99 K<br>DAVID C BURNETT<br>MAIL BOX ETC<br>LFT. TP FL<br>4094849669<br>051799 |       | 5/17 453658<br>Department<br><table border="1"> <thead> <tr> <th>Quantity</th> <th>Class</th> <th>Description</th> <th>Unit Cost</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>UPS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |           | Quantity | Class | Description | Unit Cost | Amount |  |  | UPS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Quantity                                                                                                            | Class | Description                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unit Cost | Amount   |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |       | UPS                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |          |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cardmember Signature<br>X [Signature]                                                                               |       | The Card Issuer is authorized to pay the amount indicated on this card upon proper presentation. I acknowledge receipt of goods and services to the amount shown. I affirm my obligations under the Cardmember Agreement.<br>Subject<br>Sales Tax<br>39.60                                                                                                                                                                                            |           |          |       |             |           |        |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Sales Slip

Cardmember Copy

2864

3713 5551

**31912316**

542

65

**VIEW**

511



43 406 521 03 1057 374 7

05 1057 364 1

We are not liable for the failure of the Carrier to properly collect or redistribute for DCCC funds. If Haskins's work is accepted for DCCC by the Carrier, it will be at your risk. Any work that is not accepted for DCCC may, nevertheless, find you have read and enjoyed the book.

[illegible]

1. The Street Vendors' Union (SVU) has a 50-year history of representing business vendors in the District of Columbia. The SVU is a non-profit organization that has been successful in advocating for the interests of street vendors in the District. The SVU has been instrumental in the development of the District's Street Vending Ordinance, which provides a legal framework for street vending in the District. The SVU has also been successful in securing the rights of street vendors to use public space for their businesses. The SVU has been a vocal advocate for the rights of street vendors and has been successful in securing the rights of street vendors to use public space for their businesses. The SVU has been a vocal advocate for the rights of street vendors and has been successful in securing the rights of street vendors to use public space for their businesses.

1. NAME Company and address and complete telephone number of the person to whom the report should be made

12

**\*1813**

\_\_\_\_\_

**© 1986 LAMAR BROTHERS LTD. PRINTED IN U.S.A. BY LAMAR BROTHERS LTD.**

## MAIL BOXES

[illegible]

2633

62-17-99 12-29

SMILES: CH2=CH2 511.12

SHIP CAPTAIN 16.42

**Case 15-13757**

1613. 13

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|     |                                   |         |        |                               |
|-----|-----------------------------------|---------|--------|-------------------------------|
| EAA | ASSOCIATE: Heinz Seckel           | ID# 118 | CLIENT | ZONE/REGION: ORLANDO          |
|     | PROJECT NAME: UNDER HOOD FAE INSP |         |        | CASE/FILE NO:                 |
|     | PROJECT NO. + EXT: F002A # 49     |         |        | OWNER: BROWARD SHERIFF'S DEP. |

|          |                                                                                                                                                                                                                                                                                |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER _____ |
|          | EXPLANATION:                                                                                                                                                                                                                                                                   |
|          |                                                                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                |

|                |                         |          |          |  |  |       |                                 |
|----------------|-------------------------|----------|----------|--|--|-------|---------------------------------|
| HOURS          | DAY & DATE →            | 04-23-99 | 04-27-99 |  |  |       | YOUR AVAILABILITY               |
|                | TRAVEL FROM (City)      |          |          |  |  |       | <input type="checkbox"/> GREEN  |
|                | TO                      |          |          |  |  |       | <input type="checkbox"/> YELLOW |
|                | TO                      |          |          |  |  |       | <input type="checkbox"/> RED    |
|                | TO                      |          |          |  |  |       | TOTALS                          |
|                | TRAVEL HOURS            |          |          |  |  |       |                                 |
|                | TOTAL HOURS             |          |          |  |  |       |                                 |
| EXPENSES       | AUTO MILES              |          |          |  |  |       |                                 |
|                | MILEAGE \$              |          |          |  |  |       |                                 |
|                | FUEL                    |          |          |  |  |       |                                 |
|                | RENTAL CAR              |          |          |  |  |       |                                 |
|                | AIR FARE                |          |          |  |  |       |                                 |
|                | LODGING                 |          |          |  |  |       |                                 |
|                | MEALS                   |          |          |  |  |       |                                 |
|                | AIR BAG/ABS TEST        |          |          |  |  |       |                                 |
|                | PHONE & <del>MAIL</del> | 17.80    |          |  |  |       | ✓ 17.80                         |
|                | FILM & DEVELOPING       |          |          |  |  |       |                                 |
|                | POSTAGE                 |          |          |  |  |       |                                 |
|                | OTHER*                  |          |          |  |  |       |                                 |
| TOTAL EXPENSES | 17.80                   |          |          |  |  | 17.80 |                                 |

\*DETAILS: \_\_\_\_\_

MAY 21 1999



Bill Period Date: May 8, 1999

For AT&amp;T Billing Questions, Call 1 800 322-4300 24 Hours a Day - 7 Days a Week

**Detailed Statement of Charges**

AT&amp;T Invoice Charges For Period Ending MAY 01, 1999

**Itemized Calls****Amount****Direct Dialed Calls**

| Date                            | Place Called | Number Called   | Rate* | Time    | Min. |       |
|---------------------------------|--------------|-----------------|-------|---------|------|-------|
| 1. 04/03                        | LAWRENCEVL   | NJ 609 895-0923 | N *   | 9:17AM  | 39   | 7.00  |
| 2. 04/07                        | BALTIMORE    | MD 410 426-3988 | E *   | 8:04PM  | 14   | 2.82  |
| 3. 04/07                        | LEECSBURG    | FL 352 315-1638 | E *   | 8:22PM  | 7    | 1.19  |
| 4. 04/10                        | FAIRFAX      | VA 703 273-2302 | N *   | 8:16AM  | 1    | .20   |
| 5. 04/10                        | PHILA        | PA 215 573-9509 | N *   | 11:29AM | 4    | .80   |
| 6. 04/10                        | PHILA        | PA 215 969-4535 | N *   | 11:33AM | 1    | .20   |
| 7. 04/13                        | PHILA        | PA 215 969-4535 | D *   | 4:18PM  | 1    | .33   |
| 8. 04/17                        | LAWRENCEVL   | NJ 609 895-0923 | N *   | 9:08AM  | 44   | 8.80  |
| 9. 04/24                        | FAIRFAX      | VA 703 273-2302 | N *   | 8:08AM  | 14   | 2.80  |
| 10. 04/24                       | LAWRENCEVL   | NJ 609 895-0923 | N *   | 9:10AM  | 20   | 4.00  |
| 11. 04/25                       | LAGUNA HLS   | CA 949 588-8787 | N *   | 8:21PM  | 2    | .60   |
| 12. 04/25                       | CALGARY      | AB 403 270-1850 | N     | 8:24PM  | 24   | 15.60 |
| Total Direct Dialed Calls ..... |              |                 |       |         |      | 19.60 |

| Date                           | Called From  | Called To     | Rate* | Time   | Min. |      |
|--------------------------------|--------------|---------------|-------|--------|------|------|
| 13. 04/26                      | 954 779-2062 | 248 642-3232  | D     | 9:29AM | 12   | 6.00 |
| FTLAUDERDL FL                  |              | BIRMINGHAM MI |       |        |      |      |
| Calling Card 4312 Subtotal     |              | 6.99          |       |        |      |      |
| Total Calling Card Calls ..... |              |               |       |        |      | 6.99 |

Total Itemized Calls ..... 22.59

\* Calls Eligible for AT&T True Reach (RM)  
Savings.  
Charges are not included in Subtotal.

\* Rate Applied - See Back of First Page  
AV E047844

(continued)

6.99

Bill Period Dates: May 9, 1999

**Detailed Statement of Charges**

Local Usage (continued)

Amount

Local Usage Detail (continued)

| Date      | Place Called | Number Called | Rate | Time    | Rate |              |
|-----------|--------------|---------------|------|---------|------|--------------|
| 12. 04/06 | FTLAUDERDA L | 954 484-2300  | KD @ | 04:35PM | 2    | DP 27371 .25 |
| 13. 04/06 | FTLAUDERDA L | 954 491-0825  | KD @ | 07:21PM | 1    | 1 .25        |
| 14. 04/07 | FTLAUDERDA L | 954 460-3853  | KD @ | 08:18PM | 6    | .25          |
| 15. 04/07 | MIAMI L      | 305 594-2220  | KD @ | 02:28PM | 3    | X 006 .25    |
| 16. 04/07 | MIAMI L      | 305 691-4411  | KD @ | 02:35PM | 2    | 1 .25        |
| 17. 04/07 | WPALMBEACH L | 561 967-9486  | KD @ | 07:20PM | 1    | .25          |
| 18. 04/08 | MIAMI L      | 305 691-4411  | KD @ | 09:56AM | 2    | X 006 .25    |
| 19. 04/08 | MIAMI L      | 305 594-2220  | KD @ | 03:41PM | 1    | .25          |
| 20. 04/08 | MIAMI L      | 305 691-4411  | KB @ | 03:45PM | 1    | .25          |
| 21. 04/09 | MIAMI L      | 305 691-4411  | KD @ | 04:29AM | 7    | .25          |
| 22. 04/09 | MIAMI L      | 305 594-2220  | KD @ | 06:38AM | 5    | .25          |
| 23. 04/09 | WPALMBEACH L | 561 832-2860  | KD @ | 08:53AM | 1    | .25          |
| 24. 04/09 | MIAMI L      | 305 691-4411  | KB @ | 09:29AM | 9    | .25          |
| 25. 04/12 | MIAMI L      | 305 594-2220  | KD @ | 04:02PM | 1    | .25          |
| 26. 04/13 | WPALMBEACH L | 561 832-2860  | KD @ | 01:05PM | 1    | .25          |
| 27. 04/14 | MIAMI L      | 305 594-2220  | KD @ | 08:36AM | 3    | .25          |
| 28. 04/14 | FTLAUDERDA L | 954 243-2588  | KD @ | 04:20PM | 7    | .25          |
| 29. 04/18 | MIAMI L      | 305 594-2220  | KB @ | 09:55AM | 1    | X 006 .25    |
| 30. 04/19 | MIAMI L      | 305 594-2220  | KD @ | 04:06PM | 1    | .25          |
| 31. 04/20 | MIAMI L      | 305 594-2220  | KD @ | 11:01AM | 1    | .25          |
| 32. 04/21 | MIAMI L      | 305 594-2220  | KD @ | 09:18AM | 6    | .25          |
| 33. 04/21 | WPALMBEACH L | 561 691-0057  | KD @ | 09:38AM | 3    | DP 27508 .25 |
| 34. 04/21 | WPALMBEACH L | 561 842-7867  | KD @ | 09:40AM | 6    | .25          |
| 35. 04/21 | WPALMBEACH L | 561 691-0057  | KD @ | 09:49AM | 1    | .25          |
| 36. 04/22 | WPALMBEACH L | 561 842-7867  | KD @ | 10:38AM | 1    | .25          |
| 37. 04/23 | WPALMBEACH L | 561 540-1122  | KD @ | 09:15AM | 1    | .25          |
| 38. 04/24 | FTLAUDERDA L | 954 779-2541  | KD @ | 04:00PM | 1    | .25          |
| 39. 04/25 | FTLAUDERDA L | 954 239-2595  | KB @ | 04:00PM | 1    | .25          |
| 40. 04/26 | NORTH DADE L | 305 651-0443  | KD @ | 02:02PM | 2    | DP 27731 .25 |
| 41. 04/26 | MIAMI L      | 305 893-8000  | KB @ | 02:11PM | 2    | .25          |
| 42. 04/26 | MIAMI L      | 305 893-8000  | KB @ | 02:16PM | 1    | .25          |
| 43. 04/26 | MIAMI L      | 305 893-8000  | KD @ | 04:31PM | 2    | .25          |
| 44. 04/26 | MIAMI L      | 305 759-2066  | KD @ | 04:38PM | 2    | .25          |

3

FP E074597

(continued)

.25



Bill Period Date: May 5, 1999

For AT&amp;T Billing Questions, Call 1 800 222-8300 24 Hours a Day - 7 Days a Week

## Detailed Statement of Charges

## Itemized Calls (continued)

Amount

## Direct Dialed Calls (continued)

| Date                 | Place Called    | Number Called | Rate    | Time | Min.        |      |
|----------------------|-----------------|---------------|---------|------|-------------|------|
| 30. 04/09 BIRMINGHAM | MI 248 642-3232 | D *           | 9:33AM  | 16   | X000        | 5.28 |
| 31. 04/09 BIRMINGHAM | MI 248 642-4558 | D *           | 1:05PM  | 2    | FAX         | .66  |
| 32. 04/10 DETROIT    | MI 313 843-5115 | D *           | 9:44PM  | 1    | FAX         | .60  |
| 33. 04/10 BIRMINGHAM | MI 248 642-4558 | D *           | 9:45PM  | 1    | FAX         | .60  |
| 34. 04/14 BIRMINGHAM | MI 248 642-3232 | D *           | 9:10AM  | 3    | F001 4224   | .99  |
| 35. 04/14 BIRMINGHAM | MI 248 642-3232 | D *           | 10:47AM | 12   | F001 4224   | 3.96 |
| 36. 04/15 WALKERVA   | UT 818 349-6744 | D *           | 2:16PM  | 2    | FAX         | .66  |
| 37. 04/15 BIRMINGHAM | MI 248 642-4558 | D *           | 2:18PM  | 1    | FAX         | .66  |
| 38. 04/15 BIRMINGHAM | MI 248 642-3232 | D *           | 3:22PM  | 2    |             | .66  |
| 39. 04/15 PLANO      | TX 972 618-3672 | D *           | 3:24PM  | 17   |             | 5.61 |
| 40. 04/15 BIRMINGHAM | MI 248 642-4558 | D *           | 4:05PM  | 1    | FAX         | .66  |
| 41. 04/16 DETROIT    | MI 313 843-6234 | D *           | 2:00PM  | 1    | F002        | .33  |
| 42. 04/16 BIRMINGHAM | MI 248 642-3232 | D *           | 5:45PM  | 10   |             | 3.30 |
| 43. 04/18 BIRMINGHAM | MI 248 642-4558 | D *           | 4:15PM  | 2    | FAX         | .66  |
| 44. 04/19 DETROIT    | MI 313 843-5555 | D *           | 4:01PM  | 1    | FAX         | .66  |
| 45. 04/19 DETROIT    | MI 313 843-6234 | D *           | 4:03PM  | 3    | F002        | .99  |
| 46. 04/20 BIRMINGHAM | MI 248 642-3232 | D *           | 2:43PM  | 11   |             | 3.63 |
| 47. 04/20 DETROIT    | MI 313 843-5555 | D *           | 4:40PM  | 3    | FAX         | .99  |
| 48. 04/20 BIRMINGHAM | MI 248 642-4558 | D *           | 5:31PM  | 1    | FAX         | .66  |
| 49. 04/21 BIRMINGHAM | MI 248 642-3232 | D *           | 9:25AM  | 2    |             | .66  |
| 50. 04/21 PONTIAC    | MI 248 944-7057 | D *           | 9:37AM  | 3    | F001        | .99  |
| 51. 04/21 DETROIT    | MI 313 369-7306 | E *           | 9:10PM  | 5    | DEFAX 27552 | 1.15 |
| 52. 04/21 BIRMINGHAM | MI 248 642-4558 | E *           | 9:21PM  | 1    | FAX         | .66  |
| 53. 04/22 BIRMINGHAM | MI 248 642-4558 | D *           | 1:13PM  | 1    | FAX         | .66  |
| 54. 04/22 BIRMINGHAM | MI 248 642-3232 | D *           | 1:17PM  | 2    |             | .66  |
| 55. 04/22 PONTIAC    | MI 248 944-7057 | D *           | 1:48PM  | 3    | F001        | .99  |
| 56. 04/22 BIRMINGHAM | MI 248 642-4558 | D *           | 1:49PM  | 1    | FAX         | .66  |
| 57. 04/22 DETROIT    | MI 313 369-7306 | E *           | 10:24PM | 5    | DEFAX 37552 | 1.15 |
| 58. 04/22 BIRMINGHAM | MI 248 642-4558 | E *           | 10:38PM | 2    | FAX         | .99  |
| 59. 04/23 BIRMINGHAM | MI 248 642-3232 | D *           | 4:28PM  | 1    |             | .66  |
| 60. 04/23 DETROIT    | MI 313 331-3268 | D *           | 5:18PM  | 1    |             | .66  |

\* Rate Applied - See Back of First Page

77 8074597

(continued on back)

4

2.64

3713 5558



Bill Period Dates: May 3, 1999

For AT&amp;T Billing Questions, Call 1 800 222-8300 24 Hours a Day - 7 Days a Week

**Detailed Statement of Charges****Itemized Calls (continued)**Amount**Direct Dialed Calls (continued)**

| Date                      | Place Called | Number Called   | Rate | Time    | Min.  |      |
|---------------------------|--------------|-----------------|------|---------|-------|------|
| 61. 04/26                 | DETROIT      | MI 313 321-5258 | N *  | 9:40AM  | 25    | 3.60 |
| 62. 04/26                 | BIRMINGHAM   | MI 248 642-3232 | D *  | 1:32PM  | 30    | 1.80 |
| 63. 04/26                 | DETROIT      | MI 313 390-8133 | D *  | 1:57PM  | 10    | 0.60 |
| 64. 04/27                 | DETROIT      | MI 313 390-8133 | D *  | 2:37PM  | 3     | 0.15 |
| 65. 04/27                 | BIRMINGHAM   | MI 248 642-3232 | D *  | 2:41PM  | 1     | 0.05 |
| 66. 04/27                 | BIRMINGHAM   | MI 248 642-3232 | D *  | 4:03PM  | 3     | 0.15 |
| 67. 04/27                 | BIRMINGHAM   | MI 248 642-4550 | E *  | 11:00PM | 1 FAX | .21  |
| Total Direct Dialed Calls |              |                 |      |         |       | .00  |

Total Itemized Calls ..... .00

\* Calls Eligible for AT&T True Reach (SM)  
Savings.  
Charges are not included in subtotal.

