

**EA02-025**

**FORD**

**10/27/03**

**BOOK 26 OF 61**

**PART 1 OF 4**

**BOX 23 OF 28**

|                 |                    |                    |                        |                  |        |     |     |
|-----------------|--------------------|--------------------|------------------------|------------------|--------|-----|-----|
| INCIDENT NO.    | Inc.Dy.Yr.         | Day                | Alarm T.               | Arrival T.       | Units  | %   | SMR |
|                 | 12-26-97           | 6                  | 21:20                  | 21:34            | 4      | 75% | C   |
| SITUATION FOUND | PPU                | Ignition Factor    | Mobile Pt.             | Injured          | Deaths |     |     |
| 13              | 982                | 51                 | 11                     | 0                | 0      |     |     |
| Street No.      | Street Name:       |                    |                        | Phone            | Zip    |     |     |
| 1602            |                    |                    |                        |                  |        |     |     |
| Property Value: | Property Loss:     | Contents Value:    | Contents Loss:         | Est. Loss:       |        |     |     |
| 20,000          | 10,000             | 0                  | 0                      | 10000            |        |     |     |
| Investigator:   | Invest. call time: | Street Comp. Recd: | Date Out:              | Investigator In: |        |     |     |
| David Pfe       | 21:47              | 22:48              | 12-26-97               |                  |        |     |     |
| Lead Agency:    | Other Agency:      | Deputy Name:       | Other Agency Rpt. No.: |                  |        |     |     |
| PSCPR           | PSCO               |                    |                        |                  |        |     |     |

|                    |         |               |                     |         |
|--------------------|---------|---------------|---------------------|---------|
| Juvenile Referral: | Arrest: | Photos Taken: | Comments Collected: | Status: |
|                    |         | yes           | 0                   | Closed  |
| Permit:            |         |               | Occupant:           |         |
| Owner Address:     |         |               | N/A                 |         |
|                    |         |               | Occupant Address:   |         |

#### Property Description

The property involved in this fire is a 1992 Lincoln Town Car. The vehicle identification number is 1LNLMB1W3N [REDACTED]. The Florida assigned tag to the vehicle was HFAV-782. The vehicle was parked in the driveway at the listed address facing east. The vehicle was gray in color.

#### Area of Fire Origin: Engine Compartment

#### Symptoms:

Based upon my investigation at the scene, along with information provided by first in the scene, this fire was determined to be accidental in nature. It started from a brake fluid leak in the area of the master cylinder.

|                 |           |       |            |
|-----------------|-----------|-------|------------|
| Carried out by: | Initials: | Date: | Signature: |
| Examiner:       | Initials: | Date: | Signature: |
| Witness:        | Initials: | Date: | Signature: |
| Comments:       | Initials: | Date: | Signature: |
| Comments:       | Initials: | Date: | Signature: |
| Comments:       | Initials: | Date: | Signature: |
| Comments:       | Initials: | Date: | Signature: |
| Comments:       | Initials: | Date: | Signature: |

3713 6879

May 29, 1998

**ATTN:**

**RE:** Company Claim No.:  
Insured:  
Location:  
City:  
Phone:  
Address Investigation:  
City:  
Phone:  
Loss Date:  
Our File No.:

May 22, 1998

[REDACTED]

[REDACTED]

[REDACTED]

Our investigation into the above captioned loss has been completed. The following will report our findings.

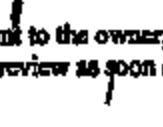
**CONCLUSIONS:**

From the physical evidence found during our investigation of this loss, we determined this loss to be electrical in nature with subrogation potential. This risk appears to be another in a series of Lincoln Town Cars that are of the same identity starting on the drivers side fender well area.

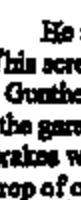
ENCLOSURES:

1.  QDA, INC.
2.  20mm color photographs of risk, damage and investigative findings.
3. Automobile Inspection Report
4. Evidence Disposition Form

CONSENT TO INVESTIGATION:

The consent to search was sent to the owner,  and will be forwarded to your office for review as soon as we receive it.

INTERVIEW STATEMENT:

Discussion with Mr.  He states he and his neighbor (7797) were sitting in front of his screened garage enclosure when they heard popping noise and then saw smoke. Gunther got the garden hose while I tried to get the hood open and back the car out of the garage. This happened around 11:00 a.m. He states he had no work done since the brakes were put on last December. I do my own work and the car never even leaked a drop of oil.

OFFICIAL REPORTS:

**ENGINEERING REPORTS****MECHANICAL:**

This was inspected by [redacted] Certified Fire Investigator. This risk has an intact V-8 engine with all add-on components such as the alternator, emission pump and air conditioner compressor still operational after the loss.

All fluid levels are full and clean with the exception of the master brake cylinder where the plastic reservoir for the fluid burned away during the ensuing fire. We found no mechanical reason this loss should have occurred especially after the owner stated it had sat approximately 12 hours prior to noticing the ensuing fire.

**ELECTRICAL:**

This was inspected by [redacted], Associate Electrical Engineer. This risk has a 12 volt direct current storage system and we found 12.59 volts at the initial time of our inspection. The cables were cut after the ensuing fire by the fire suppression company. This loss is determined to be electrical in nature and will be researched to the fullest at a future time.

**RISK:**

The risk is a 1992 Lincoln Town Car with a V-8 engine and automatic transmission. This risk reveals no prior body damage other than the ensuing fire.

This risk has a matching set tires, rims and hubcaps. This risk is worth approximately \$10,000.00 according to N.A.D.

INVESTIGATION:

We found this risk at [redacted] by [redacted], Florida. We secured all loose parts and secured the electrical cables as best we could for transport.

Due to the excellent condition this risk is in we are notifying the National Highway Safety Transportation Board, Ford Motor Company, the testing company our firm uses and Allstate officials and other insurance companies with a vested interest to obtain the best research team available for the inspection of this as a co-sponsored team to determine where this loss occurred in this specific vehicle and hopefully in the other 20 or 25 or more vehicles that are found within the state of Florida and other states causing extensive property damage.

The best inspection team will be assembled for visible and microscopic testing of this specific vehicle to determine the exact origin of this cause of which myself and others feel this is going to be a 98% positive chance to determine where and how all of the rest of these Lincoln Town Cars are burning and causing not only property damage but bodily injury.

Due to the Nalley Supreme Court decision it is imperative that Ford Motor Company be allowed to inspect or be present and photograph at the same time our destructive testing is done. If this is not done properly, subrogation will not be allowed to use our findings in any court in this land.

The set of keys were given to the wrecker driver who in turn turned them over to our personnel when it arrived at our office and is secured. This risk will be kept under secured conditions and will not be touched until June 23, 1998 at 10:00 a.m.

It is for this reason I feel that we only have one shot at this because of the minor damage this specific risk has suffered. We feel we can identify the exact component failure to be able to tie all the rest of these in.

EVIDENCE:

1992 Lincoln Town Car

PHOTOGRAPHS:

Photographs document our findings. These photographs are placed in sequence and will assist your review, not necessarily in the order taken.

OTHER:REMARKS:

Our file activity is complete. We are now retiring our file and submitting our invoice for services rendered. Should further information become available after the completion of this file that may become pertinent to this case, please forward it to our office for consideration.

Thank you for allowing us to serve you in this matter. I trust we may assist you in the future. Please contact our office should you have further questions regarding this file.

Very truly yours,

/ Certified Fire Investigator

3719 6884

|  |  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
|--|--|--|---|--|---|---|---|------------------------------------|---|---|---|-----------------------|-------|--|--|-----------------------------|---------------------|--|--|-------------|---|---|------------|-------------|----------------|--------------|--|-------------------|-----------------|------------------|----------------|------------|--------------|--|--|--|--|--|---|------------|--|--|--|--|--|
|  <p><b>Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/> <b>NATIONWIDE 1-800-424-9293</b><br/> <b>DC METRO AREA (303) 355-0123</b><br/> <a href="http://INTERNET:www.safercar.gov dot.gov">INTERNET:www.safercar.gov dot.gov</a></p>   |  | <b>FOR AGENCY USE ONLY</b> 141<br><br>Date Received _____<br><br>8 Jan 1998<br><br>Reference No.<br>520316<br><br>Number _____<br><br>84 Name _____<br><br>Signature of Owner _____ Date _____ / _____ / _____ |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <p>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.</p>   |  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <b>VEHICLE INFORMATION</b> <table border="1"> <tr> <td>Vehicle Ident. No. (VIN) (Leave blank if owner not known or unsure)</td> <td>Vehicle Make</td> <td>Vehicle Model</td> <td>Vehicle Year</td> <td colspan="2">Current Odometer Reading</td> </tr> <tr> <td>1LNLM81W3A1</td> <td>LINCOLN</td> <td>TOWN CAR</td> <td>1992</td> <td colspan="2"></td> </tr> <tr> <td>Purchase Date</td> <td colspan="3">Dealer's Name _____</td> <td>Engine Size</td> <td><input type="checkbox"/> Turbo<br/><input type="checkbox"/> Diesel<br/><input type="checkbox"/> Gas.<br/><input checked="" type="checkbox"/> Auto Trans.</td> </tr> <tr> <td><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</td> <td>City _____</td> <td>State _____</td> <td>Zip Code _____</td> <td>No Cylinders</td> <td><input type="checkbox"/> 6<br/><input type="checkbox"/> 8<br/><input type="checkbox"/> 10<br/><input type="checkbox"/> 12</td> </tr> <tr> <td>Transmission Type</td> <td>Antilock Brakes</td> <td>Restraint System</td> <td>Cruise Control</td> <td>DriveTrain</td> <td>Vehicle Type</td> </tr> <tr> <td><input type="checkbox"/> Manual<br/><input checked="" type="checkbox"/> Automatic</td> <td><input checked="" type="checkbox"/> Yes<br/><input type="checkbox"/> No</td> <td><input type="checkbox"/> DriverSide Airbag<br/><input type="checkbox"/> PassengerSide Airbag<br/><input type="checkbox"/> 3-Power Seat</td> <td><input checked="" type="checkbox"/> Yes<br/><input type="checkbox"/> No</td> <td><input type="checkbox"/> FWD<br/><input type="checkbox"/> RWD<br/><input type="checkbox"/> 4-Wheel</td> <td><input type="checkbox"/> Car<br/><input type="checkbox"/> Van<br/><input type="checkbox"/> Bus<br/><input type="checkbox"/> MotorCycle<br/><input type="checkbox"/> Other</td> </tr> <tr> <td>Body Style</td> <td colspan="5"><input type="checkbox"/> Sedan<br/><input type="checkbox"/> Hatchback<br/><input type="checkbox"/> 4-door<br/><input type="checkbox"/> Stationwagon<br/><input type="checkbox"/> Full Size<br/><input type="checkbox"/> Other</td> </tr> </table> |  |  |   | Vehicle Ident. No. (VIN) (Leave blank if owner not known or unsure)                              | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading           |   | 1LNLM81W3A1   | LINCOLN   | TOWN CAR              | 1992  |  |  | Purchase Date               | Dealer's Name _____ |  |  | Engine Size | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas.<br><input checked="" type="checkbox"/> Auto Trans. | <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ | State _____ | Zip Code _____ | No Cylinders | <input type="checkbox"/> 6<br><input type="checkbox"/> 8<br><input type="checkbox"/> 10<br><input type="checkbox"/> 12 | Transmission Type | Antilock Brakes | Restraint System | Cruise Control | DriveTrain | Vehicle Type | <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> DriverSide Airbag<br><input type="checkbox"/> PassengerSide Airbag<br><input type="checkbox"/> 3-Power Seat | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> FWD<br><input type="checkbox"/> RWD<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Bus<br><input type="checkbox"/> MotorCycle<br><input type="checkbox"/> Other | Body Style | <input type="checkbox"/> Sedan<br><input type="checkbox"/> Hatchback<br><input type="checkbox"/> 4-door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Full Size<br><input type="checkbox"/> Other |  |  |  |  |
| Vehicle Ident. No. (VIN) (Leave blank if owner not known or unsure)  | Vehicle Make   | Vehicle Model  | Vehicle Year  | Current Odometer Reading   |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| 1LNLM81W3A1  | LINCOLN  | TOWN CAR   | 1992  |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Purchase Date  | Dealer's Name _____  |  |   | Engine Size  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas.<br><input checked="" type="checkbox"/> Auto Trans.                 |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used  | City _____   | State _____  | Zip Code _____  | No Cylinders   | <input type="checkbox"/> 6<br><input type="checkbox"/> 8<br><input type="checkbox"/> 10<br><input type="checkbox"/> 12  |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Transmission Type  | Antilock Brakes  | Restraint System   | Cruise Control  | DriveTrain   | Vehicle Type  |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> DriverSide Airbag<br><input type="checkbox"/> PassengerSide Airbag<br><input type="checkbox"/> 3-Power Seat   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                | <input type="checkbox"/> FWD<br><input type="checkbox"/> RWD<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Bus<br><input type="checkbox"/> MotorCycle<br><input type="checkbox"/> Other |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Body Style   | <input type="checkbox"/> Sedan<br><input type="checkbox"/> Hatchback<br><input type="checkbox"/> 4-door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Full Size<br><input type="checkbox"/> Other |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b> <table border="1"> <tr> <td>Component<br/>09550000</td> <td>Part Name(s)<br/><b>ELECTRICAL SYSTEM/IGNITION</b></td> <td>Location<br/><input type="checkbox"/> Left<br/><input type="checkbox"/> Front <input type="checkbox"/> Right<br/><input type="checkbox"/> Rear</td> <td>Failed Part(s)<br/><input type="checkbox"/> Original<br/><input type="checkbox"/> Replacement</td> </tr> <tr> <td>No. of Failure(s)</td> <td>Details of Failure(s)<br/>19-DEC-97</td> <td>Failed Part(s)<br/>Available?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>NHTSA Previously<br/>Contacted?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Mileage at Failure(s)</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Vehicle Speed at failure(s)</td> <td>_____</td> <td></td> <td></td> </tr> </table>  |  |  |   | Component<br>09550000  | Part Name(s)<br><b>ELECTRICAL SYSTEM/IGNITION</b>   | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front <input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement | No. of Failure(s)                  | Details of Failure(s)<br>19-DEC-97  | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously<br>Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mileage at Failure(s) | _____ |  |  | Vehicle Speed at failure(s) | _____               |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Component<br>09550000  | Part Name(s)<br><b>ELECTRICAL SYSTEM/IGNITION</b>  | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front <input type="checkbox"/> Right<br><input type="checkbox"/> Rear  | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement           |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| No. of Failure(s)  | Details of Failure(s)<br>19-DEC-97   | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | NHTSA Previously<br>Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Mileage at Failure(s)  | _____  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Vehicle Speed at failure(s)  | _____  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br><i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</i> <table border="1"> <tr> <td>Crash<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Fire<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Number of Persons Injured<br/>0</td> <td>Number of Fatalities<br/>0</td> <td>Estimated Property Damage<br/>_____</td> <td>Reported to Police<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>   |  |  |   | Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Number of Persons Injured<br>0  | Number of Fatalities<br>0   | Estimated Property Damage<br>_____ | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Number of Persons Injured<br>0   | Number of Fatalities<br>0   | Estimated Property Damage<br>_____   | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br><p><b>ELECTRICAL: DROVE CAR 8 HOURS FROM ATLANTA, PARKED CAR IN GARAGE. TWO HOURS LATER, SMELLED SMOKE, AND THE CAR WAS ENGULFED IN FLAMES AND GARAGE WAS ON FIRE. CAR WAS TOTALED. THE CAUSE OF THE FIRE HAS NOT BEEN DETERMINED.</b></p> <p>*AK</p>  |  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <small>CONTINUE ON BACK OF FORM</small>  |  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <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 responses 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.</p>  |  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |
| <small>Form 2000 Rev. 1/98</small>   |  |  |   |  |   |   |   |                                    |   |   |   |                       |       |  |  |                             |                     |  |  |             |   |   |            |             |                |              |  |                   |                 |                  |                |            |              |  |  |  |  |  |   |            |  |  |  |  |  |

**FIRE INVESTIGATION REPORT****DATE OF FIRE:** 12-30-97**CASE NUMBER:** 97-140**RUN NUMBER:** 1890**TIME OF FIRE:** 1837 hrs**INVESTIGATION DATE:** 12-30-97**INVESTIGATION TIME:** 1926 hrs**FIRE CAUSE:** Accidental**DAY OF WEEK:** Tuesday**LOCATION:****DESCRIPTION:** 1992 Lincoln Town Car / Single Family Dwelling**VIN:** 1LNLM1W3NY760463**TAG:****DOLLAR VALUE:** Vehicle \$20,000.00/Total Structure \$120,000.00/\$45,000.00**DOLLAR LOSS:** See Above**INSURANCE COMPANY:** State Farm**POLICY NUMBER:** 881-5189-59**PROPERTY INSURED VALUE:** Vehicle Structure \$113,470.00**CONTENTS INSURED VALUE:** \$85,108.00**MORTGAGE COMPANY:** None**ACCOUNT NUMBER:** N/A

**OWNER NAME:**

**RACE:** [REDACTED]

**SEX:** M [REDACTED]

**DOB:** [REDACTED]

**POB:** TN

**ADDRESS:** : .Ma

**ADDITIONAL OWNERS SEE NARRATIVE:**

**OCCUPANT NAME:**

**RACE:** [REDACTED]

**SEX:** [REDACTED]

**DOB:** [REDACTED]

**POB:** CA

**ADDRESS:** :

**ADDITIONAL OCCUPANTS SEE NOTES:**

**FATALITY NAME:**

**RACE:**

**SEX:**

**DOB:**

**POB:**

**ADDRESS:**

**ADDITIONAL FATALITIES SEE NARRATIVE:**

**ARRESTED NAME:**

**RACE:**

**SEX:**

**DOB:**

**POB:**

**ADDRESS:**

**ADDITIONAL ARRESTS SEE NARRATIVE:****NARRATIVE:**

Tuesday December 30, 1997 [REDACTED] of the [REDACTED] re District requested I respond to the above address for the purpose of determining origin and cause of this fire incident.

Upon arrival I met with Captain Poolt, he advised me of the events which occurred to this point. Fire suppression personnel were still on scene performing overhaul operations. I requested Captain Roy [REDACTED] from the [REDACTED] County Fire District to respond to this location to assist in this investigation, he did.

The owners of this property (Mr. [REDACTED]), were across the street at a neighbors house. I went across the street to interview them. They advised me they had just returned home from a trip to Georgia around 4:30 pm. They parked [REDACTED] in the garage, removed their suitcases, and went inside the house. After unpacking [REDACTED] set down to relax in the front room. Mrs. [REDACTED] was on the telephone and Mr. [REDACTED] was reading a paper. It was approximately two hours after arriving home that the Mr. [REDACTED] heard a sound in the garage. [REDACTED] went to the passage way door that [REDACTED] to the garage, opened it, and saw flames and heavy black smoke inside the garage. Mr. [REDACTED] closed the door, his wife called 9-1-1, and then they exited the structure through the front door. Mr. [REDACTED] denies any problems with his car, nor has he had any work performed on the car recently.

I observed and photographed the exterior of the structure and surrounding area beginning at the front and progressing in a clockwise fashion. This is a single story single family dwelling constructed of concrete block. The roof is conventionally framed and is covered with plywood and fiberglass shingles. The structure lies in a east west plane, the front faces south. Heavy fire damage was observed on the south side around the garage area. The remainder of the structure received minor to moderate smoke damage to the soffit areas. Various windows had been broken out by fire suppression for ventilation purposes.

I gained entrance to the interior of this structure through the front door located on the south side of the building. I observed and photographed the interior beginning in the living room and progressing in a clockwise fashion. Minor heat and smoke damage was noted throughout the interior. The damage increased in severity as I proceeded towards the kitchen area. This is the area where the passage door leading to the garage is located.

I now focused my attention to the garage area. This area received heavy fire damage from the ceiling to the floor. This fire damage was fairly uniform throughout the garage area with the exception of the area directly over the car. A 1992 Lincoln Town Car was observed inside the garage, the front facing the north wall. Deep charring was noted above the car on the bottom of the roof trusses. This charring directed my attention to the car itself. A closer inspection of the car reviled the engine compartment hood was partially consumed, more on the left side than the right. The remainder of the exterior of the car was burned uniformly and consistent with fuel

loads in and around the car. The interior of the car received heavy fire damage throughout. The dashboard was consumed and the seats were consumed on the tops of the seat backs. The lower portions of the interior were damaged by the fire but were still intact. Window glass in the car had heavy carbon buildup and crazing. Interior fire damage was most severe towards the front of the passenger compartment.

The car was pulled from the garage by Kauff's Towing. I continued my inspection of the car outside of the garage. I performed layering of the engine compartment area. The rubber products within the engine compartment including the rubber portions of the fuel lines had turned to charcoal or was completely consumed, with the exception of the radiator hoses. Heat and fire damage was more severe on the left side of the engine compartment. The wheelwell on the left side was consumed as well as all of the components that were located in that area (fuse box, electrical circuits, etc.). The body to frame rubber mount on the left side was also burned away.

In conclusion, due to the facts and evidence noted at the fire scene, this fire will be classified as an accidental fire. The area of origin of this fire is the 1992 Lincoln engine compartment on the left side. The exact ignition source for this fire was not identified, although, due to the information and evidence I feel this fire would be consistent with an electrical malfunction within the engine compartment itself.

This case will be considered closed unless further information is obtained that would warrant its re-opening, at which time a supplement report will be added to this file.

Mar 26 98

TO:

RE:

REPORT

**VEHICLE EXAMINED:**

The vehicle was a 1992 Lincoln Town Car with the VIN ILNLM81W3NY760463.

**LOCATION:**

The vehicle was located at the residence of the owner. This was the same location at which the vehicle was examined.

**PURPOSE OF EXAMINATION:**

The purpose of this examination was to determine the cause and origin of the fire the vehicle suffered.

**PRELIMINARY:**

The vehicle was identified by its VIN, year, make and model.

I was informed that this vehicle had suffered the same type of damage to the same location as a number of others in this area. Fire Marshal Anderson supplied the VINS on the affected vehicles and these vehicle were all within a relatively narrow range in the number sequence.

There are also two other vehicles of like make, model and similar circumstances of the fire occurred in the Fl. area. One on the west coast in the Naples area and the other in the Jacksonville area. I also had a 1996 Lincoln Town Car that had similar damage and circumstances in the Boston Ma. area.

The circumstances of this fire was that the vehicle was parked in the garage two hours before the fire. The owner had passed by the front driver's side of the vehicle a number of times after the vehicle was parked. He stated he was unloading their baggage during this time.

Both the owner and his wife were sitting in the living room when they noticed smoke at the ceiling area of the house. When the owner went to the garage door and opened it he saw heavy smoke condition in the garage. He also stated he saw flames in the driver's side front wheel well area at this time.

Neither of the owners did not notice any problem with the vehicle prior to the fire. No unusual odors or noises or static on the radio. The vehicle had been driven for a distance on the day of the fire.

**EXTERIOR EXAMINATION:**

Examining the exterior, I found that the tires on the vehicle were all affected by direct fire exposure damage. The tires and the rest of the exterior was damaged as a result of both the vehicle fire and exposure to the drop fire from the burning garage it was located in.

The heaviest fire damage was to the engine compartment area on the driver's side front. The hood was melted in a manner that pointed to the driver's side front as the area from which the fire spread.

The driver's side front had no ignitable or melting materials left on the fender and bumper. On the passenger side however there was found signs of these ignitable materials being left, damaged, but still in place.

**INTERIOR EXAMINATION:**

Examining the interior, I found the majority of the damage being in the form of heat and smoke damage. There was direct fire damage to the ceiling and to the area immediately around the fire wall.

All of the indicators pointed to the fire entering the passenger compartment by way of the engine compartment. The avenue of entry was on the passenger side of the fire wall near the heat and vent fan housing.

The electrical wiring and components inside the vehicle were examined. None of these components or wiring were found to have had signs of electrical over heating or shorting. This included the wiring inside the dashboard area of the vehicle. The damage that was found to have occurred to the passenger compartment wiring was in the form of heat and smoke damaging.

**ENGINE COMPARTMENT EXAMINATION:**

The engine compartment was found to have suffered the most intense fire damage to the driver's side lower front. There was found almost complete consumption of the ordinary combustibles in this area. The other area of the compartment were found to have damaged combustibles but they were in place and recognizable.

The hood damage mentioned in the section labeled "EXTERIOR EXAMINATION" also pointed to the lower driver's side of the engine compartment. The area just to the right of this driver's side front area was damaged to a much lesser degree and can be seen in photo number 18.

The electrical wiring and components in the engine compartment vehicle were examined. None of these components or wiring were found to have had signs of electrical over heating or shorting. This included the wiring and cables near the battery. The battery was found not to have been distended or show other signs of over pressurizing.

There was one area that was the exception to the statement made above. The driver's side front lower area was this exception. The wiring in the area and harness that lead to the head light and across the front of the radiator area was the affected wiring. There was a section of the harness that was between the "RELAY CENTER" and the area behind the head light unit that was missing. The wiring that was left was found to have beading on it. This beading is consistent with electrical over heating and/or shorting.

**CONCLUSION:**

**ORIGIN OF THE FIRE:**

The fire was found to have started in the driver's side lower front section of the engine compartment. The area of origin was in the space between the "RELAY CENTER" and the rear of the head light unit.

**CAUSE OF THE FIRE:**

The fire was determined, to a high degree of scientific certainty, to have been caused by electrical shorting or over heating in the wiring harness that was located in the area of origin. This harness was found to have been a factory type harness on the ends that were found to have been left.

**NOTE:**

The exact circuit and wiring that was over heated or shorted could not be determined based on the evidence left. Once there is evidence found that will aide in pin pointing the circuit and wiring involved this information will be forwarded to your office.