**Optional Calling Services**Amount**AT&T True Reach (SM) Summary**

Total Calls Eligible for True Reach 79.91

Calls Eligible for Discount:

68. 79.91 DISC @ 30% ..... 35.94

Total AT&amp;T True Reach (SM) ..... 35.94

NOTE: You have saved 23.97 with  
AT&T True Reach (SM) Savings this month

Total Optional Calling Services ..... 35.94

\* Rate Applied - See Back of First Page

PP E074597

(continued)➤

①

7.92

3713 5557

## EAA CIVILITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|     |                                         |         |          |                  |
|-----|-----------------------------------------|---------|----------|------------------|
| EAA | ASSOCIATE: Orville Mullins              | ID# 348 | CIVILITY | ZONE/REGION:     |
|     | PROJECT NAME: Ford Underhood Inspection |         |          | CASEFILE NO:     |
|     | PROJECT NO. + EXT: F002A                |         |          | OWNER: Mary Bond |

|          |                                                                                                                                                                                                                                                                          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|          | EXPLANATION: Under Hood Inspection - Ridge land Mc                                                                                                                                                                                                                       |
|          | CASE # 534                                                                                                                                                                                                                                                               |
|          |                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |

|                |                    |            |  |  |  |        |                                 |
|----------------|--------------------|------------|--|--|--|--------|---------------------------------|
| HOURS          | DAY & DATE →       | 5-17-99    |  |  |  |        | YEAR AVAILABILITY               |
|                | TRAVEL FROM (CITY) | Memphis    |  |  |  |        | <input type="checkbox"/> GREEN  |
|                | TO                 | Ridge land |  |  |  |        | <input type="checkbox"/> YELLOW |
|                | TO                 | Memphis    |  |  |  |        | <input type="checkbox"/> RED    |
|                | TO                 |            |  |  |  |        | TOTALS                          |
|                | TRAVEL HOURS       | 8          |  |  |  |        | 8                               |
| EXPENSES       | TOTAL HOURS        | 10         |  |  |  |        | 10                              |
|                | AUTO MILES         | 467        |  |  |  |        | 467                             |
|                | MILEAGE \$         | 130.76     |  |  |  |        | 130.76                          |
|                | FUEL               |            |  |  |  |        |                                 |
|                | RENTAL CAR         |            |  |  |  |        |                                 |
|                | AIR FARE           |            |  |  |  |        |                                 |
|                | LODGING            |            |  |  |  |        |                                 |
|                | MEALS              | 6.00       |  |  |  |        | 6.00                            |
|                | AIR BAG/ABS TEST   |            |  |  |  |        |                                 |
|                | PHONE & FAX        |            |  |  |  |        |                                 |
|                | FILM & DEVELOPING  | 17.89      |  |  |  |        | 17.89                           |
|                | POSTAGE            | 45.50      |  |  |  |        | 45.50                           |
| OTHER*         |                    |            |  |  |  |        |                                 |
| TOTAL EXPENSES | 200.15             |            |  |  |  | 200.15 |                                 |

\*DETAILS:

CONTAINED INFORMATION IS UNCLASSIFIED

MAY 25 1999

05/28/99 TUE 13:42 [TX/RX NO 8548] 0001

3713 5558



edEx. USA Airbill 811914557025

0200

Sender's Copy

From (please print and press hard)

5-15-99 Sender's Public Account Number

to O.D. Mullins 981 854-4472

from EAA

621 Quail Court Dr

Collierville TN 38017

Your Internal Billing Performance Information Paid Call \$10.00

To (please print and press hard)

FARREN AVIATION 981 594-7098

FORD CONSUMER AFFAIRS

1600 E. 4th St. Milledgeville GA 31061

Donchaen 981 48126-4227

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

edEx. USA Airbill 811914556989

0200

Sender's Copy

From (please print and press hard)

5-15-99 Sender's Public Account Number

to O.D. Mullins 981 854-4472

from EAA

621 Quail Court Dr

Collierville, TN 38017

Your Internal Billing Performance Information Paid Call \$19.50

To (please print and press hard)

FORD Center of Training 981 390-9133

FORD

15000 Centerville Rd. Company A. Milledgeville GA 31061

Donchaen 981 48120

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

Express Package Service Packages under 50 lbs.

Express Freight Service Packages over 50 lbs.

Special Handling

Payment

Total Packages Total Weight Total Shipment Value

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

The World On Time

322

edEx. USA Airbill 811914556989

0200

Sender's Copy

From (please print and press hard)

5-15-99 Sender's Public Account Number

to O.D. Mullins 981 854-4472

from EAA

621 Quail Court Dr

Collierville, TN 38017

Your Internal Billing Performance Information Paid Call \$19.50

To (please print and press hard)

FORD Center of Training 981 390-9133

FORD

15000 Centerville Rd. Company A. Milledgeville GA 31061

Donchaen 981 48120

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

For WFLA at Public Location check here

Express Package Service Packages under 50 lbs.

Express Freight Service Packages over 50 lbs.

Special Handling

Payment

Total Packages Total Weight Total Shipment Value

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

The World On Time

322

FedEx USA Airbill 811914556990

From (please print and press hard)  
5-19-99 Sender's Public Access NumberTo (please print and press hard)  
O.D. Mullins

E.M.

621 Quail Court

Columbia, Mo. 65201-3207

Tel. 313

To (please print and press hard)  
Joe. Name 331 370-9137

Food Lux/Luxury Air Vehicle Center

20000 Rutledge Dr. M/D 10/16/2000

Dance bar 48121

Pay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit CardPay HERE at FedEx Location (check box)  
☐ Cash ☐ Check ☐ Credit Card ☐ Debit Card

0200 Sender's Copy

Express Package Service Package Number 0200

Priority Mail Service Package Number 0200

Priority Mail Express Service Package Number 0200

Express Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

Freight Service Package Number 0200

AT TARGET GUEST SERVICE IS JOB ONE  
06/17/99 0754076 8761 9 10:29 UYO

001 063040032 DPLOR BRL 10 T .87

002 066030701 KIDRN FILM T 3.49

SUBTOTAL 4.36

T= 7.000% TAX .31

TOTAL 4.67

CASH PAYMENT 20.02

CHANGE 15.35

UNLIZATION 6 11126319

Mark here. Near red.  
See green. Reply now  
for a great job at TARGET!

WALMART

WE SELL FOR LESS

MANAGER MURPHY MURPHY

NO. 1 851-5100

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

EAT SIZE OF 0.000000 TBS 23 TBS 07333

05/28/99 THU 10:42 [TL/RX NO 8548] 0003

3713 5560

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|     |                                    |         |        |               |
|-----|------------------------------------|---------|--------|---------------|
| EAA | ASSOCIATE: Orville Mullins         | ID# 248 | CLIENT | ZONE/REGION:  |
|     | PROJECT NAME: Ford Underhood Insp. |         |        | CASE/FILE NO: |
|     | PROJECT NO. + EXT: F002A           |         |        | OWNER:        |

|          |                                                                                                                                                                                                                                                                          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|          | EXPLANATION: Underhood Inspection New Ant Lock - rt # 57<br>Beeksville FIA case # 58N                                                                                                                                                                                    |
|          |                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |

| HOURS    | DAY & DATE →       | 5-23-99    | 5-24-99    | 5-25-99 |  |  | YOUR AVAILABILITY               |
|----------|--------------------|------------|------------|---------|--|--|---------------------------------|
|          | TRAVEL FROM (City) | Memphis    | Underhood  | Tampa   |  |  | <input type="checkbox"/> GREEN  |
|          | TO                 | Beeksville | Beeksville | Memphis |  |  | <input type="checkbox"/> YELLOW |
|          | TO                 |            | Tampa      |         |  |  | <input type="checkbox"/> RED    |
|          | TO                 |            |            |         |  |  | TOTALS                          |
|          | TRAVEL HOURS       | 6          |            | 5       |  |  | 11                              |
|          | TOTAL HOURS        | 6          | 8          | 6       |  |  | 20                              |
| EXPENSES | AUTO MILES         | 24         |            | 24      |  |  | 48                              |
|          | MILEAGE \$         | 6.72       |            | 6.72    |  |  | 13.44                           |
|          | FUEL               |            | 4.75       |         |  |  | 4.75                            |
|          | RENTAL CAR         | 42.22      |            |         |  |  | 42.22                           |
|          | AIR FARE           | 267.00     |            |         |  |  | 267.00                          |
|          | LODGING            | 68.00      | 94.99      |         |  |  | 162.99                          |
|          | MEALS              | 9.00       | 23.00      |         |  |  | 32.00                           |
|          | AIR BAG/ABS TEST   |            |            |         |  |  |                                 |
|          | PHONE & FAX        |            |            |         |  |  |                                 |
|          | FILM & DEVELOPING  |            | 10.16      | 26.43   |  |  | 36.59                           |
|          | POSTAGE            |            |            | 46.45   |  |  | 46.45                           |
|          | OTHER*             | .75        |            | 16.00   |  |  | 16.75                           |
|          | TOTAL EXPENSES     | 395.69     | 132.90     | 95.60   |  |  | 622.19                          |

\*DETAILS: 5-23-99 .75 Tolls Parking 5-25-99 16.00

# Holiday Inn

EXPRESS  
HOTEL & SUITES

10000 LBJ 10 North  
Fort Worth, TX 76101  
727-500-0000 • Fax 727-501-0041

COLLEENWILE

TS 30817

Room: 100714  
Arrive Date: 6/21/92  
Dept. Date: 6/24/92  
Rate: \$110  
Room Plan: 1 12-36  
Account: 2-1000  
Billing: 2-1000

Page

Operated by an Independent Owner Under Franchise from Holiday Inn, Inc.

I warrant you to see the full details of my contract to my hotel card which will contain these regulations.

## EXPRESS CHECK-OUT

EXPRESS CHECK-OUT: A service for guests who wish to check out without waiting for a room attendant.

The guest must be the registered guest and must be present at the front desk to check out. The guest must be the registered guest and must be present at the front desk to check out. The guest must be the registered guest and must be present at the front desk to check out.

SIGNATURE

| Room      | Rate   | Tax  | Room          | Rate  | Tax | Total |
|-----------|--------|------|---------------|-------|-----|-------|
| 503 1 111 | 002000 | 3.00 | GUEST ROOM    | 62.95 | .00 | 62.95 |
| 503 1 011 | 002000 | 3.00 | SALES TAX     | 2.75  | .00 | 65.70 |
| 503 1 010 | 002000 | 3.00 | OCCUPANCY TAX | 1.05  | .00 | 66.75 |
| TOTAL     |        |      |               |       |     | 66.75 |

000100L000

66.75

# Holiday Inn

EXPRESS

ROOM NO.

GUEST NAME

ESTABLISHMENT NO. & LOCATION

CARD NUMBER

X

Holiday Inn  
EXPRESS  
RAPID CHECK-OUT

DATE OF CHECK-OUT

ROOM NUMBER

AMOUNT

PAID

REMARKS

TOTAL AMOUNT

3713 5562





**FedEx** *USA Airbill*  811914556778

0200

**Sender's Copy**

**1** Please detach and print and press hard.

5-25-99

ED Mullins 901 854-4479

FAA

102/ 0441/ 04057 de

2 Collierville TN 38017

**▶ Your Journal & Key Reference Information**  
 Record your key reference information in your journal.

We (please print and press hard)

FORD - Consumer Affairs

name 16810 E. D. 7/4/24 PAI/Day #3 11-1-2024 30

City Durham, N.C. File # 157-4207

|                                       |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| For H&M at Pacific                    |                                       | For H&M at Pacific                    |                                       | For H&M at Pacific                    |                                       |
| <input type="checkbox"/> Bill Winkler | <input type="checkbox"/> Louisa Clark | <input type="checkbox"/> Bill Winkler | <input type="checkbox"/> Louisa Clark | <input type="checkbox"/> Bill Winkler | <input type="checkbox"/> Louisa Clark |
| <input type="checkbox"/> Bill Winkler | <input type="checkbox"/> Louisa Clark | <input type="checkbox"/> Bill Winkler | <input type="checkbox"/> Louisa Clark | <input type="checkbox"/> Bill Winkler | <input type="checkbox"/> Louisa Clark |

[illegible]

**Questions?** Call 1-800-222-2222. *The World On TV*

**Bureau Phone Number:** \_\_\_\_\_

☐ **College Student** ☒ **College Student Downside**

☐ **Dr. J. J. Dwyer** Dr. J. J. Dwyer, 10000 E. 1st Ave., Suite 100, Denver, CO 80231

☐ **Circle 32** ☐ **Circle 33**

Public Information Officer: Captain George H. Smith, 222

☐ **Mail: Domestic Service** ☐ **Mail: 1-800 Service** ☐ **Mail: Express Service**

Fieldwork is done outdoors. Field work for groups is done in a room with a large table.

BOON 44408  
854 E BUSCH BLVD  
TAMPA FL 33612  
813 932 6044

|               |        |
|---------------|--------|
| 05/24/99      | 13114  |
| PUMP 5        | REG    |
| GALLONS       | 4.494  |
| @ \$1.059/GAL |        |
| FUEL          | \$4.75 |

|         |         |
|---------|---------|
| TOTAL   | \$4.75  |
| CASH PD | \$20.00 |

FL/MD/PA 64.75  
TAX PO 40.00  
CHANGE 115.25  
RECEIPT NO. 1-7512  
THANKS FOR BUYING  
AT OUR EXCON SHOP  
PLEASE COME AGAIN

## FLORIDA'S TURNPIKE TOLL RECEIPT

DATE:05/23/99 TIME:2341 TRANS:14721

BT 47-01000-19 \*\*\* 'TABLE 104' CITE: YN10024

FILE# 02      TOLLS \$ 0.75      PAID/CASH

**THANK YOU AND REMEMBER TO BUCKLE UP!**

9713 5565





**NATIONAL  
CAR RENTAL**

AA 00000000 2100 000000  
 Rental 24-JULY-1999 12:00 AM  
 TAMPA AIRPORT  
 Return 24-JULY-1999 08:00 PM  
 TAMPA AIRPORT

Licensee: WILSON, Sandra/Florida FL  
 Miles Driven 135  
 Miles Out 0177  
 Miles In 0400

GENERAL MOTOR CORPORATION  
 Contract ID 00000000  
 Charges: No Unit 0.00  
 7 & H 1 Days 37.00  
 UNLTD RENT 0 Miles 27.00  
 CMT/Day 2 Days 0.00  
 IN. SERVICE/TRANSIT FEE 2.00 USD  
 STATE TAX 04.750 \$ 2.07

Tax: Charges USD 42.32  
 Paid By MC 0000 -42.32  
 Amount Due USD 0.00

\* Trouble Free  
 Subject to Audit

RENTAL CAR

**PASSENGER RECEIPT IN 3  
 SIXTHWAYS "CITY"**

ETKT

MEMPHIS

MEMPHIS/ORT.NA

THIS IS YOUR RECEIPT

MEMPHIS  
 To: 2000 1000 0000  
 TAMPA

WE ONLY/NO-REFUNDABLE/ONLY  
 FOR CARS

MEMPHIS

WE IN TAMPA, ORT. OR 01.00 100.000000.0000 00 0000 1000 00 0000

USD 240.74  
 US 19.26  
 ZP 4.00  
 XF 3.00  
 USD 267.00

012 2144680478 2

012 2144680478 2

08/28/99 THU 16:58 [X]/[X] NO 00741 0002

3713 5567

3713 5588

Joe wants copy  
of invoice/receipt  
showing expensive  
hotel bills.

need status  
on case 46N

When inspections  
Setup on

53N

54N

55N need  
notification

**Ansar, Fares (F.)**

---

From: Ray Nevi [rnevi@gw.ford.com]  
Sent: Thursday, May 13, 1999 3:57 PM  
To: farsa11@mail.ford.com  
Cc: wabramcz@gw.ford.com; jlogel@mail.ford.com; rnevi@gw.ford.com; wbohan@gw.ford.com  
Subject: Lincoln Town Car Underhood Fire

Fares -

Some additional reports. Please arrange for inspection.

1. 1992 Town Car - VIN: 1LNLM81W1NY708412

Contact: Rick Mazola - SEA  
Telephone: (814) 888-4160  
Vehicle Location: Ohio  
DOL: 4/22/99

2. 1993 Town Car - VIN: 1LNLM81W2PY [REDACTED]

Contact: Alan Conger, State Farm  
Telephone: (770) 480-4923  
Vehicle Location: Georgia  
DOL: 4/10/99

} left msg 5/13 (pm)  
EAT notified.

With respect to prior problem with Conger, don't know what to say. Because NHTSA forwarded this, I think we should try to inspect. On the one from Ohio, I inadvertently did not forward it on Monday when I learned of it. Could you follow up quickly to make up for my lost time..Thanks.

Regards,  
R. A. Nevi PROFS ID: RNEVI Phone: 58-47686 FAX: 58-42288  
Car Safety Investigations Manager, Automotive Safety Office  
Suite 500, Fairlane Plaza South

This report  
is for case  
# 1 - Loretta  
Glass.  
1) don't bill us for  
this mailing  
2) Send report and  
pictures for case 16N

# LETTER

Call 1-800-PICK-UPS (1-800-742-5877) or visit our Web site at [www.ups.com](http://www.ups.com)

## Place Labels in This Space

### Options

Shipped from:  
Paul Brown Etc. @ 2000  
6671 W. Indian Creek Rd.  
JUPITER, FL 33408  
\*\*\*\*\*  
• U P S SHIPPER NUMBER •  
• 340-52E •  
• FOR ID # 12310 •  
• 06/04/1999 •  
\*\*\*\*\*

Address label

of the address label.

or place parcel register tape above the address label.

UPS Next Day Air



Shipped For: PAUL BROWN ETC.

By:

3-4-99

FL 340-52E

MAILBOXES ETC.

6671 W. Indian Creek Rd., Suite 36 • Jupiter, FL 33408

Florida Avenue - First Commercial Bldg.

1600 CALVERTINE PLAZA DUNE

MAIL BOX #3 ME-B Suite 331

DENVER, CO 80206-4207

UPS is a registered trademark of United Parcel Service of America, Inc. (UPS). All other trademarks are the property of their respective owners. © 1999 UPS. All rights reserved. UPS is a registered trademark of United Parcel Service of America, Inc. (UPS). All other trademarks are the property of their respective owners. © 1999 UPS. All rights reserved.

UPS is an ISO 9001 Quality Registered Member of the ISO 9000 Family. United Parcel Service of America, Inc. (UPS) is an ISO 9001 Quality Registered Member of the ISO 9000 Family.

3713 5573



**NEXT DAY AIR**

# LETTER

**Also use for your UPS Worldwide Express shipments**  
**EXTREMELY URGENT**



**Worldwide  
Olympic Partner**



L. GLASS

16N

03/22/90 MON 14:28 FAX 2486424858

RA ASSOCIATES

Vehicle/Customer Information/Incident Info

Model Year: 92 Make: LINCOLN

VIN#: 1L4LN1B1W5N4

Mileage (at inspection):

Inspection Date/Location: 12/23/98, FL 34116

File 78921

Incident date: 12/23/98

Approximate mileage at incident:

Vehicle Owner:

Inspector Name:

78925

Diana Bennett EAA  
681-575 4174

Parts that we would like from vehicle if possible to acquire

Brake pressure switch (preferably with wire pigtail/connector attached and still attached to prop valve)

SWITCH WAS REPLACED 12/23/98 SET ATTACHED WORK ORDER NO PARTS SALES

Sample of brake fluid at prop valve (in sealed glass container)

3 SMALL FRAM TOP FLUID IN MASTER CYLINDER

Relay pack located on LH fender apron (with as much wiring as possible)

EDIS 8 module located on LH fender

Speed control module located on LH fender

Air suspension compressor located under air filter

Air suspension relay

Photograph of door jam VIN sticker

Other suspect parts

PRIOR TO FIRE [REDACTED] BOTH SIDES MIRRORS, LOWERS, SEATS - IN OPERATIVE. AND WORK PRIOR TO FIRE - MAJOR REPAIRS - ALL NEW WORK - TEST SAYS HE DID NOT REPLACE ANY FUSES?

RAIDON LINCOLN

SEE ATTACHED OTHER INFO

REV 2.0 - 3/

NOTE: TO [REDACTED] AUG 31 1999

5-4-99 SECOND COPY SENT AT REQUEST ACAD HHS Page 10/2

L. GLASS 2

3713 5576

Vehicle/Consumer Information/Incident Info

Model Year: 92 Make: LINCOLN

VIN: 1LNLM81W5NY

Mileage (at inspection):

75405 FIRE 73925

Inspection Date/Location: NAPLES, FL 34116  
3084 50<sup>th</sup> LAKE S.W.