Should further information become available after the completion of this examination that may be pertinent to this file, please forward it to my office for review and possible further action.

Should you have any further questions in reference to this file, please do not hesitate to contact my office at your earliest convenience.

Signed by:

Reviewed by: , CPI, CPI, ABFE, FL  
Senior Forensic Analyst  
Member, American Board of Forensic Examiners  
North East Association of Forensic Scientists  
Society of Automotive Forensic Examiners

From:  
To:  
Date:  
Subject:

.erto &lt;NHT...

**VEHICLE OWNER'S QUESTIONNAIRE**

Submission Time: February 28, 1995 04:44:33PM

**OWNER INFORMATION**

NAME:  
ADDRESS  
Apartment

TELEPHONE:

EMAIL :

Have NHTSA send signature card for authorization: Yes

**VEHICLE INFORMATION**

VIN: 1LNLM81W8N1  
MAKE: Lincoln  
MODEL: Town Car  
YEAR: 1982

ODOMETER: unk  
PURCHASE DATE: 08/12/92  
NEW OR USED: New

DEALER NAME:  
ADDRESS:,

ENGINE SIZE:  
CYLINDERS: 08

FUEL INJECTION: on  
TURBO:  
FUEL TYPE: Gas  
ANTILOCK BRAKES: Yes  
CRUISE CONTROL: Yes  
DRIVETRAIN: Rear  
DRIVER AIRBAG:  
PASSENGER AIRBAG:  
3-POINT BELT: on  
MOTOR BELT:  
2-POINT BELT:  
BODY STYLE: 4-Door

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

**COMPONENT:** fuel monitor

**PART NAME(S):** Electronic component on drivers side fender well of engine compartment

**LOCATION:** Left Front

**NUMBER OF FAILURES:** I am personally aware of 3 such vehicles

**DATE(S) OF FAILURES:** 02/11/08

**MILEAGE AT FAILURE(S):**

**SPEED AT FAILURE(S)** parked for at least 5 hours

**MANUFACTURER CONTACTED:** No

**NHTSA CONTACTED:** No

**APPLICABLE ACCIDENT INFORMATION**

**ACCIDENT:** No

**FIRE:** Yes

**DRIVER SIDE AIRBAG DEPLOYED:** NA

**PASSENGER SIDE AIRBAG DEPLOYED:** NA

**NUMBER OF PERSONS INJURED:** none

**NUMBER OF FATALITIES:** none

**ESTIMATED PROPERTY DAMAGE:** 11,000

**REPORTED TO POLICE:** No

**INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**

**DOT NUMBER:**

**TIRE MANUFACTURER:**

**TIRE NAME:**

**TIRE SIZE:**

**ADDITIONAL COMMENTS**

This is the third vehicle I have investigated with similar type loss. We have nothing left of any electrical or electronic components in this area to identify the exact part that is causing these fires. Thank you

February 28, 1998

**ATTN:**

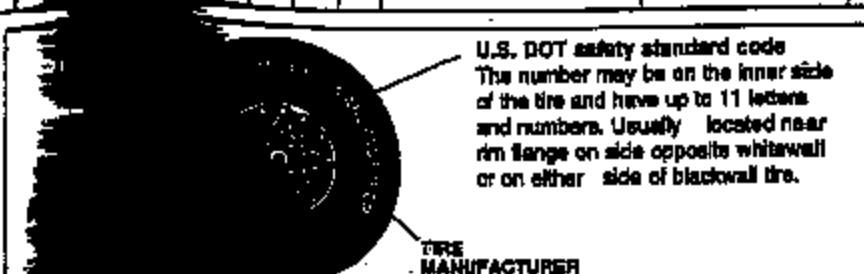
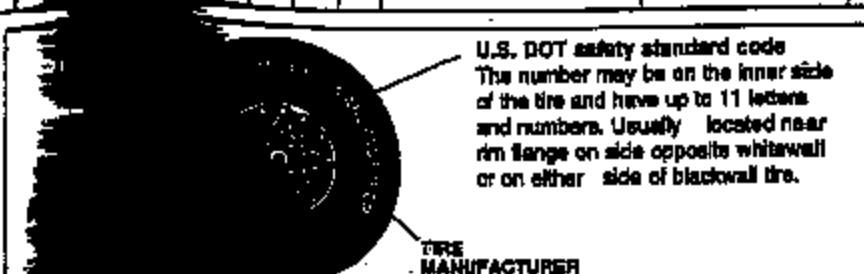
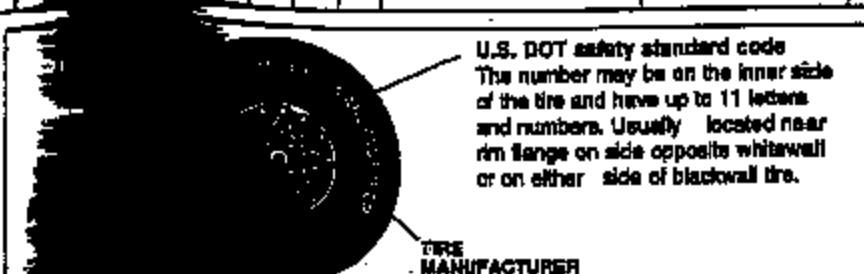
**RE:** Company Claim No.:  
Insured:  
Location:  
City:  
Phone:  
Address Investigation:  
City:  
Phone:  
Loss Date:  
Our File No.:  
  
[REDACTED]

Dear Mr.

Our investigation into the above captioned loss has been completed. The following will report our findings.

**CONCLUSIONS:**

From the physical evidence found during our investigation of this loss, we determined this loss to be an accidental electrical fire and within a category of 1450 other vehicles we are aware of.

|   |   |  |   |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
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|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>   |   | <p>Auto Safety Hotline<br/><b>Vehicle Owner's Questionnaire</b><br/>NATIONWIDE 1-800-424-9323<br/>DC METRO AREA (202) 366-0123<br/>INTERNET: http://www.safercar.dot.gov</p> |   | <p>FOR AGENCY USE ONLY</p> <table border="1"> <tr> <td>Data Received</td> <td>Od-or <input type="checkbox"/></td> </tr> <tr> <td></td> <td>rdnt <input type="checkbox"/></td> </tr> <tr> <td></td> <td>advt <input type="checkbox"/></td> </tr> <tr> <td></td> <td>up-dt <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Reference No.</td> </tr> </table> |   | Data Received  | Od-or <input type="checkbox"/>  |  | rdnt <input type="checkbox"/>   |   | advt <input type="checkbox"/>   |  | up-dt <input type="checkbox"/>   | Reference No.  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
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| <p><b>OWNER INFORMATION</b> (Type or Print)</p> <p>Name [REDACTED]<br/>Street No. [REDACTED] Apt. No. [REDACTED]<br/>City <u>Greenville</u> State <u>MS.</u> Zip Code [REDACTED]</p> <p>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.</p> <p>Signature of Owner [REDACTED] Date <u>5/28/98</u></p>   |   |  |   |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <p><b>VEHICLE INFORMATION</b></p> <table border="1"> <tr> <td>Vehicle Ident. No. (VIN) (located at bottom of windshield or other side)<br/><u>1LNLM83W9NY</u></td> <td>Vehicle Make <u>LINCOLN</u></td> <td>Vehicle Model <u>TOWN CAR</u></td> <td>Vehicle Year <u>1992</u></td> <td colspan="2">Current Odometer Reading <u>67000</u></td> </tr> <tr> <td>Purchase Date<br/><u>5-14-91</u></td> <td>Dealer's Name<br/><u>JACKSON</u></td> <td>City <u>JACKSON</u> State <u>MS.</u> Zip Code [REDACTED]</td> <td>Engine Size (Cubic Cm.)<br/><u>4.6</u></td> <td><input type="checkbox"/> Turbo</td> </tr> <tr> <td><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</td> <td></td> <td></td> <td><input type="checkbox"/> Diesel</td> </tr> <tr> <td><input type="checkbox"/> Manual</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> Driver-side Airbag</td> <td><input type="checkbox"/> Motorized</td> <td><input type="checkbox"/> 2K Gas</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automatic</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Passenger-side Airbag</td> <td><input type="checkbox"/> 2-Point Belt</td> <td><input type="checkbox"/> 32 Fuel Injection</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 3-Point Belt</td> <td><input type="checkbox"/> 4-Wheel</td> <td>No. Cylinders <u>8</u></td> </tr> <tr> <td>Transmission Type</td> <td>Antilock Brakes</td> <td>Restraint System</td> <td>Cruise Control</td> <td>Drivetrain</td> <td>Vehicle Type</td> </tr> <tr> <td><input type="checkbox"/> Manual</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> Driver-side Airbag</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Front</td> <td><input checked="" type="checkbox"/> Car</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automatic</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Passenger-side Airbag</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Rear</td> <td><input type="checkbox"/> Van</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 3-Point Belt</td> <td></td> <td></td> <td><input type="checkbox"/> Minivan</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Motorcycle</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Body Style</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 2-Door</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 3-Door</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Stationwagon</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Pick Up Truck</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table> |   |  |   |   |   | Vehicle Ident. 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| Vehicle Ident. No. (VIN) (located at bottom of windshield or other side)<br><u>1LNLM83W9NY</u>  | Vehicle Make <u>LINCOLN</u>   | Vehicle Model <u>TOWN CAR</u>  | Vehicle Year <u>1992</u>  | Current Odometer Reading <u>67000</u>   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
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| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used   |   |  | <input type="checkbox"/> Diesel   |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <input type="checkbox"/> Manual   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> Driver-side Airbag  | <input type="checkbox"/> Motorized  | <input type="checkbox"/> 2K Gas   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <input checked="" type="checkbox"/> Automatic   | <input type="checkbox"/> No   | <input type="checkbox"/> Passenger-side Airbag   | <input type="checkbox"/> 2-Point Belt   | <input type="checkbox"/> 32 Fuel Injection  |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   | <input type="checkbox"/> 3-Point Belt  | <input type="checkbox"/> 4-Wheel  | No. Cylinders <u>8</u>  |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| Transmission Type   | Antilock Brakes   | Restraint System   | Cruise Control  | Drivetrain  | Vehicle Type  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <input type="checkbox"/> Manual   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> Driver-side Airbag  | <input type="checkbox"/> Yes  | <input type="checkbox"/> Front  | <input checked="" type="checkbox"/> Car   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <input checked="" type="checkbox"/> Automatic   | <input type="checkbox"/> No   | <input type="checkbox"/> Passenger-side Airbag   | <input type="checkbox"/> No   | <input checked="" type="checkbox"/> Rear  | <input type="checkbox"/> Van  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   | <input type="checkbox"/> 3-Point Belt  |   |   | <input type="checkbox"/> Minivan  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> Motorcycle   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> Other  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | Body Style  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> 2-Door   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> 3-Door   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> Stationwagon   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> Pick Up Truck  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|   |   |  |   |   | <input type="checkbox"/> Other  |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p> <table border="1"> <tr> <td>Component<br/><u>208.40</u><br/><u>194450001</u></td> <td>Part Name(s)<br/><u>Short circuit in wiring harness</u></td> <td>Location<br/><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br/><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</td> <td>Failed Part(s)<br/><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</td> </tr> <tr> <td>No. of Failures<br/><u>1</u></td> <td>Date(s) of Failure(s)<br/><u>6-30-98</u></td> <td>Mileage at Failure(s)<br/><u>67,000</u></td> <td>Failed Part(s) Available?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>NHTSA Previously Contacted?<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td>Vehicle Speed at Failure(s)<br/><u>0</u></td> <td></td> <td></td> <td></td> </tr> </table>  |   |  |   |   |   | Component<br><u>208.40</u><br><u>194450001</u>   | Part Name(s)<br><u>Short circuit in wiring harness</u>  | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | No. of Failures<br><u>1</u>                     | Date(s) of Failure(s)<br><u>6-30-98</u>   | Mileage at Failure(s)<br><u>67,000</u> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously Contacted?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       | Vehicle Speed at Failure(s)<br><u>0</u> |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| Component<br><u>208.40</u><br><u>194450001</u>  | Part Name(s)<br><u>Short circuit in wiring harness</u>  | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear               | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
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|   | Vehicle Speed at Failure(s)<br><u>0</u>   |  |   |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <p><b>APPLICABLE INCIDENT INFORMATION</b></p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p> <table border="1"> <tr> <td>Crash<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Fire<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Number Persons Injured<br/><u>0</u></td> <td>Number of Fatalities<br/><u>0</u></td> <td>Estimated Property Damage<br/><u>\$16,039.84</u></td> <td>Reported to Police<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>  |   |  |   |   |   | Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Number Persons Injured<br><u>0</u>   | Number of Fatalities<br><u>0</u>  | Estimated Property Damage<br><u>\$16,039.84</u> | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Number Persons Injured<br><u>0</u>   | Number of Fatalities<br><u>0</u>  | Estimated Property Damage<br><u>\$16,039.84</u>   | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <p><b>INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)</b></p> <p>To report defective or failed tires, enter the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters). This information not required for normal operation tires.</p> <table border="1"> <tr> <td>DOT<br/><u>00T</u></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Manufacturer</td> <td>Tire Name</td> <td>Complete Tire Size</td> </tr> <tr> <td colspan="5">  <p>U.S. DOT safety standard code<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 whitewall or on either side of blackwall tire.</p> <p>TIRE MANUFACTURER</p> </td> </tr> </table>   |   |  |   |   |   | DOT<br><u>00T</u>  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Manufacturer   | Tire Name   | Complete Tire Size                              |  <p>U.S. DOT safety standard code<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 whitewall or on either side of blackwall tire.</p> <p>TIRE MANUFACTURER</p> |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| DOT<br><u>00T</u>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Manufacturer   | Tire Name   | Complete Tire Size  |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
|  <p>U.S. DOT safety standard code<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 whitewall or on either side of blackwall tire.</p> <p>TIRE MANUFACTURER</p>   |   |  |   |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |
| <p>The Privacy Act of 1974 and subsequent amendments. Your response is required pursuant to authority vested in the National Highway Traffic Safety Act and its regulations. Your response may be used to assist the NHTSA in determining whether a manufacturer has violated the law. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses may be used by the agency's legal counsel.</p>  |   |  |   |   |   |  |   |  |   |   |   |  |  |  |                                       |   |   |  |  |                                 |                                 |   |   |                                    |                                 |   |                             |  |                                       |  |  |  |                                       |                                  |                        |                   |                 |                  |                |            |              |                                 |   |   |                              |                                |   |   |                             |  |                             |  |                              |  |  |                                       |  |  |                                  |  |  |  |  |  |                                     |  |  |  |  |  |                                |  |  |  |  |  |            |  |  |  |  |  |                                 |  |  |  |  |  |                                 |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |                                |

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

ON 4-30-95 I LEFT MY HOME APPROXIMATELY 4:30 PM TO GO TO BISHOP GROCERY STORE WHICH IS 5 BLOCKS FROM MY HOME. I TURNED OFF THE MOTOR, GOT OUT OF CAR, LOCKED VEHICLE. I WENT INSIDE TO PAY PHONE BILL AND PICK SOMETHING UP FOR DINNER. I WAS IN STORE APPROXIMATELY 10 TO 15 MINUTES WHEN AN ANNOUNCEMENT CAME OVER THE PUBLIC ADDRESS SYSTEM THAT MY CAR WAS ON FIRE. I RAN OUTSIDE AND WENT TO SEE THE FIRE DEPT. WHO WERE ON ROUTE. I NOTICE SMOKE COMING FROM THE LEFT FRONT ENGINE COMPARTMENT. THE STORE MANAGER AND AN EMPLOYEE WERE BY THE LEFT FRONT TIRE USING FIRE EXTINGUISHER. I JUMPED OUT OF CAR AND DROPPED EXTINGUISHER ON THE LEFT FRONT TIRE. I UNLOCKED THE DOORS AND PULLED INSIDE HOOD LATCH SO THEY COULD GET THE EXTINGUISHERS UNDER THE HOOD. I RAN TO THE FRONT OF MY CAR TO RELEASE OUTSIDE LATCH. BUT THE FIRE WAS TOO HOT TO OPEN. THE STORE MANAGER PULLED ME BACK AND TOLD ME I WAS IN DANGER. BEFORE THE FIRE DEPARTMENT ARRIVED ON SCENE THE ENTIRE ENGINE COMPARTMENT WAS DESTROYED. I HAVE NOT HAD ANY MECHANICAL PROBLEMS WITH THIS VEHICLE IN THE 11 MONTHS I OWNED IT. I FEEL THIS IS A DEFECTIVE FORD MOTOR COMPANY PRODUCT AND I SHOULD BE REIMBURSED FOR MY LOSS. THIS SHOULD BE INVESTIGATED, AND THIS PRODUCT SHOULD BE RECALLED AND CORRECTED IMMEDIATELY. BEFORE LOSS OF LIFE OCCURS.

SEE ENCLOSED PHOTOS & DOCUMENTS

GREENWOOD NO. [REDACTED]

Fold to show Return Address (no stamp needed) Fasten with tape and mail

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20580  
Official Business  
Penalty for Private Use \$300

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NSA-10.1  
400 7th Street, SW.  
Washington, DC 20580

3713 6897

## FIRE INVESTIGATION REPORT

GREENWOOD FIRE MARSHAL'S OFFICE

GREENWOOD, MISSISSIPPI

 Commercial

Date of Report 5-4 98 Time \_\_\_\_\_

 Residential

Weather Conditions During Fire \_\_\_\_\_

 Other Auto

Officer in Charge of Fire:

Name of Owner Martha Smith

Address 2107 Williams Street

Name of Occupant Same

Address Same

Address of Fire 410 W. Park Ave.

Date of Fire 4-30-98 19 Time 1710

Point of Origin Under hood on driver's side

Cause of Fire Suspect short circuit in  
wiring harness

Construction: Wood, Stone, Brick, Other N/A

Smoke Detector or Other Alarm Device N/A

Estimated Value of Building: N/A Contents: N/A

Vehicle (If Involved) Lincoln 92

| MAKE | MODEL | TAG NO. | OWNER | EST. VALUE |
|------|-------|---------|-------|------------|
|      |       |         |       |            |

Estimated Damage to Property 60%

Insurance Information: Agency Farnham

Amount: Building N/A Contents N/A

Deaths (Names) None

Injuries None

Disposition: Accidental  Undetermined  Incendiary 

Arrests \_\_\_\_\_

Date Investigation Closed: 5-4-98

Investigating Officer Melvin Flack

Approved: Melvin Flack, Deputy Fire Marshal

(Witnesses and Statements on Reverse Side)

## GREENWOOD FIRE DEPARTMENT

RUN REPORT

MAY 11 1998

DISPATCHER

D. J. D.

4/30/98 TIME ALARM RECEIVED 1153 ALARM RECEIVED BY 911  
 INCIDENT NUMBER FIRE - JATE Swap Meet Center

NOT OUTSIDE CITY LIMITS

WORKING TIME 58 mins.

ENGINES ANSWERING  NO. 1  NO. 2  NO. 3  NO. 4  
 NO. 5  NO. 6  NO. 10  NO. 11  NO. 12  NO. 13  
 NO. 14 1657  NO. 15  NO. 16  NO. 17

FIRE IN BUILDING OR DWELLING

PUMP TIME NO. 10 11:11 NO. 11 11:11

OWNER \_\_\_\_\_

NO. 12 11:11 NO. 13 11:11 NO. 14 11:11

ADDRESS \_\_\_\_\_

No. 15 11:11 NO. 16 11:11 NO. 17 11:11

OCCUPANTS

WATER USED 75 gals. FEET OF LADDER USED 0

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FEET OF HOSE LINE USED

| NOZZLE | SIZE         | FEET       |
|--------|--------------|------------|
| 1"     | Booster      | <u>200</u> |
|        | 1-1/2" Lines |            |
|        | 2-1/2" Lines |            |
|        | 3" Lines     |            |

CONSTRUCTION \_\_\_\_\_ USED AS \_\_\_\_\_

OTHER EQUIPMENT USED Hux bar,  
battery pliers

CAUSE \_\_\_\_\_  
 VEHICLE FIRES  
 OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

MAKE 1992 Lincoln TOWN CAR TAG NO. 12A1LM83W9NYCAUSE Driver IgnitionVIN# 12A1LM83W9NY

OTHER FIRES OUTDOORS

ON DUTY

|                    |        |                   |
|--------------------|--------|-------------------|
| STA. 1             | STA. 2 | STA. 4            |
| <u>CH McDaniel</u> |        | <u>Capt. Cade</u> |
|                    |        | <u>1st ladder</u> |
|                    |        | <u>FF Moore</u>   |

GRASS  OTHER \_\_\_\_\_GARBAGE BOX  CAUSE \_\_\_\_\_EXTINGUISHED Bonster line - 75 gals.

|        |
|--------|
| STA. 3 |
|--------|

ALARM WHERE THERE WAS NO FIRE — EXPLAIN

REMARKS

## INCIDENT REPORT

| OFFENSE INCIDENT  |  | OFFENSE INCIDENT (SECONDARY)                 |  | OFFENSE INCIDENT (THIRD)                               |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     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    |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
|---|--|--|--|--|------------------------------------|----------------------------------|----|----|----|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----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| VICTIM'S LAST NAME OR BUSINESS NAME<br>Smith                              | FIRST NAME<br>Zetha                          | SEX<br>S                                     | RACE<br>JRW  | AGE<br>42  | BIRTH (YR. MO. DAY)<br>10/11/20    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    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   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 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|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| LOCATION OF INCIDENT (STREET NO. STREET NAME, APT NO., STIRRE, DIRECTION) |  | DAY OF<br>OFFENSE<br>INCI.                   | DATE (YR. MO. DAY)<br>08/04/30                             | DATE (YR. MO. DAY)<br>08/04/30                         |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 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|
| VICTIM'S HOME ADDRESS (IF DIFFERENT FROM ABOVE)<br>Greenwood, NJ          |  | CITY<br>05                                   | STATE<br>NJ  | ZIP CODE   |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| VICTIM'S HOME PHONE (C. & NON-BUSINESS PHONE)<br>NA                       |  | EMPLOYER AND OCCUPATION OR SCHOOL<br>NA      |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| COMPLAINANT'S LAST NAME<br>Same as above                                  |  | FIRST NAME<br>NA                             | HOME PHONE   | BUSINESS PHONE   |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| COMPLAINANT'S STREET ADDRESS<br>NA  |  | CITY   | STATE  | WEAPONS INVOLVED (KNIFE, PISTOL, ETC.)                 |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input checked="" type="checkbox"/> VICTIM                                | STOLEN                                       | VEHICLE TYPE<br>Pass. car                    | YEAR/MAKE<br>1995  | MODEL<br>Taurus  | COLOR TOP-BODY<br>Blue             |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> SUSPECT  | WANTED                                       |  |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> RECOVERED  | DAMAGED                                      | DOORS/TAG NO<br>2 4                          | ST. YR<br>1995   | VEHICLE ID. NO<br>MS                                   | KEYS ACCOUNTED FOR?                |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> IMPOUND  | TOWED  |  |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| LICENSHOLDER (LAST NAME AND FIRST)  |  | STREET ADDRESS                               |  | CITY   | STATE                              | VALUE                            |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| INSURANCE COMPANY NAME & ADDRESS<br>Farm Bureau                           |  | SIGNATURE OF PERSON RECEIVING VEHICLE<br>(X) |  |  |                                    | DATE<br>INCID?                   |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> VICTIM   | STOLEN                                       | VEHICLE TYPE                                 | YEAR/MAKE  | MODEL  | COLOR TOP-BODY                     |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> SUSPECT  | WANTED                                       |  |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> RECOVERED  | DAMAGED                                      | DOORS/TAG NO                                 | ST. YR   | VEHICLE ID. NO   | KEYS ACCOUNTED FOR?                |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> IMPOUND  | TOWED  | 2 4  |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| LICENSHOLDER (LAST NAME AND FIRST)  |  | STREET ADDRESS                               |  | CITY   | STATE                              | VALUE                            |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| NOE COMPANY NAME & ADDRESS  |  | SIGNATURE OF PERSON RECEIVING VEHICLE<br>(X) |  |  |                                    | DATE<br>INCID?                   |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    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  |     |     |     |     |     |     |      |
| <input type="checkbox"/> DISPOSITION                                      | CLEAR DATE<br>YR MO DAY                      |  | PRIMARY REPORTING OFFICER<br>DeLoach                       |  | NO                                 | DATE OF REPORT<br>07/22 7/804/30 |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> STATUS   | Active                                       | Inactive                                     |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> Unfounded  | IS FURTHER POLICE ACTION<br>REQUIRED? YES NO |  | SECONDARY REPORTING OFFICER                                |  | NO                                 | DATE OF REPORT                   |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> Except Cleared                                   |  |  |  |  |                                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> Cleared by Arrest                                | OVER 18                                      | UNDER 18                                     | INVESTIGATING OFFICER (LAST NAME FIRST)<br>Swindler, Jason |  | NO                                 | DATE OF REPORT<br>07/22 7/804/30 |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| MAKE<br>NA  | STOLEN                                       | BOYS<br>GIRLS                                | GEARS<br>PEDAL   | WHEEL<br>SIZE  | FRAME<br>NUMBER                    |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   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    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| VALUABLES   | RECOVERED                                    |  |  |  | ACCESSORIES &<br>OTHER DESCRIPTION |                                  |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| BRAND NAME  | MODEL NO. OR NAME                            | ITEM CODE                                    | QTY  | DESCRIPTION (Enter Item Number or Criteria + Qty. ID#) |                                    | VALUE                            |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
|   |  |  |  | Vehicle front end of vehicle                           |                                    | 4K                               |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
| <input type="checkbox"/> STOLEN   | <input type="checkbox"/> RECOVERED           | <input type="checkbox"/> DAMAGED             | <input type="checkbox"/> LOST                              | <input type="checkbox"/> CONFISCATED                   |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
|   |  |  |  |  |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     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 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   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| <input type="checkbox"/> STOLEN   | <input type="checkbox"/> RECOVERED           | <input type="checkbox"/> DAMAGED             | <input type="checkbox"/> LOST                              | <input type="checkbox"/> CONFISCATED                   |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
|   |  |  |  |  |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  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| <input type="checkbox"/> STOLEN   | <input type="checkbox"/> RECOVERED           | <input type="checkbox"/> DAMAGED             | <input type="checkbox"/> LOST                              | <input type="checkbox"/> CONFISCATED                   |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  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  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |
|   |  |  |  |  |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 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  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  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| <input type="checkbox"/> STOLEN   | <input type="checkbox"/> RECOVERED           | <input type="checkbox"/> DAMAGED             | <input type="checkbox"/> LOST                              | <input type="checkbox"/> CONFISCATED                   |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   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|   |  |  |  |  |                                    | Y N                              |    |    |    |    |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 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 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   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| 21  | 23   | 27   | 28   | 30   | 31                                 | 32                               | 33 | 34 | 35 | 36 | 2 | 1 | 2 | 4 | 5 | 10 | 11 | 12 | 13 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 851 | 852 | 853 | 854 | 855 | 856 | 857 | 858 | 859 | 860 | 861 | 862 | 863 | 864 | 865 | 866 | 867 | 868 | 869 | 870 | 871 | 872 | 873 | 874 | 875 | 876 | 877 | 878 | 879 | 880 | 881 | 882 | 883 | 884 | 885 | 886 | 887 | 888 | 889 | 890 | 891 | 892 | 893 | 894 | 895 | 896 | 897 | 898 | 899 | 900 | 901 | 902 | 903 | 904 | 905 | 906 | 907 | 908 | 909 | 910 | 911 | 912 | 913 | 914 | 915 | 916 | 917 | 918 | 919 | 920 | 921 | 922 | 923 | 924 | 925 | 926 | 927 | 928 | 929 | 930 | 931 | 932 | 933 | 934 | 935 | 936 | 937 | 938 | 939 | 940 | 941 | 942 | 943 | 944 | 945 | 946 | 947 | 948 | 949 | 950 | 951 | 952 | 953 | 954 | 955 | 956 | 957 | 958 | 959 | 960 | 961 | 962 | 963 | 964 | 965 | 966 | 967 | 968 | 969 | 970 | 971 | 972 | 973 | 974 | 975 | 976 | 977 | 978 | 979 | 980 | 981 | 982 | 983 | 984 | 985 | 986 | 987 | 988 | 989 | 990 | 991 | 992 | 993 | 994 | 995 | 996 | 997 | 998 | 999 | 1000 |

3713 6900



**Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**

NATIONWIDE 1-800-424-9313  
 DC METRO AREA (202) 343-0123  
 INTERNET: <http://www.safercar.dot.gov>

FOR AGENCY USE ONLY 112

|               |       |
|---------------|-------|
| Date Received | Od_11 |
|               | Fl_01 |
|               | Ad_11 |
|               | Up_11 |
| 2 Dec 1987    |       |
| Reference No. |       |
| 819821        |       |
| XK 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 on bottom of windshield or driver side door) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1LNUA72W5N1000000  | LINCOLN      | TOWN CAR      | 1982         |                          |

|   |                                       |                       |  |
|---|---------------------------------------|-----------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size<br>CID/CC | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Super<br><input type="checkbox"/> V6<br><input type="checkbox"/> V8<br><input type="checkbox"/> Articulated |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders         |  |

|   |  |  |  |  |  |   |
|---|--|--|--|--|--|---|
| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control   | DriveTrain   | Vehicle Type   | Body Style  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> DriverSide Airbag<br><input type="checkbox"/> PassengerSide Airbag<br><input type="checkbox"/> 3-Point Belt | <input type="checkbox"/> Manual<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sports Ut<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other  |
|   |  |  |  |  |  | <input type="checkbox"/> 2-door<br><input type="checkbox"/> 4-door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Full-Size Truck<br><input type="checkbox"/> Other |

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

|                       |                                    |  |   |   |
|-----------------------|------------------------------------|--|---|---|
| Component<br>80100000 | Part Name(s)<br>EM0008             | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously<br>Complained?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of Failures       | Date(s) of Failure(s)<br>28 NOV 87 |  |   |   |
|                       | Mileage at Failure(s)<br>47        |  |   |   |
|                       | Vehicle Speed at Failure(s)        |  |   |   |

**APPLICABLE INCIDENT INFORMATION**

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

|  |   |                                |                           |                                  |   |
|--|---|--------------------------------|---------------------------|----------------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage<br>\$0 | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|----------------------------------|---|

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

**WHILE PARKED THE VEHICLE CAUGHT ON FIRE IN THE ENGINE COMPARTMENT. CAUSE UNKNOWN. PLEASE PROVIDE FURTHER DETAILS. "AK"**

10/20 11/87

CONTINUE ON BACK IF NEEDED

This Privacy Act of 1974-Public Law 93-557. 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 responses 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.

5010-0002 300 Rev. 1/88

HAVING PROBLEMS WITH THE SUSPENSION - REPLACED ALL COUPLERS  
FIRE@ LEFT FRONT OF ENGINE COMPARTMENT JFA

3713 6901

From: [REDACTED]  
To: [REDACTED] to <NHTSA>, ...  
Date: [REDACTED]  
Subject: [REDACTED]

**VEHICLE OWNER'S QUESTIONNAIRE**

Submission Time: July 1, 1998 10:20:13AM

**OWNER INFORMATION**

NAME: J.  
ADDRESS: [REDACTED]  
Apartment [REDACTED]  
Orlando, FL [REDACTED]

TELEPHONE:  
EMAIL:

Have NHTSA send signature card for authorization: No

**VEHICLE INFORMATION**

VIN: 1EWA4M483W4 NY [REDACTED]  
MAKE: LINCOLN  
MODEL: TOWN CAR  
YEAR: 1992

ODOMETER: 120000  
PURCHASE DATE: 2/14/97  
NEW OR USED: Used

DEALER NAME:  
ADDRESS: [REDACTED]

ENGINE SIZE:  
CYLINDERS:

FUEL INJECTION: on

TURBO:

FUEL TYPE: Gas

ANTILOCK BRAKES: Yes

CRUISE CONTROL: Yes

DRIVETRAIN: Rear

DRIVER AIRBAG: on

PASSENGER AIRBAG: on

3-POINT BELT:

MOTOR BELT:

2-POINT BELT:

BODY STYLE: 4-Door

L/M 10/20 JFA  
L/M 10/21 JFA

3713 6902

**FAILED COMPONENT(S)/PART(S) INFORMATION****COMPONENT: ENGINE****PART NAME(S):****LOCATION:****NUMBER OF FAILURES:****DATE(S) OF FAILURES: 8/24/98****MILEAGE AT FAILURE(S):****SPEED AT FAILURE(S) N/A****MANUFACTURER CONTACTED: No****NHTSA CONTACTED: No****APPLICABLE ACCIDENT INFORMATION****ACCIDENT: No****FIRE: Yes****DRIVER SIDE AIRBAG DEPLOYED: NA****PASSENGER SIDE AIRBAG DEPLOYED: NA****NUMBER OF PERSONS INJURED:****NUMBER OF FATALITIES:****ESTIMATED PROPERTY DAMAGE:****REPORTED TO POLICE: No****INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)****DOT NUMBER:****TIRE MANUFACTURER:****TIRE NAME:****TIRE SIZE:****ADDITIONAL COMMENTS**

PARKED CAR IN A PARKING LOT AND SOME 30 MINUTES, THEREAFTER, VEHICLE CAUGHT ON FIRE WHICH ORIGINATED IN THE ENGINE.

*FIRE WAS AT LEFT FRONT WHEEL AREA, METAL MELTED*

*1:00 PM 10/22/98*

Auto \_\_\_\_\_  
[Member of Travelers Group]

Lake Mary, FL 32744-4417

November 10, 1998

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation  
400 Seventh St. SW  
Room 5328 NSA-12  
Washington, DC 20590

Our Claim Number:  
Date of loss: 08/24/98  
Insured: .

Dear John Abbott:

This letter is in regards to the engine fire involving the 1992 Lincoln Town Car. I am enclosing the fire report from Orlando Fire Department and a copy of our appraisal of the vehicle which indicates it was a total loss.

If you need anything additional please contact me at

Sincerely,

Claim Representative

## AUTO AND HOME INSURANCE

\*\*\*\*\* FOR ANY QUESTIONS REGARDING VEHICLE REPAIRS, CONTACT YOUR APPRAISER \*\*\*\*\*  
 \*\*\*\*\* FOR ANY OTHER QUESTIONS, CONTACT YOUR CLAIM REPRESENTATIVE \*\*\*\*\*

CD LOG NO

0

06-25-98 1:09 PM

ESTD DATE

## CLAIM INFORM

CLAIM # D/R 06/24/98 D/A 06/24/98  
 COMPANY  
 INSURED  
 CLAIMANT  
 FILE HNDLR  
 LOSS PAYEE

POLICY #  
 CLM REP/AGNT 276 KAM 407-804-60  
 LOSS DATE 06-24-98  
 LOSS TYPE COMPREHENSIVE  
 FILE #  
 ACCT #

## INSPECTION

TYPE FIELD  
 APPRAISER NAME  
 WORK PHONE  
 ADDRESS F 417  
 CITY STATE LAKE MARY,  
 ZIP 32795-

FAX  
 INSP DATE 06-25-98  
 LOCATION BADISCO  
 CITY STATE

## OWNER:

ORLANDO FL 32837

WORK #:  
HOME: ....

## REPAIR

APTN  
 \*\*\*\*\* TOTAL LOSS\*\*\*\*\*

SHOP LIC# 9999999999  
 CAR IN

## VEHICLE

1992 LINCOLN TOWN CAR SIGNATURE 4 DR SEDAN  
 SCYL GASOLINE 4.6

## OPTIONS

ANTI-LOCK BRAKE SYSTEM  
 KEYLESS ENTRY SYSTEM

PASSENGER SIDE AIR BAG

BODY COLOR WHITE  
 CONDITION GOOD  
 LICENSE # FL  
 LICENSE STATE FL

MILEAGE 0  
 VIN 1LALM83W4NT34567  
 CODE Q516  
 VEH INSP #

## REMARKS:

THIS VEHICLE IS AN OBVIOUS TOTAL FIRE LOSS. FRONT END COMPLETELY ENGULFED BY FIRE FROM DASH FORWARD. FIRE STARTED IN ENGINE COMPARTMENT. CAUSE UNKNOWN. SALVAGE ESTIMATE \$600.00. CCC REQUESTED. (REQUEST # 22343681). NO OLD DAMAGE. NO DEDUCTIONS. ODOMETER READING UNKNOWN.

| PART           | GDE    | OPERATION | PRICE | LABOR RT |
|----------------|--------|-----------|-------|----------|
| MANUAL ENTRIES |        |           |       |          |
| DAMAGE ENTRIES | R&I/OH |           | 0.00* | 0.0* SV* |

-1-

R-95X

11-10-98 03:46PM P002 N07

37136906

1992 LINCOLN TOWN CAR SIGNATURE 4 DR SEDAN  
CLAIM #

06-25-98 1:09 PM

1 ITSM8

FINAL CALCULATIONS & ENTITLES  
PARTS

GROSS PARTS  
OTHER PARTS  
PAINT MATERIAL

| ADJUSTMENTS               | DISCOUNT | MARKUP |
|---------------------------|----------|--------|
| ESTIMATE @ 10%            |          |        |
| PARTS TOTAL               |          |        |
| TAX ON PARTS & MATERIAL • | 6.0004   |        |

| LABOR         | RATE     | REPLACE HRS | REPAIR HRS |
|---------------|----------|-------------|------------|
| 1-SHEET METAL | \$ 28.00 |             |            |
| 2-MECH/ELEC   | \$ 28.00 |             |            |
| 3-FRAME       | \$ 28.00 |             |            |
| 4-REFINISH    | \$ 28.00 |             |            |
| 5-PAINT       | \$ 16.00 |             |            |

TAX ON LABOR • 6.0004  
TAX ON SUBLET • 6.0004  
SUBLET REPAIRS

TOWING

STORAGE

LESS: DEDUCTIBLE

UNKNOWN-

NET TOTAL \$ 0.00 TOTAL LOSS

PVN Y/00/00/00/00/00 CUN 00/00/00/00/00 ZIPCODE: 32811 ORLANDO  
ADP PEPPER W0335 RS LOG 462 -0 06-25-98 13:15:22 RBL 3.35 CD 06/98  
COPYRIGHT, AUTOMATIC DATA PROCESSING, INC. 1998

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS  
SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE.  
THE AFTERMARKET CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE  
WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS RATHER THAN THE  
MANUFACTURER OF YOUR VEHICLE.

SUPPLEMENTAL REPAIR CHARGES MAY BE REJECTED  
UNLESS APPROVED BY THE TRAVELERS PRIOR TO REPAIRS.  
THIS INSTRUMENT IS NOT AN AUTHORIZATION TO REPAIR.  
REPAIRS MUST BE AUTHORIZED BY OWNER.  
ALL WEAR ITEMS ARE SUBJECT TO BETTERMENT.  
FACTORY APPROVED METHODS SHOULD BE USED ON ALL REPAIRS.

No  
JULY

24/96  
P.D.

042498  
INCIDENT NO.

CITY OF ORLANDO FIRE DEPARTMENT  
FIELD INCIDENT REPORT  
ALARM CODE: F

FIRE DEPT. I.D.  
0701

#1 JURISDICTION#0701 EXP-N0:00 BY OF NK:4 DIST:2 SHIFT:1A CO. INSP. DIST:10

CORRECT ADDRESS:

ZIP CODE:

REPORTED ADDRESS:

AVE CIRCLE 10 TRACT 114603

OCCUPANT'S NAME:  
BUSINESS/BLDG R.

APT# BART DOB:  
TELEPHONE

OWNER'S NAME:  
ADDRESS:

SART DOB:  
PHONE #

TYPE OF SITUATION FOUND: 13 1130 VEHICLE FIRE

TYPE OF ACTION TAKEN: 2100 EXTINGUISHMENT  
NUMBER OF EACH USED AT THE SCENE  
PERSONNELS: 0 ENGINEERS: 0 AERIALS: 0 OTHER VEHICLES: 0

FIRE DUE RESPONDED PRIOR/POST TO KNOX BOX USE: 0

METHOD OF EXTINGUISHMENT: METHOD UNDETERMINED

| DIGITALIES   | KILLED | INJURED | RESCUED | CONNECTED | UNCONNECTED |
|--------------|--------|---------|---------|-----------|-------------|
| FIRE SERVICE | 00     | 00      |         |           |             |
| CIVILIANS    | 00     | 00      |         |           |             |

TYPE OF COMPLEX: 142 APARTMENT COMPLEX

FIXED PROPERTY USE:

740 ROAD PARKING PROPERTY

MOBILE PROPERTY USE: 111 PASSENGER ROAD TRANSPORT VEHICLE  
YEAR: 92 MAKE: LINCOLN MODEL: TOWN CAR  
LICENSE NO: 7R901992 SERIAL NO: VINS

INVESTIGATORS SECTION REQUESTED: NO

CASE OPEN: CASE CLOSED: 042498 INVESTIGATOR'S NAME:  
INVESTIGATING AGENCY: OED NUMBER:

AREA OF ORIGIN: ENGINE/ RUNNING GEAR

LEVEL OF ORIGIN: GRADE, GROUND LEVEL

TERMINATION STAGE: 13 FIRE TERMINATED IN OR AFTER THE FLAME STAGE

EQUIPMENT INVOLVED: 11 FIXED WIRING  
YEAR NAME MODEL SERIAL NO. VOLTAGE

FORM OF HEAT IGNITION: 26 SHORT CIRCUIT, ARC-WORN INSULATION

TYPE OF MATERIAL IGNITED: 40 PLASTIC

FORM OF MATERIAL IGNITED: 41 ELECTRIC WIRE

IGNITION FACTOR: 64 SHORT CIRCUIT, GROUND FAULT

PAGE 1 OF 3

JUL 27 '96 10:38  
E-98W

4872462512 PAGE 02  
11-10-96 03:08PM P004 R07

3713 6807

INCIDENT NO.

FIELD INCIDENT REPORT  
CONTINUED

## STRUCTURE FIRE INFORMATION

N

CONST. TYPE:  
EXTENT OF DAMAGE  
FLAMES:  
SMOKE:

DETECTOR PERFORMANCE:

FACTOR IN ALERT:

FACTOR IN SAVING LIVES:

SPRINKLER PERFORMANCE:

CONTROLLED FIRES:

EXTINISHED FIRES:

NUMBER OF HEADS OPERATED:

EQUIPMENT USED:

HAND LINES—ROOFTOPS:  
SUPPLY : 3'1" 4"

1-3/4"1

3"

MASTER STREAM-GROUND1

AERIAL1

PUMPS/PUMPKINS:

TOT WATER USED: 250

GPM TO CONTROLS:

LADDERS-ATTIC: AFRIC1 ROOF1 AERIAL1 241 25-301 351 36-501

PWR SAW-K121 CHAIN1 OTHER1

EXTRICATION-AIRC1 PORTA PUM1 OTHER1  
EJECTOR1 AIR BOTTLES1

EXTINISHING AGENT USED: NO

AGENT USED-AIRC1 BAL ALCOHOL FOAM1 BAL PROTEIN FOAM1 GAL OTHER1 GAL  
HI-EXP FOAM1 BAL WETTING1 BAL DRY CHEM1 LBS SPEC POWDER1 LBS  
OTHER AGENTS1

## INSURANCE INFORMATION

PROPERTY LOSS OCCURRED: YES

CLAIM FILED:

BUILDING OR HOME LOSS-HOUSE

AGENT: TRAVELERS

PHONE: 8008429263

COMPANY: TRAVELERS

ADDRESS1:

CITY1:

ST1:

POLICY N

INS. VALUE: 110471

ACTUAL VALUE: 110471

AMOUNT PAID: 110471

AGENT1:

PHONE1

COMPANY1

ADDRESS1:

CITY1:

ST1:

POLICY NO1:

INS. VALUE1:

ACTUAL VALUE1

AMOUNT PAID:

UNINSURED LOSS-Loss:

UNINSURED LOSS-CONTENT1:

UNINSURED LOSS-HOUSE:

TOTAL DOLLAR LOSS: 110471

PAGE 2 OF 3

JUL 07 '95 10:38

E-98X

4872462512 PAGE 03  
11-10-95 03:08PM F005 R07

3713 6908

062478

CITY OF ORLANDO FIRE DEPARTMENT  
FIELD INCIDENT REPORT FORMS  
ALARM CODE: FFIRE DEPT. I-10,  
0701

| COMMENTS | UNIT | RECDU | DISP | ARRV | AVAIL | C.I.C. | STATUS |
|----------|------|-------|------|------|-------|--------|--------|
| 1ST TUE  | E-10 | 1331  | 1331 | 1336 | 1416  | 010    |        |

E-10 RESPONDED TO A CAR FIRE AT PINE SHADOWS CONDOS. ON ARRIVAL WE FOUND THE ENGINE COMPARTMENT FULLY INVOLVED IN FIRE. E-10 PULLED 150 FEET OF 1 3/4" HAND LINE AND EXTINGUISHED THE FIRE USING APPX 250 GALLONS OF WATER. FIRE DAMAGE WAS HEAVY TO THE ENGINE COMPARTMENT, WITH EXTENSION TO THE INTERIOR, WHICH ALSO RECEIVED EXTENSIVE WATER DAMAGE. THE OWNER ADVISED THAT HE HAD NOT EXPERIENCED ANY PROBLEMS WITH THE VEHICLE. THE CAR WAS PARKED FOR APPX 30 MINUTES BEFORE THE FIRE IGNITED./JRC

REPORTED BY

INCIDENT COMMANDER

Entries contained in this report are intended for the sole use of the Fire Dept. Statements and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported conditions outside the Fire Dept. is neither intended or implied.

Reviewed by:  
DATE PRINTED: 980707

1 JUL 07 '98 10:38

2-97X

4872462512 PAGE.04

\*\* TOTAL PAGE.08 \*\*  
11-10-98 03:087X PAGE.007

3719 6909

SFIRS-1

|  |  |  |  |  |  |   |  |                                 |  |
|--|--|--|--|--|--|---|--|---------------------------------|--|
|  |  |  |  |  |  |   |  | 1 DELETS<br>1 CHARGE            |  |
|  |  |  |  |  |  |   |  | IN SERVICE                      |  |
|  |  |  |  |  |  |   |  | 00:00:00                        |  |
|  |  |  |  |  |  |   |  | 01120700                        |  |
|  |  |  |  |  |  |   |  | MUTUAL AID                      |  |
|  |  |  |  |  |  |   |  | 1111111111111111                |  |
| <b>B</b> TYPE OF SITUATION FOUND<br>Structure Fire           |  | <b>C</b> TYPE OF ACTION TAKEN<br>Extinguishing             |  | <b>D</b> IGNITION FACTOR<br>Unintentional                  |  | <b>E</b> CO. TINN ZIP CODE<br>411 Unintentional |  | <b>F</b> CENSUS TRACT<br>860A17 |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>G</b> ADDRESS   |  |  |  |  |  |   |  | TELEPHONE NO.                   |  |
|  |  |  |  |  |  |   |  | 8004                            |  |
| <b>H</b> DOCUMENT NUMBER                                     |  |  |  |  |  |   |  |                                 |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>I</b> METHOD OF ALARM FROM PUBLIC<br>Telephone Tie Line   |  | <b>J</b> TYPE OF ALARM<br>EMERGENCY                        |  | <b>K</b> DISTRICT SHIFT STATION NO. ALARM                  |  |   |  |                                 |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>L</b> NUMBER OF VEHICLES<br>FIRE SERVICE 000              |  | <b>M</b> NUMBER OF PATRULERS<br>FIRE SERVICE 000           |  | <b>N</b> OTHER 000   |  | <b>O</b> OTHER 000                              |  |                                 |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>P</b> COMPLEX<br>Commercial Complex                       |  | <b>Q</b> MOBILE PROPERTY TYPE<br>Automobile                |  | <b>R</b> EQUIPMENT INVOLVED IN IGNITION                    |  |   |  | <b>S</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>T</b> AREA OF FIRE ORIGIN<br>Roofing Area, Roofing Deck   |  | <b>U</b> EQUIPMENT INVOLVED IN IGNITION<br>Vehicle         |  | <b>V</b> FORM OF MATERIAL IGNITED                          |  | <b>W</b> FORM OF MATERIAL KILLED                |  | <b>X</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>Z</b> FORM OF HEAT OF IGNITION<br>Unintentional           |  | <b>A</b> LEVEL OF FIRE ORIGIN<br>Grade 10-10'              |  | <b>B</b> ESTIMATED LOSS                                    |  | <b>C</b> ESTIMATED VALUE                        |  | <b>D</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>E</b> NUMBER OF STORES<br>Two Stories                     |  | <b>F</b> CONSTRUCTION TYPE<br>Precasted Wood Frame         |  | <b>G</b> OTHER 000   |  | <b>H</b> OTHER 000                              |  | <b>I</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>K</b> EXTENT OF FLAME DAMAGE<br>Area of Origin            |  | <b>L</b> EXtent OF SMOKE DAMAGE<br>Floor of Origin         |  | <b>M</b> OTHER 000   |  | <b>N</b> OTHER 000                              |  | <b>O</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>P</b> DETECTOR PERFORMANCE<br>Detector Present & Operated |  | <b>Q</b> SPARKLER PERFORMANCE<br>Undetermined              |  | <b>R</b> OTHER 000   |  | <b>S</b> OTHER 000                              |  | <b>T</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>U</b> IF SMOKE SPREAD<br>BETWEEN ROOM<br>OF ORIGIN        |  | <b>V</b> TYPE OF MATERIAL GENERATING MOST SMOKE<br>Gelling |  | <b>W</b> AVENUE OF SMOKE TRAVEL<br>Opening in Construction |  | <b>X</b> OTHER 000                              |  | <b>Y</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>Z</b> FORM OF MATERIAL GENERATING MOST SMOKE<br>Fuel      |  | <b>A</b> OTHER 000   |  | <b>B</b> OTHER 000   |  | <b>C</b> OTHER 000                              |  | <b>D</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>E</b> DATE OF INCIDENT                                    |  | <b>F</b> 10  |  | <b>G</b> LL:   |  | <b>H</b> 044                                    |  | <b>I</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>S</b> IF MOBILE PROPERTY<br>YEAR 19 MAKE LINCOLN          |  | <b>T</b> MODEL TOWN CAR                                    |  | <b>U</b> SERIAL NO.<br>TIME/LOCATION/TIME 744 LSP          |  | <b>V</b> LICENSE NO.                            |  | <b>W</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>Y</b> IF EQUIPMENT INVOLVED<br>IN IGNITION                |  | <b>Z</b> MODEL   |  | <b>A</b> SERIAL NO.  |  | <b>B</b> OTHER 000                              |  | <b>C</b> OTHER 000              |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>U</b> OFFICER IN CHARGE NAME, POSITION, RANK              |  |  |  |  |  |   |  | <b>V</b> DATE<br>06/15/98       |  |
|  |  |  |  |  |  |   |  |                                 |  |
| <b>W</b> SUBMITTING REPORT OF DIFFERENT FROM AREA            |  |  |  |  |  |   |  | <b>X</b> DATE<br>06/15/98       |  |
|  |  |  |  |  |  |   |  |                                 |  |

INCIDENT REPORT  
DeKalb County Fire Rescue

A

| SP NO | MO | DAY | YR | DAY OF WEEK | ALARMTIME  |
|-------|----|-----|----|-------------|------------|
| 00    | 00 | 13  | 00 | Saturday    | 7 00:12:00 |

## NARRATIVE:

E16 ARRIVED ONS TO 1218 SALEM RD., TO A TWO STORY DWELLING W/ LIGHT SMOKE SHOWING FROM THE GARAGE AREA. UPON INVESTIGATION IT WAS BELIEVED THAT THE ORIGIN OF SMOKE & FIRE WAS COMING FROM THE GARAGE. E16 CREW ADVANCED ONE (1) 1 3/4" LINE INTO THE HOUSE IN AN ATTEMPT TO BLOCK OFF AND EXTINGUISH THE FIRE. UPON FURTHER ADVANCEMENT OF HOSE LINE, THE ORIGIN WAS FOUND TO BE COMING FROM THE EZ LINCOLN TOWN CAR PARKED INSIDE THE GARAGE. THE FIRE TO THE CAR WAS EXTINGUISHED AND LIGHT TO MODERATE SMOKE DAMAGE WAS SUSTAINED TO FIRST FLOOR STRUCTURE. E16 USED 100' OF 1 3/4" HOSE LINE AND ONE SMOKE EXTRACTOR AT THE SCENE. NO OTHER STRUCTURES WERE INVOLVED IN FIRE. INVESTIGATOR 601 ARRIVED ONS AND DETERMINED THAT ORIGIN OF FIRE WAS FROM THE AUTOMOBILE. E16 CREW CHECKED FOR FURTHER EXTENSION THROUGHOUT THE STRUCTURE AND FOUND NO OTHER DAMAGE. E16'S CREW RETURNED POWER TO THE STRUCTURE AND THEN E16 WENT AVAILABLE.