Vehicle Owner:

Incident date: 12/23/98 Approximate mileage at incident: 73925

Inspector Name: DAVID BOWEN SAA  
561 575 4174Inspected Info

Area of fire origination (engine compartment quadrant, component, etc)

BRAKE PRESSURE SWITCH AREA - (BELOW BRAKE BOOSTER CYLINDER)  
Identify if any underhood relays show evidence of internal overheatNO EVIDENCE OF OVER HEATED RELAYS  
Identify if any fuses or fuse links were blown or show evidence of other damageSEE ATTACHED PHOTO DRAWING OF FUSES - NO ALBANI FUSE LINKS  
Determine if the correct fuse for the stop lamp switch in the fuse boxSEE ATTACHED PHOTO DRAWING  
Identify if there was any damage to wiring in the area where the fire was started (is chaffing, missing insulation)NO AFTER-MARKET EQUIPMENT NOTICED - NO HITCH  
Assess whether the air suspension pump shows evidence of internal overheatingLOOKS NORMAL  
Identify if there were any aftermarket modifications to the vehicle? (specifically car alarm, trailer tow, or remote start)NO AFTER MARKET EQUIPMENT NOTICED - NO TRAILER HITCH  
If possible, identify if the vehicle was involved in a natural disaster/accident that required significant vehicle clear up? If so where was cleanup performed?VEHICLE PURCHASED USED IN 93 - LOOK GOOD FOR 92  
If possible, identify vehicle repair history

Any other info that may be pertinent to the incident...

SHE SAID SOME ONE IN WASHINGTON CALLED ABOUT FIRE AND  
TALKED 45 MIN -WALGREENS DRUG STORE PERSONNEL CAME OUT OF STORE AND  
QUICKLY PUT OUT FIRE - UNDER BRAKE BOOSTER AREA

IN CAR FUSE COVER WAS WOLLOWS ON INSIDE COVER?

92 LINCOLN

3-24-79

DAVID BURNETT SAA

SGI 575 474

OTHER INFO

1. NO PARTS WERE REMOVED BECAUSE CAR HAS BEEN REPAIRED AND IS BEING USED BY OWNER MRS GLASS.
2. ARRANGEMENTS CAN BE MADE TO REPLACE ANY OF THE LISTED PARTS IF FORD WANTS SOME OF THE COMPONENTS - JUST CALL ME AND ADVISE YOUR WISHES, DAVID BURNETT - SGI 575 474 - I WILL WORK OUT DETAILS.
3. [REDACTED] IS MORE THAN WILLING TO TRADE OUT OF HER '72 INTO A BUICK USED MODEL VIII
4. POSSIBLE BUY BACK MIGHT HELP FORD INVESTIGATION BECAUSE THE VEHICLE HAD BEEN MINOR FIRE DAMAGE.
5. THE ONLY PART REPLACED WAS BRAKE PRESSURE SWITCH AND ITS PIG TAIL - PLUS SOME MINOR HEAT DAMAGE TO A FEW WIRES - WHICH WERE REPAIRED.
6. GERMAIN FORD - MECHANIC THAT WORKED ON VEHICLE IN DEC. 68 - REMEMBERS THE REPAIR AS A LEAKING SWITCH - BRACE FLUID FLEW IN AREA AND OUT WINDSHIELD, OR GOT HOT SOME OTHERWAY - CAR PARKED 5 MINUTES - TIME TO START & FIRE. OLD PART WAS NOT SAVED.
7. GERMAIN MECHANIC, 3129 JIM BAGATA, SAYS IN RECENT TIMES HE ESTIMATES HE HAS REPLACED ABOUT 10 SWITCHES - ALL LEAKING - USUALLY A CRUISE PROBLEM - "BURN OUT FIRE GLASS."
8. SUGGESTION: FORD SHOULD CONSIDER LOOKING AT DETAIL PARTS TIMES FOR THE SWITCH PIN & POSSIBLY CONSIDER A NATIONAL RETURN OF DEFECTIVE SWITCHES FOR REVIEW.

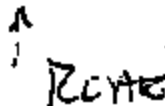
3713 5577

\_\_\_\_\_

\_\_\_\_\_

1 L 1244-21 (U) S 114 70634J

UP 3106 DOWNS



1  
Quila

## GERMANY



13329 N. Tamiami Trail • Naples, Florida 34110  
(941) 597-6011 x 224 • Ft. Myers 334-4255 (toll-free)

**3713 5576**



# GILNAIN

## LINCOLN MERCURY

13329 N. Tamiami Trail  
Naples, Florida 34110

Motorcraft 

*File 12-23-18*

We go that  
**extra  
mile**  
for you.

NAPLES  
(813) 287-0011

FT. MYERS  
(813) 334-0200

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

STATE OF FLORIDA  
REGISTRATION: NV - 21228

|                                                                                                                                                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>P&amp;A CODE: 11884-S</b><br><input type="checkbox"/> <b>SALES</b> <input type="checkbox"/> <b>REPAIRS</b> <input type="checkbox"/> <b>RENTAL</b> |  |  | <b>DATE OF SERVICE:</b> _____<br><b>TIME:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>VEHICLE INFORMATION</b><br><b>MAKE:</b> _____ <b>MODEL:</b> _____ <b>YEAR:</b> _____<br><b>VIN:</b> _____                                         |  |  | <b>REPLACED PARTS REQUESTED BY CUSTOMER</b> YES <input type="checkbox"/> NO <input type="checkbox"/><br><b>*SEE BACK FOR INFORMATION REGARDING SHOP SUPPLIES AND HAZARDOUS WASTE CHARGE.</b><br><b>TOWNSHIP OF DASH VALLEY APPOINTMENT MADE</b><br><small>I hereby authorize the repair work indicated and back to service area and the necessary repairs and agree that you are not responsible for any damage to vehicle or property left in vehicle in care of us. And we may make minor repairs and agree to be the sole charge except by authorization of parts or change in work order by the customer or representative. I authorize you to charge for the work done in repairing the vehicle. Please indicate on invoice, signature or otherwise for the purpose of having order completed. An invoice is required to be properly submitted to the dealer to obtain the amount of repair funds.</small> |  |  |
| <b>WARRANTY</b><br><b>*SEE BACK FOR INFORMATION REGARDING WARRANTY</b>                                                                               |  |  | <b>SALES TAX</b> _____<br><b>REGISTRATION</b> _____<br><b>SALES TAX</b> _____<br><b>REGISTRATION</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| <b>INVOICE TO:</b> _____<br><b>ADDRESS:</b> _____<br><b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____                                        |  |  | <b>VEHICLE INFORMATION</b><br><b>MAKE:</b> _____ <b>MODEL:</b> _____ <b>YEAR:</b> _____<br><b>VIN:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| <b>FOR OFFICE USE</b><br><b>DATE OF INVOICE:</b> 12/23/93 <b>TIME:</b> 11:52 AM <b>BY:</b> 32-100-100 <b>WHITE</b> <b>VEHICLE NUMBER:</b> FL-194078  |  |  | <b>GRAND TOTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |

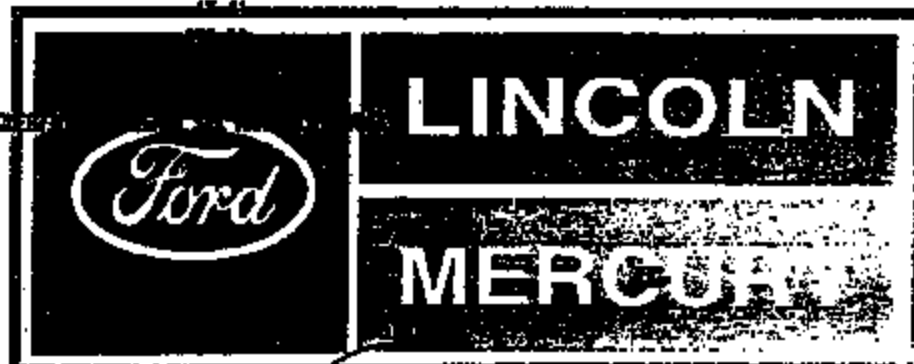
### SUMMARY OF CHARGES FOR INVOICE D4997

|                |        |
|----------------|--------|
| PARTS          | 24.33  |
| PARTS DISCOUNT | 2.44   |
| SUBLET REPAIRS | 32.50  |
| LAB-BODY SHOP  | 202.80 |
| SUB-TOTAL      | 256.89 |
| FL SALES TAX   | 12.84  |
| TOTAL CHARGE   | 269.73 |

### PAYMENT DISTRIBUTION FOR INVOICE D4997

|              |        |
|--------------|--------|
| TOTAL CHARGE | 272.30 |
| CASH DUE     | 272.30 |

IF YOU HAVE ANY QUESTIONS



PAGE 2

OFFICE COPY

3713 5580

DEALERSHIPS USING ONLY JOB TICKETS SHOULD  
APPLY THE JOB STICKERS IN THIS AREA.

TECHNICIAN'S COMMENTS  
INCLUDE DESCRIPTION OF CAUSE

UNDES-  
TION  
CODE

EMP. NO.

LABOR RELEASED  
PARTS RETURN

DATE  
TIME

Repair Locky Brake Press. Switch &  
braked wire harness's

CAUSE:

CAUSE:

CAUSE:

CAUSE:

3713 5581

### REFERENCES

**DATE:**

DATE \_\_\_\_\_

11/11/2017 12:01:53 PM

1111-

DIST CODE: 1FA

**3713 5582**



AUTO

|                                                                                                                    |          |                   |              |                        |      |
|--------------------------------------------------------------------------------------------------------------------|----------|-------------------|--------------|------------------------|------|
| primary claim rep: Delago, Jack                                                                                    |          | primary unit: BT  |              | owning office: Naples  |      |
| phone: 941-843-8615                                                                                                |          | st & agt: 59-1934 |              | phone: 941-281-5823    |      |
| reporting agent: GRAY                                                                                              |          |                   |              |                        |      |
| insured                                                                                                            |          |                   |              |                        |      |
| name: [REDACTED]                                                                                                   |          | state/prov: FL    |              | zip/postal: [REDACTED] |      |
| street: [REDACTED]                                                                                                 |          |                   |              |                        |      |
| city: NAPLES                                                                                                       |          |                   |              |                        |      |
| phone: [REDACTED]                                                                                                  |          |                   |              |                        |      |
| contact: [REDACTED]                                                                                                |          |                   |              |                        |      |
| insured vehicle                                                                                                    | year     | make              | model        | body style             |      |
| 01                                                                                                                 | 1992     | LINCOLN           | TOWN CAR     | 4DR                    |      |
| vehicle identification number                                                                                      |          | license number    | prior damage | driveside              |      |
| 1LNLM81W5NY706343                                                                                                  |          |                   | N            | N                      |      |
| principle damages: ELECTRICAL FIRE UNDER HOOD                                                                      |          |                   |              |                        |      |
| vehicle location: SANTA BARBARA & RADIO RD, WALGREENS PARKING LOT                                                  |          |                   |              |                        |      |
| <b>POLICY INFORMATION</b>                                                                                          |          |                   |              |                        |      |
| vehicle: 1992 LINCOLN                                                                                              |          | model: CAR        |              | 4DR                    |      |
| vehicle identification number: 1LNLM81W5NY                                                                         |          | prior damage: N   |              | policy source: PHR     |      |
| coverage in force                                                                                                  |          |                   |              |                        |      |
| A 100/300/50, P14 10,000, C 5,000, D, G50, H, R1, U3 100/300                                                       |          |                   |              |                        |      |
| lienholder or leasing company                                                                                      |          |                   |              |                        |      |
| BARNETT BANK OF NAPLES INSURANCE DEPT                                                                              |          |                   |              |                        |      |
| claim history                                                                                                      |          |                   |              |                        |      |
| claim number                                                                                                       | del      | type              | claim number | del                    | type |
| 59-V067-573                                                                                                        | 11-25-98 | 9                 | 59-7512-900  | 01-08-96               | 4    |
| 59-0485-10L                                                                                                        | 11-19-93 | 5                 | 59-7434-344  | 01-04-93               | 2    |
| 59-7337-007                                                                                                        | 11-15-90 | 4                 | 59-7262-814  | 11-09-90               | 4    |
| 59-7015-837                                                                                                        | 04-09-87 | 1                 |              |                        |      |
| <b>FACTS</b>                                                                                                       |          |                   |              |                        |      |
| JES-INSR PARKED VEH 1 IN LOT, WENT INTO STORE, CAME OUT OF STORE 5 MINUTES LATER & SAW CAR SMOKING FROM UNDER HOOD |          |                   |              |                        |      |
| date and time of loss: [REDACTED]                                                                                  |          |                   |              |                        |      |
| location of loss: SANTA BARBARA & RADIO RD, WALGREENS PARKING LOT                                                  |          |                   |              |                        |      |
| city: NAPLES state/prov: FL zip/postal: [REDACTED]                                                                 |          |                   |              |                        |      |

Turn 5750 73925  
L 96 009

Spoke to Alan Haas on 4/23/99

- mentioned that we have not yet received the invoice for case #15N (he is <sup>rec'd</sup> <sub>4-29</sub> checking on that one)
- have not received inspection report for case #16N (he is checking) - rec'd report - no pics
- requested that receipts not be taped when putting expense reports together, for ease in handling
- requested follow up on case #45N (this was set up for inspection, but in the interim per OGC EAA inspection must be canceled)

5-5-99

16N Report Received - but no pictures.

2302.68  
3615.24  
11917.32  
785.96  
FL 70 3.28

Invoice F002A3 4-29-99

VINS Case#  
NY 757859 15N

Inv. rec'd  
1, 2, 16N, 17N, 39N

Invoices rec'd  
for cases

~~1, 2, 3N, 16N, 17N,~~  
~~39N, 311, 16N~~

March 16 Aurora IL (#2)  
March 17 72302.08  
↑ Memphis

---

March 22 Naples, FL  
23 }  
24 } 3615.24

March 17, 21  
Summit  
March 22 - 7 Ty/2, TX  
Ft. Myers.  
3/20

~~4-5-64~~ - ~~Tampa~~

3-12- Aurora, IL (2)

3-22 Naples, FL ✓ (1)

3-22 Tyler, TX ✓ (3N)

Ex-17 Darn Pat. FC ✓ 16W

3-80 Ft Myers, FL ✓ (TH)

4.5 Tampa, FL (31u)

**ENGINEERING ANALYSIS ASSOCIATES, INC.**

30700 Telegraph Road, Suite 4568  
Bingham Farms, Michigan 48025-4528  
Tel: (248) 842-3232  
Fax: (248) 842-4558

**INVOICE**

|                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>TO:</b><br><br>Ms. Martha Thomas<br>Ford Motor Company<br>Mail Drop #3NE-A<br>16800 Executive Plaza Dr.<br>Dearborn, MI 48126-4207<br><br>Supplier No. K6PRA | <b>INVOICE NO.</b> |
|                                                                                                                                                                 | P002A1             |
|                                                                                                                                                                 | <b>DATE</b>        |
|                                                                                                                                                                 | 03-30-99           |
|                                                                                                                                                                 | <b>DUE DATE</b>    |
|                                                                                                                                                                 | 04-30-99           |

RE: Purchase Order No: PO2 P099 857191  
Requisition No.: RQ99020R01  
Bill To Location: 1718  
Ship To Location: Box 43358  
Period: 03/25/99

|                                                                                                                                                                                                              | <u>Hours</u> | <u>Total</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| LINE NO. 001;<br>ITEM NO. PLANT PART NO.-MISC. 900104<br>Service Associate time to conduct<br>special underhood vehicle inspections<br>at the request of Litigation Prevention.<br>Rate of \$43.00 per hour. | 27.00        | 1,161.00     |

|                             |       |            |
|-----------------------------|-------|------------|
| TOTAL PROFESSIONAL SERVICES | 27.00 | \$1,161.00 |
|-----------------------------|-------|------------|

**ADDITIONAL CHARGES:**

|                                                  |          |
|--------------------------------------------------|----------|
| Service Associate expenses (see attached detail) | 1,081.59 |
|--------------------------------------------------|----------|

|                                                      |       |
|------------------------------------------------------|-------|
| EAA misc. office expense (fax, phone, postage, etc.) | 59.49 |
|------------------------------------------------------|-------|

|                |            |
|----------------|------------|
| TOTAL EXPENSES | \$1,141.08 |
|----------------|------------|

|                                             |            |
|---------------------------------------------|------------|
| TOTAL AMOUNT OF THIS INVOICE.....PLEASE PAY | \$2,302.08 |
|---------------------------------------------|------------|

Federal ID# 38-2750534

PROJAL.MJE

*[Handwritten signature]*

3713 6587

**F002A1 Invoice Worksheet****Invoice Period: 03/25/99****Ford Litigation Prevention Inspections**

| <b>Enc'd<br/>Date</b> | <b>SA<br/>Name</b> | <b>Begin<br/>Date</b> | <b>FEES</b>  |              | <b>EXPENSES</b> |              |                  |              |              |
|-----------------------|--------------------|-----------------------|--------------|--------------|-----------------|--------------|------------------|--------------|--------------|
|                       |                    |                       | <b>Hours</b> | <b>Total</b> | <b>Mileage</b>  | <b>Meals</b> | <b>Phone/Fax</b> | <b>Misc.</b> | <b>Total</b> |
| 3/24/99               | McMinn, C.         | 3/18/99               | 6            | \$708.00     | \$10.00         | \$0.00       | \$0.00           | \$58.45      | \$68.45      |
| 3/24/99               | McMinn, C.         | 3/18/99               | 21           | \$803.00     | \$74.24         | 45.85        | \$0.00           | \$81.87      | \$1,015.06   |

**Total Hours: 27****Total Professional Fees (\$43.00/hr.): \$1,161.00****Service Associate Expenses: \$1,081.50****EAA Misc. Office Expense (fax, phone, postage, etc.) \$59.40****Total Invoice: \$2,302.04**

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

PAGE 01

03/24/99

|     |                                             |         |        |                         |
|-----|---------------------------------------------|---------|--------|-------------------------|
| EAA | ASSOCIATE: Orville Mullins                  | ID# 248 | CLIENT | ZONE/REGION:            |
|     | PROJECT NAME: <i>FORD Lincoln Hood Fire</i> |         |        | CASE/FILE NO: <i>#2</i> |
|     | PROJECT NO. + EXT: <i>FC02 A</i>            |         |        | OWNER:                  |

|          |                                                                                                                                                                                                                                                                          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|          | EXPLANATION: <i>Investigation of Lincoln Hood Fire, Ford Motor Co. Accident File</i>                                                                                                                                                                                     |
|          |                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |

| HOURS    | DAY & DATE →       | 15-MAR-99 | 16-MAR-99 | 17-MAR-99 |  |  | YOUR AVAILABILITY               |
|----------|--------------------|-----------|-----------|-----------|--|--|---------------------------------|
|          | TRAVEL FROM (CITY) |           | Memphis   | Anaconda  |  |  | <input type="checkbox"/> GREEN  |
|          | TO                 |           | Chicago   | Memphis   |  |  | <input type="checkbox"/> YELLOW |
|          | TO                 |           | Anaconda  |           |  |  | <input type="checkbox"/> RED    |
|          | TO                 |           |           |           |  |  | TOTALS                          |
|          | TRAVEL HOURS       |           | 8         | 10        |  |  | 18                              |
|          | TOTAL HOURS        |           | 9         | 12        |  |  | 21                              |
| EXPENSES | AUTO MILES         |           | 24        | 24        |  |  | 48                              |
|          | MILEAGE \$         |           | 60.72     | 60.72     |  |  | 121.44                          |
|          | FUEL               |           |           |           |  |  |                                 |
|          | RENTAL CAR         |           |           | 60.80 ✓   |  |  | 60.80                           |
|          | AIR FARE           |           | 369.00 ✓  | 369.00 ✓  |  |  | 738.00                          |
|          | LODGING            |           | 120.99 ✓  |           |  |  | 120.99                          |
|          | MEALS              |           | 22.25     | 26.70     |  |  | 48.95                           |
|          | AIR BAG/ABS TEST   |           |           |           |  |  |                                 |
|          | PHONE & FAX        |           |           |           |  |  |                                 |
|          | FILM & DEVELOPING  |           |           |           |  |  |                                 |
|          | POSTAGE            |           | 16.88 ✓   |           |  |  |                                 |
|          | OTHER*             |           | 16.88 ✓   | 16.00 ✓   |  |  | 32.88                           |
|          | TOTAL EXPENSES     |           | 535.84    | 479.22    |  |  | 1,015.06 ✓                      |

\*DETAILS: 1645 Total purchase of Memphis electricity and other expenses  
 for 1645 is also in expense report #1600 Parking and 1645 to 1645  
 Manual @ Schilling

GASAT FORM 1000 (FORM 1000) Rev. 1/97

MAR 24 1999

02/24/99 WED 21:55 [TX/RX NO 8916] 0001

3713 5589

**TRANSPORTATION CHECK**

**PASSENGER RECEIPT**

NORTHWEST AIRLINES

NAME OF PASSENGER

EYKT

TRAVEL

STREET

WILLYN/DOH. MS

MULLINS/GRV. NR

\*\*NOT VALID FOR TRANSPORTATION\*\*

WHY IS YOUR RECEIPT

MEMPHIS  
IN 678 3001 00  
CHICAGO-CHARE

IN 678 1701 00

DATE OF ISSUE

DATE OF EXPIRATION

012 2142783094 3

ISS ON CHICAGO. LINE NO 4. 03 328.1200004.0000 00 17000 000 07 0003

USD 678.85  
US 64.15  
2P 4.00  
X7 3.00  
USD 738.85

012 2142783094 3

NOT VALID FOR TRAVEL  
012 2142783094 3

**NATIONAL CAR RENTAL**

RA 300610112 Inv 30000563468

Rental 16-MAR-1999 04:11 PM

28-MAR-1999 04:15 PM

CHICAGO O'HARE AIRPORT

Return 17-MAR-1999 11:29 AM

CHICAGO O'HARE AIRPORT

ORVILLE MULLINS

Vehicle # 8845888

Model GRAND AM 40

Class Driven ICAH Class Charged 20AR

Licenses FE28888 State/Province IL

Miles Driven 187

GENERAL MOTORS ACCEPTANCE CORP

Contract ID 8803877

| Charges | No Units | Price | Amount |
|---------|----------|-------|--------|
| T & M   | 1 Days   | 26.00 | 26.00  |

|            |         |  |      |
|------------|---------|--|------|
| UNLIM MILE | 8 Miles |  | 0.00 |
|------------|---------|--|------|

|     |          |       |       |
|-----|----------|-------|-------|
| F80 | 1 Annual | 24.00 | 24.00 |
|-----|----------|-------|-------|

|                     |  |  |      |
|---------------------|--|--|------|
| LESSOR TAX 2.75 USD |  |  | 2.75 |
|---------------------|--|--|------|

|                                 |  |  |      |
|---------------------------------|--|--|------|
| RETAILERS OCCUPATION TAX 2.75 P |  |  | 2.75 |
|---------------------------------|--|--|------|

|                        |  |  |      |
|------------------------|--|--|------|
| MEPA AROT TAX 00.000 E |  |  | 2.25 |
|------------------------|--|--|------|

|                                |  |  |      |
|--------------------------------|--|--|------|
| AUTOMOBILE RENTAL & OCCUPATION |  |  | 1.75 |
|--------------------------------|--|--|------|

|                           |  |  |      |
|---------------------------|--|--|------|
| CHICAGO TRAN TAX 00.000 E |  |  | 2.12 |
|---------------------------|--|--|------|

|                                |  |  |      |
|--------------------------------|--|--|------|
| AUTOMOBILE RENTAL & OCCUPATION |  |  | 0.30 |
|--------------------------------|--|--|------|

Total Charges **USD 80.00**

Paid By MC 0000 -80.00

**MEMPHIS SHELBY COUNTY AIRPORT AUTHORITY**

03/17/99 19:07

IN 03/15/99 11:06

FEE 2 \$16.00

TOTAL -> \$16.00

CASH TEND \$16.00

CHANGE 00.00

CASH PAID **\$16.00**

THANK YOU

199903 16 02

994 North Lake Street, Carle, IL

7032140 FLAME THE MARCH 20 1-97  
7032140 BLAKE STRAIN 1007 00 2-97

8.97  
1.80  
6.11  
16.88

THANK YOU!  
LB 03/17/99 044000 01217011 45

IN JENEL, NEW N  
3120 S. Mainline, Westchester, IL

MT, 3'N MARCIN

|                   |      |
|-------------------|------|
| ORDER 1 APR 2.507 | .44  |
| ORDER 1 PCN 2.502 | .44  |
| ORDER 1 PCN 2.502 | .44  |
| ORDER 1 PCN 2.502 | .44  |
| ORDER TAX .04 BAL | 1.80 |
| Cash              | 3.00 |
| CHANGE            | 3.20 |

3/16/99 17:32 0176 01 0470 143

THANK YOU FOR SHIPPING JENEL-ORCO  
JENEL: 700-531-0540 ORCO: 700-542-91





Date 03/17/99  
Time 07:56  
Page 1

AMERISUITES (CHI/MARKET)  
4305 BENOIR PARKWAY  
WARRENVILLE, IL 60059  
PHONE: (630) 393-8400  
FAX: (630) 393-5123

MULLINS, ORVILLE

GENERAL MOTORS  
621 PUAICRST  
COLLIERSVILLE TN 38017

| Date   | Description | Reference          | Room | Charges | Credits |
|--------|-------------|--------------------|------|---------|---------|
| MAR 17 | ROOM CHARGE |                    |      | 109.00  |         |
| MAR 17 | STATE TAX   |                    |      | 8.00    |         |
| MAR 17 | LOCAL TAX   |                    |      | 2.00    |         |
| MAR 17 | VISA/MC     | CHECKED - 03/17/99 |      |         | 129.00  |

I agree that my liability for this bill is not limited.

Authorized Signature: *[Signature]*



# FOREST CITY AUTO PARTS

STORE 868 PHONE: 630-892-8566  
850 N. LAKE STREET

STOP LOOKING! WE HAVE IT!

OPEN 7 DAYS  
LATE, LATE HOURS

OUR CUSTOMERS ARE OUR #1 PRIORITY  
WE LISTEN TO ALL COMMENTS & QUESTIONS  
PLEASE CALL NEPTALI AT 630-892-8566

CUSTOMER:

BTSCOUNT

INV #

DATE

PAGE #

868 -00008013

03/17/73

1

| SALESPERSON           |                 | REFERENCE             | TYPE OF SALE |              | SPECIAL INSTRUCTIONS |          |        |      |   |
|-----------------------|-----------------|-----------------------|--------------|--------------|----------------------|----------|--------|------|---|
| ONE                   |                 | DISCOUNT              | CASH : 5.11  |              |                      |          |        |      |   |
| MPG                   | PRY PART NUMBER | DESCRIPTION           |              | QTY          | REGULAR              | DISCOUNT | AMOUNT | WARR | C |
| 039                   | 524103F78       | U-317C 15MM COMB WHEN |              | 1            | 3.69                 | 3.69     | 3.69   |      |   |
| 027                   | 706001274       | BATTERY TESTER        |              | 1            | 1.99                 | 1.99     | 1.99   |      |   |
|                       |                 |                       |              |              | NET TOTAL :          |          | 5.68   |      |   |
|                       |                 |                       |              | X'S<br>REC'D |                      |          |        |      |   |
| CHANGE OUT CUSTOMER : |                 |                       |              | 3.69         | GRAND TOTAL :        |          | 6.11   |      |   |

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|     |                                          |         |        |               |
|-----|------------------------------------------|---------|--------|---------------|
| EAA | ASSOCIATE: Orville Mullins               | ID# 248 | CLIENT | ZONE/REGION:  |
|     | PROJECT NAME: <i>F000 UNDERMIND FIRE</i> |         |        | CASE/FILE NO: |
|     | PROJECT NO. + EXT: <i>F007A</i>          |         |        | OWNER:        |

|          |                                                                                                                                                                                                                                                                          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|          | EXPLANATION: <i>Investigation of UNDERMIND FIRE Memphis TN.</i>                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                          |

|                |                       |           |           |              |                     |                |                                 |
|----------------|-----------------------|-----------|-----------|--------------|---------------------|----------------|---------------------------------|
| HOURS          | DAY & DATE →          | 15 MAR 99 | 16 MAR 99 | 17 MAR 99    | 18 MAR 99           | 19 MAR 99      | YOUR AVAILABILITY               |
|                | TRAVEL FROM (City)    |           |           |              | <i>Collierville</i> |                | <input type="checkbox"/> GREEN  |
|                | TO                    |           |           |              | <i>Memphis</i>      |                | <input type="checkbox"/> YELLOW |
|                | TO                    |           |           |              | <i>Collierville</i> |                | <input type="checkbox"/> RED    |
|                | TO                    |           |           |              |                     |                | TOTALS                          |
| EXPENSES       | TRAVEL HOURS          |           |           |              | <i>1</i>            |                | <i>1</i>                        |
|                | TOTAL HOURS           |           |           |              | <i>6</i>            |                | <i>6</i>                        |
|                | AUTO MILES            |           |           |              | <i>36</i>           |                | <i>36</i>                       |
|                | MILEAGE \$ <i>.20</i> |           |           |              | <i>10.56</i>        |                | <i>10.56</i>                    |
|                | FUEL                  |           |           |              | <i>10.08</i>        |                | <i>10.08</i>                    |
|                | RENTAL CAR            |           |           |              |                     |                |                                 |
|                | AIR FARE              |           |           |              |                     |                |                                 |
|                | LODGING               |           |           |              |                     |                |                                 |
|                | MEALS                 |           |           |              |                     |                |                                 |
|                | AIR BAG/ABS TEST      |           |           |              |                     |                |                                 |
|                | PHONE & FAX           |           |           |              |                     |                |                                 |
|                | FILM & DEVELOPING     |           |           |              | <i>12.95</i> ✓      |                | <i>12.95</i>                    |
|                | POSTAGE               |           |           |              |                     | <i>43.50</i> ✓ | <i>43.50</i>                    |
| OTHER*         |                       |           |           | <i>28.51</i> | <i>43.50</i>        | <i>66.51</i>   |                                 |
| TOTAL EXPENSES |                       |           |           | <i>23.03</i> |                     | <i>66.53</i> ✓ |                                 |

\*DETAILS:

4-DATAPAGE/POWERPAGE Map.RPT

MAR 24 1999

03/24/99 WED 21:58 [TX/RX NO 38181] 0005

3713 5593

**edEx. USA Airbill** **811914557996**

From (please print and print hard) **3-20-98** Sender's Profile Account Number

**OD Mullins** Phone **(701) 854-4475**

**EAA**

**601 Quail CREST BL**

**Collinsville** **TXL = 38012**

To (please print and print hard) **JOE NEMF**

**FOX LUXURY/LIN CAR White Car**

**MAIL D. 1124 Cyle = 22/127 3000 Atlanta**

**Donovan** **TXL = 48101**

For HOLD at FedEx Location check here ☐ For WEEKEND Delivery check here ☐

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse ☐ Hold Warehouse

0200 Sender's Copy

Express Package Service ☐ Priority Mail ☐ Standard Overnight ☐ International ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

Signature Required ☐ Signature Not Required ☐ Signature Required ☐ Signature Not Required ☐

**WAL-MART**  
WE SELL FOR LESS  
MANAGER ROBERT HAYES  
(801) 854-5100  
STB 0175 DP4 00002159 TEO 03 TR0 03439  
LAB PROCESS 00787422259 11.96 J  
SUBTOTAL 11.96  
TAX 1 8.250 0.88  
TOTAL 12.84  
CASH TEND 20.00  
CHANGE TUX 77.05  
TCB 5178 5414 9402 5215 2987  
WAL-MART 03/18/98 THE PERFECT CHOICE  
03/18/98 17:32/98

**edEx USA Airbill** 811914557985

0200 Sender's Copy

From (please print and press hard)  
3-20-79 Sender's Public Account Number

to QD Mullins Phone 701 854-4179

via EAA

from 621 Quail Court Dr.

Collinsville TN 38017

To (please print and press hard)

to COMMERCIAL PARK NORTH

FORD CENTRAL TESTING LAB

15000 Country Drive TX 75118

Diablen TX 75118

For HOLD at FedEx location please note

For WEEKEND Delivery please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

Express Package Service ☒ Registered Mail ☐ Signature Required ☐ Insured ☐ Return Receipt ☐ Restricted ☐ Fragile ☐ Hazardous ☐ Live Animals ☐ Perishable ☐ Flammable ☐ Corrosive ☐ Radioactive ☐ Other ☐

Express Freight Service ☐ Registered Mail ☐ Signature Required ☐ Insured ☐ Return Receipt ☐ Restricted ☐ Fragile ☐ Hazardous ☐ Live Animals ☐ Perishable ☐ Flammable ☐ Corrosive ☐ Radioactive ☐ Other ☐

Postage ☐ Prepaid ☐ Collect ☐ Other ☐

Special Handling ☐ Fragile ☐ Hazardous ☐ Live Animals ☐ Perishable ☐ Flammable ☐ Corrosive ☐ Radioactive ☐ Other ☐

Payment ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card ☐ Other ☐

Total Postage ☐ Total Weight ☐ Total Restricted Value ☐ Total Charge ☐

Release Signature ☐ Signature Required ☐ Signature Not Required ☐

322

03/24/88 WED 21:55 [TX/RX NO 5616] 007

3713 5595

**edEx USA Airbill** 811914557774

0200 Sender's Copy

From (please print and press hard)  
3-20-79 Sender's Public Account Number

to QD Mullins Phone 701 854-4179

via EAA

from 621 Quail Court Dr.

Collinsville TN 38017

To (please print and press hard)

to FALCON AIRCRAFT

FORD CONSUMER AFFAIRS

11500 E. Drive Plaza TX 75118

Diablen TX 75118

For HOLD at FedEx location please note

For WEEKEND Delivery please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

For MAIL at FedEx location please note

Express Package Service ☒ Registered Mail ☐ Signature Required ☐ Insured ☐ Return Receipt ☐ Restricted ☐ Fragile ☐ Hazardous ☐ Live Animals ☐ Perishable ☐ Flammable ☐ Corrosive ☐ Radioactive ☐ Other ☐

Express Freight Service ☐ Registered Mail ☐ Signature Required ☐ Insured ☐ Return Receipt ☐ Restricted ☐ Fragile ☐ Hazardous ☐ Live Animals ☐ Perishable ☐ Flammable ☐ Corrosive ☐ Radioactive ☐ Other ☐

Postage ☐ Prepaid ☐ Collect ☐ Other ☐

Special Handling ☐ Fragile ☐ Hazardous ☐ Live Animals ☐ Perishable ☐ Flammable ☐ Corrosive ☐ Radioactive ☐ Other ☐

Payment ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card ☐ Other ☐

Total Postage ☐ Total Weight ☐ Total Restricted Value ☐ Total Charge ☐

Release Signature ☐ Signature Required ☐ Signature Not Required ☐

322

03/24/88 WED 21:55 [TX/RX NO 5616] 007

3713 5595

**ENGINEERING ANALYSIS ASSOCIATES, INC.**

30700 Telegraph Road, Suite 4558  
Bingham Farms, Michigan 48025-4528  
Tel: (248) 642-3232  
Fax: (248) 642-4558

**INVOICE**

|                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>TO:</b><br><br>Ms. Martha Thomas<br>Ford Motor Company<br>Mail Drop #3NE-A<br>16800 Executive Plaza Dr.<br>Dearborn, MI 48126-4207<br><br>Supplier No. K6PRA | <b>INVOICE NO.</b> |
|                                                                                                                                                                 | F002A2             |
|                                                                                                                                                                 | <b>DATE</b>        |
|                                                                                                                                                                 | 04-15-99           |
|                                                                                                                                                                 | <b>DUE DATE</b>    |
|                                                                                                                                                                 | 05-15-99           |

RE: Purchase Order No: PO2 P099 857191  
Requisition No.: RQ99020R01  
Bill To Location: 1718  
Ship To Location: Box 43358  
Period: 04/15/99

|                                                                                                                                                                                                              | <u>Hours</u> | <u>Total</u>      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|
| LINE NO. 001,<br>ITEM NO. PLANT PART NO.-MISC. 900104<br>Service Associate time to conduct<br>special underhood vehicle inspections<br>at the request of Litigation Prevention.<br>Rate of \$43.00 per hour. | 53.25        | 2,289.75          |
| <b>TOTAL PROFESSIONAL SERVICES</b>                                                                                                                                                                           | <b>53.25</b> | <b>\$2,289.75</b> |
| <b>ADDITIONAL CHARGES:</b>                                                                                                                                                                                   |              |                   |
| Service Associate expenses (see attached detail)                                                                                                                                                             |              | 1,256.39          |
| EAA misc. office expense (fax, phone, postage, etc.)                                                                                                                                                         |              | 69.10             |
| <b>TOTAL EXPENSES</b>                                                                                                                                                                                        |              | <b>\$1,325.49</b> |
| <b>TOTAL AMOUNT OF THIS INVOICE.....PLEASE PAY</b>                                                                                                                                                           |              | <b>\$3,615.24</b> |

Federal ID# 38-2750534

F002A2.012

*Handwritten signature*

3713 5596

**F002A2 Invoice Worksheet****Invoice Period: 4/15/99****Ford Litigation Prevention Inspections**

| <b>Rec'd<br/>Date</b> | <b>SA<br/>Name</b> | <b>Begin<br/>Date</b> | <b>FEEs</b>  |              | <b>EXPENSEs</b> |              |                  |              |              |
|-----------------------|--------------------|-----------------------|--------------|--------------|-----------------|--------------|------------------|--------------|--------------|
|                       |                    |                       | <b>Hours</b> | <b>Total</b> | <b>Mileage</b>  | <b>Meals</b> | <b>Phone/Fax</b> | <b>Misc.</b> | <b>Total</b> |
| 4/1/99                | Burnett, D.        | 3/17/99               | 10           | \$430.00     | \$88.78         | \$0.00       | \$0.00           | \$83.00      | \$151.82     |
| 4/1/99                | Burnett, D.        | 3/22/99               | 8.75         | \$419.25     | 105.56          | \$1.00       | \$0.00           | 198.28       | \$332.84     |
| 4/1/99                | Altshuler, R.      | 3/22/99               | 9.5          | \$408.50     | \$88.16         | \$0.00       | \$0.00           | \$45.82      | \$114.98     |
| 4/5/99                | Burnett, D.        | 3/30/99               | 13.5         | \$580.50     | 101.64          | \$8.00       | \$4.20           | 147.85       | \$291.47     |
| 4/6/99                | Burnett, D.        | 4/5/99                | 10.5         | \$451.50     | \$82.74         | \$0.00       | \$0.00           | 302.54       | \$305.28     |

**Total Hours: 63.25**

|                                                             |                   |
|-------------------------------------------------------------|-------------------|
| <b>Total Professional Fees (\$43.00/hr.):</b>               | <b>\$2,298.75</b> |
| <b>Service Associate Expenses:</b>                          | <b>\$1,298.39</b> |
| <b>EAA Misc. Office Expense (fax, phone, postage, etc.)</b> | <b>\$89.10</b>    |
| <b>Total Invoice:</b>                                       | <b>\$3,686.24</b> |