April 27, 1998

ATTN: Dan Panipinto

RE: Company Claim No.:  
Insured:  
Location:  
City:  
Phone:  
Address Investigation:  
City:  
Phone:  
Loss Date:  
Our File No.:

PRIVILEGED AND CONFIDENTIAL  
SUBMITTED WITHOUT PREJUDICE

Our investigation into the above captioned loss has been completed. The following will report our findings.

CONCLUSIONS:

From the physical evidence found during our investigation of this loss, we determined this loss to be an accidental fire originating within the same area of wiring and electronics we have with other like vehicles.

ENCLOSURES:

1.

INC.

2.

and investigative findings.

3.

Automobile Inspection Report  
Evidence Disposition Form.  
5. 1 Drawing of Risk.CONSENT TO INVESTIGATION:

The consent to search was sent to the owner, \_\_\_\_\_, and will be forwarded to your office for review as soon as we receive it.

INTERVIEW STATEMENT:

Phone call to \_\_\_\_\_; He states that he got to an appointment early and went in to a coffee shop about 15 minutes later and was having a cup of coffee. Someone came in to the coffee shop and said someone's car was on fire. He did not get up to see who's car it was for he is not that kind of person who likes to see someone else's bad luck. A few minutes later he got up to go to his appointment and noticed that it was his car that was on fire. \_\_\_\_\_ states there has been no work done on his car, except for oil and filter change.

OFFICIAL REPORTS:

A copy of the fire report has been requested from \_\_\_\_\_ Department and will be forwarded to your office as soon as we receive it.

**RISK:**

This is a 1993 four door white Lincoln Town Car. The risk has a V-8 engine with an automatic transmission, rear wheel drive with keyless entry. The risk appears to be free of prior body damage. We could not access the trunk to verify contents, if any. This risk is worth \$12,000.00 according to N.A.D.A. with approx. 60,000 on the odometer we were told. This risk had matching tires and rims and were fairly new.

**ENGINEERING REPORTS****MECHANICAL:**

This was inspected by [redacted] Certified Fire Investigator. We found no indications this loss involved any engine component. All add on components such as the alternator, A/C compressor, power steering, A.B.S. brake pump and others were found to be victims to the cause of this loss. We found no mechanical cause that would contribute to or cause this loss. The alternator would not turn as the case melted as shown in photos nine and ten. This same photo combination reveals the top radiator turned but still intact.

**ELECTRICAL:**

This was inspected by [redacted] A.E.E. This is a 12 volt direct current storage system with both battery terminals connected prior to the loss. We could not measure any stored voltage as the battery was severely damaged by the ensuing fire shown in photo 20. This loss unless confirmed by the lab with new evidence, this loss is like others that completely burn away a two foot section wiring along with electronic modules over the drivers side front wheel well within the engine compartment.

INVESTIGATION:

This was accomplished on April 23, 1998 by \_\_\_\_\_ et al.

We started with an exterior walk around, as shown in photos one thru five. We found no evidence of prior body damage and there were no scratches or minor dents visible. As shown in photos nine and ten, this loss originated within the engine compartment and burned outward from there. As shown in photos 21 and 22 this loss breached the engine wall and entered the passenger compartment. Photo 24 reveals the ignition key lock is in the "off" position with no keys within, to indicate this risk was not moving or running at the time of this loss. Photos nine thru nineteen indicate this loss originated in an area on the drivers side front engine compartment fender well. We have some evidence of components to relays, primary fuse panel and unaffected wiring on top of the engine. This evidence indicates the engine did not overheat to cause this loss.

- 1 We did find some electrical wiring in this area having electrical current going thru it at the time of this loss to help support this as an electrical origin fire. We again could find no evidence of the electronic fuel sensing module or approximately two feet of the wiring harness or relays in this area, as shown in photos 15 and 16. We still have a tire on the passenger front but portions of the rim on the drivers side have melted, shown in photos 13 and 16. This indicates a hot localized fire from this area. The amount of debris found in the passenger compartment front seat area was done by the towing company during recovery.

It is from the physical evidence found and lack of physical evidence that we determined this loss to be centered in and around the fuel sensor and relay units mounted in this area to be our area and point of origin with it's associated wiring to cause this loss.

EVIDENCE:

Wiring harness that will be checked to see if we have additional data not previously found in others.

PHOTOGRAPHS:

27 Photographs document our findings. These photographs are placed in sequence and will assist your review, not necessarily in the order taken.

NATIONAL HIGHWAY TRANSPORTATION SAFETY ADMINISTRATION:

No recalls found during our search. An investigation of this has been initiated by Steve Beretyky.

OTHER:

This loss adds to a list of others this investigator is aware of with like conditions. This loss is similar to the Ford ignition switch problem as it will take a stroke of luck to find a very minimal burn to identify the component failure. A history will force Ford to look at this and try and determine what is causing the losses. Pressure from all insurance companies must be asserted before someone's life is lost.

REMARKS:

Our file activity is complete. We are now retiring our file and submitting our invoice for services rendered. Should further information become available after the completion of this file that may become pertinent to this case, please forward it to our office for consideration.

Thank you for allowing us to serve you in this matter. I trust we may assist you in the future. Please contact our office should you have further questions regarding this file.

Very truly yours,

/

|  |   |  |   |  |
|--|---|--|---|--|
| <br>U.S. Department<br>of Transportation<br>and Highway<br>Traffic Safety<br>Administration | Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire</b><br>NATIONALWIDE 1-800-424-8383<br>DC METRO AREA (202) 348-0123<br>INTERNET: <a href="http://www.safercar.gov">http://www.safercar.gov</a> |  | <b>FOR AGENCY USE ONLY</b> 181<br>Date Received<br>19 May 1998<br><br>Reference No.<br>823462 |  |
|  |   |  |   |  |
|  |   |  | 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 \_\_\_\_\_

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>VEHICLE INFORMATION</b>  |  |  |  |   |   |
| Vehicle Ident. No. (VIN) <small>(located at bottom of<br/>steering column or driver's side)</small> | Vehicle Make   | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |
|   | LINCOLN  | TOWN CAR   | 1993   |   |   |
| Purchase Date   | Dealer's Name _____  |  |  | Engine Size<br>(CID/CC/L.)  |   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |  |  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injected |   |
| Transmission Type (Antilock Brakes)   | Restraint System   | Cruise Control   | DriveTrain   | Vehicle Type  |   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> DriverSide Airbag<br><input type="checkbox"/> PassengerSide Airbag<br><input type="checkbox"/> 3-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other          | <input type="checkbox"/> Sports Util.<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle  |
|   |  |  |  |   | <input type="checkbox"/> 2-door<br><input type="checkbox"/> 4-door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

|  |  |   |   |   |                                      |
|--|--|---|---|---|--------------------------------------|
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b> |  |   |   |   |                                      |
| Part No.                                       | Part Name(s)                                     | Location  |   | Failed Part(s)  |                                      |
| 08310000                                       | ELECTRICAL SYSTEM/WIRING/HARNESS/FRONT/UNDERHOOD | <input type="checkbox"/> Left<br><input type="checkbox"/> Front | <input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original                           | <input type="checkbox"/> Replacement |
| No. of Failures                                | Date(s) of Failure(s)                            | Failed Part(s)<br>Available?                                    |   | NHTSA Previously<br>Contacted?                              |                                      |
|  | May 98   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                      |
| Mileage at Failure(s)                          | 93,600   |   |   |   |                                      |
| Vehicle Speed at failure(s)                    |  |   |   |   |                                      |

|   |   |                           |                      |                           |   |
|---|---|---------------------------|----------------------|---------------------------|---|
| <b>APPLICABLE INCIDENT INFORMATION</b>  |   |                           |                      |                           |   |
| <i>Please describe in detail the incident(s), failure(s), crash(es), and injury(es) on the back of this form.</i> |   |                           |                      |                           |   |
| Cash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**VEHICLE CAUGHT ON FIRE WHILE PARKED IN DRIVEWAY. THE FIRE STARTED UNDER THE HOOD IN THE ENGINE. FIRE DEPARTMENT SAID IT WAS A SHORT IN THE WIRING UNDER THE HOOD. \*AK**

CONTINUE ON BACK IF NEEDED

Privacy Act of 1974-Public Law 93-577 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 responses 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.

SAFERCAR 300 (Rev. 5/97)

LM 10/20

S.B.

3713 6917

May-14-98

P-91

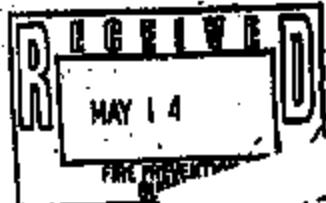
F.F.I.R. # . . . Investigation Narrative DATE - 05/10/98

Fire was located in the carport area in front of 1617 Minuteman Causeway unit 102. The structure is a two story condominium building with six units and a carport structure attached to the front. Fire originated in a 1993 Lincoln Town Car (vehicle 1) Florida license number AMA-058 belonging to [REDACTED] unit 102. Fire spread to carport and front of units 101, 102 (exposure 1) and a 1990 Lincoln Town Car (vehicle 2) (exposure 2) belonging to [REDACTED], and [REDACTED] of unit 202 which was parked in front of unit 101. All units except 201 were occupied at the time of the fire.

The fire was discovered by F [REDACTED] ale (casualty 3) of 1611 Minuteman Causeway unit 204. [REDACTED] advises he was awake and heard a noise just after 0500 hrs. He investigated and noticed the fire. He called 911 and attempted to notify the occupants of the structure by activating the local fire alarm and pounding on the front doors. He suffered smoke inhalation and was transported by private vehicle to the Cape Canaveral Hospital. [REDACTED] states that he observed fire in the front of vehicle #1 and then it "crowned" into the top of the carport.

Police Officer Ed Silva (casualty 4) was in the area of the Roosevelt School about one block away when the call was dispatched. He arrived on scene and began searching the unoccupied units. He located [REDACTED] (casualty 1), E [REDACTED] (casualty 2), and [REDACTED] trapped in unit 202 by smoke and heat. He led the trapped occupants to the rear of the unit and radioed for assistance. FF/Paramedics Holzman and Willey removed all four via ground ladder. E [REDACTED] was transported via ambulance to Cape Canaveral Hospital. [REDACTED] II was transported by private vehicle to the same hospital. Office. [REDACTED] was transported by police vehicle.

Investigator II Ellie Sorel of the State Fire Marshal Office investigated the fire and ruled it accidental. The specific cause of the fire was not determined, but it was



3713 6918

F.F.I.R. #

Investigation Narrative

DATE - 05/10/98

believed to have started in the front of vehicle 1. A propane cylinder stored in a grill with the main valve in the open position contributed to the fire intensity when the main line failed and the relief plug opened allowing burning propane to discharge into the front of Vehicle 1 and against the front wall of unit 101.

Signature

2

1. The propane cylinder was located in a grill.  
2. The main valve was in the open position.  
3. The main line failed and the relief plug opened allowing burning propane to discharge into the front of Vehicle 1 and against the front wall of unit 101.

3713 6919

3713 6920

PARTS DEPARTMENT  
HERITAGE LINCOLN-MERCURY2424 Laurens Rd. Greenville, SC 29607 864/234-8400  
Fax: 864/675-0863**Fax**

To: Ford Motor Co. Attn: Consumer Affairs  
From: Heritage Lin. Me. (including cover)

Date:

Notes:

Katherine Karr

Urgent

Please Reply

(circle one)

Comments: This is a confidential transmission intended only for the recipient listed above.  
If you received this transmission in error, or if the fax was incomplete, please notify the  
sender listed above.

**IMPORTANT - DO NOT PERFORM REPAIRS UNTIL AUTHORIZED!**

**DEALER REQUEST FOR CONSUMER AFFAIRS REVIEW**

\* 1433031539

\*\*\*Note: this form is for RETAIL vehicles ONLY\*\*\*

\*\*\*Fleet vehicles need to be referred to the North American Fleet Service Office @ 800-343-5338\*\*\*

**DEALER INFORMATION:**

Requesting Dealer: Heritage Linenw. Merc. P&A: 103B Region & State: Atlanta  
Contact Person: Anberay W. Kay Phone #: 864-289-6400

**CUSTOMER/VEHICLE INFORMATION:**

New or Used: Used Web: 12-18-92 Year/Model: 1993 Lincoln Town Car  
VIN: 1LNLWMB2WS1 Mileage: 120998

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Fountain Inn County: Lawrence State: S.C. Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DETAILS OF INCIDENT:**

Incident involves (circle all that apply): Accident: Y / N Fire:  N Injury: Y / N Medical Attention Sought: Y / N  
Date of Incident: 4-23-99

Is customer alleging a component defect caused the incident?  N If yes, what type & details:

Customer states that fire caused by defect  
AS shown in Recall 99515

Was a police report filed? Y / N If yes, where: \_\_\_\_\_

Has the Insurance Company been contacted?  N What did the insurance company advise?

Insurance Company has paid for repair except Deductible

Name and phone number of owner's insurance company & agent's name:

State Farm Insurance, James McKie 864-967-2511

If the vehicle is a conversion unit, who is the coach builder? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RESOLUTION THAT CUSTOMER IS SEEKING:**

Receiv. and payment of all Repairs

PROVIDE ADDITIONAL COMMENTS ON A SEPARATE SHEET OF PAPER - ATTACHMENTS  N, PAGES: \_\_\_\_\_

Fax to: (313) 845-5669, (313) 845-5668 or (313) 845-5558

PLEASE USE THIS SHEET AS ORIGINAL AND DUPLICATE AS NEEDED

# HERITAGE

LINCOLN • MERCURY

2494 Laurens Rd., Greenville, SC 29607



A SONIC AUTOMOTIVE DEALERSHIP

Telephone (864) 234-6400  
TOLL FREE (800) 645-1860

| Customer Name<br>[REDACTED]  | Customer Address<br>[REDACTED] | Customer City<br>[REDACTED]   | Customer Zip<br>[REDACTED] | Customer Phone<br>[REDACTED]     |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|--|--------------------------------|---|----------------------------|----------------------------------|-----------------------------------|-----|------|-------------|-----|------|--------------------|--|--|---------------------|---|--|--------------------|--|--|-----------------------|---|--|--------------------|--|--|-----------------------|---|--|-------------------|--|--|---------------------|---|--|-------------------|--|--|-----------------|---|--|-------------------|--|--|----------------------|---|--|-------------------|--|--|-------------------|---|--|-------------------|--|--|---------------------|---|--|--------------------|--|--|---------------------|---|---------|--------------------|--|--|------------------|---|------|--------------------|--|--|---------------------|---|--------|-------------------|--|--|---------------------|---|--------|-------------------|--|--|----------------------|---|-------|-------------------|--|--|--------------------|---|-------|----------|--|--|-------------------|----|------|--|--|--|--|--|-----------|--|--|--|--|--|----------------|--|--|--|--|--|------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|------------------|--|--|--|--|--|-----------------------------------|---------|--|--|--|--|---------|---|--|--|--|--|---------|-------------------|--|--|--|--|-----------|--|--|--|--|--|---------|
| Customer Signature<br>[REDACTED]   |                                |   |                            | Customer Signature<br>[REDACTED] |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| <p><b>DISCLAIMER OR LIMITATION</b></p> <p>This policy waives liability to the parts and labor which may be offered by the manufacturer. The selling dealer hereby agrees to assume no responsibility, either express or implied, including any liability or damage of representation, for damage to a passenger vehicle, and neither insures nor purports, any other person to assume such liability in connection with the sale of this vehicle under service. Repair work not performed at regular time, the selling dealer may charge reasonable charges to property damaged in less or use in excess of parts, or labor, or any other incidentals described.</p>   |                                |   |                            |                                  |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| <p><b>TERMS SIMPLY SALES CONTRACT AGREEMENT'S NAME</b></p> <p>I accept a copy of the terms and conditions to be in place along with the manufacturer's policy and assume my risk are not responsible for loss or damage to vehicle or engine in vehicles in case of fire, theft or any other losses having regard to the manufacturer's claimants' responsibility of such a loss or parts replacement by the supplier or manufacturer. I further understand that my responsibility is to replace the vehicle before it reaches its usual destination or otherwise, return it to the manufacturer. An insurance adjustment or repair will be subject to the terms of representation.</p> <p>Signature: [REDACTED] X</p>   |                                |   |                            |                                  |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| INVOICE TO<br>[REDACTED]   |                                | DRIVER/OWNER INFORMATION -- INVOICE: C56431<br>[REDACTED]<br>SC 21391<br>NONE |                            |                                  |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| <p><b>VEHICLE INFORMATION</b></p> <p>VIN JLNHLKNS0P [REDACTED] LICENSE NUMBER: SC 21391<br/>93 LINCOLN TOWN CAR SIGNATURE 4M 8W<br/>MATED IN SERVICE: 121892 PRODUCTION: 848698</p>  |                                |   |                            |                                  |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| <p><b>QUOTE AFTER FINAL BILL</b></p> <p>CONCERN #1: CUSTOMER STATED VEHICLE CAUGHT ON FIRE FROM HOOD AREA AND NOW HAS AIR RIDE SUSPENSION IS DOWN AND WON'T PUMP BACK UP</p> <p>CONCERN #2: REPAIR AND REPLACE WIRING HARNESSES-CABLE AND SWITCH</p> <table border="1"> <thead> <tr> <th>PART NUMBER</th> <th>PO#</th> <th>ITEM</th> <th>DESCRIPTION</th> <th>QTY</th> <th>SELL</th> </tr> </thead> <tbody> <tr> <td>FNC# F2VY 120522 A</td> <td></td> <td></td> <td>WIR ASY END CONTR-S</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 144099 A</td> <td></td> <td></td> <td>WIR WIRE HARNESS -SPD</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 180541 A</td> <td></td> <td></td> <td>WIR ASY END CONTR-SPD</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 70007 A</td> <td></td> <td></td> <td>WIR TRIMS CONTR-SPD</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 80004 A</td> <td></td> <td></td> <td>SWITCH ASY -SPD</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 9F004 A</td> <td></td> <td></td> <td>ARM ASY-SPD CONT-SPD</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 7E055 A</td> <td></td> <td></td> <td>WIR ASY-TRIMS-SPD</td> <td>1</td> <td></td> </tr> <tr> <td>FNC# F2VY 34057 A</td> <td></td> <td></td> <td>TUBE ASY-REAR S-SPD</td> <td>1</td> <td></td> </tr> <tr> <td>SPN# F2VY 120522 A</td> <td></td> <td></td> <td>WIR ASY END CONTR S</td> <td>1</td> <td>1428.50</td> </tr> <tr> <td>SPN# F2VY 144099 A</td> <td></td> <td></td> <td>WIR WIRE HARNESS</td> <td>1</td> <td>2.95</td> </tr> <tr> <td>SPN# F2VY 120541 A</td> <td></td> <td></td> <td>WIR ASY END CONTR S</td> <td>1</td> <td>599.13</td> </tr> <tr> <td>SPN# F2VY 70007 A</td> <td></td> <td></td> <td>WIR TRIMS CONTR SEL</td> <td>1</td> <td>167.48</td> </tr> <tr> <td>SPN# F2VY 7E055 A</td> <td></td> <td></td> <td>SWITCH ASY-TRIMS SPD</td> <td>1</td> <td>59.84</td> </tr> <tr> <td>SPN# F2VY 5M057 A</td> <td></td> <td></td> <td>TUBE ASY-REAR SUSP</td> <td>1</td> <td>32.70</td> </tr> <tr> <td>FNC# 00P</td> <td></td> <td></td> <td>WIR ASY-TRIMS-SPD</td> <td>1C</td> <td>2.00</td> </tr> <tr> <td colspan="5"></td> <td>SUBTOTAL:</td> </tr> <tr> <td colspan="5"></td> <td>PARTS: 2142.49</td> </tr> <tr> <td colspan="5"></td> <td>DISCOUNT: 45.71-</td> </tr> <tr> <td colspan="5"></td> <td>LAB-RECONDITIONAL: 676.00</td> </tr> <tr> <td colspan="5"></td> <td>DISCOUNT: 14.88-</td> </tr> <tr> <td colspan="5"></td> <td>TOTAL CHARGE FOR CONCERN: 2651.89</td> </tr> <tr> <td colspan="5">TYPE: C</td> <td>DATE: 1</td> </tr> <tr> <td colspan="5">CONCERN #2: REPLACE BRAKE PRESSURE SWITCH (CUSTOMER RESPONSIBILITY/STATE FARM WILL NOT OPERATE)</td> <td>TECH: 1</td> </tr> <tr> <td colspan="5">REPAIRED: 1 TIMES</td> <td>AMOUNT: 1</td> </tr> <tr> <td colspan="5"></td> <td>DATE: 1</td> </tr> </tbody> </table> |                                |   |                            |                                  | PART NUMBER                       | PO# | ITEM | DESCRIPTION | QTY | SELL | FNC# F2VY 120522 A |  |  | WIR ASY END CONTR-S | 1 |  | FNC# F2VY 144099 A |  |  | WIR WIRE HARNESS -SPD | 1 |  | FNC# F2VY 180541 A |  |  | WIR ASY END CONTR-SPD | 1 |  | FNC# F2VY 70007 A |  |  | WIR TRIMS CONTR-SPD | 1 |  | FNC# F2VY 80004 A |  |  | SWITCH ASY -SPD | 1 |  | FNC# F2VY 9F004 A |  |  | ARM ASY-SPD CONT-SPD | 1 |  | FNC# F2VY 7E055 A |  |  | WIR ASY-TRIMS-SPD | 1 |  | FNC# F2VY 34057 A |  |  | TUBE ASY-REAR S-SPD | 1 |  | SPN# F2VY 120522 A |  |  | WIR ASY END CONTR S | 1 | 1428.50 | SPN# F2VY 144099 A |  |  | WIR WIRE HARNESS | 1 | 2.95 | SPN# F2VY 120541 A |  |  | WIR ASY END CONTR S | 1 | 599.13 | SPN# F2VY 70007 A |  |  | WIR TRIMS CONTR SEL | 1 | 167.48 | SPN# F2VY 7E055 A |  |  | SWITCH ASY-TRIMS SPD | 1 | 59.84 | SPN# F2VY 5M057 A |  |  | TUBE ASY-REAR SUSP | 1 | 32.70 | FNC# 00P |  |  | WIR ASY-TRIMS-SPD | 1C | 2.00 |  |  |  |  |  | SUBTOTAL: |  |  |  |  |  | PARTS: 2142.49 |  |  |  |  |  | DISCOUNT: 45.71- |  |  |  |  |  | LAB-RECONDITIONAL: 676.00 |  |  |  |  |  | DISCOUNT: 14.88- |  |  |  |  |  | TOTAL CHARGE FOR CONCERN: 2651.89 | TYPE: C |  |  |  |  | DATE: 1 | CONCERN #2: REPLACE BRAKE PRESSURE SWITCH (CUSTOMER RESPONSIBILITY/STATE FARM WILL NOT OPERATE) |  |  |  |  | TECH: 1 | REPAIRED: 1 TIMES |  |  |  |  | AMOUNT: 1 |  |  |  |  |  | DATE: 1 |
| PART NUMBER  | PO#                            | ITEM  | DESCRIPTION                | QTY                              | SELL                              |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 120522 A   |                                |   | WIR ASY END CONTR-S        | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 144099 A   |                                |   | WIR WIRE HARNESS -SPD      | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 180541 A   |                                |   | WIR ASY END CONTR-SPD      | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 70007 A  |                                |   | WIR TRIMS CONTR-SPD        | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 80004 A  |                                |   | SWITCH ASY -SPD            | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 9F004 A  |                                |   | ARM ASY-SPD CONT-SPD       | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 7E055 A  |                                |   | WIR ASY-TRIMS-SPD          | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# F2VY 34057 A  |                                |   | TUBE ASY-REAR S-SPD        | 1                                |                                   |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| SPN# F2VY 120522 A   |                                |   | WIR ASY END CONTR S        | 1                                | 1428.50                           |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| SPN# F2VY 144099 A   |                                |   | WIR WIRE HARNESS           | 1                                | 2.95                              |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| SPN# F2VY 120541 A   |                                |   | WIR ASY END CONTR S        | 1                                | 599.13                            |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| SPN# F2VY 70007 A  |                                |   | WIR TRIMS CONTR SEL        | 1                                | 167.48                            |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| SPN# F2VY 7E055 A  |                                |   | SWITCH ASY-TRIMS SPD       | 1                                | 59.84                             |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| SPN# F2VY 5M057 A  |                                |   | TUBE ASY-REAR SUSP         | 1                                | 32.70                             |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| FNC# 00P   |                                |   | WIR ASY-TRIMS-SPD          | 1C                               | 2.00                              |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | SUBTOTAL:                         |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | PARTS: 2142.49                    |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | DISCOUNT: 45.71-                  |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | LAB-RECONDITIONAL: 676.00         |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | DISCOUNT: 14.88-                  |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | TOTAL CHARGE FOR CONCERN: 2651.89 |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| TYPE: C  |                                |   |                            |                                  | DATE: 1                           |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| CONCERN #2: REPLACE BRAKE PRESSURE SWITCH (CUSTOMER RESPONSIBILITY/STATE FARM WILL NOT OPERATE)  |                                |   |                            |                                  | TECH: 1                           |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
| REPAIRED: 1 TIMES  |                                |   |                            |                                  | AMOUNT: 1                         |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |
|  |                                |   |                            |                                  | DATE: 1                           |     |      |             |     |      |                    |  |  |                     |   |  |                    |  |  |                       |   |  |                    |  |  |                       |   |  |                   |  |  |                     |   |  |                   |  |  |                 |   |  |                   |  |  |                      |   |  |                   |  |  |                   |   |  |                   |  |  |                     |   |  |                    |  |  |                     |   |         |                    |  |  |                  |   |      |                    |  |  |                     |   |        |                   |  |  |                     |   |        |                   |  |  |                      |   |       |                   |  |  |                    |   |       |          |  |  |                   |    |      |  |  |  |  |  |           |  |  |  |  |  |                |  |  |  |  |  |                  |  |  |  |  |  |                           |  |  |  |  |  |                  |  |  |  |  |  |                                   |         |  |  |  |  |         |   |  |  |  |  |         |                   |  |  |  |  |           |  |  |  |  |  |         |





# HERITAGE LINCOLN • MERCURY

2424 Lawrence Rd., Greenville, SC 29607



#### A Some Argentinean Diseases

Telephone (800) 234-5400  
TOLL FREE (800) 546-1860

|                        |          |         |            |
|------------------------|----------|---------|------------|
| 1-1-2000-000           | SEARCHED | INDEXED | SERIALIZED |
|                        |          |         |            |
|                        |          |         |            |
|                        |          |         |            |
| APRIL 19 2000 10:00 AM |          |         |            |
| FBI - MEMPHIS          |          |         |            |

Journal of Health Politics

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**FROM THEY SAY WE STOOD ON MARCH**

**INVOICE TO**

- DRIVER/OWNER INFORMATION -- BARRIER: C794MS

----- FOR OFFICE USE -----  
TMR 3276 994:450 C0005, L 3M0123 AT 06/11/99 03:56:14 AM

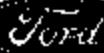
#### **WHEEL INFORMATION**

LICENCE NUMBER

04/27/93 96631 CIR - 03/12/93 (n)  
IF YOU HAVE ANY QUESTIONS - PLEASE SEE LISA MARIE CRIBBS

PAGE 2  
LAST PAGE

3713 6927



Ford Motor Company

16000 Executive Plaza Drive  
MDW SNE-B  
Dearborn, Michigan 48126-4807

June 8, 1999

[REDACTED]  
Tulsa, OK [REDACTED]

RE: 1992 Town Car

VIN: 1LNLM82W4N[REDACTED]

Dear [REDACTED]

Thank you for contacting us regarding your 1992 Town Car.