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

DATE: 3-22-89

|     |                                          |         |        |                                   |
|-----|------------------------------------------|---------|--------|-----------------------------------|
| EAA | ASSOCIATE: David Burnett                 | ID# 254 | CLIENT | ZONE/REGION: FLORIDA - NAPLES     |
|     | PROJECT NAME: Ford Unintended Inspection |         |        | CASE/FILE NO: LINCOLN 92 Town Car |
|     | PROJECT NO. + EXT: F002A                 |         |        | OWNER: LORETTA GRASS Case#1       |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> OTHER                                                                                                                                                                              |
|          | EXPLANATION: FORD UNINTENDED LINCOLN INSPECTION NO. TWO CAME TO BE<br>INSPECTED IN NAPLES, FL. DRIVE OVER TO BE ON TIME FOR A 9:11 AM<br>TUESDAY INSPECTION AS CALLED FOR IN MY FAX INFORMATION. INSPECTED<br>A REPAIRED LINCOLN - PHOTOGRAPHED VEHICLE. MET CAMP VERY HELPFUL & COOPERATIVE.<br>DROVE TO GERMAN LINCOLN DEALER TO RETURN SIG. FILE - TALKED TO SIG. MGR.<br>HE TOLD ABOUT REPAIR - RETURNED WRITE REPORT - PHOTOGRAPHS (3) SETS - PAID MY SHARE |

| HOURS    | DAY & DATE →          | Mon 3-22 | Tue 3-23 | Wed 3-24 |  |  | YOUR AVAILABILITY                       |
|----------|-----------------------|----------|----------|----------|--|--|-----------------------------------------|
|          | TRAVEL FROM (City)    | JUPITER  | NAPLES   | JUPITER  |  |  | <input type="checkbox"/> GREEN          |
|          | TO                    | NAPLES   | JUPITER  |          |  |  | <input type="checkbox"/> YELLOW         |
|          | TO                    | FLORIDA  |          |          |  |  | <input checked="" type="checkbox"/> RED |
|          | TO                    |          |          |          |  |  |                                         |
|          | TRAVEL HOURS          | 3.25     | 3.2      |          |  |  | TOTALS                                  |
|          | TOTAL HOURS           | 3.25     | 6.00     | .5       |  |  | 6.45                                    |
| EXPENSES | AUTO MILES            | 166      | 182      | 3        |  |  | 349.51                                  |
|          | MILEAGE \$ .25        | 46.48    | 50.96    | .84      |  |  | 98.28                                   |
|          | FUEL L. GRASS LINCOLN |          | 7.20 ✓   |          |  |  | 7.20                                    |
|          | RENTAL CAR            |          |          |          |  |  |                                         |
|          | AIR FARE              |          |          |          |  |  |                                         |
|          | LODGING               | 136.01 ✓ |          |          |  |  | 136.01                                  |
|          | MEALS                 | 20.00    | 11.00    |          |  |  | 31.00                                   |
|          | AIR BAG/ABS TEST      |          |          |          |  |  |                                         |
|          | PHONE & FAX XEROX     |          |          | 1.92     |  |  | 1.92                                    |
|          | FILM & DEVELOPING     | 3.75     | 10.67 ✓  |          |  |  | 14.42                                   |
|          | POSTAGE TOLLS         | 4.45     | 4.45     |          |  |  | 8.90                                    |
|          | OTHER* PERMITS \$2    |          |          | 35.00 ✓  |  |  | 35.00                                   |
|          | TOTAL EXPENSES        | 210.72   | 34.36    | 37.76    |  |  | 332.84                                  |

\*DETAILS: 210.72

332.84 ✓

David Burnett  
561-575 #74 APR - 1 1989  
3-22-89



5921279 5218 7083

5921279

Do not write above this line.

03249

NOVUS SERVICES

Explanation  
☒ Date  
☐ Notes

| Quantity | Unit | Description | Unit Cost | Amount |
|----------|------|-------------|-----------|--------|
|          |      | UPS         |           | 1      |
|          |      |             |           |        |
|          |      |             |           |        |
|          |      |             |           |        |
|          |      |             |           |        |

The Card issuer is authorized to pay the amount indicated as Total upon proper presentation. I acknowledge receipt of goods and services in the amount above. I affirm my obligations under the Cardmember Agreement.

Signature: *Daniel O. Burnett*

Subtotal: 1  
 Sales Tax:  
 Total: 31.00

Cardmember Copy

NOVUS SERVICES

# Sales Slip



$$\begin{array}{r} 73 \\ 73 \\ 174 \\ 26 \\ 75 \\ 91 \\ \hline 450 \\ 440 \\ \hline 890 \end{array}$$

025132 75-11 4.75 2419324

100-443887-100

FLORIDA DEPARTMENT OF TRANSPORTATION

TOLL RECEIPT  
JUPITER TOLL PLAZA

| MILEPOST | INTERCHANGE      | ASLES | ASLES | ASLES | ASLES | ASLES |
|----------|------------------|-------|-------|-------|-------|-------|
|          |                  | 2     | 3     | 4     | 5     | 6     |
| 238      | THREE LAKES      | 2.70  | 13.05 | 17.40 | 21.75 | 26.10 |
| 192      | YERAWAY JUNCTION | 4.00  | 8.50  | 9.20  | 11.30 | 13.80 |
| 182      | PORT PIERCE      | 3.20  | 3.30  | 4.40  | 5.50  | 6.60  |
| 142      | PORT ST. LUCIE   | 1.80  | 2.40  | 3.20  | 4.00  | 4.80  |
| 132      | STUART           | 1.10  | 1.65  | 2.20  | 2.75  | 3.30  |
| 116      | JUPITER          |       |       |       |       |       |
| 109      | PALM BEACH GONS  | 0.40  | 0.50  | 0.50  | 1.00  | 1.20  |
| 99       | W. PALM BEACH    | 0.80  | 1.20  | 1.80  | 2.35  | 2.70  |
| 93       | LAKE WORTH       | 1.20  | 1.80  | 2.40  | 3.25  | 3.90  |
| 88       | LANTANA          | 2.00  | 3.30  | 4.40  | 5.50  | 6.60  |

DATE MAR 23 1970

COLLECTOR

FLORIDA DEPARTMENT OF TRANSPORTATION

TOLL RECEIPT  
LANTANA TOLL PLAZA

| MILEPOST | INTERCHANGE      | ASLES | ASLES | ASLES | ASLES | ASLES |
|----------|------------------|-------|-------|-------|-------|-------|
|          |                  | 2     | 3     | 4     | 5     | 6     |
| 238      | THREE LAKES      | 10.00 | 16.25 | 21.60 | 27.25 | 32.70 |
| 192      | YERAWAY JUNCTION | 6.00  | 10.20 | 13.80 | 17.00 | 20.40 |
| 182      | PT. PIERCE       | 4.40  | 5.50  | 6.60  | 11.00 | 13.20 |
| 142      | PORT ST. LUCIE   | 3.20  | 5.70  | 7.00  | 9.50  | 11.40 |
| 132      | STUART           | 3.30  | 4.95  | 5.80  | 8.25  | 9.90  |
| 116      | JUPITER          | 2.00  | 3.30  | 4.40  | 5.50  | 6.60  |
| 109      | PALM BEACH GONS  | 1.20  | 2.70  | 3.20  | 4.50  | 5.40  |
| 99       | WEST PALM BEACH  | 1.00  | 1.80  | 2.00  | 3.25  | 3.90  |
| 93       | LAKE WORTH       | 0.80  | 1.35  | 1.80  | 2.25  | 2.70  |
| 88       | LANTANA          |       |       |       |       |       |

DATE

MAR 23 1970

COLLECTOR

718

# Guest Account

**\*  
Holiday  
Inn**

L. GLASS

FORA

| Invoice # | Rate   | Arrival | Depart  | Room No. | Account | Address | FF | ID  | Page |
|-----------|--------|---------|---------|----------|---------|---------|----|-----|------|
| 203       | 119.95 | 3/22/99 | 3/23/99 | 94016    | 2-CBANK | 0 TRAN  | 13 | DAY | 1    |

DAVID BURNETT

| Date      | Code | Description                 | ID | Description | Charges | Payments | Balance |
|-----------|------|-----------------------------|----|-------------|---------|----------|---------|
| 322       | 412  | 109 XXX 1-561-575-4174      |    |             | 5.26    | .00      | 5.26    |
| 322       | 111  | 0322000 BBA GUEST ROOM      |    |             | 119.95  | .00      | 125.21  |
| 322       | 811  | 0322001 BBA SALES TAX       |    |             | 7.20    | .00      | 132.41  |
| 322       | 812  | 0322002 BBA OCCUPANCY TAX   |    |             | 3.60    | .00      | 136.01  |
| 323       | 914  | 0323000 DAY VISA/MASTERCARD |    |             | .00     | -136.01  | .00     |
| **TOTAL** |      |                             |    |             |         |          | .00     |

I AGREE THAT MY LIABILITY FOR DAMAGES IS LIMITED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE SIGNATURE PERSON, COMPANY OR ASSOCIATE FAILS TO PAY THE FULL AMOUNT OF THESE CHARGES.

GUEST SIGNATURE

Independently owned and operated by Crown Properties, LTD

**NAPLES**  
1188 8th Street North  
NAPLES, FL 34102  
941-388-7148  
Fax: 941/261-3808

## EAA ACTIVITY &amp; EXPENSE REPORT

 1. START DATE: 3-8-99  
 2. RECEIVED DATE:

|     |                                     |         |        |                                     |
|-----|-------------------------------------|---------|--------|-------------------------------------|
| EAA | ASSOCIATE: David Burnett            | ID# 254 | CLIENT | ZONE/REGION: FLORIDA - DEVADET      |
|     | PROJECT NAME: Ford VINCENNA LINCOLN |         |        | CASE/FILE NO: FORD LINCOLN VINCENNA |
|     | PROJECT NO. + EXT: F002 A           |         |        | OWNER: VIRGINIA CROW DEVADET, FL    |

|                                                                 |                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY                                                        | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|                                                                 | EXPLANATION: RECEIVED FAX FROM EAA LISTING THREE CASES TO BE                                                                                                                                                                                                                        |
|                                                                 | INVESTIGATED. CURED CRACK WAS CORRUPT AND SET UP INSPECTION DATE AT                                                                                                                                                                                                                 |
|                                                                 | FIRE HOME IN DEVADET, FL. DROVE TO LOCATION - 105 P.M. + PHOTOGRAPHED                                                                                                                                                                                                               |
|                                                                 | A BRULP BURNED UNDERHOOD FIRE. WROTE REPORT ON RESULTS - AND FROM                                                                                                                                                                                                                   |
| DEVELOPED - DAMAGE DONE AND REPORT AND SENT ALL TO INITIAL FORD |                                                                                                                                                                                                                                                                                     |
| LOCATION FOR REPAIRING PARTS & INFO.                            |                                                                                                                                                                                                                                                                                     |

| HOURS          | DAY & DATE → 1999  | WED 3-17 | THU 3-18 | FRI 3-19    | SAT 3-20 | SUN 3-21 | MON 3-22 | YOUR AVAILABILITY<br><input type="checkbox"/> GREEN<br><input type="checkbox"/> YELLOW<br><input checked="" type="checkbox"/> RED |
|----------------|--------------------|----------|----------|-------------|----------|----------|----------|-----------------------------------------------------------------------------------------------------------------------------------|
|                | TRAVEL FROM (City) | Jupiter  | Jupiter  | Jupiter     |          |          |          |                                                                                                                                   |
| TO             |                    |          |          |             |          |          |          |                                                                                                                                   |
| TO             |                    |          |          | WESTERLY    |          |          |          |                                                                                                                                   |
| TO             |                    |          |          | W. HALL, FL |          |          |          |                                                                                                                                   |
| TRAVEL HOURS   |                    |          | 6.23     | .25         |          |          |          | 5.48                                                                                                                              |
| TOTAL HOURS    | .5                 |          | 8.00     | 1.5         |          |          |          | 10.                                                                                                                               |
| EXPENSES       | AUTO MILES         |          | 314      | 3           |          |          |          | 317                                                                                                                               |
|                | MILEAGE \$ 0.28    |          | 87.92    | .84         |          |          |          | 88.76 ✓                                                                                                                           |
|                | FUEL TOLLS         |          | 9.20     |             |          |          |          | 9.20                                                                                                                              |
|                | RENTAL CAR         |          |          |             |          |          |          |                                                                                                                                   |
|                | AIR FARE           |          |          |             |          |          |          |                                                                                                                                   |
|                | LODGING            |          |          |             |          |          |          |                                                                                                                                   |
|                | MEALS              |          |          |             |          |          |          |                                                                                                                                   |
|                | AIR BAG/ABS TEST   |          |          |             |          |          |          |                                                                                                                                   |
|                | PHONE & FAX        |          |          |             |          |          |          |                                                                                                                                   |
|                | FILM & DEVELOPING  | 7.56     | 14.45 ✓  |             |          |          |          | 22.01                                                                                                                             |
|                | POSTAGE VPO 8.00   |          |          |             |          | 31.85 ✓  |          | 31.85                                                                                                                             |
|                | OTHER*             |          |          |             |          |          |          |                                                                                                                                   |
| TOTAL EXPENSES | 7.56               | 111.87   | .84      |             | 31.85    |          | 151.82 ✓ |                                                                                                                                   |

\*DETAILS:

 DAVID BURNETT  
 561-575 4171

APR - 1 1999

COMMODITY NO. 68:1/2

FORMAL 105-AUG-81 (1)  
TOLSON  
100-443888

**9. CONCLUSIONS AND FUTURE RESEARCH**

**TOLL RECEIPT****YEEHAW JUNCTION TOLL PLAZA**

| MILEPOST | INTERCHANGE     | ADLES | ADLES | ADLES | ADLES | ADLES |
|----------|-----------------|-------|-------|-------|-------|-------|
|          |                 | 2     | 3     | 4     | 5     | 6     |
| 22E      | THREE LAKES     | 4.10  | 8.15  | 8.20  | 10.85 | 12.30 |
| 199      | YEEHAW JUNCTION |       |       |       |       |       |
| 142      | PORT PIERCE     | 2.40  | 3.80  | 4.80  | 8.00  | 7.20  |
| 143      | PORT ST. LUCIE  | 3.00  | 4.50  | 6.00  | 7.50  | 9.00  |
| 133      | STUART          | 2.50  | 3.25  | 7.00  | 8.75  | 10.50 |
| 118      | JUPITER         | 4.80  | 6.00  | 9.20  | 11.50 | 13.80 |
| 108      | PALM BEACH GDS  | 5.00  | 7.50  | 10.00 | 12.50 | 15.00 |
| 98       | W. PALM BEACH   | 3.50  | 8.25  | 11.00 | 13.75 | 16.50 |
| 83       | LAKE WORTH      | 5.50  | 8.55  | 11.50 | 14.75 | 17.75 |
| 68       | LANTANA         | 6.00  | 10.25 | 13.50 | 17.00 | 20.40 |

WALMART

**WE SELL FOR LESS**

MANAGER CHARLIE CONNER

( 361 ) 746 - 6422

ST# 2176 DP# 00001372 TE# 65 TR# 00952

LAN PROCESS 007074222594 6.67

|             |              |      |   |
|-------------|--------------|------|---|
| LAB ADDRESS | 007874222594 | 0.81 | J |
| LAB PROCESS | 007874222594 | 0.96 | J |

|          |       |
|----------|-------|
| SUBTOTAL | 13.63 |
|----------|-------|

|       |         |      |
|-------|---------|------|
| TAX 1 | 4.000 % | 0.52 |
|-------|---------|------|

|       |       |
|-------|-------|
| TOTAL | 14.45 |
|-------|-------|

HEARD TEND 14.45

ACELUNT #7683-10/94

APPROVAL #519717

TRANS ID -

VALIDATION -

PAYMENT SERVICE - M

CHANGE DUE 0.00

DATE MAR 19 1960 COLLECTION *470*

EC# 1203 4944 2477 4983 9150  
WAL-MART GIFT CARD, THE PERFECT CHOICE  
03/21/99 15:06:59

\*\*CUSTOMER COPY\*\*

**MAIL BOX ETC.**

**PARCEL SHIPPING ORDER** Rev. 10/10

|           |                |
|-----------|----------------|
| NRNETT    | DATE 3/22/99   |
| EEZELOX C | PHONE 575 4139 |
|           | DAYTIME PHONE  |

PARCEL SHIPPING ORDER  
No. **36440848**

|                             |           |                                                                                     |                                                                                                                                           |
|-----------------------------|-----------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| UNITAL TOWER 4TH FLOOR      | Picture   | 106 2                                                                               | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| SEE FARM NORTH              | Documents | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| TURBID                      | PHOTO     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| APR 12 1962                 | PHONE     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
|                             |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| APT. 8                      |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| Hand Day 10 Tracking Number |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| 12 349 526 01 1010 017 3    |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
|                             |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| APT. 8                      |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |
| PHONE                       |           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>SEE #5 BELOW | <input type="checkbox"/> BROKEN<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> OTHER |

**3713 5805**

# EAA ACTIVITY & EXPENSE REPORT (See Reverse Side For Instructions)

|            |                                        |               |                           |
|------------|----------------------------------------|---------------|---------------------------|
| <b>EAA</b> | ASSOCIATE: R. E. ALLBRITTEN / 442      | <b>CLIENT</b> | ZONE/REGION: DALLAS       |
|            | PROJECT NAME: ORD UNDERHOOD INSPECTION |               | CASE/FILE NO: 3           |
|            | PROJECT NO. + EXT: F002A               |               | OWNER: ALLSTATE INSURANCE |

|                 |                                                                                                                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACTIVITY</b> | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> OTHER |
|                 | EXPLANATION: Inspected Vehicle #3 (1LNLM81WZNY718504) in Tyler, TX at SEAL Corp.                                                                                                                                                                                                    |
|                 |                                                                                                                                                                                                                                                                                     |
|                 |                                                                                                                                                                                                                                                                                     |
|                 |                                                                                                                                                                                                                                                                                     |

| DAY & DATE ➡          | MONDAY 03/22/88 | TUESDAY 03/23/88 | WEDNESDAY 03/24/88 | THURSDAY 03/25/88 | FRIDAY 03/26/88 | Your Availability                         |
|-----------------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------------------------------|
| TRAVEL FROM (City)    | Piano, TX       | Piano, TX        | Piano, TX          | Piano, TX         | Piano, TX       | <input checked="" type="checkbox"/> GREEN |
| TO                    | Tyler, TX       |                  |                    |                   |                 | <input type="checkbox"/> YELLOW           |
| TO                    | Piano, TX       |                  |                    |                   |                 | <input type="checkbox"/> RED              |
| TO                    |                 |                  |                    |                   |                 | <b>TOTALS</b>                             |
| TRAVEL HOURS          | 6               |                  |                    |                   |                 | 6                                         |
| TOTAL HOURS           | 9.5             |                  |                    |                   |                 | 9.5                                       |
| AUTO MILES            | 247             |                  |                    |                   |                 | 247                                       |
| AUTO \$               | 69.16 ✓         | 0.00             | 0.00               | 0.00              | 0.00            | 69.16                                     |
| CAR RENTAL            |                 |                  |                    |                   |                 | 0.00                                      |
| RENTAL FUEL           |                 |                  |                    |                   |                 | 0.00                                      |
| AIR FARE              |                 |                  |                    |                   |                 | 0.00                                      |
| LODGING               |                 |                  |                    |                   |                 | 0.00                                      |
| MEALS                 |                 |                  |                    |                   |                 | 0.00                                      |
| AIR BAG/ABS TEST      |                 |                  |                    |                   |                 | 0.00                                      |
| PHONE & FAX           |                 |                  |                    |                   |                 | 0.00                                      |
| FILM & DEVELOPING     | 19.32 ✓         |                  |                    |                   |                 | 19.32                                     |
| POSTAGE               |                 |                  | 26.50 ✓            |                   |                 | 26.50                                     |
| OTHER                 |                 |                  |                    |                   |                 | 0.00                                      |
| <b>TOTAL EXPENSES</b> | <b>69.48</b>    | <b>0.00</b>      | <b>26.50</b>       | <b>0.00</b>       | <b>0.00</b>     | <b>114.98</b>                             |

DETAILS: \_\_\_\_\_

TEB  
NOTE: 0328 FORD

APR -1 1988

ALLSPT-1087

3713 5806



Your C

PHOTO LAB

**BROOKSHIRE'S**100 RICE RD.  
TYLER, TEXAS PHONE 561-6247

TERM# 66 STORE#051 OPERATOR#189

T FILM DEVELOPING 13.96 t  
KODAK GOLD PLUS 20 3.09 TSUBTOTAL 17.85  
TAX DUE 1.47  
TOTAL 19.32CREDIT CARD 19.32  
CASH CHG .00

NUMBER OF ITEMS 2

55 X72 9051 Opr#189 03/22/99 14:29:26

Se

tloed

**FedEx USA Airbill** 801512898783

0200 m

Sender's Copy

1 from (please print and press hard)  
to 03/22/99 Sender's FedEx Account Number

from R. E. ALDRITTEN Phone 872 812-3727

to ENGINEERING ANALYSIS ASSOCIATES, INC.

at 2713 HIGHTHAM DRIVE

to PLANO, TX ZIP 75025-2127

2 Your Internal Billing Reference Information  
(Carriers must be checked and appear on invoice) FORD3 to (please print and press hard)  
Name DOE NEME

to FORD LUXURY/LARGE CAR VEHICLE CENTER

Address 26000 ROTUNDA DRIVE, BLDG. 1 - MAIL DROP 1124 CUBBORNS  
to 26000 Rotunda Drive, Bldg. 1 - Mail Drop 1124 Cubbors

to DEARBORN, MI ZIP 48121

For RCL 5 at FedEx Location check here  
For Saturday Delivery check here

Insurance Declaration: We agree to the terms and conditions of the insurance policy. We agree to the terms and conditions of the insurance policy. We agree to the terms and conditions of the insurance policy.

Insurance Declaration: We agree to the terms and conditions of the insurance policy. We agree to the terms and conditions of the insurance policy. We agree to the terms and conditions of the insurance policy.

Insurance Declaration: We agree to the terms and conditions of the insurance policy. We agree to the terms and conditions of the insurance policy. We agree to the terms and conditions of the insurance policy.

Questions?  
Call 1-800-On-FedEx (800-485-3536)

The World On Time

1 Express Package Service. Packages under 100 lbs. ☐ Priority Overnight ☒ Priority Standard Overnight ☐ Priority Saver

☐ FedEx First Overnight ☐ FedEx International ☐ FedEx International Economy

2 Express Freight Service. Packages over 100 lbs. ☐ FedEx Ground Freight ☐ FedEx Freight ☐ FedEx Freight Economy

3 Packaging ☒ FedEx ☐ FedEx ☐ FedEx ☐ FedEx

4 Special Handling ☐ Yes ☐ No

5 Payment ☐ Cash ☐ Credit Card ☐ Check

6 Signature ☐ Signature ☐ Signature

7 Tracking ☐ Tracking ☐ Tracking

8 Insurance ☐ Insurance ☐ Insurance

9 Signature ☐ Signature ☐ Signature

10 Signature ☐ Signature ☐ Signature

11 Signature ☐ Signature ☐ Signature

12 Signature ☐ Signature ☐ Signature

13 Signature ☐ Signature ☐ Signature

14 Signature ☐ Signature ☐ Signature

15 Signature ☐ Signature ☐ Signature

16 Signature ☐ Signature ☐ Signature

17 Signature ☐ Signature ☐ Signature

18 Signature ☐ Signature ☐ Signature

19 Signature ☐ Signature ☐ Signature

20 Signature ☐ Signature ☐ Signature

287

3713 5607



## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

SENT 4-2-99

RIZ

|     |                                        |         |        |                                 |
|-----|----------------------------------------|---------|--------|---------------------------------|
| EAA | ASSOCIATE: David Burnett               | ID# 254 | CLIENT | ZONE/REGION: FLORIDA, FT. MYERS |
|     | PROJECT NAME: FORD UNDERWOOD INSURANCE |         |        | CASE/FILE NO: F002 - #17N       |
|     | PROJECT NO. + EXT: F002A               |         |        | OWNER: NATIONWIDE INS           |

|          |                                                                                                                                                                                                                                                                                              |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION<br><input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER UNDERWOOD INSURANCE |
|          | EXPLANATION: RECEIVED INFORMATION FROM CPA INVOLVING AN                                                                                                                                                                                                                                      |
|          | UNDERWOOD INSURANCE OF A 42 LINDEN LOCATED IN FT. MYERS FL.                                                                                                                                                                                                                                  |
|          | PROVE PRIOR AFTERNOON TO AREA FOR A 9:30 AM INSPECTION                                                                                                                                                                                                                                       |
|          | OF VEHICLE. MET WITH THREE OTHER INVESTIGATORS TO REVIEW                                                                                                                                                                                                                                     |
|          | UNDERWOOD DAMAGE - UPDATE RPT - DEVELOP PHOTOGRAPH                                                                                                                                                                                                                                           |
|          | REMOVED PRIORITIZED UPS - SHIPPING - TYPED REPORT                                                                                                                                                                                                                                            |

| HOURS    | DAY & DATE → 1999           | 3-30 TH   | 3-31 WED  | 4-1 TH  | YOUR AVAILABILITY                       |          |
|----------|-----------------------------|-----------|-----------|---------|-----------------------------------------|----------|
|          | TRAVEL FROM (CITY)          | JUPITER   | FT. MYERS | JUPITER | <input type="checkbox"/> GREEN          |          |
|          | TO                          | FT. MYERS | JUPITER   |         | <input type="checkbox"/> YELLOW         |          |
|          | TO                          |           |           |         | <input checked="" type="checkbox"/> RED |          |
|          | TO                          |           |           |         | TOTALS                                  |          |
|          | TRAVEL HOURS                | 3         | 3.5       | .5      |                                         | 7        |
|          | TOTAL HOURS                 | 3         | 6.5       | 4.0     |                                         | 13.5 ✓   |
| EXPENSES | AUTO MILES                  | 175       | 185       | 3       |                                         | 363      |
|          | MILEAGE \$ 0.25             | 43.75     | 46.25     | .75     |                                         | 90.75 ✓  |
|          | FUEL                        |           |           |         |                                         |          |
|          | RENTAL CAR                  |           |           |         |                                         |          |
|          | AIR FARE                    |           |           |         |                                         |          |
|          | LODGING                     | 77.30 ✓   |           |         |                                         | 77.30    |
|          | MEALS                       | 26.25     | 12.25     |         |                                         | 38.50    |
|          | AIR BAG/ABS TEST            |           |           |         |                                         |          |
|          | PHONE & FAX                 | 4.20      |           |         |                                         | 4.20     |
|          | FILM & DEVELOPING           | 2.56      |           | 25.97 ✓ |                                         | 28.53    |
|          | POSTAGE <del>Priority</del> |           |           | 35.00 ✓ |                                         | 35.00    |
|          | OTHER* Tools                | .90       | .90       |         |                                         | 1.80     |
|          | TOTAL EXPENSES              | 149.66    | 64.70     | 61.81   |                                         | 276.17 ✓ |

\*DETAILS:

DAVID BURNETT - 1999

4-1-99

3713 5809

## Page 647

**PARCEL SHIPPING ORDER**No. **36441319**

STREET APT. 2  
CITY/STATE/ZIP

3. We are not liable for the failure of the Carrier to promptly deliver or exact funds for GDS Funds. If the Carrier, absent its payment for GDS by the Carrier, it will not be your responsibility. GDS Order is noted on GDS log. You acknowledge that you have read and understood the limitations on the GDS log.

4. We are not liable for Carrier's failure to retain timely delivery on delivery date specified. Any statement by us as to the date of delivery by Carrier is a statement of belief but no warranty, and is not intended to be any reliance. We are not liable for any equipment, hardware, or product damages, nor any loss or damage resulting from delays in shipping or delivery.

5. This Physical Shipping Order constitutes the full and complete agreement between you and us, and supersedes all previous or future representations, either written or oral. If declared value coverage is requested, such coverage is governed by the applicable declared value limits of the product.

6. GDS Orders are covered and shipped by United States of Mail from the USA. We are not responsible for any customs or duties. See Penetration is not responsible for any customs or duties. We are not responsible for any customs or duties.

I really don't agree to the changing trend that's taking place outside and  
 their values for some people that are better and complete.

Don't know of Burnett

|           |       |
|-----------|-------|
| SUB-TOTAL | \$    |
|           |       |
|           |       |
|           |       |
| TAX       |       |
|           | 135.- |

*Thank You*

CENTER # \_\_\_\_\_

EMPLOYER'S INITIALS \_\_\_\_\_

© 1985 MARS, INCORPORATED (1985 Ed., Rev. 10/83) (FC/94) 0220100



DAYS INN

THE 1970-71

W. SEYMOUR

W. SEYMOUR

From Process  
OPS Account

| DATE  | DESCRIPTION | AMOUNT |  |       |
|-------|-------------|--------|--|-------|
| 10/10 | 100.00      |        |  | 420   |
| 10/11 | 100.00      |        |  | 77.30 |
| 10/12 | 100.00      |        |  |       |
| 10/13 | 100.00      |        |  |       |
| 10/14 | 100.00      |        |  |       |
| 10/15 | 100.00      |        |  |       |
| 10/16 | 100.00      |        |  |       |
| 10/17 | 100.00      |        |  |       |
| 10/18 | 100.00      |        |  |       |
| 10/19 | 100.00      |        |  |       |
| 10/20 | 100.00      |        |  |       |
| 10/21 | 100.00      |        |  |       |
| 10/22 | 100.00      |        |  |       |
| 10/23 | 100.00      |        |  |       |
| 10/24 | 100.00      |        |  |       |
| 10/25 | 100.00      |        |  |       |
| 10/26 | 100.00      |        |  |       |
| 10/27 | 100.00      |        |  |       |
| 10/28 | 100.00      |        |  |       |
| 10/29 | 100.00      |        |  |       |
| 10/30 | 100.00      |        |  |       |
| 10/31 | 100.00      |        |  |       |

FLORIDA DEPARTMENT OF TRANSPORTATION

## TOLL RECEIPT

## WEST PALM BEACH TOLL PLAZA

| MILEPOST | INTERCHANGE     | ADDED | ADDED | ADDED | ADDED | ADDED |
|----------|-----------------|-------|-------|-------|-------|-------|
|          |                 | 2     | 3     | 4     | 5     | ADDED |
| 236      | THUNDER LAKE    | 0.00  | 14.00 | 10.20 | 24.00 |       |
| 199      | VERMAY JUNCTION | 0.00  | 0.25  | 11.00 | 19.75 |       |
| 102      | FORT PIERCE     | 2.10  | 4.65  | 0.00  | 7.75  |       |
| 143      | PORT ST. LUCIE  | 2.00  | 0.75  | 0.00  | 0.25  |       |
| 123      | STUART          | 2.00  | 0.00  | 4.00  | 0.00  |       |
| 116      | JUPITER         | 0.00  | 1.00  | 1.00  | 2.00  |       |
| 100      | PALM BEACH GDS  | 0.00  | 0.75  | 1.00  | 1.25  |       |
| 89       | W. PALM BEACH   |       |       |       |       |       |
| 22       | LAKE WORTH      | 0.00  | 0.00  | 0.00  | 1.00  |       |
| 21       | LANTANA         | 1.00  | 1.00  | 2.00  | 3.25  |       |

DATE

3/30

COLLECTION

WAL-MART

35.42

35.42

WE SELL FOR LESS

HAMMER CHARLIE CORNER

( 501 ) 744 - 6422

ST# 2176 OP# 00001293 TER AS TR# 00342

LAB PROCESS 007874222594 - 12.72 J

LAB PROCESS 007874222594 - 13.25 J

3300 FILM X 004177137309 - 7.44 J

SUBTOTAL 33.41

TAX 1 4.00 2 2.01

TOTAL 35.42

NCARD TERM 35.42

TRANS ID -

VALIDATION -

PAYMENT SERVICE - H

CHANGE DUE 0.00

ICH 1033 4543 2277 4125 9190

WAL-MART GIFT CARD, THE PERFECT CHOICE

04/01/99 16:17:03

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

DATE: 4-29

DATE: 4-29

|     |                                    |         |        |                               |
|-----|------------------------------------|---------|--------|-------------------------------|
| EAA | ASSOCIATE: David Burnett           | ID# 264 | CLIENT | ZONE/REGION: TAMPA, FL        |
|     | PROJECT NAME: Ford Under Hood Insp |         |        | CASE/FILE NO: F002 - CASE 39N |
|     | PROJECT NO. + EXT: F002A           |         |        | OWNER: John TAAFFE            |

INVESTIGATION PERFORMED: ☐ AIRBAG ☐ ACCIDENT ☐ UNINTENDED ACCELERATION  
☐ REPEAT ☐ ABS ☐ FIRE ☐ OTHER UNDER HOOD INSPECTION

ACTIVITY  
 EXPLANATION: RECEIVED A FAX FROM EAA CONCERNING AN UNDER HOOD INSPECTION ON A 92 GRAND MARQUIS. CHECKED WITH ALAN H. CONCERNING TRIP BECAUSE OF THE BOOKING NEED TO WORK ABOUT MONDAY MORNING. GOT ON - CROOKED TICKETS & CAR FOR MONDAY APR 5, 99. I WAS ABLE TO GET LAST SEAT AUG 30 FLIGHT. INSPECTED CAR - REMOVED PARTS PHOTOGRAPHED INSURED VEHICLE - DENIED REPORT REQUESTED AT 6:15 PM. TYPED RPT IN APRIL, DEVELOPED BEST PHOTO - PACKAGED PART FILES. PRIORITY MET DAY 5 IMPRINT OF PARTS - 2 REPORTS - SENT CLIENT FAX TO ALAN H.

|          |                       |           |           |  |  |  |                                 |
|----------|-----------------------|-----------|-----------|--|--|--|---------------------------------|
| HOURS    | DAY & DATE →          | APR 5 MON | APR 6 TUE |  |  |  | YOUR AVAILABILITY               |
|          | TRAVEL FROM (CITY)    | JUPITER   | JUPITER   |  |  |  | <input type="checkbox"/> GREEN  |
|          | TO                    | W.P.A.    |           |  |  |  | <input type="checkbox"/> YELLOW |
|          | TO                    | TAMPA     |           |  |  |  | <input type="checkbox"/> RED    |
|          | TO                    | JUPITER   |           |  |  |  | TOTALS                          |
|          | TRAVEL HOURS          | 2.0       | 1.5       |  |  |  | 2.5                             |
|          | TOTAL HOURS           | 8.0       | 2.5       |  |  |  | 10.5                            |
| EXPENSES | AUTO MILES            | 30        | 3         |  |  |  | 33                              |
|          | MILEAGE \$ 2.25       | 840       | 84        |  |  |  | 824                             |
|          | FUEL                  |           |           |  |  |  |                                 |
|          | RENTAL CAR            | 53.50     |           |  |  |  | 53.50                           |
|          | AIR FARE              | 237.20    |           |  |  |  | 237.20                          |
|          | LODGING               |           |           |  |  |  |                                 |
|          | MEALS                 |           |           |  |  |  |                                 |
|          | AIR BAG/ABS TEST      |           |           |  |  |  |                                 |
|          | PHONE & FAX           |           |           |  |  |  |                                 |
|          | FILM & DEVELOPING     | 3.78      | 14.05     |  |  |  | 17.83                           |
|          | POSTAGE UPS Priority  |           | 46.31     |  |  |  | 46.31                           |
|          | OTHER* YOLOV - 01-K40 |           | 1.20      |  |  |  | 1.20                            |
|          | TOTAL EXPENSES        | 302.88    | 62.40     |  |  |  | 365.28                          |

DETAILS:

David Burnett  
 EX. FOR DIR

3713 5613

# U.S. AIRWAYS

**ELECTRONIC TICKET**

**PASSENGER RECEIPT**

ISSUED BY U.S. AIRWAYS INC. (U.S. AIRWAYS)  
SUBJECT TO CONDITIONS OF CARRIAGE

2141488848 PRI 10Y 01/21/84  
BURNETT/DAVID ENZYCS/US  
NOT VALID FOR TRANSPORTATION THROUGHOUT YOUR JOURNEY  
NONREFUNDABLE // VALID US ONLY  
FP 1K548788882187883-853897 1888 /TPR 01.85 147.67/18/3078 US PRI 01.85 6  
5.8888/3078 218.37 EN 27P0217P42 HFP0317P43

XE 8.00  
USD 218.37  
Z 4.00  
USD 18.83  
USD 237.20

06913930284

037 2141488848 0

# U.S. AIRWAYS

**BOARDING PASS**

PRI 10Y 01/21/84  
2141488848

NOT VALID FOR TRAVEL  
037 2141488848

# U.S. AIRWAYS

**ELECTRONIC TICKET**

**PASSENGER ITINERARY**

ISSUED BY U.S. AIRWAYS INC. (U.S. AIRWAYS)  
SUBJECT TO CONDITIONS OF CARRIAGE

BURNETT/DAVID ENZYCS  
MONDAY  
LU WEST PALM BEACH 838R FLT3881 COACH  
AN TAMPA TPA 738R  
LU TAMPA TPA 818P FLT3884 COACH  
AN WEST PALM BEACH 818P

06913930295

NOT VALID FOR TRANSPORTATION

# U.S. AIRWAYS

**BOARDING PASS**

PLEASE NOTE -- YOU  
WILL BE REQUIRED TO  
PRESENT A PHOTO ID  
AT AIRPORT CHECKIN

U.S. AIRWAYS EXPRESS  
U.S. AIRWAYS EXPRESS

TAMPA INT'L AIRPORT 377440078  
RENTAL RECORD:  
DAVID BURNETT  
COMPLETED BY:  
RENTAL: TAMPA INT'L AIRPORT 338  
RENTAL: 04/08/83 07:40  
RETURN: 04/08/83 16:34  
MILES IN: 17716 OUT: 17947  
MILES DRAIN: EN  
PLAN NUMBER: 188 888  
CL5: C

1 INCH 61.40 61.40  
SUBTOTAL 7.85 69.25  
CON. FEE RECOVERY 4.34 73.59  
TAX 5.78 79.37  
FLA SURCH 2.43 81.80  
NET RE 81.80