Customer satisfaction is one of the primary objectives of Ford Motor Company and we try to make every attempt to ensure that our owners are satisfied. We recognize the importance of retaining your confidence in us after the purchase. We understand, however, that you have turned this matter over to your insurance company. Your insurance carrier may subrogate Ford Motor Company if they determine that Ford Motor Company is responsible.

Thank you for giving us the opportunity to review your concern.

Respectfully yours,

C. Michelle Johnson  
Consumer Affairs



3713 6928

SFCHIDMA

Issue Detail

06/07/99 09:22:33

--> \_\_\_\_\_

VIN: 1LNLM82W4NY [REDACTED] Year: 1992 Model: TOWN CAR  
Owner Status: SUBSEQUENT WSD: 09/22/92 Mileage: 0  
Name: [REDACTED] Hm Ph: [REDACTED]  
Trmt: Case: 439301539 Day Ph: [REDACTED]  
Symptom: FIRE/SMOKE SMOKE UNDERHOOD  
Reason: LEGAL - FIRE&PERSONAL/PROPERTY DAMAGE CLAIM  
Dealer: TULSA AUTO COLLECTION  
Issue Type: 07 LEGAL CAN Court: Legal Issue Type:  
Issue Status: O OPEN CAN Award: MORSII Contact: N

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

F1=Help F2=AddAction F4=ActionDetail F6=DealerInfo  
F7=Prev F8=Next F9=ViewMORSII F11=Menu F12=Return  
NO MORE RECORDS AVAILABLE LPREL60

6-8 Denial Subrogation letter sent to Customer  
# involved in 99015

3713 6929

SFCHADMA

## Action Detail

06/08/99 07:25:04

--> **VIN:** 1LNLM82W4N [REDACTED] **Year:** 1992 **Model:** TOWN CAR  
**Owner Status:** SUBSEQUENT **WSD:** 09/22/92  
**Name:** [REDACTED] **Hm Ph:** (405) 425-6666  
**Trmt:** [REDACTED] **Case:** 439301539 **Day Ph:** [REDACTED]  
**Symptom Desc:** FIRE/SMOKE SMOKE UNDERHOOD  
**Reason Desc:** LEGAL - FIRE&PERSONAL/PROPERTY DAMAGE CLAIM  
**Dealer:** TULSA AUTO COLLECTION  
**Issue Type:** 07 LEGAL **Issue Status:** 0 OPEN  
**Comm Type:** PH PHONE **Odometer Reading:** 0 MI  
**Analyst:** ATDEDESCO ANGELA TEDESCO **Document Number:** [REDACTED]  
**Action Date:** 06/02/99 **Action Data:** Y **Action Time:** 12:05:57 EST  
**Origin Desc:** US CONCERN CASE BASE  
**Action Desc:** ADVISE CUSTOMER INFORMATION FORWARDED TO CONSUMER AFFAIRS DE  
**Comments:** CUSTOMER SAYS: - VEHICLE CAUGHT FIRE 04/10/99 - FIRE WAS ORIGINATED FROM UNDER THE HOOD AND ALSO CAUSED DAMAGE TO THEIR HOME - INSURANCE COMPANY TOOK THE VEHICLE - FIRE DEPARTMENT CAME TO PUT OUT THE FIRE AND THEY DID MAKE A FIRE REPORT - FIRE DEPARTMENT FINDINGS: THERE WAS A SHORT IN THE WIRE - REPORT FILED IN TULSA, OKLAHOMA - INSURANCE COMPANY  
F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData  
F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP  
MORE COMMENTS AVAILABLE

LPREL60

3713 6930

SFCHADMA

## Action Detail

06/08/99 07:25:08

--> **VIN:** 1LNLM82W4M **Year:** 1992 **Model:** TOWN CAR  
**Owner Status:** SUBSEQUENT **WSD:** 09/22/92  
**Name:** **Hm Ph:** [REDACTED]  
**Trmt:** **Case:** 439301539 **Day Ph:** [REDACTED]  
**Symptom Desc:** FIRE/SMOKE SMOKE UNDERHOOD  
**Reason Desc:** LEGAL - FIRE&PERSONAL/PROPERTY DAMAGE CLAIM  
**Dealer:** TULSA AUTO COLLECTION  
**Issue Type:** 07 LEGAL **Issue Status:** 0 OPEN  
**Comm Type:** PH PHONE **Odometer Reading:** 0 MI  
**Analyst:** ATADESCO ANGELA TEDESCO **Document Number:**  
**Action Date:** 06/02/99 **Action Data:** Y **Action Time:** 12:05:57 EST  
**Origin Desc:** US CONCERN CASE BASE  
**Action Desc:** ADVISE CUSTOMER INFORMATION FORWARDED TO CONSUMER AFFAIRS DE  
IRE - REPORT FILED IN TULSA, OKLAHOMA - INSURANCE COMPANY  
WAS CONTACTED AND PAID THE CLAIM ON 04/30/99 - RECEIVED A R  
ECALL LETTER #99815 IN REGARDS TO THIS PROBLEM - VEHICLE WA  
S PAID FOR, BUT CUST SEEKING FINANCIAL ASSISTANCE FOR DAMAGE  
S TO HER HOME AND \$500 DEDUCTIBLE IN WHICH SHE PAID THE INSU  
RANCE COMPANY PER CUSTOMER, DEALER SAYS: CAC ADVISED:  
**Comments:** F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData  
F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP  
MORE COMMENTS AVAILABLE

LPREL60

3713 6931

SFCHADMA

## Action Detail

06/08/99 07:25:12

==> **VIN:** 1LNLM82W4N **Year:** 1992 **Model:** TOWN CAR  
**Owner Status:** SUBSEQUENT **MSD:** 09/22/92  
**Name:** **Case:** 439301539 **Hn Ph:** **Day Ph:**

**Trmt:** **Symptom Desc:** FIRE/SMOKE SMOKE UNDERHOOD  
**Reason Desc:** LEGAL - FIRE&PERSONAL/PROPERTY DAMAGE CLAIM  
**Dealer:** TULSA AUTO COLLECTION

**Issue Type:** 07 **LEGAL** **Issue Status:** 0 OPEN  
**Comm Type:** PH **PHONE** **Odometer Reading:** 0 MI  
**Analyst:** ATEDESCO ANGELA TEDESCO **Document Number:**  
**Action Date:** 06/02/99 **Action Data:** Y **Action Time:** 12:05:57 EST  
**Origin Desc:** US CONCERN CASE BASE  
**Action Desc:** ADVISE CUSTOMER INFORMATION FORWARDED TO CONSUMER AFFAIRS DE  
RANCE COMPANY PER CUSTOMER, DEALER SAYS: CAC ADVISED:  
- THIS INFORMATION HAS BEEN FORWARDED TO THE CONSUMER AFFAIR  
S DEPARTMENT FOR REVIEW - A REPRESENTATIVE FROM CONSUMER AF  
FAIRS WILL FOLLOW UP ON YOUR CLAIM - NO TIME FRAME AVAILABL  
E - IF YOU HAVE NOT ALREADY CONTACTED YOUR INSURANCE CARRIE  
R TO REPORT THE CONCERN, PLEASE DO SO IN PREFERENCE CASE ID: 78  
**Comments:**

F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData  
F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP  
NO MORE COMMENTS AVAILABLE LPREL60

3713 6932

1999  
ORLANDO

3713 6933

SFCHIDMA

Issue Detail

06/04/99 09:38:55

--> \_\_\_\_\_

VIN: 1LNLM82W1NY [REDACTED] Year: 1992 Model: TOWN CAR  
Owner Status: SUBSEQUENT WSD: 08/26/92 Mileage: 85000  
Name: [REDACTED] Hr Ph: [REDACTED]  
Trmt: Case: 846981529 Day Ph: [REDACTED]  
Symptom: FIRE/SMOKE VISIBLE FLAME UNDERHOOD  
Reason: LEGAL - FIRE CLAIM  
Dealer: POMPANO LINCOLN-MERCURY INC  
Issue Type: 07 LEGAL CAN Court: Legal Issue Type:  
Issue Status: C CLOSED CAN Award: MORSII Contact: N

A/C DATE Origin Description

-----  
06/03/99 CAC NO ACTION REQUIRED; INFORMATION ONLY  
06/03/99 CACI3B ADVISE CUSTOMER INFORMATION FORWARDED TO CONSUMER AFFAIRS DE  
06/04/99 CALGL MAKE OUTBOUND CALL TO DEALER  
06/04/99 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 LPREL562

3713 6934

6-4-99

Boat. Jim  
Cust no longer owns the  
vehicle

Per Customer  
His insurance co paid  
Claim  
Believe he emigrated  
for his son  
and son

3713 6936

SFCHADMA

## Action Detail

06/03/99 15:55:05

--> **VIN:** 1LNLM82W1NY **Year:** 1992 **Model:** TOWN CAR  
**Owner Status:** SUBSEQUENT **WSD:** 08/26/92  
**Name:** [REDACTED] **Hm Ph:** ( [REDACTED]  
**Trmt:** Case: 846981529 **Day Ph:**  
**Symptom Desc:** FIRE/SMOKE VISIBLE FLAME UNDERHOOD  
**Reason Desc:** LEGAL - FIRE CLAIM  
**Dealer:** POMPANO LINCOLN-MERCURY INC  
**Issue Type:** 07 LEGAL **Issue Status:** O OPEN  
**Comm Type:** PH PHONE **Odometer Reading:** 85000 MI  
**Analyst:** HKATES HEIDI KATES **Document Number:**  
**Action Date:** 06/03/99 **Action Data:** **Action Time:** 12:03:03 EST  
**Origin Desc:** GENERAL CAC  
**Action Desc:** NO ACTION REQUIRED; INFORMATION ONLY  
**Comments:** CUSTOMER SAYS: -CUST CALLED BACK -CUST WOULD LIKE SOMEONE  
TO SAY FORD IS RESPONSIBLE FOR THIS FIRE -I WAS TOLD THIS  
WILL BE FORWARDED TO THE OFFICE OF THE GENERAL COUNSEL - TH  
IS WAS CAUSED BY THE RECALL FOR THE SPEED CONTROL -DATE:  
022299 -FIRE UNDER HOOD -VEHICLE WAS AT DLRSHP -POMPANO L  
/M - ON THEIR PROPERTY IN THEIR SHOP -VEHICLE - NO IDEA WH  
F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData  
F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP  
MORE COMMENTS AVAILABLE

LPREL561

3713 6936

SFCHDPMA

## Dealer Information

06/03/99 15:55:29

==&gt; \_\_\_\_\_

DEALER: 325118 POMPANO LINCOLN-MERCURY INC  
Address: 2741 N FEDERAL HIGHWAY  
City: POMPANO BEACH  
State/Prov: FL ZIP/Postal: 33064  
Country: USA Trained: Y  
Dlr Phone: 954 782 8110  
Svc Phone: 954 782 8110  
Svc Hours: 7:30 AM TO 5:30 PM MON-PRI SAT 8:00 AM TO 2:00 PM  
Directions: A

P&A Code: 11646  
Sales Region: 25 ORLANDO  
Sales Zone: A  
FCSD Region: 24 ORLANDO  
Market: A1  
Market Area:

## C POSITION

## Employee Name

|                         |                   |
|-------------------------|-------------------|
| CUST RELATIONS MGR      | WENDORF, TERRY    |
| DEALER/PARTNER          | ZICH, RICHARD D   |
| FINANCE & INSUR MANAGER | MARTIN, PAULA M   |
| PARTS MANAGER           | DALEY, SANDY      |
| SALES MANAGER           | GUERRERA, ANTHONY |
| SERVICE MANAGER         | STEWART, WARREN A |

F1=Help F2=IssueList F7=Prev F8=Next F11=Menu F12=Return  
NO MORE RECORDS AVAILABLE

LPREL561

3713 6937

SFCHSCMA

Customer List

06/03/99 15:55:43

VIN: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_

CASE: 0846981529 HOME PHONE: \_\_\_\_\_  
ZIP/POSTAL: \_\_\_\_\_ CTRY: \_\_\_\_\_

A CUSTOMER NAME/  
C City

Address/  
St/Prov Zip/Postal

Address/  
Ctry Home Phone

BIENVENU, J P  
DEERFIELD BCH

624 HOLLOW CIR  
FL 33442 3704

USA 954 429 0958

F1=Help F2=VehicleList  
F7=Prev F8=Next  
NO MORE RECORDS AVAILABLE

F4=UpdCustInfo  
F11=Menu

F5=AddCustIssue  
F12=Return

LPRBL561

3718 6938

SFCHREMA

Recall/ONP Information

06/03/99 15:56:08

==>

VIN: 1LNLM82W1NY  
WSD: 08/26/92

Year: 1992 Model: TOWN CAR  
Build Date: 07/29/92

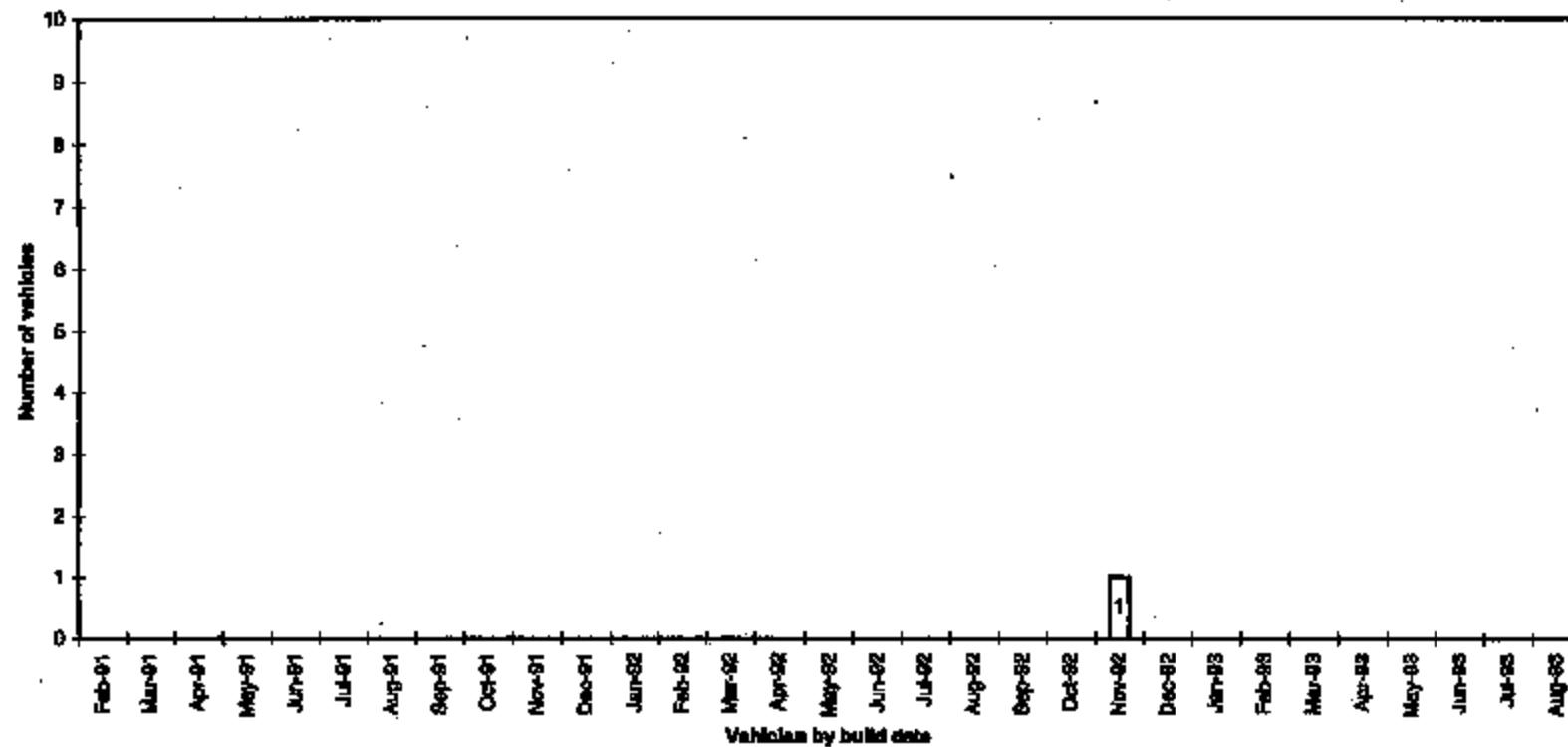
| Campaign |        |      |              | Status               | Dealer   |        |
|----------|--------|------|--------------|----------------------|----------|--------|
| C        | Number | Type | Description  | Date                 | Code     |        |
|          |        |      |              |                      |          |        |
|          | 96L12  | L    | PASS AIR BAG | FORCED COMPLETION    | 01/22/98 | AUTOC  |
|          | 99S15  | S    | SPD CNTRL DE | RELEASED FOR MAILING | 05/18/99 | 325118 |

F1=Help F7=Prev F8=Next F11=Menu F12=Return  
NO MORE RECORDS AVAILABLE

LPRELS62

3713 6339

## Parato of 93 Mark VIII Underhood Fires With Engine On/Off/Unknown



The unshaded region represents vehicles with engine on.

**Note:**

- There was only 1 vehicles reported with the engine on with an unknown root cause. No brake pressure switch symptom.
- There were no vehicles reported with the engine off or engine unknown.
- Brake pressure switch symptoms are as follow: Difficulty shifting out of park, speed control inop, excessive brake pedal travel, fuse 12 blown, dead battery, brake warning lamp on, smoke or fire on left side of engine compartment.

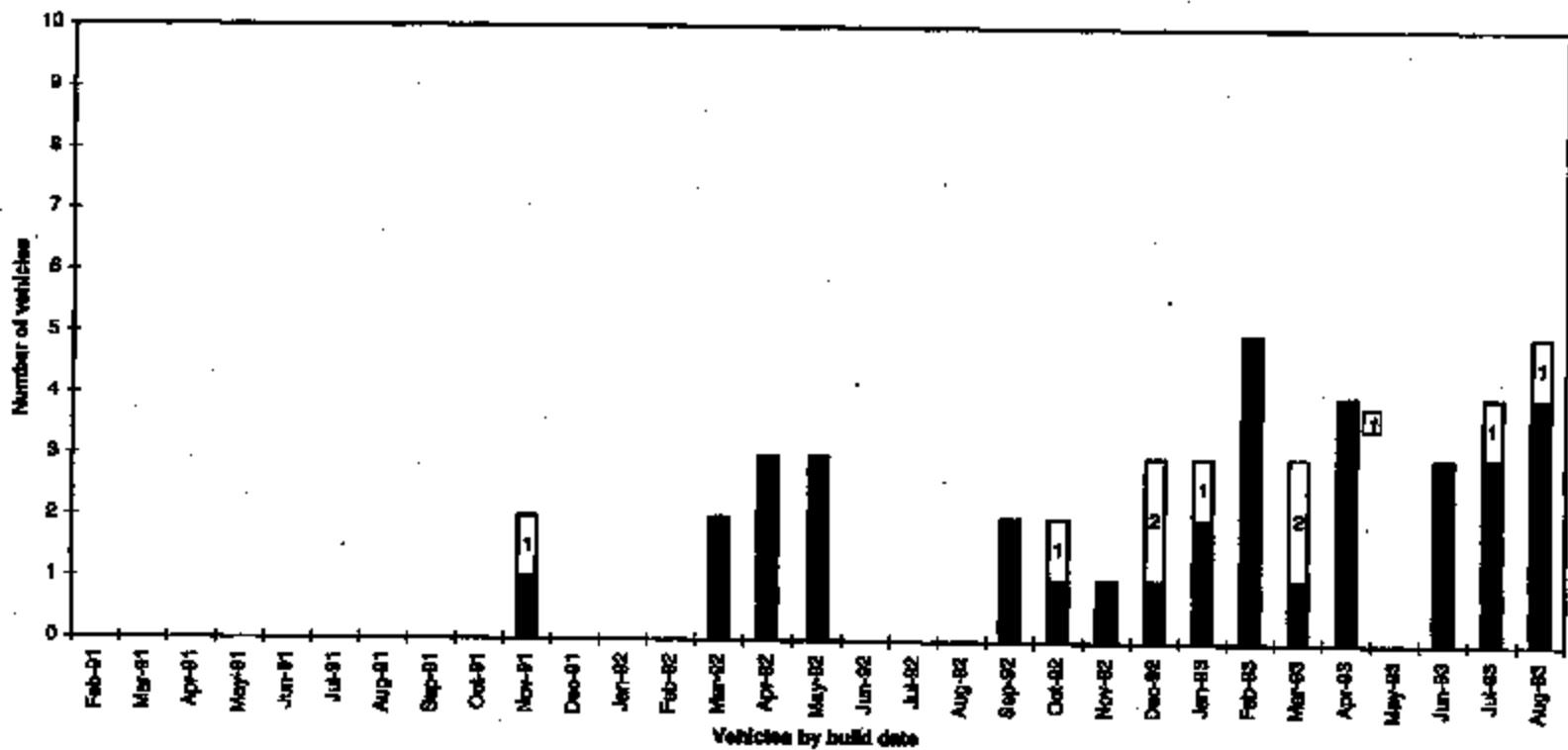
Originator: Jcafati

File: SHOchart

Date issued: 6/3/98

Date revised: 6/2/98

## Pareto of 92/93 Econoline Underhood Fires With Engine On/Off/Unknown



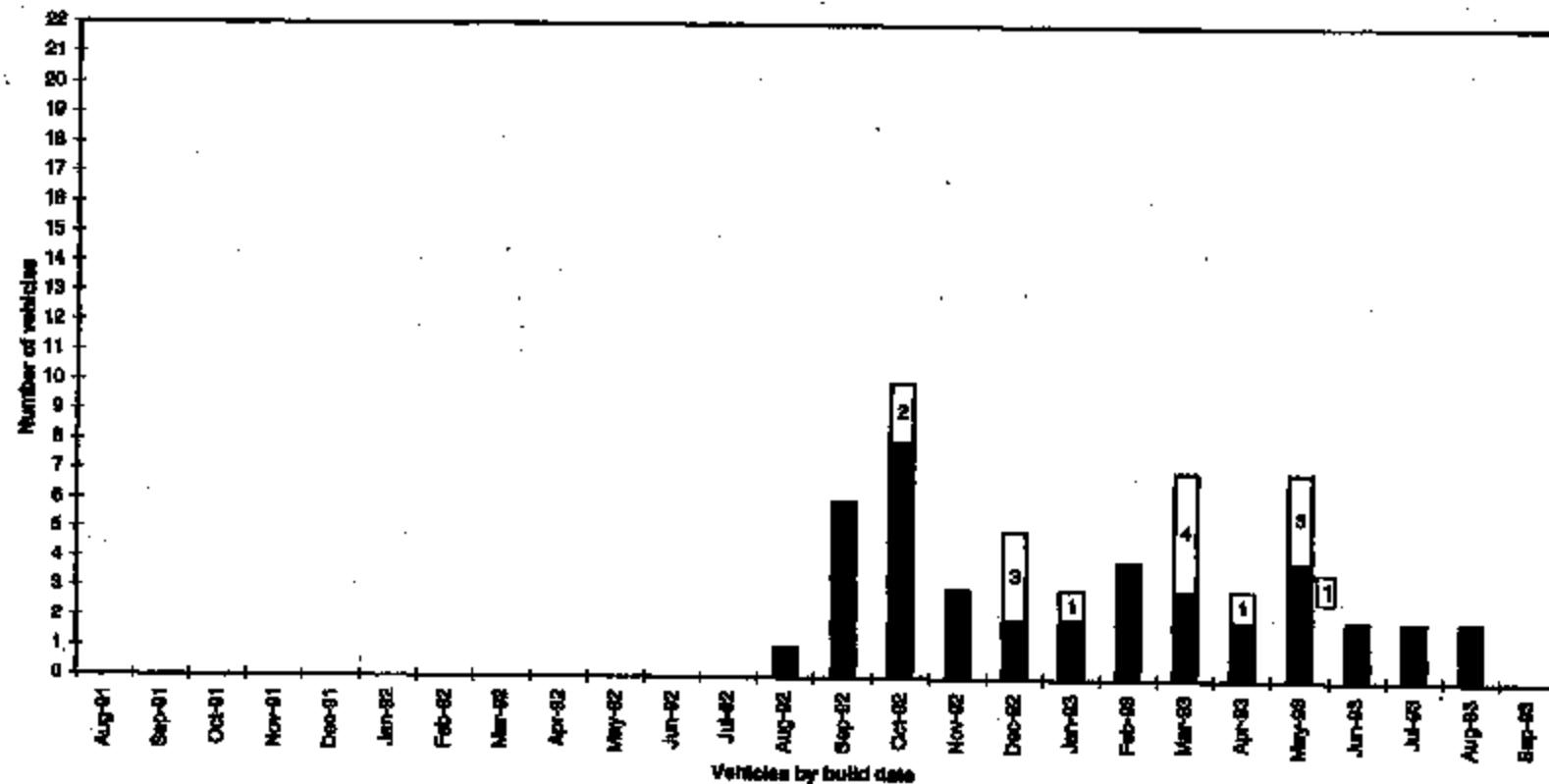
- The shaded region represents vehicles with engine off/unknown.
- The unshaded region represents vehicles with engine on.
- [ ] Represents BPS symptoms

### Notes:

- There were 4 vehicles in the engine unknown category without vin numbers with no brake pressure switch symptoms. These vehicles are excluded from the chart.
- Brake pressure switch symptoms are as follow: Difficulty shifting out of park, speed control inop, excessive brake pedal travel, fuse 12 blown, dead battery, brake warning lamp on, smoke or fire on left side of engine compartment.