Thank you for renting from  
**Hertz**



**Exam 0002**

**PARCEL SHIPPING ORDER**No. 31912257

|                                   |  |     |
|-----------------------------------|--|-----|
| <input type="checkbox"/> SQUAD    |  | OC  |
| <input type="checkbox"/> 1st AN   |  | COO |
| <input type="checkbox"/> 2nd AN   |  | OCN |
| <input type="checkbox"/> 3rd AN   |  | OCN |
| <input type="checkbox"/> 4th AN   |  | OCN |
| <input type="checkbox"/> 5th AN   |  | OCN |
| <input type="checkbox"/> 6th AN   |  | OCN |
| <input type="checkbox"/> 7th AN   |  | OCN |
| <input type="checkbox"/> 8th AN   |  | OCN |
| <input type="checkbox"/> 9th AN   |  | OCN |
| <input type="checkbox"/> 10th AN  |  | OCN |
| <input type="checkbox"/> 11th AN  |  | OCN |
| <input type="checkbox"/> 12th AN  |  | OCN |
| <input type="checkbox"/> 13th AN  |  | OCN |
| <input type="checkbox"/> 14th AN  |  | OCN |
| <input type="checkbox"/> 15th AN  |  | OCN |
| <input type="checkbox"/> 16th AN  |  | OCN |
| <input type="checkbox"/> 17th AN  |  | OCN |
| <input type="checkbox"/> 18th AN  |  | OCN |
| <input type="checkbox"/> 19th AN  |  | OCN |
| <input type="checkbox"/> 20th AN  |  | OCN |
| <input type="checkbox"/> 21st AN  |  | OCN |
| <input type="checkbox"/> 22nd AN  |  | OCN |
| <input type="checkbox"/> 23rd AN  |  | OCN |
| <input type="checkbox"/> 24th AN  |  | OCN |
| <input type="checkbox"/> 25th AN  |  | OCN |
| <input type="checkbox"/> 26th AN  |  | OCN |
| <input type="checkbox"/> 27th AN  |  | OCN |
| <input type="checkbox"/> 28th AN  |  | OCN |
| <input type="checkbox"/> 29th AN  |  | OCN |
| <input type="checkbox"/> 30th AN  |  | OCN |
| <input type="checkbox"/> 31st AN  |  | OCN |
| <input type="checkbox"/> 32nd AN  |  | OCN |
| <input type="checkbox"/> 33rd AN  |  | OCN |
| <input type="checkbox"/> 34th AN  |  | OCN |
| <input type="checkbox"/> 35th AN  |  | OCN |
| <input type="checkbox"/> 36th AN  |  | OCN |
| <input type="checkbox"/> 37th AN  |  | OCN |
| <input type="checkbox"/> 38th AN  |  | OCN |
| <input type="checkbox"/> 39th AN  |  | OCN |
| <input type="checkbox"/> 40th AN  |  | OCN |
| <input type="checkbox"/> 41st AN  |  | OCN |
| <input type="checkbox"/> 42nd AN  |  | OCN |
| <input type="checkbox"/> 43rd AN  |  | OCN |
| <input type="checkbox"/> 44th AN  |  | OCN |
| <input type="checkbox"/> 45th AN  |  | OCN |
| <input type="checkbox"/> 46th AN  |  | OCN |
| <input type="checkbox"/> 47th AN  |  | OCN |
| <input type="checkbox"/> 48th AN  |  | OCN |
| <input type="checkbox"/> 49th AN  |  | OCN |
| <input type="checkbox"/> 50th AN  |  | OCN |
| <input type="checkbox"/> 51st AN  |  | OCN |
| <input type="checkbox"/> 52nd AN  |  | OCN |
| <input type="checkbox"/> 53rd AN  |  | OCN |
| <input type="checkbox"/> 54th AN  |  | OCN |
| <input type="checkbox"/> 55th AN  |  | OCN |
| <input type="checkbox"/> 56th AN  |  | OCN |
| <input type="checkbox"/> 57th AN  |  | OCN |
| <input type="checkbox"/> 58th AN  |  | OCN |
| <input type="checkbox"/> 59th AN  |  | OCN |
| <input type="checkbox"/> 60th AN  |  | OCN |
| <input type="checkbox"/> 61st AN  |  | OCN |
| <input type="checkbox"/> 62nd AN  |  | OCN |
| <input type="checkbox"/> 63rd AN  |  | OCN |
| <input type="checkbox"/> 64th AN  |  | OCN |
| <input type="checkbox"/> 65th AN  |  | OCN |
| <input type="checkbox"/> 66th AN  |  | OCN |
| <input type="checkbox"/> 67th AN  |  | OCN |
| <input type="checkbox"/> 68th AN  |  | OCN |
| <input type="checkbox"/> 69th AN  |  | OCN |
| <input type="checkbox"/> 70th AN  |  | OCN |
| <input type="checkbox"/> 71st AN  |  | OCN |
| <input type="checkbox"/> 72nd AN  |  | OCN |
| <input type="checkbox"/> 73rd AN  |  | OCN |
| <input type="checkbox"/> 74th AN  |  | OCN |
| <input type="checkbox"/> 75th AN  |  | OCN |
| <input type="checkbox"/> 76th AN  |  | OCN |
| <input type="checkbox"/> 77th AN  |  | OCN |
| <input type="checkbox"/> 78th AN  |  | OCN |
| <input type="checkbox"/> 79th AN  |  | OCN |
| <input type="checkbox"/> 80th AN  |  | OCN |
| <input type="checkbox"/> 81st AN  |  | OCN |
| <input type="checkbox"/> 82nd AN  |  | OCN |
| <input type="checkbox"/> 83rd AN  |  | OCN |
| <input type="checkbox"/> 84th AN  |  | OCN |
| <input type="checkbox"/> 85th AN  |  | OCN |
| <input type="checkbox"/> 86th AN  |  | OCN |
| <input type="checkbox"/> 87th AN  |  | OCN |
| <input type="checkbox"/> 88th AN  |  | OCN |
| <input type="checkbox"/> 89th AN  |  | OCN |
| <input type="checkbox"/> 90th AN  |  | OCN |
| <input type="checkbox"/> 91st AN  |  | OCN |
| <input type="checkbox"/> 92nd AN  |  | OCN |
| <input type="checkbox"/> 93rd AN  |  | OCN |
| <input type="checkbox"/> 94th AN  |  | OCN |
| <input type="checkbox"/> 95th AN  |  | OCN |
| <input type="checkbox"/> 96th AN  |  | OCN |
| <input type="checkbox"/> 97th AN  |  | OCN |
| <input type="checkbox"/> 98th AN  |  | OCN |
| <input type="checkbox"/> 99th AN  |  | OCN |
| <input type="checkbox"/> 100th AN |  | OCN |

**↓ 50% more effective**

2. We do not own, use, control, possess or exercise of personal values, the

2. Subject to the  
1994 and 1995 tax  
12 348 52E 01 1010 005 0

the parents or their surviving wife in Israel. In the event of loss of earnings to any person, we will assist you in living and processing of children and, the emergency assistance that we have no intention of ever leaving you. We are not a charity, we are a family.

responsibility or liability for damages in a parcel packaged by your Air Mail purchase that happens before delivery to you may be excluded under its terms and conditions.

4. You expressly acknowledge that the value of work of the people do not exceed the above stated amount derived by you and understand that the highest value average shall be available only if you have paid the appropriate declared value fees. If such declared value average is provided, you agree to the terms and conditions on the back of this Parcel Shipping Order. If no amount is specified in the declared value section, please understand that the value of the items shall not exceed \$500.

I, \_\_\_\_\_, hereby certify that I am at least 18 years old and that I am not currently under any court order or restriction.

**Unstarred** The following are:

specified. Any statements on all 10 business days of delivery by Charter to a shipper of opinion and estimate only, and is not responsible for any damages, loss or harm that may occur, including, but not limited to, in partial shippers, nor any loss or damage resulting from change in pricing or delivery.

7. **With Federal Shipping Order** signifies the full and complete agreement between you and us, and acceptance of all the above terms, conditions, rates, and exclusions or cash. In such case, your coverage is guaranteed, and no other coverage is provided by the applicable policy.

8. JUNE Careers are owned and operated by licensed franchisees of Matt Kemp, Inc. (JUN, Inc. [the "Franchisor"]). You acknowledge and agree that Franchise is not responsible in any way for any acts or omissions of its franchisees.

1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

\_\_\_\_\_

[illegible]**CUSTOMER CRED**

© 1985 MAR. BOMER ETC.® (FORM 1041, Rev. 1/83) FORM 920100

## APPENDIX

**WE SELL FOR LESS**

MANAGER CHARLIE  
1 541 1 746 - 6422  
CUMMER

ST# 2176 DP# 00001372 TE# 65 TR# 00004  
{ Sbl J 190 00001372 TE# 65 TR# 00004

LAB PROCESS 00787422594  
SUBTOTAL

TAX 1 6,000 Σ

WORLD BANK

**QWERTY**

**TEENS IN -  
ATTENTION -**

**PAYMENT SERVICE -**

**FALLON: CHAIR**

IC# 3922 6466 499 6574 5032

UNL-HART GIFT CARD, 15:21:19  
04/06/99

4/20/07 14:00

**WASHINGTON COUNTY**

**ENGINEERING ANALYSIS ASSOCIATES, INC.**

30700 Telegraph Road, Suite 4558  
Bingham Farms, Michigan 48025-4528  
Tel: (248) 642-3232  
Fax: (248) 642-4558

**INVOICE**

*Tareen - 5/3*  
*Pls. Review*  
*for accuracy +*  
*return.*  
*Leyan*

|                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>TO:</b><br><br>Ms. Martha Thomas<br>Ford Motor Company<br>Mail Drop #3NE-A<br>16800 Executive Plaza Dr.<br>Dearborn, MI 48126-4207<br><br>Supplier No. K6PRA | <b>INVOICE NO.</b> |
|                                                                                                                                                                 | F002A3             |
|                                                                                                                                                                 | <b>DATE</b>        |
|                                                                                                                                                                 | 04-29-99           |
|                                                                                                                                                                 | <b>DUE DATE</b>    |
|                                                                                                                                                                 | 05-29-99           |

*It's* *5/5*  
*exactly*  
*right!*  
*Thanks - Tareen*

RE: Purchase Order No: PO2 P099 857191  
Requisition No.: RQ99020R01  
Bill To Location: 1718  
Ship To Location: Box 43358  
Period: 04/25/99

LINE NO. 001;  
ITEM NO. PLANT PART NO.-MISC. 900104  
Service Associate time to conduct  
special underhood vehicle inspections  
at the request of Litigation Prevention.  
Rate of \$43.00 per hour.

Hours                      Total

10.50                      451.50

TOTAL PROFESSIONAL SERVICES

10.50                      \$451.50

ADDITIONAL CHARGES:

Service Associate expenses (see attached detail)                      315.22

EAA misc. office expense (fax, phone, postage, etc.)                      19.24

TOTAL EXPENSES

\$334.46

TOTAL AMOUNT OF THIS INVOICE.....PLEASE PAY

\$785.96

Federal ID# 38-2750534

TOTALS

*pu*

3713 5616

**F002A3 Invoice Worksheet****Invoice Period: 4/25/99****Ford Litigation Prevention Inspections**

| <i>Rec'd<br/>Date</i> | <i>SA<br/>Name</i> | <i>Begin<br/>Date</i> | <i>FEES</i>  |              | <i>EXPENSES</i> |              |                  |              |              |
|-----------------------|--------------------|-----------------------|--------------|--------------|-----------------|--------------|------------------|--------------|--------------|
|                       |                    |                       | <i>Hours</i> | <i>Total</i> | <i>Mileage</i>  | <i>Meals</i> | <i>Phone/Fax</i> | <i>Misc.</i> | <i>Total</i> |
| 4/12/99               | Althoff, R.        | 3/29/99               | 10.5         | \$451.00     | 608.17          | \$0.00       | \$8.00           | \$56.05      | \$315.22     |

**Total Hours: 10.5****Total Professional Fees (\$43.00/hr.): \$451.00****Service Associate Expenses: \$315.22****EAA Misc. Office Expense (fax, phone, postage, etc.) \$18.24****Total Invoice: \$784.46**

## EAA ACTIVITY &amp; EXPENSE REPORT (See Reverse Side For Instructions)

|     |                                      |         |        |                                |
|-----|--------------------------------------|---------|--------|--------------------------------|
| EAA | ASSOCIATE: Roy Albritten             | ID# 442 | CLIENT | ZONE/REGION: DALLAS            |
|     | PROJECT NAME: Ford Underhood Inspct. |         |        | CASE/FILE NO: 15A              |
|     | PROJECT NO. + EXT: F002A             |         |        | OWNER: Mary Southard/USAA INS. |

|          |                                                                                                                                             |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVITY | INVESTIGATION PERFORMED: <input type="checkbox"/> AIRBAG <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNINTENDED ACCELERATION |
|          | <input type="checkbox"/> REPEAT <input type="checkbox"/> ABS <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> OTHER        |
|          | EXPLANATION: Inspected Vehicle #15 (NY767859) in Houston, TX                                                                                |
|          |                                                                                                                                             |
|          |                                                                                                                                             |

| HOURS    | DAY & DATE →                             | Monday<br>03/29/99 | Tuesday<br>03/30/99 | Wednesday<br>03/31/99 | Thursday<br>04/01/99 | Friday<br>04/02/99 | YOUR<br>Availability                      |
|----------|------------------------------------------|--------------------|---------------------|-----------------------|----------------------|--------------------|-------------------------------------------|
|          | TRAVEL FROM (City)                       | Piano, TX          | Piano, TX           | Piano, TX             | Piano, TX            | Piano, TX          | <input checked="" type="checkbox"/> GREEN |
|          | TO                                       |                    |                     |                       | Dallas               |                    | <input type="checkbox"/> YELLOW           |
|          | TO                                       |                    |                     |                       | Houston              |                    | <input type="checkbox"/> RED              |
|          | TO                                       |                    |                     |                       | Dallas               |                    | TOTALS                                    |
|          | TRAVEL HOURS                             |                    |                     |                       | 8.5                  |                    | 8.5                                       |
|          | TOTAL HOURS                              |                    |                     |                       | 10.5                 |                    | 10.5                                      |
| EXPENSES | AUTO MILES                               |                    |                     |                       | 50                   |                    | 50                                        |
|          | AUTO \$                                  | 0.00               | 0.00                | 0.00                  | 14.00                | 0.00               | 14.00                                     |
|          | CAR RENTAL                               |                    |                     |                       | 42.17 ✓              |                    | 42.17                                     |
|          | RENTAL FUEL                              |                    |                     |                       | 3.00 ✓               |                    | 3.00                                      |
|          | AIR FARE                                 |                    |                     |                       | 178.00 ✓             |                    | 178.00                                    |
|          | LODGING                                  |                    |                     |                       |                      |                    | 0.00                                      |
|          | MEALS                                    |                    |                     |                       |                      |                    | 0.00                                      |
|          | AIR BAG/ABS TEST                         |                    |                     |                       |                      |                    | 0.00                                      |
|          | PHONE & FAX                              |                    |                     |                       |                      |                    | 0.00                                      |
|          | FILM & DEVELOPING                        |                    |                     |                       |                      | ✓ 35.25            | 35.25                                     |
|          | POSTAGE                                  |                    |                     |                       |                      | ✓ 31.50            | 31.50                                     |
|          | OTHER <i>9.80 tolls<br/>7.32 parking</i> |                    |                     |                       | 11.30                |                    | 11.30                                     |
|          | TOTAL EXPENSES                           | 0.00               | 0.00                | 0.00                  | 248.47               | 66.75              | 315.22                                    |

\*DETAILS: 04/01/99 (OTHER) Dallas Tolls 4 @ \$9.50 plus 2 @ \$8.40 = \$28.00. Houston Tolls = \$1.00. Airport Parking = \$7.60. Total = \$11.30. Postage, FedEx two packages \$18.25 and \$13.25 Total \$31.50

RA 200471577 Inv 20000379467

Rental 01-APR-1999 10:40 AM

HOUSTON HOBBY AIRPORT

Return 01-APR-1999 04:00 PM

HOUSTON HOBBY AIRPORT

ROY ALLBRITTON

Vehicle # 9636485

Model INTRIQUE 40

Class Driven PCAR Class Chosen ICAR

Miles Driven 75

GENERAL MOTORS

Contract ID 8405400

| Charges                         | No | Unit  | Price | Amount |
|---------------------------------|----|-------|-------|--------|
| T & H                           | 1  | Days  | 35.50 | 35.50  |
| UNLIM MILE                      | 0  | Miles |       | 0.00   |
| CON/LON                         | 1  | Days  | 0.75  | 0.00   |
| HARRIS CTY SPORTS AUTHORITY TAX |    |       |       | 1.78   |
| PROP.TAX LIC/TITLE FEE 1.22USD/ |    |       |       | 1.22   |
| MOTOR VEHICLE RENTAL TAX 019.00 |    |       |       | 3.67   |

Total Charges USD 42.17

Paid By MC 4415 -42.17

Amount Due USD 0.00

\* Tumble Items

Subject to Audit

WOLF CAMERA & VIDEO - 813

(214) - 451 - 0520

7000 INDEPENDENCE PKWY

PLANO, TX 75025

04/02/99 12:19:22 TRM 02137553  
STORE 0213 REGISTER (A)  
BLSPROB 1773

|                  |            |         |
|------------------|------------|---------|
| CL ITEM          | 100000002  |         |
| EL 40 COLOR ROLL |            | 27.37   |
| QTY 1            |            | 27.37   |
| CL ITEM          | 4177187035 |         |
| KODAK 3534       |            | 3.19    |
| QTY 1            |            | 3.19    |
| SUBTOTAL         |            | 32.56   |
| TAX              |            | 2.69    |
| TOTAL            |            | 35.25 ✓ |

BANK CARD 35.25

TOTAL TENDERED 35.25

TOTAL CHANGE 0.00

VISIT  
"WOLF ON THE WEB"  
AT  
WWW.WOLFCAMERA.COM

Harris County Toll Road Authority

HARRIS COUNTY  
TOLL ROAD  
AUTHORITY  
SAN HOUSTON SOUTHWEST

Lane: 1  
04/01/99 FARE PAID \$ 1.00

AMCO EXPRESS  
7036 CEDAR CIRCLE  
DALLAS, TX 75245  
214-358-8315

LANE: 01 CLERK: 0003

DATE: 04/01/99 TIME: 06:00

ACCT#: 0410051802000000 EXP: 05/99

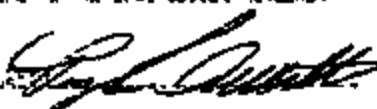
REF: 0410051802000000

TRAN: 0000000000000000  
REF: 0000000000000000

TOTAL \$ 7.50

LICENSE/PHONE: \_\_\_\_\_

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

SIGNATURE: 

**FedEx** UNITED STATES MAIL

801512898761

0200

Sender's Copy

From (please print and press hard)

040200 Sender's FedEx Account Number

Sender's Name **R. E. ALLBRITTEN**

Phone **972 618-3727**

Company **ENGINEERING ANALYSIS ASSOCIATES, INC.**

Address **2713 NIGHTHAWK DRIVE**

Dept./Floor/Box/Room

City **PLANO, TX 75025-2127**

Your Internal Billing Reference Information

040200 (First 34 characters will appear on invoice)

To (please print and press hard)

Recipient's Name **MR. JOE NEME**

Company **FORD LUXURY/LARGE CAR VEHICLE CENTER**

Address **2000 ROTUNDA DRIVE, BLDG. 1 - MAIL ROOM 4124, CORP. 22407**

For HOLD (please print and press hard)

040200 (First 34 characters will appear on invoice)

When Conditions, Standard Values, and Limit of Liability - By using this AIRBILL, I agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF AIRBILL COPY for full details. For international service, please refer to the International Service Guide. A bill will be rendered for any value in excess of \$500 per package unless a valid release, liability, or other non-delivery instructions, or modification, have been filed a higher value, per-package charge, and maximum per

package to a higher value. Your right to recover from us for any loss includes the full value of the package, less of which, including, postmaster's fees, weight, and other costs of damage, whether direct, indirect, consequential, or special, and is limited to the greater of \$100 or the declared value. For insured packages, the maximum declared value for any FedEx Express and FedEx Priority Mail. Federal Express may, upon request, and with appropriate charges, extend the maximum declared value. See the FedEx Service Guide for further details.

Instructions?

The World On Time

Express Package Service Packages under 700 lbs.

☐ FedEx Priority Overnight ☒ FedEx Standard Overnight ☐ FedEx 2Day

☐ FedEx First Overnight ☐ FedEx Express Saver

Express Freight Service Packages over 700 lbs.

☐ FedEx Overnight Freight ☐ FedEx 2Day Freight ☐ FedEx Express Saver Freight

Packaging ☒ FedEx ☐ FedEx ☐ FedEx ☐ FedEx

Special Handling ☐ Dry Ice ☐ Fragile ☐ Hazardous

Payment ☐ Sender ☐ Recipient ☐ Third Party ☒ Credit Card

Total Packages Total Weight Total Declared Value Total Charges

287

Release Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

**FedEx** USA AIRBILL

801512898750

0200

Sender's Copy

From (please print and press hard)

040200 Sender's FedEx Account Number

Sender's Name **R. E. ALLBRITTEN**

Phone **972 618-3727**

Company **ENGINEERING ANALYSIS ASSOCIATES, INC.**

Address **2713 NIGHTHAWK DRIVE**

Dept./Floor/Box/Room

City **PLANO, TX 75025-2127**

Your Internal Billing Reference Information

040200 (First 34 characters will appear on invoice)

To (please print and press hard)

Recipient's Name **FAREEN ANSARI**

Company **FORD CONSUMER AFFAIRS**

Address **18000 EXECUTIVE PLAZA DRIVE - MAIL ROOM 4124, CORP. 22407**

For HOLD (please print and press hard)

040200 (First 34 characters will appear on invoice)

When Conditions, Standard Values, and Limit of Liability - By using this AIRBILL, I agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF AIRBILL COPY for full details. For international service, please refer to the International Service Guide. A bill will be rendered for any value in excess of \$500 per package unless a valid release, liability, or other non-delivery instructions, or modification, have been filed a higher value, per-package charge, and maximum per

package to a higher value. Your right to recover from us for any loss includes the full value of the package, less of which, including, postmaster's fees, weight, and other costs of damage, whether direct, indirect, consequential, or special, and is limited to the greater of \$100 or the declared value. For insured packages, the maximum declared value for any FedEx Express and FedEx Priority Mail. Federal Express may, upon request, and with appropriate charges, extend the maximum declared value. See the FedEx Service Guide for further details.

Instructions?

The World On Time

Express Package Service Packages under 700 lbs.

☐ FedEx Priority Overnight ☒ FedEx Standard Overnight ☐ FedEx 2Day

☐ FedEx First Overnight ☐ FedEx Express Saver

Express Freight Service Packages over 700 lbs.

☐ FedEx Overnight Freight ☐ FedEx 2Day Freight ☐ FedEx Express Saver Freight

Packaging ☒ FedEx ☐ FedEx ☐ FedEx ☐ FedEx

Special Handling ☐ Dry Ice ☐ Fragile ☐ Hazardous

Payment ☐ Sender ☐ Recipient ☐ Third Party ☒ Credit Card

Total Packages Total Weight Total Declared Value Total Charges

287

Release Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

all 1-800-Go-FedEx (800)485-2338

The World On Time

3713 5620

# SOUTHWEST AIRLINES

TICKETLESS TRAVEL PASSENGER ITINERARY AND RECEIPT

GNQ380

NON TRANSFERABLE. POSITIVE IDENTIFICATION REQUIRED

MAIL TO:

ROY ALLBRITTEN  
2713 NIGHTHAWK DRIVE  
PLANO TX 75025-2127

PRESENT THIS  
DOCUMENT TO CHECK  
BAGGAGE AT CURBSIDE.  
ATTACH BAGGAGE  
CLAIM CHECKS

## PASSENGER INFORMATION:

Receipt and Itinerary as of 03/30/99 03:34PM

Confirmation Number: GNQ380  
Confirmation Date: 03/30/99

Received: ROY ALLB

→ Passenger(s):  
ALLBRITTEN/ROY 526-2779863833-4

| Itinerary:           | Flt# | Date    | Depart  | Arrive  |
|----------------------|------|---------|---------|---------|
| Dallas/Houston Hobby | 11 Y | 01APR99 | 09:30AM | 10:25AM |
| Houston Hobby/Dallas | 44 Y | 01APR99 | 05:00PM | 05:55PM |

\*\*\*\*\*

| Cost: | Total for 1 Passenger(s) | AIR:        | 161.12   |
|-------|--------------------------|-------------|----------|
|       |                          | TAX:        | 16.88    |
|       |                          | PPC:        | 0.00     |
|       |                          | Total Fare: | \$178.00 |

\*\*\*\*\*

| Payment Summary:    |                 |            |
|---------------------|-----------------|------------|
| Current payment(s): |                 |            |
| 30MAR1999           |                 | 178.00     |
|                     | Total Payments: | \$178.00 ✓ |

\*\*\*\*\*

Fare Rule(s):  
VALID ONLY ON SOUTHWEST AIRLINES

All travel involving funds from this Confirm no. must be completed by 03/30/00

Fare Calculation:  
ADT- 1 DALIENOU YL 87.00 HOUNDAI YL 87.00 \$174.00 ZP4 \$178.00

BOARDING PASS DISTRIBUTION AT GATE.

**TEN - MINUTE RULE** - Passengers who do not claim their reservations at the departure gate desk at least ten minutes prior to scheduled departure time will have their reserved space cancelled and will not be eligible for denied boarding compensation.  
**REFUNDS AND EXCHANGES** - Any change to this Itinerary may result in a fare increase. Unless otherwise noted, if you do not travel on this Itinerary, you may qualify for a refund or exchange. To apply for a refund, please call 1-800-4-FLY-SWA. Written requests should include a copy of this document and be addressed to: Southwest Airlines Refunds Department GRF, P. O. Box 38848 Dallas, TX 75235-1848.  
THE NUMBER BELOW WILL BE NEEDED TO PROCESS YOUR REFUND OR EXCHANGE REQUEST.

\*\*\*\*\* IMPORTANT \*\*\*\*\* GNQ380 \*\*\*\*\* IMPORTANT \*\*\*\*\*

FOR REFUNDATION, CALL 1-800-4-FLY-SWA

\*\*\*\*\*

3713 5821

769741343

1999  
ORLANDO

3713 5824



==&gt;

VIN: 2MBLM74W6NX Year: 1992 Model: GRAND MARQUIS  
Owner Status: ORIGINAL MSD: 10/12/92 Mileage: 1  
Name: Hm Ph: [REDACTED]  
Trmt: Case: 769741349 Day Ph: [REDACTED]  
Symptom: FIRE/SMOKE VISIBLE FLAME COLL. RELATED  
Reason: LEGAL - FIRE CLAIM  
Dealer: MIAMI LINCOLN-MERCURY INC  
Issue Type: 07 LEGAL CAN Court: Legal Issue Type:  
Issue Status: C CLOSED CAN Award: MORSII Contact: Y

## A/C DATE Origin Description

06/02/99 CAC NO ACTION REQUIRED, INFORMATION ONLY  
06/02/99 CACI38 ADVISE CUSTOMER INFORMATION FORWARDED TO CONSUMER AFFAIRS DE  
06/02/99 CALGL MAKE OUTBOUND CALL TO CUSTOMER  
06/02/99 CALGL REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOL

F1=Help F2=AddAction F4=ActionDetail F6=DealerInfo  
F7=Prev F8=Next F9=ViewMORSII F11=Menu F12=Return  
NO MORE RECORDS AVAILABLE LPRZL561

SFCHADMA

Action Detail

06/02/99 11:11:27

==&gt;

VIN: 2MELM74W6N Year: 1992 Model: GRAND MARQUIS  
Owner Status: ORIGINAL WSD: 10/12/92  
Name: Hm Ph: [REDACTED]  
Trat: Case: 769741349 Day Ph: [REDACTED]  
Symptom Desc: FIRE/SMOKE VISIBLE FLAME COLL. RELATED  
Reason Desc: LEGAL - FIRE CLAIM  
Dealer: MIAMI LINCOLN-MERCURY INC  
Issue Type: 07 LEGAL Issue Status: 0 OPEN  
Comm Type: PH PHONE Odometer Reading: 0 MI  
Analyst: KSMITH81 KAREN SMITH Document Number:  
Action Date: 06/02/99 Action Data: Action Time: 10:09:39 EST  
Origin Desc: GENERAL CAC  
Action Desc: NO ACTION REQUIRED; INFORMATION ONLY  
Comments: CUSTOMER SAYS: ON APRIL 10/99 THE CAR CAUGHT ON FIRE - THE  
CAR WAS PARKED AND THE CAR JUST CAUGHT ON FIRE - THE FIRE D  
EPARTMENT WAS CALLED AND THE FIRE REPORT EXPRESSED THAT THE  
ITEMS WERE RELATED TO THE RECALL THAT THE CUST HAS GOTTEN,  
THE COUNTY HAPPENED IN DAVE COUNTY - THE CAR WAS TOTALLED -  
THE INSURANCE COMPANY WAS INFORMED. PER CUSTOMER, DEALER SA  
F1-Help F2-AddAction F4-PrevAction F5-NextAction F6=ActionData  
F9=PrevComments F10=NextComments F11-Menu F12=Return F13-ESP  
MORE COMMENTS AVAILABLE

LPREL561

==&gt;

DEALER: 325095 MIAMI LINCOLN-MERCURY INC  
Address: 8101 NW 7TH AVENUE  
City: MIAMI  
State/Prov: FL ZIP/Postal: 33150  
Country: USA Trained: Y  
Dir Phone: 305 758 3377  
Svc Phone: 305 756 6890  
Svc Hours: M-F 7:30 AM - 6 PM SAT - 8:00AM - 1:00PM  
Directions:

PEA Code: 11622  
Sales Region: 25 ORLANDO  
Sales Zone: A  
PCSD Region: 24 ORLANDO  
Market: A1  
Market Area:

A

C POSITION

Employee Name

-----  
CUST RELATIONS MGR  
FINANCE & INSUR MANAGER  
GENERAL MANAGER  
PARTS MANAGER  
SALES MANAGER  
SERVICE MANAGER

-----  
PLANAS, CARLOS M  
HOGAN, CLAUDE R  
CSICSILA, PAUL L  
PAULA, STEVEN  
TEJERA, ANTHONY  
GARBALOSA, JORGE R

F1=Help F2=IssueList  
NO MORE RECORDS AVAILABLE

F7=Prev

F8=Next

F11=Menu

F12=Return

LPREL561

SFCHSCMA

Customer List

06/02/99 11:11:59

==&gt;

VIN:

CASE: 0769741349

HOME PHONE:

LAST NAME:

ZIP/POSTAL:

CTRY:

A CUSTOMER NAME/

Address/

Address/

C City

St/Prov

Zip/Postal

Ctry

Home Phone

MIAMI

FL

USA

F1=Help

F2=VehicleList

F4=UpdCustInfo

F5=AddCustIssue

F7=Prev

F8=Next

F11=Menu

F12=Return

NO MORE RECORDS AVAILABLE

LPREL561

3713 5628

VIN: 2MBLM74W6NX  
WSD: 10/12/92

Year: 1992

Model: GRAND MARQUIS  
Build Date: 06/11/92

| A | -----  | Campaign | -----        | Status               | Dealer   |        |
|---|--------|----------|--------------|----------------------|----------|--------|
| C | Number | Type     | Description  | Status               | Date     | Code   |
| - | 96L12  | L        | PASS AIR BAG | FORCED COMPLETION    | 01/22/98 | AUTOC  |
|   | 99815  | S        | SPD CNTRL DE | RELEASED FOR MAILING | 05/18/99 | 325095 |

F1-Help F7-Prev F8-Next F11-Menu F12-Return  
NO MORE RECORDS AVAILABLE

LPREL561

Waymon

Fire - CAC generated

6-299

OBC, left msg.

LPA spoke to [REDACTED] She indicates there were no injuries as a result of the vehicle fire. She also indicated her insurance co is involved.

LPA advised [REDACTED] to work with her insurance co and advised her of the insurance/subrogation process.

702921399

1999  
ORLANDO

3713 5631

5-24-99  
6-1-99  
Call from





5-20-91  
No longer runs?

page  
and letter  
request center  
CIA

==&gt;

VIN: 2MELM75WBNX Year: 1992 Model: GRAND MARQUIS  
Owner Status: ORIGINAL WSD: 01/13/92 Mileage: 1  
Name: Hm Ph:  
Trmt: Case: 702921399 Day Ph:  
Symptom: FIRE/SMOKE VISIBLE FLAME UNDERHOOD  
Reason: LEGAL - FIRE CLAIM  
Dealer: MARGATE LINCOLN-MERCURY INC  
Issue Type: 07 LEGAL CAN Court: Legal Issue Type:  
Issue Status: C CLOSED CAN Award: MORSI Contact: Y

## A/C DATE Origin Description

-----  
05/19/99 CAC NO ACTION REQUIRED; INFORMATION ONLY  
05/19/99 CACI38 ADVISE CUSTOMER INFORMATION FORWARDED TO CONSUMER AFFAIRS DE  
05/20/99 CALGL MAKE OUTBOUND CALL TO CUSTOMER  
05/21/99 CALGL UPDATE/ADDCO CASE  
06/01/99 CALGL FINAL CASE DISPOSITION  
06/01/99 CALGL REDIRECT TO OGC - REQUEST FOR DISCOVERY  
F1-Help F2-AddAction F4>ActionDetail F6=DealerInfo  
F7=Prev F8=Next F9=ViewMORSII F11=Menu F12=Return  
NO MORE RECORDS AVAILABLE LPRRL56

SPCHADMA

Action Detail

05/20/99 08:03:32

==&gt;

VIN: 2MBLM75W8N Year: 1992 Model: GRAND MARQUIS  
Owner Status: ORIGINAL WSD: 01/13/92  
Name: Hm Ph: [REDACTED]  
Trmt: Case: 702921399 Day Ph: [REDACTED]  
Symptom Desc: FIRE/SMOKE VISIBLE FLAME UNDERHOOD  
Reason Desc: LEGAL - FIRE CLAIM  
Dealer: MARGATE LINCOLN-MERCURY INC  
Issue Type: 07 LEGAL Issue Status: 0 OPEN  
Comm Type: PH PHONE Odometer Reading: 1 MI  
Analyst: JGRIMM JONATHON GRIMM Document Number:  
Action Date: 05/19/99 Action Date: Action Time: 15:24:18 EST  
Origin Desc: GENERAL CAC  
Action Desc: NO ACTION REQUIRED; INFORMATION ONLY  
Comments: CUSTOMER SAYS: VEH BURNED AND WRITTEN OFF IN 1997; CUST J  
UST HEARD ABOUT RECALL NO. 99915 AND WANTS COMPENSATION FO  
R HER HAVING TO BUY A NEW VEH PER CUSTOMER, DEALER SAYS:  
NONE CAC ADVISED: - THIS INFORMATION HAS BEEN FORWARDED T  
O THE CONSUMER AFFAIRS DEPARTMENT FOR REVIEW - A REPRESENTA  
TIVE FROM CONSUMER AFFAIRS WILL FOLLOW UP ON YOUR CLAIM - N  
F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData  
F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP  
MORE COMMENTS AVAILABLE

LPREL561

--&gt;

DEALER: 325256 MARGATE LINCOLN-MERCURY INC  
Address: 2250 NORTH STATE ROAD 7  
City: MARGATE  
State/Prov: FL ZIP/Postal: 33063  
Country: USA Trained: Y  
Dlr Phone: 954 978 2277  
Svc Phone: 954 978 7900  
Svc Hours: 7:30 AM TO 5:30 PM MONDAY THRU FRIDAY  
Directions:

P&A Code: 11638  
Sales Region: 25 ORLANDO  
Sales Zone: A  
FCSD Region: 24 ORLANDO  
Market: A1  
Market Area: MERKUR\_

A

| C POSITION      | Employee Name      |
|-----------------|--------------------|
| GENERAL MANAGER | FAIRCHILD, DEWAYNE |
| PARTS MANAGER   | MOROSINI, FRED     |
| SALES MANAGER   | MISSICK, MAURICE W |
| SERVICE MANAGER | NICHOLS, MARK      |

F1=Help F2=IssueList  
NO MORE RECORDS AVAILABLE

F7=Prev

F8=Next

F11=Menu

F12=Return

LPREL561

SFCHSCMA

Customer List

05/20/99 08:03:56

VIN: \_\_\_\_\_

CASE: 0702921399

HOME PHONE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ZIP/POSTAL: \_\_\_\_\_

CTRY: \_\_\_\_\_

A CUSTOMER NAME/

Address/

Address/

C City

St/Prov

Zip/Postal

Ctry

Home Phone

TAMARAC

FL

USA

F1=Help

F2=VehicleList

F4=UpdCustInfo

F5=AddCustIssue

F7=Prev

F8=Next

F11=Menu

F12=Return

NO MORE RECORDS AVAILABLE

LPREL561

SFCHREMA

Recall/ONP Information

05/20/99 08:17:32

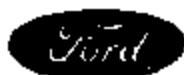
==&gt;

VIN: 2WELM75W8N2 Year: 1992 Model: GRAND MARQUIS  
WSD: 01/13/92 Build Date: 12/04/91

| A | -----  | Campaign | -----        | Status            | Dealer   |       |
|---|--------|----------|--------------|-------------------|----------|-------|
| C | Number | Type     | Description  | Status            | Date     | Code  |
|   | 94B58  | O        | OWNER GUIDE  | FORCED COMPLETION | 03/04/96 | AUTOC |
|   | 96L12  | L        | PASS AIR BAG | FORCED COMPLETION | 01/22/98 | AUTOC |
|   | 93B31  | O        | TV ROD BUSHG | COMPLETE          | 01/14/94 | N/A   |

F1-Help F7-Prev F8-Next F11-Manu F12-Return  
NO MORE RECORDS AVAILABLE

LPREL562



Ford Motor Company

May 21, 1999

16800 Executive Plaza Drive  
MD4 3NE-B  
Dearborn, Michigan 48125-4207

Samuel Allen  
5570 NW 44th Street Apt. A503  
Tamarac, FL 33319-6155

RE: 1992 Mercury Grand Marquis  
VIN: 2ME1M75W8N2

Dear

We have been unable to contact you by phone to obtain additional information to follow up on your contact with Ford Motor Company. In order to conduct a complete review, please contact me at (313) 845-6254 as soon as possible between the hours of 8:30 a.m. and 5:00 p.m. Eastern Time.

If we do not hear from you within 10 business days of the date of this letter, we will assume that you no longer wish to pursue this matter and our file will be closed.

Respectfully yours,

Alma Taylor  
Consumer Affairs

*copy*



3713 5639

1423591449

1999  
ORLANDO

3713 5840



2037

2FALP74W5PA

Randy McChane

- Fire 5/24/11

Channel 7

> Mike Hefeld Tropical Food  
Orlando

- alleged Fire 93 Cn Vic  
Dealership didn't know.  
- Let's call + handle!

[REDACTED]

Kissimmee, FL  
[REDACTED]

==&gt;

PCSD REGION: \_\_\_\_\_ MARKET: \_\_\_\_\_ ISSUE STATUS: \_\_\_\_\_  
PEA CODE: \_\_\_\_\_  
VIN: 2FALP74W5P2 \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
SALES REGION: \_\_\_\_\_ SALES ZONE: \_\_\_\_\_ ISSUE TYPE: \_\_\_\_\_

| A | LAST HND/ | Customer Phone Number/ | Reason/                          | Stat/ |
|---|-----------|------------------------|----------------------------------|-------|
| C | PEA       | LAO Trmt Customer Name | Year Model                       | Type  |
|   | 05/24/99  | _____                  | LEGAL - INSURANCE COMPANY SETT C |       |
|   |           | _____                  | 1993 CROWN VICTORIA              | 02    |

F1=Help    F2=AddAction    F5=CustomerList    F6=DealerInfo  
F7=Prev    F8=Next    F10=IssueDetail    F11=Menu    F12=Return  
NO MORE RECORDS AVAILABLE    LPRELA1