Originator: J. Matati  
File: econop.xls  
Date issued: 6/10/98  
Date revised: 6/9/99

## Pareto of 93 F-Series Underhood Fires With Engine On/off/Unknown



The shaded region represents vehicles with engine off/unknown.

The unshaded region represents vehicles with engine on.

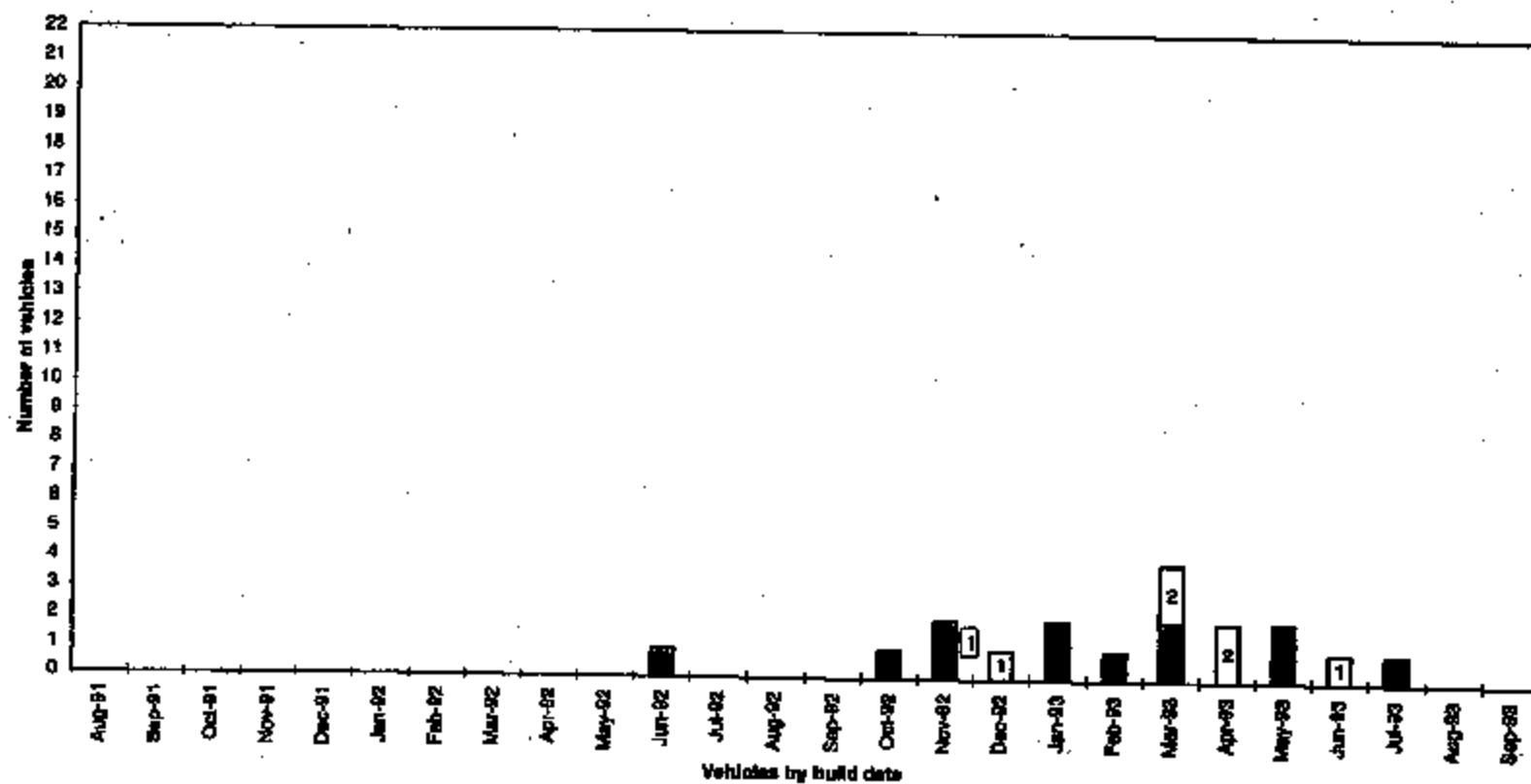
Represents BPS symptoms

**Note:**

Brake pressure switch symptoms are as follow: Difficulty shifting out of park, speed control lhop, excessive brakes pedal travel, fuse 12 blown, dead battery, brake warning lamp on, smoke or fire on left side of engine compartment.

Originator: JKafel  
Date revised: 6/7/99  
Date issued: 8/8/99  
File: econo.cht

## Parato of 93 Taurus SHO Underhood Fires With Engine On/off/Unknown



■ The shaded region represents vehicles with engine off/Unknown.

□ The unshaded region represents vehicles with engine on.

■ Represents BPS symptoms

Note: There were no vehicles in the Engine off category.

Brake pressure switch symptoms are as follow: Difficulty shifting out of park, speed control inop, excessive brake pedal travel, fuse 12 blown, dead battery, brake warning lamp on, smoke or fire on left side of engine compartment.

Originator: JKatal

Date revised: 6/2/90

Date issued: 6/5/90

File: SHO.cht

## CREATE LAYOUT (DCC-CL)

|                              |  |                |
|------------------------------|--|----------------|
| Layout Code                  | P1                                       | LAST           |
| Prefix Code                  | 3W73                                     | LAST           |
| CPSC Code                    | 060602                                   | LAST           |
| Suffix                       | A1                                       | GET NEW SUFFIX |
| Description                  | RELOCATE SPEED CONTROL INACTIVATE SWITCH |                |
| The Layout Number<br>will be | P1-3W73-060602-A1                        |                |
| Last Update Date             | 08.01.1998                               |                |

**ATTRIBUTES    QUERY LAYOUTS    ADD    CLEAR    UPDATE    DELETE    ASSIGN DESIGNER**

ADD C/O # TO MARRY REGER  
 COPY & CLOSE OUT. TRANSFER  
 TO "C" STATUS

THANKS DENNIS

DONE 6/2 9A.M.

WERS9F9A

W E R S H A R D C O P Y P A R A M E T E R R E C A P

----- BASIC PARAMETERS -----

REQUESTOR: [REDACTED]  
REQUEST DATE/TIME: 99/06/01 14:37:25  
REPORTS REQUESTED FOR: [REDACTED]  
DESTINATION DEVICE: R0711088  
PRINT DATE/TIME: 99/06/01 14:37:25  
DATA EXTRACT DATE/TIME: 99/06/01 14:37:25

----- REPORT OPTIONS -----

HARD-COPY REQUEST-TYPE: ON-LINE REQUEST (LATEST DATA)  
LANGUAGES: ENGLISH  
PART DATA RESTRICTIONS: NONE

----- SELECTION CRITERIA -----

NOTICE NUMBER: NCUD B 10717068 017  
PART NUMBER:  
PART FUNCTION:  
CONCERN NUMBER:

----- REPORTS REQUESTED -----

RELEASE / CONCERN COVER  
RELEASE SUMMARY  
RELEASE CHARGE SUMMARY  
PART FUNCTION RELEASE  
MULTI-FUNCTION RELEASE

USAGE TRANSLATION SHEET  
CONTENTS OF ASSEMBLY BAR ONLY:  
CONCERN DETAIL  
ALERT DETAIL

\*\*\*\*\*

3713 6946

MVR998A

## RELEASE / CONCERN COVER (LATEST DATA)

PRINT DATE/TIME: 99/06/01 14:37:25

RELEASE DATE:

PAGE: 1

NOTICE STATUS: P

RELEASE NOTICE TO

ACTV T BASE SUPP

MC00 E 10717068 017

## NOTICE PRIORITY:

RESP ENGR ACTV/CODE: MC00-MPR

ANALYST ACTV/CODE:

PRODUCTS AFFECTED: PARTNER DRG'S

CAUSAL FACTOR: PE

SCOPE: N

CONSUM INFO AFF: H

NOTICE DESC:

\*\*\* STUDY DRG BLANKET CONCERN FOR VCB \*\*\*  
 FOR 1992, 1993, AND 1994 MODEL YEAR TOWN CAR (AND CHROME  
 VICTORIA AND GRAND MARQUIS); INVESTIGATE PACKAGE AND  
 FEASIBILITY OF DELETING THE SWITCH ASSEMBLY - SPEED CONTROL  
 DEACTIVATE F2VC-9F524-AB, AND ADDING A BRAKE PEDAL (-2450-)  
 MOUNTED SWITCH SIMILAR TO CURRENT 1993 MODEL PRODUCTION  
 (REFERENCE XFI1T-9F524-AB).  
 DESIRED OUTCOME IS FEASIBLE PACKAGE, WITH FULL AND COMPLETE  
 DETAIL OF NECESSARY REVISIONS TO PARTS (ADD, DELETE, AND  
 REVISE).  
 990315 HAVE GIVEN INFO THAT DEL SILEVESTER AND MARTY REESE  
 WANTED. ENGR'S AND SUPPLIER HAVE LOOKED AT WHAT WE HAVE.  
 NOW WAITING FURTHER INSTRUCTION. TTBRCHOO.

RESP ENGR NAME:

ANALYST NAME:

PRIMARY NOTICE:

EMISSION CNTL NO:

HOMOLOGATION AFF:

REESE, M.P.

ANALYST PHONE:

1992, 1993, AND 1994 TOWN CAR

DEACTIV

TO PPN IND:

NOTICE CNTL ITEM:

ELECTRIC APP:

NOTICE AUTH CODE:

## ESTIMATED INCREMENTAL VEHICLE COST/WEIGHT/QUALITY:

VEHICLE COST:

TOOLING COST:

ASSEMBLY LABOR:

FACILITY COST:

WARRANTY COST:

R/1000:

VEHICLE WT:

VEHICLE WT:

TOM:

ASSEMBLY MINUTES:

SCRAP COST:

EFF TYPE/POINT: 64P98A

EFF TYPE/POINT:

EFF TYPE/POINT:

PGM ID/SEGMENT: EH114 98A

PGM ID/SEGMENT:

PGM ID/SEGMENT:

AFF CONCERN NO: C10717068

AFF CONCERN NO:

AFF CONCERN NO:

AFF MFG ACTV:

APT MFG REPORT IN:

MFG EST TOOL COST:

MFG RESPONSE:

MFG EST LEAD TIME:

EST VEH COST VAR:

AFF DRG ACTV:

AFF ACTV RESPONSE:

AFF NOTICE:

OTHER DRG IND: H

OTHER DRG RESPONSE:

SUPPORTING DOC:

SUPPORTING DOC:

SUPPORTING DOC:

CALIB NUMBERS:

CALIB NUMBERS:

CALIB NUMBERS:

ALERT TYPE/NUMBER:

ALERT TYPE/NUMBER:

ALERT TYPE/NUMBER:

COPIED FROM:C10717061

## NOTICE APPROVALS

| REGION | DEPARTMENT | USERID  | ACTIVITY | APPROVER'S NAME | DATE APPROVED | APPROVAL |
|--------|------------|---------|----------|-----------------|---------------|----------|
| H      | I645       | MFRD917 | MC00     | REESE, MARTY    | 99/02/22      |          |
| H      | CARCAD     | LLB637  | MC00     | LEAHY, LARRY    | 99/02/22      |          |
| H      | X645       | MFR0917 | MC00     | REESE, MARTY    | 99/02/22      | T        |

-END-

3713 6848

LAST LINE = 4296

USING B-SPLINES ON > OFF

# 1992/3 MODEL SWITCH

PRT- TT-  
SWAY FOR MARTY  
PIC-TT/MARTY

DEL-DENNIS CORE DFLTS  
MODIFY MENU

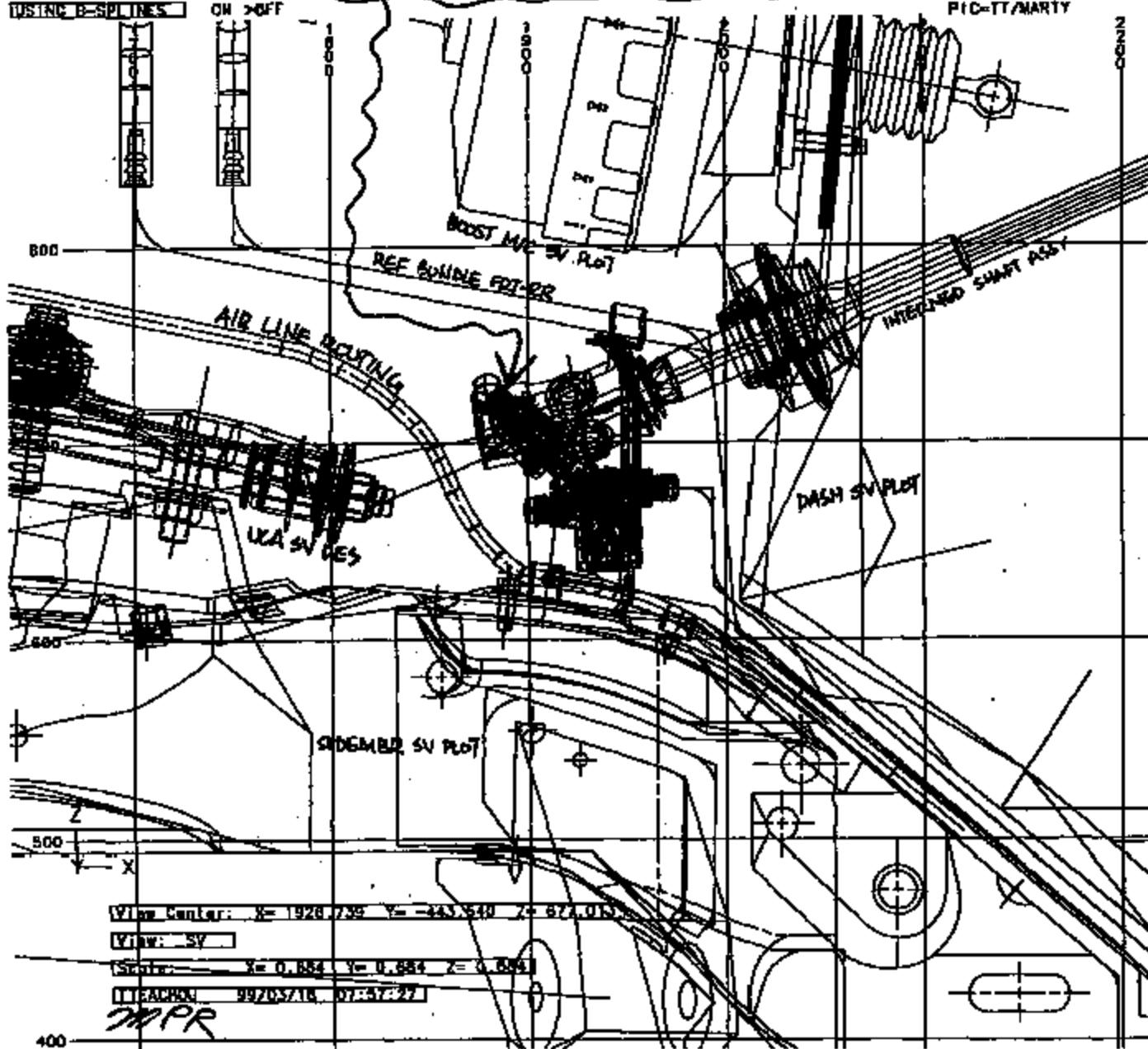
MACRO OPTIONS

SELECT LINE  
NO. LABEL LIST  
SELECT SURFACE  
NO. LABEL LIST  
SELECT SUBPART  
NO. LABEL LIST  
SELECT SOLID  
NO. LABEL LIST  
PICTURE OPERATIONS  
PURGE FROM PART

ADD INTERSECTIONS

CREATE  
LINE SURF SUBPRT  
SOLID LIGHT  
REORIENT DROP  
CUT TRIM SPLIT LABEL  
MULTI-LINE OPTS  
PROCESS DATA  
COLOR ENT ASSOC  
GEOFIT MATERIAL  
FORMAT OPERATIONS  
DATA COLLECTOR  
DATA I/O

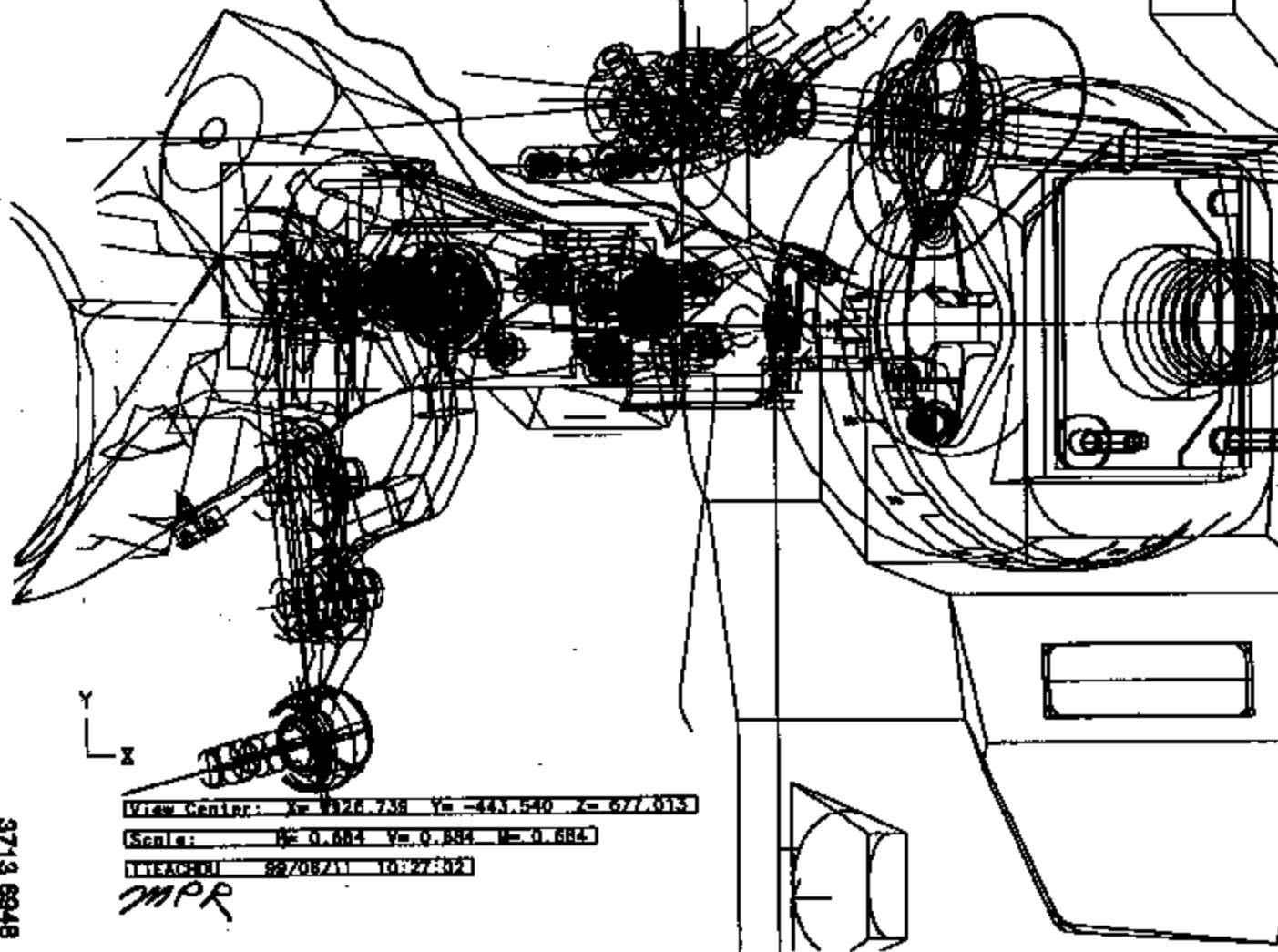
APPL:



LAST LINE NO. = 4296

USING B-SPLINES ON/OFF

1502/3 MODEL  
SWITCH; LOOKING  
DOWN SWITCH  
AXIS



PRT# TT-  
STUDY FOR MARTY  
PIC=TT/MARTY

DEL-DENNIS

STORE DFLTS  
MODIFY MENU

MACRO OPTIONS

SELECT LINE  
NO. LABEL LIST  
SELECT SURFACE  
NO. LABEL LIST  
SELECT SUB-PART  
NO. LABEL LIST

SELECT SOLID  
NO. LABEL LIST  
PICTURE OPERATIONS  
PURGE FROM PART

ADD INTERSECTIONS

CREATE  
LINE SURF SUBPRT  
SOLID LIGHT  
REORIENT DROP  
CUT TRIM SPLIT LABEL  
MULTI-LINE OPTS  
PROCESS DATA

COLOR ENT ASSOC  
GEOFIT MATERIAL  
FORMAT OPERATIONS  
DATA COLLECTOR  
DATA I/O

APPL:

3713 6948

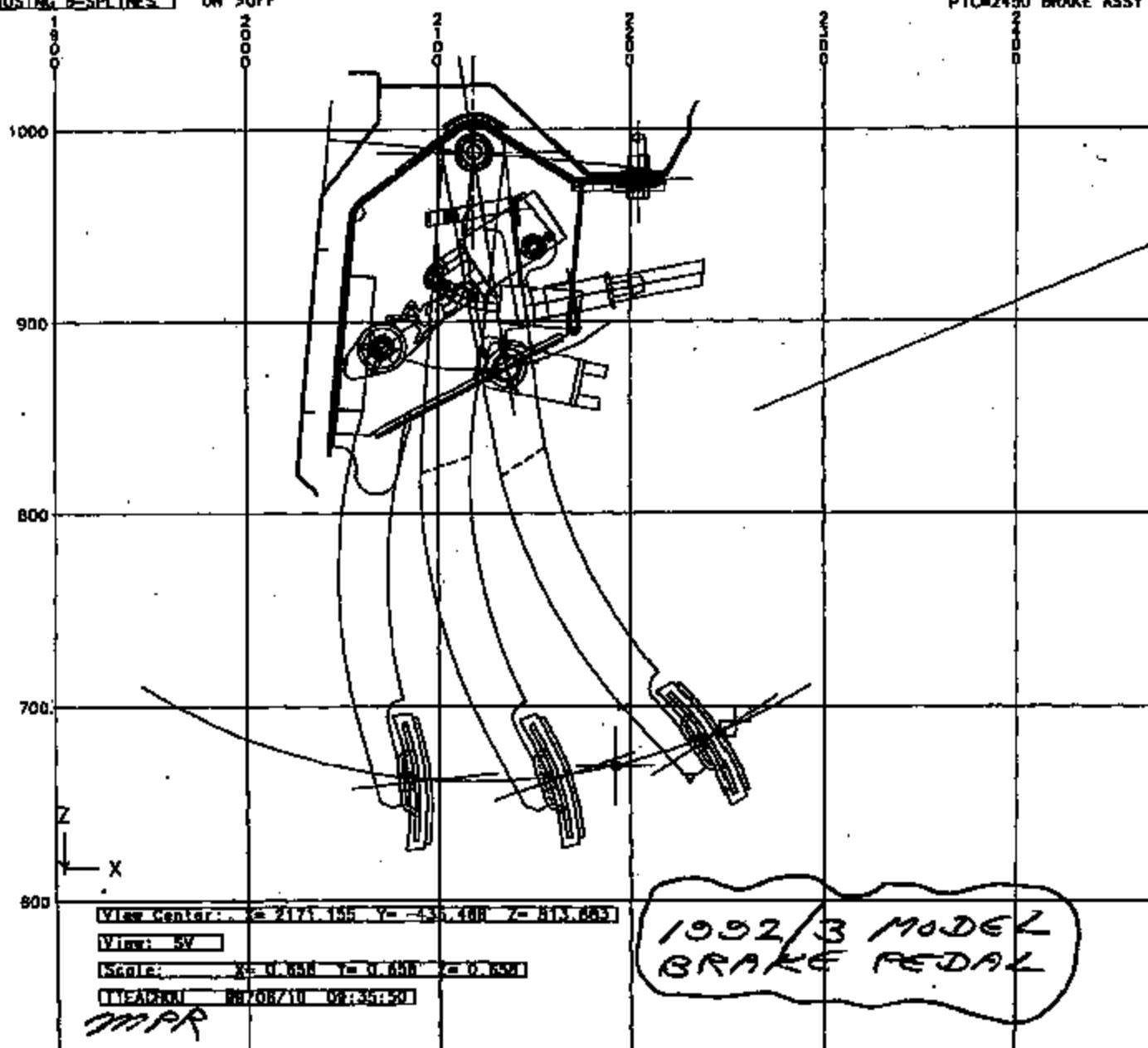
LAST LINE NO. = 3853

USING B-SPLINES  ON >OFF

PRT=P1-XW73-080602-A1  
RELOCATE AND CONTROL DEACTIVATE SEARCH  
PIC=2450 BRAKE ASSY

STORE DFLTS  
MODIFY MENU

MACRO OPTIONS



SELECT LINE  
NO. LABEL LIST  
SELECT SURFACE  
NO. LABEL LIST  
SELECT SUB-PART  
NO. LABEL LIST  
SELECT SOLID  
NO. LABEL LIST  
PICTURE OPERATIONS  
PURGE FROM PART

ADD INTERSECTIONS  
CREATE  
LINE SURF SUBPRT  
SOLID LIGHT  
REORIENT DROP  
CUT TRIM SPLIT LABEL  
MULTI-LINE OPTS  
PROCESS DATA  
COLOR ENT ASSOC  
GEOFIT MATERIAL  
FORMAT OPERATIONS  
DATA COLLECTOR  
DATA I/D

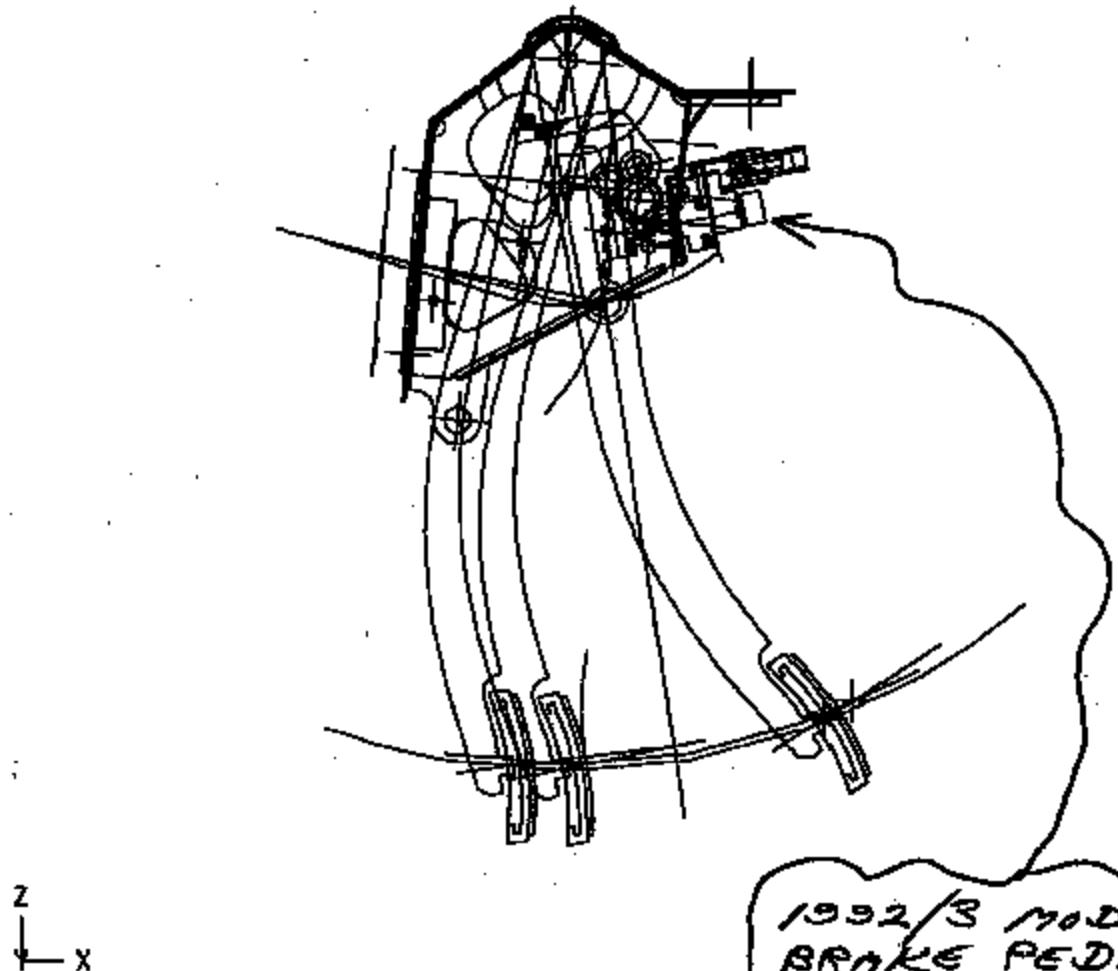
APPL:

6713 6918

LAST LINE NO. = 3853  
USING BSPLINES ON >OFF

PRT-P1-KW73-080602-A1  
RELEASED BY CONTROL REACTIVATE SWITCH  
PIC=NEW PIX MOVE SWITCH

STORE DFL75  
MODIFY MENU  
MACRO OPTIONS



Z  
X

View Center: X= 2132.744 Y= -127.500 Z= 782.612  
Scale: R= 0.611 V= 0.611 M= 0.611  
Attached: 28/03/10 08:41:54

MPR

1992/3 MODEL  
BRAKE PEDAL;  
WITH 1993 MODEL  
SWITCH OVERLAND

SELECT LINE  
NO. LABEL LIST  
SELECT SURFACE  
NO. LABEL LIST  
SELECT SUBPART  
NO. LABEL LIST  
SELECT SOLID  
NO. LABEL LIST  
PICTURE OPERATIONS  
PURGE FROM PART

ADD INTERSECTIONS  
CREATE  
LINE SURF SUBPR  
SOLID LIGHT  
REORIENT DROP  
CUT TRIM SPLIT LABEL  
MULTI-LINE OPTS  
PROCESS DATA  
COLOR ENT ASSOC  
GEOMIT MATERIAL  
FORMAT OPERATIONS  
DATA COLLECTOR  
DATA I/O

APPL:

8713 8850

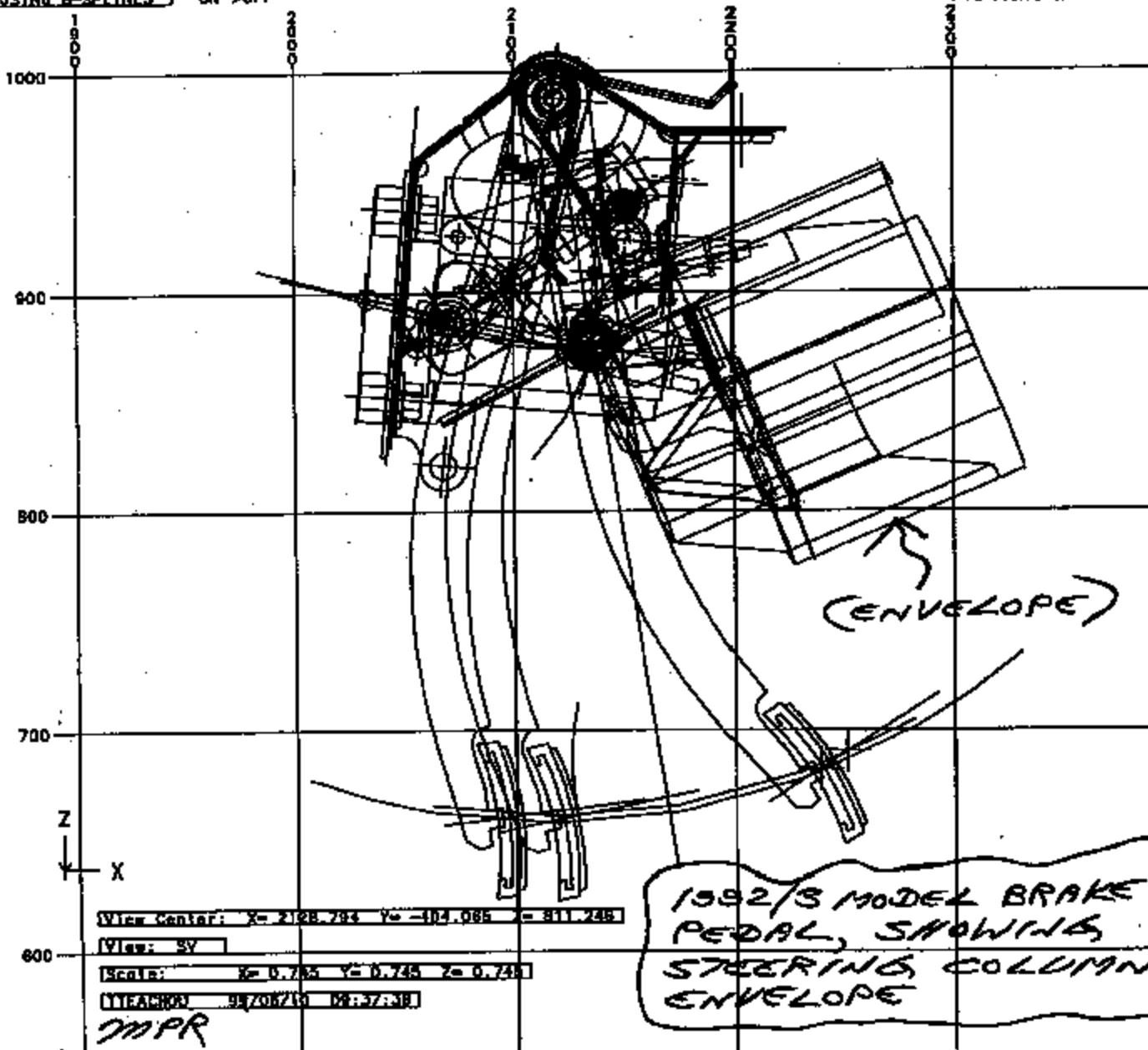
LAST LINE NO. = 3853

USING BEZPINES ON >OFF

PRT=P1-XW73-080602-A1  
RELEASE 2D CONTROL BEZIER/STYLUS SWCH  
PIC-PARTS & PIECES

STORE DFPTS  
MODIFY MENU

MACRO OPTIONS



SELECT LINE  
NO. LABEL LIST  
SELECT SURFACE  
NO. LABEL LIST  
SELECT SURF-PART  
NO. LABEL LIST  
SELECT SOLID  
NO. LABEL LIST  
PICTURE OPERATIONS  
PURGE FROM PART

ADD INTERSECTIONS

CREATE  
LINE SURF SURPT  
SOLID LIGHT  
REORIENT DROP  
CUT TRIM SPLIT LABEL  
MULTI-LINE OPTS  
PROCESS DATA  
COLOR ENT ASSOC  
GEOM IT MATERIAL  
FORMAT OPERATIONS  
DATA COLLECTOR  
DATA I/O

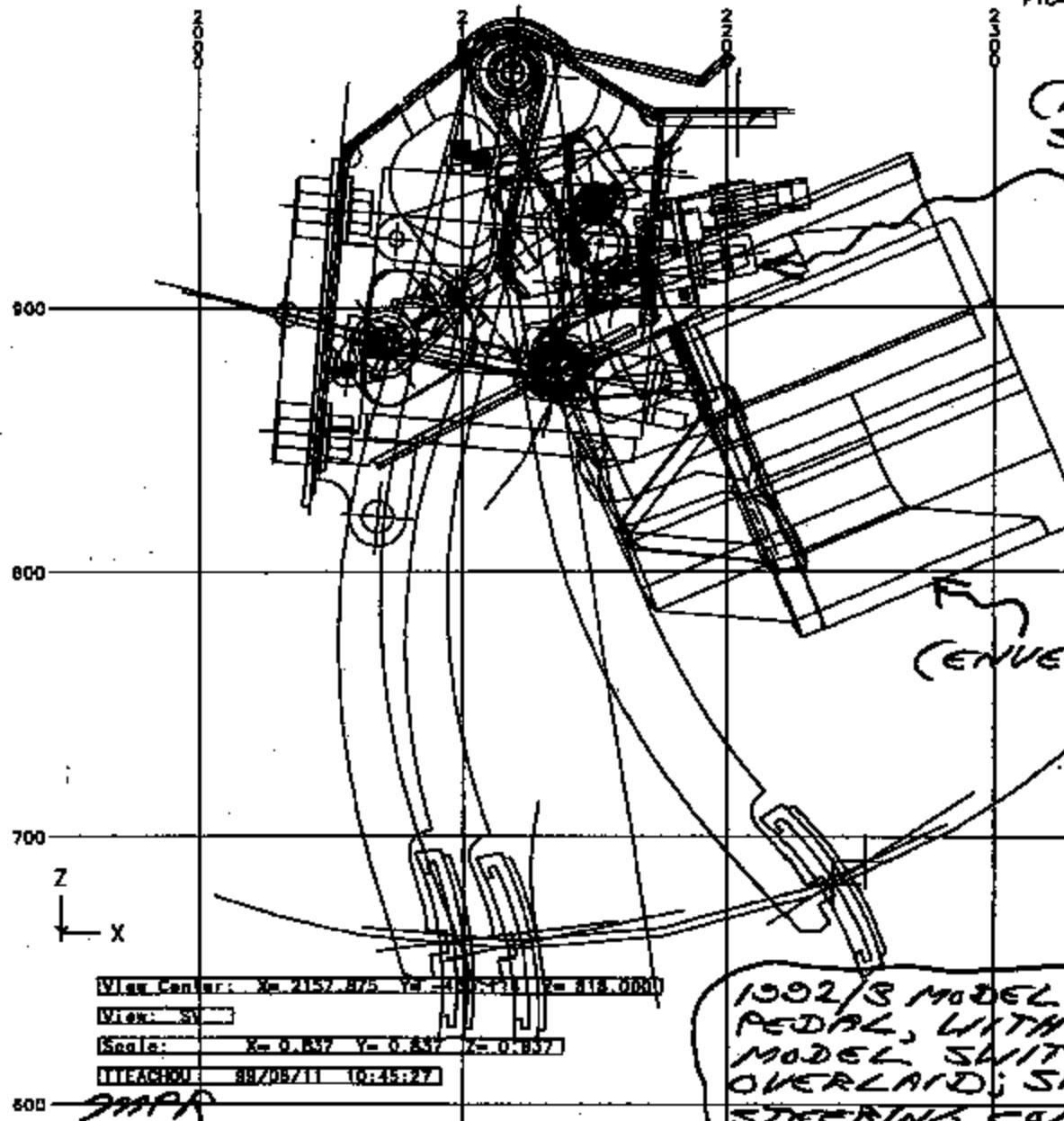
APPL:

1992/3 MODEL BRAKE  
PEDAL, SHOWING  
STEERING COLUMN  
ENVELOPE

8719 6961

LAST LINE NO. - 4296

PRT= TT- DEL-DENNIS STORE DFLTS  
STUDY FOR MARTY MODIFY MENU  
PIC-PARTS & PIECES  
MACRO OPTIONS



(1909 MODEL  
SWITCH)

[COMPARE PICTURES]

[PRIMARY LINES/SURFACES]

>ON OFF

[SECONDARY]

PICTURE THIS-PART

PICTURE DIFF-PART

[SECONDARY PART/PICTURE]

TT DELDENNIS

STUDY FOR MARTY —

NEW PIX MOVE SWITCH

[SECONDARY LINES/SURFACES]

>ON OFF >BLINK

[MIRROR IMAGE]

>NO YES

[DISREGARD FONTS]

NO >YES

[COMPARE METHODS]

>BY POINTS BY SHAPE

BY SHAPE AND SAVE

MIN. TOL. = 0.03

EXECUTE COMPARE

RETURN MAIN

1902/3 MODEL BRAKE  
PEDAL, WITH 1909  
MODEL SWITCH  
OVERLAND; SHOWING  
STEERING COLUMN ENVELOPE

3712 692

MODIFY MENU

MACRO OPTIONS

SELECT/ANGLE POINT

FROM LINE

NO. LABEL LIST

FROM SURFACE

NO. LABEL LIST

REPEICK

ANCHOR PT

TERMINAL PT

NEXT NORMAL

ANG. BTW. LINES

ABACUS

S1 = 0.00

S2 = 0.00

S3 = 0.00

S4 = 0.00

S5 = 0.00

S6 = 0.00

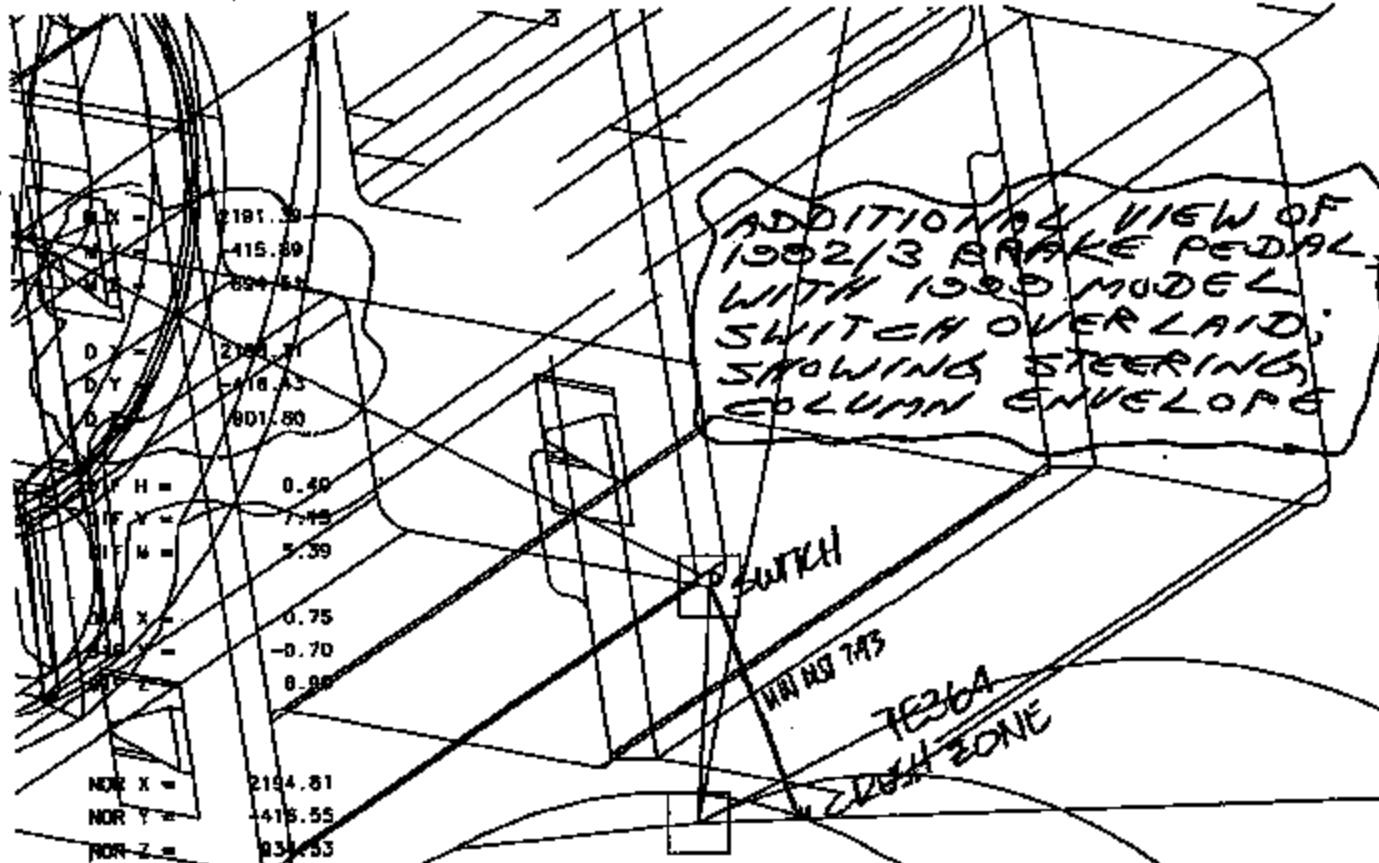
DEC. ACCURACY

>2 3 4 5 6

ANGLE MODE

DEG/MIN/SEC >DEC

RETURN MAIN



ANCHOR PT X= 2187.56 Y= -415.73 Z= 892.90  
TERMINAL PT X= 2188.31 Y= -416.43 Z= 901.00

JD = 8.98  
ANG H = 86.83

20 = 7.16  
ANG V = -3.17

NORMAL = 33.80

MIN DIST(M=0) =

7.83

8713 6953

MPR

## Work Plan- Brake Pressure Switch

### **Root Cause Investigation-**

**Identify the combustibles?**

**AVT EESE Materials Engineering**

**Identify the contaminants in returned parts?**

**Central Lab analysis**

**Identify source of contaminants?**

**Central Lab analysis**

**Identify causes of brake fluid leakage?**

**Central Lab and Texas Instrument**

**Identify heat source(s) start event?**

**AVT EESE Chassis Electronics**

**Create Event in Lab**

**AVT EESE Chassis Electronics**

**Collect Field Samples**

**LVC - Safety**

*Rouse  
2003 FEB 17*

## Root Cause Investigation Tasks

What are the combustibles?

AVT EESE Materials Engineering

Are the switch materials compatible with brake fluid?

by 2/18/99

Are the switch materials compatible with brake fluid in an electric field?

by 2/18/99

Are the switch materials compatible with brake fluid and contaminants?

by 2/18/99

Are the switch materials compatible with contaminated brake fluid in an electric field?

by 2/18/99

Flash points for all materials? by completed

*TI provided to Norm LaPointe*

Get Dow assistance by 2/16/99

How can a fire start with the switch given the constraints:

Continuous Battery voltage applied between switch electrical components and the hydraulic connection, circuit fused at 15 amps, inductive load current of 0.5 amps switched when speed control is turned off, the switch cavity contains a black material containing at least copper, zinc, sulfur, and brake fluid (probably containing water), vehicle underhood temperatures.

By 2/22/99

*DONE* → What is the difference in the base materials that look different?

Texas Instruments by complete

*Color of plastic base identifies calibration. Also, plastic material change from Cellonex 4300 to Noryl G7X430 in MY 1995 when P/N changed from F2VC to F2AC*

What are the material call-outs for 1992 and 1993?

Texas Instruments by 2/15/99

**Brake Pressure Switch**

PSVC-6P024-AB

Material List for MY 92/93

| Gasket              | Elastomer Ethylene Propylene   | JBL Compound # E-7104-70                   |
|---------------------|--------------------------------|--|
| Diaphragm           | Kapton, Polyimide              | Dupont 600 FM131L, 3 Diaphragms per switch |
| Base                | PBT, Plastic                   | Grade Celanex 4300                         |
| Crimp Ring          | Aluminum                       | Grade # 5052                               |
| Spacer              | Kapton, Polyimide              | Dupont #200H, Friction Reducer on Disc     |
| Flange              | Brass                          | CDA 260                                    |
| Transfer Pin        | Ceramic                        | Swarovski, L-3 Grade                       |
| Environmental Seal  | Silicone                       | JBL Compound # S7510                       |
| Converter           | Cold Rolled Steel              | Grade # 1008                               |
| Washer              | Cold Rolled Steel, Zinc Plated | Grade # 1050                               |
| Cup                 | Cold Rolled Steel              | Grade 1010                                 |
| Spring Arm          | Beryllium Copper               | Grade # C17200                             |
| Movable Contact     | Silver Plated Copper           | Oxygen Free Cu, Fine Silver                |
| Stationary Terminal | Brass + Silver Inlay           | CDA 260                                    |
| Movable Terminal    | Brass                          | CDA 260                                    |
| Disc                | Stainless Steel                | Grade 302                                  |
| Hearport            | Cold Rolled Steel, Zinc Plated | C10L10                                     |
| Thread Cap          | LDPE, Plastic                  |  |

What are the contaminants in returned parts?

**Central Lab analysis**

Results of Memphis part analysis by 2/18/99

Results of testing with corrosion simulation?

AVT EESE Chassis Electronics by complete

*Black corrosion recreated in lab on virgin parts. Given to Lab for analysis*

TI analysis results of the Memphis parts (crease marks in diaphragm, etc) ?

Texas Instruments by complete

*TI gave to Norm LaPointe on 2/10/99. Crease mark caused by degradation of Kapton. TI chemical analysis matches Ford analysis.*

**What is source of contaminants?**

**Central Lab analysis**      by **2/18/99**

**What causes brake fluid leakage?**      **By 2/24/99**

**Central Lab and Texas Instrument**

**What does TI DFEMA say about this failure mode?**

**Texas Instruments**      by **2/16/99**

*TI identifies potential for leaks. Copy to Norm Lapointe.*

**What are TI in-process test failures?**

**Texas Instruments**      by *completed*

*TI provided IP and Weibull test reports to Fred Porter and Norm Lapointe. First leaker observed at 994,000 cycles. Test suspended at 1.6 million cycles. Leaker was by Kapton diaphragm.*

**Provide TI end-of-life lab test parts to Norm Lapointe.**

**TI**      by **2/18/99**

**Does the event occur only on vehicles with ABS?**

**LVC-Safety**      by **2/18/99**

**Characterize the real vehicle brake pressure seen at the switch.**

**AVT Chassis Brakes**      by

**Characterize the real vehicle brake pressure during ABS and TC events seen at the switch .**      **AVT Chassis Brakes**      by

**DOE work plan for TI activities.**

**TI**      by **2/16/99**

**Correlate Lab test cycle Kapton wear with field mileage Kapton wear.**

**TI and Central Lab**      by **2/29/99**

**What heat source(s) start event?**

**AVT EESE Chassis Electronics**  
Analysis of harness pig-tails

AVT EESE OPD by 2/18/99

Use thermocouple to record switch temperature during and after  
driving.

AVT EESE OPD by 2/18/99

**Recreate Event in Lab**

**AVT EESE Chassis Electronics**  
What does it take to start an event? by on-going

If a switch is contaminated can it start the event? by on-going

*Switch with clear Brake fluid inside is being monitored for increase in  
leakage current.*

If current is stopped does combustion stop?

**Collect Field Samples**

**LVC - Safety**  
Collect Brake Pressure switches and speed control servos with harnesses  
attached. By 2/22/99

## Miscellaneous

Can the switch act as a fuse?

Team by complete

No.

*Could a fuse (e.g. 2 amp) be added in series between the stop lamp fuse and the brake pressure switch? Failure parameters would have to be known.*

What are descriptions from AWS and CQIS?

LVC-Safety by 2/18/99

What are we seeing in returned Speed control modules (FRACAS)?

Visteon Speed Control by 2/17/99

Provide color photos of Econoline?

Texas Instruments by complete

*There are no color photos.*

## Containment / Corrective Action Tasks

### Competitive Vehicles

How is switch packaged?

Is it always Powered (HOT\_ALL\_TIME) ?

Are the contacts opened when pressure applied?

What is fuse limit?

What is being switched?

Is it a redundant switch?

AVT EESE Competitive Analysis by 2/24/99

What does Speed control FMEA say about Brake Switch ?

Visteon Speed Control by completed  
The Brake Pressure Switch (Deactivation Switch) coupled with the Stop Lamp switch are categorized as "Automatic Deactivation". The FMEA lists "Automatic Deactivation" as current design control for 66 different potential cause/mechanical failures.

Brake Pressure Switch (Deactivator Switch) is one of the most important safety features.

When was non-Pressure actuated switched introduced?

AVT EESE Chassis Electronics by completed  
95 Continental and T/Bird were first to use it.

Is the Circuit drive hi-side or low-side?

Visteon Speed Control by completed  
Circuit is low side driven.

How does speed control use this switch?

- Visteon Speed Control by completed
1. Brake Pressure Switch provides electrical power to the speed control servo clutch circuit. The clutch circuit needs to be energized for the servo motor to pull the cable.
  2. Switch provides a redundant method of sensing brake application independent of the primary system deactivation mode; this is a SDS (SC-0005) requirement.

- *Signal from the stop lamp switch is primary deactivation mode for brake application.*
- *Under "hard" braking condition; Brake Pressure Switch provides redundant brake signal to the speed control logic (similar to stop lamp switch signal) and disconnects power to the clutch circuit; causing the speed control servo pulley to immediately return to the idle position. Note: Under normal braking conditions, only the stop lamp switch signal cancels speed control operation.*

**Do all Ford applications use switch between fuse and load?**

Visteon Speed Control by completed  
YES

**Do all Ford applications have switch connected to HOT-ALL-TIMES?**

AVT EESE OPD by 2/18/99

**Can Brake Pressure Switch function be removed from power feed circuit and placed in ground return circuit?**

Visteon Speed Control by completed

1. *Would require redesign of the speed control electronics.*
2. *Additional isolated ground circuit is required.*
3. *From FMEA position switching the ground circuit is not as good as switching the B+ feed.*
  - *With a ground return circuit; short to ground (fault) it would override the deactivation switch.*
  - *With the current power feed circuit; short to ground make the speed control system inoperative. A short to power is required to override the deactivation switch; much lower potential to occur.*

**Why is this switch connected to HOT-ALL-TIMES?**

Visteon Speed Control by completed  
Because the SDS requires it to be connected to the same fuse as the stop lamp.

**What is SDS requirement number?**

Visteon Speed Control by completed  
SDS (SC-0068) states: *The stop lamp switch and redundant deactivator  
switch must be on the same fused circuit.*

**Is it feasible to disconnect the switch as immediate containment?**

*Yes. The customer will not have use of the speed control.*

**Is it acceptable to Jumper out the switch as immediate containment?**

Visteon Speed Control by completed  
*NO... Would eliminate an important safety feature of the speed control  
system. The Brake Pressure Switch provides the redundant method for  
sensing brake application independent of the primary system deactivation  
mode. This is an SDS (SC-0005) requirement.*

*Elimination of this feature requires the concurrence of the OGC.*

**Other recommendations for immediate containment?**

All by on-going  
*Add fuse between the stop lamp fuse and the brake pressure switch?*

**Recommendations for increased Life of switch.**

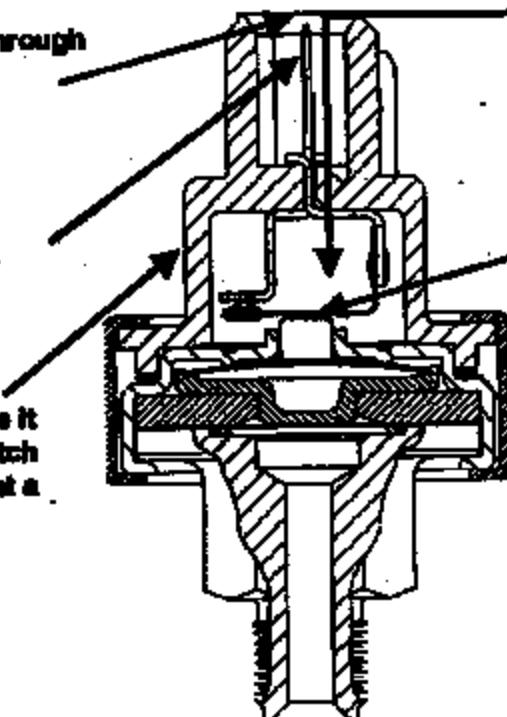
TI by 3/5/99  
*TI suggested looking at an Automotive ceramic diaphragm pressure  
transducer (not a switch) that is used for ABS.*

**Brake Pressure Switch Test Log**  
Updated 2/16/99

| Category  | Test | Location     | Test Parameters   | Results Update  |
|---|------|--------------|---|---|
| Lab Simulation<br>of Potential Ionization<br>in Switch                          | 1    | T1           | Various Levels of Brake Fluid, Water, Detergent<br>14Vdc to one terminal, hexport grounded    | 100+ hours into test, max current 5mA<br>No significant change with time          |
|   | 2    | T1           | Various Levels of Brake Fluid, Water, Detergent<br>1 Amp through switch terminals             | 100+ hours into test<br>No significant temperature rise with time                 |
|   | 3    | AVT          | Brake Fluid In Switch, 24 VDC to one terminal<br>Hexport Grounded                             | > 200 hours into test, max current 7mA<br>No significant change with time         |
|   | 4    | AVT          | Brake Fluid In Switch, 24 VDC to one terminal<br>Hexport Grounded, Ambient at 100 C           | 16 hours into test, max current 5mA.<br>No significant temperature rise with time |
|   | 5    | AVT          | Brake Fluid In Switch, 16 Amps<br>Through switch terminals                                    | Temperature rise of 20 C above room temp<br>Delta T reached steady state at 20 C  |
|   | 6    | T1           | Build heater element into Switch<br>Heat till failure   | Expected update 2/19  |
| Life Cycle Reliability<br>of Pressure Switch                                    | 7    | T1           | 0-1400 psig pressure pulses at 135C ambient<br>per ES   | Parts at 800k cycles, no leaks.<br>Will continue to failure.                      |
| Diaphragm Wear  | 8    | T1           | 0-1400 psig pressure pulses at 135C ambient   | Parts withdrawn every 200k cycles, characterized for wear                         |
| Field vs Lab Correlation  | 9    | Central Labs | Various Field returns, from dealer lots, junkyards  | Parts in Central Labs, being processed  |
| Design Of Experiments<br>Evaluating Factors<br>Effecting Diaphragm Wear         | 10   | T1           | Various Levels of Brake Fluid, Water,<br>Under ES conditions, to failure                      | Test being structured. Expected Phase One to begin 2/18                           |
| On-Vehicle Characterization<br>of Pressure & Temperature<br>Profile in Town Car | 11   | AVT          | Monitor Pressure and Temperature<br>at Switch Location for ABS and non-ABS<br>braking events. | Logistics being worked out.   |

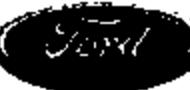


## Brake Pressure Switch Potential Thermal Event Theory - 2/24/99

- 
1. Water enters the switch cavity
  2. 12V Battery source to drive corrosion and provide energy
  3. Contact arm corrosion increases resistance (heater wire).
  4. Down stream short to ground causes high current to pass through the switch
  5. Plastic connector melts. Once it opens, oxygen enters the switch cavity. If any arcing is present a fire can start, burning the plastic.

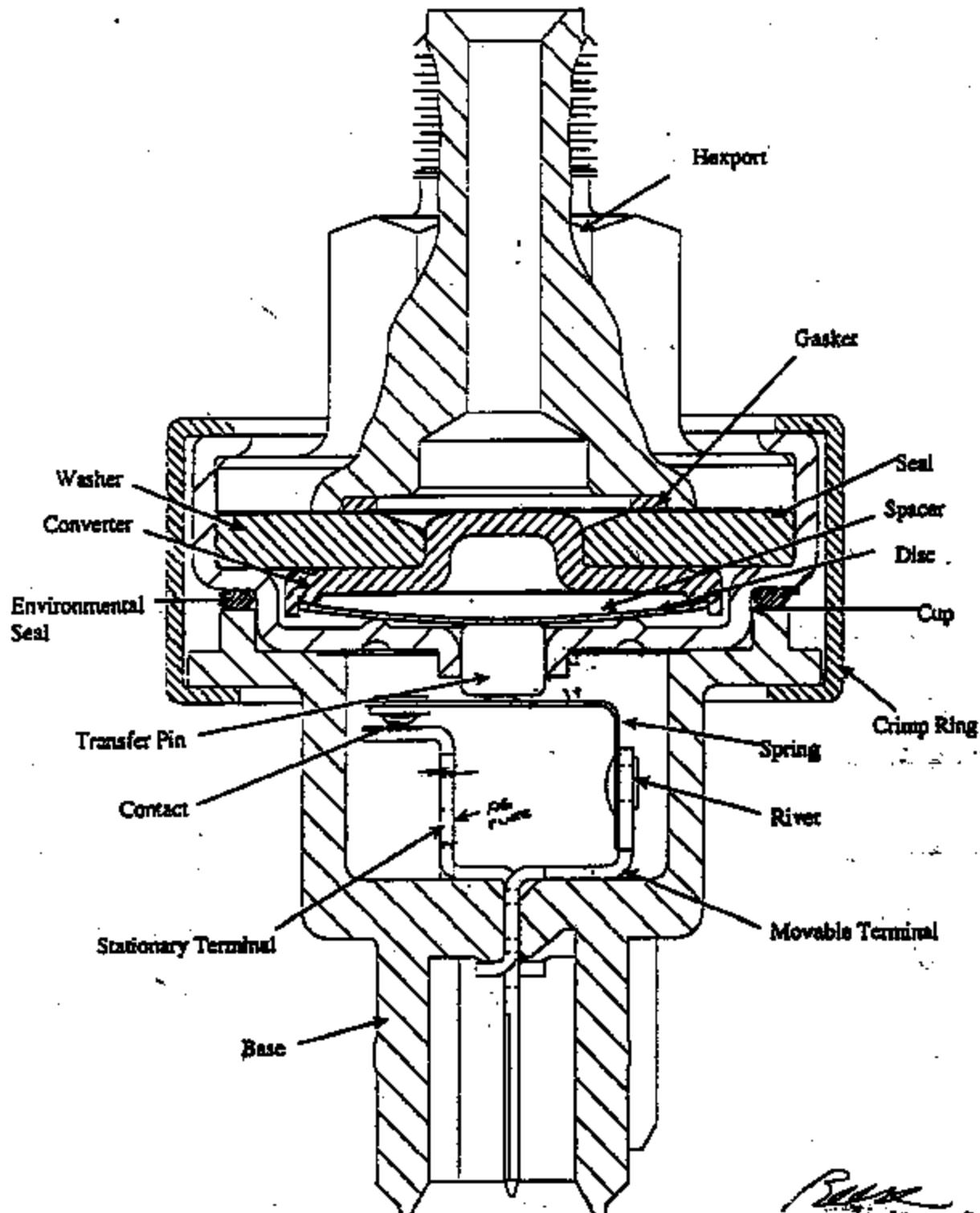


**Brake Pressure Switch  
Potential Factors - 3/3/99**



- 1. Connector Seal**
- 2. Power continuously available**
- 3. Switch orientation**
- 4. Current limit / fuse**
- 5. Hexport isolation**
- 6. Higher temperature plastic**

### Hydraulic Pressure Switch Cross Section



3713 6966

## SECTION 10-03B Speed Control System—Lincoln Town Car (Early Production Vehicles)

| SUBJECT                      | PAGE      | SUBJECT  | PAGE      |
|------------------------------|-----------|--|-----------|
| <b>ADJUSTMENTS</b>           |           | <b>REMOVAL AND INSTALLATION</b>                |           |
| Actuator Cable .....         | 10-03B-12 | Actuator Cable .....                           | 10-03B-12 |
| Vacuum Dump Valve .....      | 10-03B-13 | Amplifier Assembly .....                       | 10-03B-13 |
| <b>DESCRIPTION</b>           |           | Checkuprig Assembly .....                      | 10-03B-17 |
| Vacuum Dump Valve .....      | 10-03B-1  | Control Switches .....                         | 10-03B-18 |
| Vehicle Speed Sensor .....   | 10-03B-1  | Servo Assembly .....                           | 10-03B-14 |
| <b>DIAgnOSIS AND TESTING</b> |           | Speed Sensor .....                             | 10-03B-15 |
| Visual Inspection .....      | 10-03B-3  | Vacuum Dump Valve .....                        | 10-03B-15 |
| <b>OPERATION</b>             |           | Vacuum Reservoir and Bracket<br>Assembly ..... | 10-03B-16 |
| Decreasing Set Speed .....   | 10-03B-2  | <b>SPECIAL SERVICE TOOLS</b> .....             | 10-03B-19 |
| Increasing Set Speed .....   | 10-03B-2  | <b>SPECIFICATIONS</b> .....                    | 10-03B-19 |
| Reinitial .....              | 10-03B-5  | <b>VEHICLE APPLICATION</b> .....               | 10-03B-1  |
| System Activation .....      | 10-03B-2  |  |           |

### VEHICLE APPLICATION

Lincoln Town Car (Early Production Vehicles).

### DESCRIPTION

The speed control system consists of a servo assembly (throttle actuator), speed control amplifier, vehicle speed sensor, stoplamp switch, steering wheel switches, horn relay, vacuum dump valve and reservoir and necessary wires and hoses. The amplifier is located behind the glove compartment. The servo assembly is mounted in the engine compartment and is connected to the throttle with an actuator cable. The vacuum reservoir mounted to the front bumper, supplies vacuum to the servo during periods of high engine load. Vacuum is fed from the reservoir by a plastic tube attached to the 14290 wire harness. A 3-port check valve behind the servo connects the reservoir and manifold vacuum lines and prevents reservoir vacuum from leaking back to the engine.

**NOTE:** There are two different amplifiers used which can be identified by color: a brown colored amplifier is used for electronic instrument clusters; a natural colored amplifier is used for analog clusters.

For vehicles equipped with an AOD-E transmission, refer to Section 10-03A.

### Vacuum Dump Valve

The vacuum dump valve provides an additional safety feature in the system. Normally, when the brake pedal is depressed, an electrical signal from the stoplamps to the amplifier will turn off the system. In addition, the vacuum dump valve will mechanically release the vacuum in the servo when the brake pedal is depressed. This releases the throttle independently of the amplifier control.

## SECTION 10-03A Speed Control System—Lincoln Town Car (Late Production Vehicles)

| SUBJECT   | PAGE                              | SUBJECT  | PAGE   |
|---|-----------------------------------|--|--|
| <b>ADJUSTMENTS</b>  |                                   | <b>OPERATION (Cont'd)</b>  |  |
| Actuator Cable .....<br>Deactivator Switch .....<br>Vehicle Speed Sensor .....      | 10-03A-10<br>10-03A-1<br>10-03A-1 | System Activation .....<br>Removal and Installation  | 10-03A-2   |
| <b>DIAGNOSES AND TESTING</b>  |                                   | Actuator Cable .....<br>Clockspring Assembly .....<br>Control Switches .....<br>Deactivator Switch .....<br>Servo and Bracket Assembly .....<br>Speed Sensor ..... | 10-03A-13<br>10-03A-17<br>10-03A-15<br>10-03A-18<br>10-03A-19<br>10-03A-16 |
| Resistance Measurements.....<br>Visual Inspection.....<br>Voltage Measurements..... | 10-03A-10<br>10-03A-2<br>10-03A-4 | <b>SPECIAL SERVICE TOOLS</b> .....<br><b>SPECIFICATIONS</b> .....<br><b>VEHICLE APPLICATION</b> .....  | 10-03A-10<br>10-03A-10<br>10-03A-1   |
| <b>OPERATION</b>  |                                   |  |  |
| Decreasing Set Speed .....<br>Increasing Set Speed .....                            | 10-03A-1<br>10-03A-2              |  |  |
| <b>RESULTS</b>  | 10-03A-2                          |  |  |

### VEHICLE APPLICATION

Lincoln Town Car (Late Production Vehicles).

### DESCRIPTION

The speed control system consists of an electronic servo assembly, actuator cable, horn relay, steering wheel switches, a brakelamp switch and a deactivator switch. The system operates independent of engine vacuum; therefore no vacuum lines are required. The servo is mounted in the engine compartment near the brake booster, and is connected to the throttle linkage with an actuator cable. The electronics are integrated into the servo; eliminating the need for any electronic modules to the vehicle.

For vehicles equipped with A50 Transmission, refer to Section 10-03B.

### Deactivator Switch

The deactivator switch is a normally closed switch and replaces the vacuum dump valve as a redundant safety feature in the system. Normally when the brake pedal is depressed, an electrical signal from the brakelamp circuit to the servo amplifier will disengage the system. Under increased brake pedal efforts (5-10 lbs., engine running), the deactivator switch mounted in the brake line will open and remove power to the speed control servo clutch, releasing the throttle independent of the amplifier control. The deactivator switch is located at the rear brake proportioning valve below the brake booster.

### Vehicle Speed Sensor

The speed sensor is mounted to the transmission.

1955M0805

-2C309- FN36 ABS BRAKE SWITCH

-3F924- SWITCH ASSEMBLY - SPEED  
CONTROL DEACTIVATE

-3C962- ADAPTER - SPEED CONTROL  
VACUUM VALVE ACTUATOR

-7E364- BRACKET - TRANS CONTROL  
SELECTOR CABLE

-3D843- AMPLIFIER AND BRACKET  
ASSEMBLY - SPEED CONTROL

-3C966- CLIP - SPEED CONTROL  
VACUUM VALVE

-3C727- VALVE ASSEMBLY -  
SPEED CONTROL

3713 8869



3713 6970

ROUTE TO:

|       |       |
|-------|-------|
| BILL  | _____ |
| CHARG | _____ |
| MARY  | _____ |
| MIKE  | _____ |
| FILE  | _____ |

*fax to Kevin*

DETROIT SALES OFFICE: 939 E. TWELVE MILE ROAD - MADISON HEIGHTS, MI 48071 - PHONE: (248) 543-6520

**COPIES TO:**

**FAX LEAD SHEET**

TO: FORD

FROM: MIKE THOMAS

FAX: \_\_\_\_\_

FAX: (248) 543-0743

ATTN: Jeff Smith

DATE: 14 Jan 99

SUBJ: FORD PRESSURE SWITCHES USED ON FORD POWER VALVES

REF: \_\_\_\_\_

**TOTAL PAGES: LEAD SHEET +**

HILITE

IN RESPONSE TO YOUR REQUEST, THE 2 TI  
PRESSURE SWITCHES USED BY HILITE ARE:

HILITE P/N

Ford Switch P/N

2-05948

F2YC-9F924-AB

2-05949

F2YC-9F924-BG

IN FEB 91 WE CHANGED TO THE 2-05949  
AT FORD'S REQUEST - SAME SWITCH CONCERN AT  
THAT TIME. OUR RECORDS DO NOT REFLECT THIS.  
HOPE THIS HELPS

*Mike*

*1/20/99 RPT 201*

F2A B -  
147 464 ADA  
Brake SW  
CONNECTOR  
1999

3713 6971

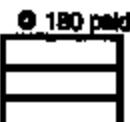
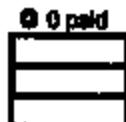
### Test instrument investigations

1. Coat cup with plastic or other non-conductive coating (like anodizing)  
*Longer fuses* *Reduces corrosive path to ground*  
*Insulates from broken spring switch contacting ground*
2. Add plastic diaphragm between cup/transfer pin and the spring contact/*Switch cavity*  
*Additional layer of insulation between mechanical components and electrical components*
3. Place plastic insulator disk on the cup *with hole only for transfer pin*.  
*Reduces surface area exposed between battery and ground*
4. Replace kapton membranes with pure teflon membranes  
*Increased flexibility of membrane*
5. Replace kapton seal with sliding piston seal  
*Eliminates wear on kapton*
6. Change cup/converter topology  
*Spread flames over greater area of the kapton*  
*Reduce interfaces where extreme flame occur*
7. Replace switch with pressure transducer *& semi-conductor switch*  
*Eliminates kapton seal*
8. Design thermal link in power supply side of switch that opens at elevated temperature  
*Turns off power before heat becomes great enough to cause ignition* *(cycling or one-time)*
9. Reverse polarity of switch contacts  
*Removes power from spring contact if it moves out of position*
10. Insulate/plastic coat spring except contact area  
*Reduces corrosive exposure*  
*Reduces conductive material to making contact with ground*
11. Gold plate spring contact  
*Reduces corrosion*
12. Fill air gap in switch housing with potting material to seal connector opening  
*Seal off connector path of contamination*
13. Change switch housing material for improved ignition parameters  
*Reduces ability for flame to spread after initial heat source is removed*
14. Add another layer to the kapton seal  
*Possible increased life of seal before perforations occur*
15. Add ground fault interrupter circuit to switch circuit  
*TURNS OFF power if ground path to case is detected*
16. Make Cup of non-conducting material/

**Electrical properties:**

Switch w/ harness (before disengagement)

Wire 1 to Wire 2 resistance  
 Wire 1 to Hex Port resistance  
 Wire 2 to Hex Port resistance



> Harness w/o switch  
 Wire 1 to Wire 2 resistance  
 Wire 1 to Hex Port resistance  
 Wire 2 to Hex Port resistance  
 Current Leakage Terminal 1 to 2



Switch w/o harness

Terminal 1 to Terminal 2 resistance  
 Terminal 1 to Hex Port resistance  
 Terminal 2 to Hex Port resistance  
 Voltage drop @ 750 millamps  
 Current Leakage Terminal 1 to Hex Port  
 Current Leakage Terminal 2 to Hex Port  
 Current Leakage Terminal 1 to 2  
 Hex Port to Cap resistance

**Mechanical properties:**

Switch opening pressure  
 Switch closing pressure  
 Proof Test for fluid leakage

milage

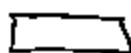


@ \_\_\_\_ psi



KAPTON

PROFILE



equivalent cycles (miles)

Examine field returns:

Switch w/ harness ( before disengagement);

Electrical properties, connector engagement, connector and harness damage, wire corrosion, wicking, contaminants, contaminant sources, debris.

Switch w/o harness ;

Electrical properties, Mechanical properties, terminal cavity contaminants, terminal cavity damage, terminal corrosion or damage.

Switch cavity terminal corrosion, contaminants, contaminant ingress site(s), wear / damage.

Pressure cavity components wear / damage, contaminants.

Electrical properties:

Switch w/ harness ( before disengagement)

@ 0 psid

Wire 1 to Wire 1 resistance

Wire 1 to Hex Port resistance

Wire 2 to Hex Port resistance

@ 180 psid

Wire 1 to Wire 1 resistance

Wire 1 to Hex Port resistance

Wire 2 to Hex Port resistance

Harness w/o switch

Wire 1 to Wire 1 resistance

Wire 1 to Hex Port resistance

Wire 2 to Hex Port resistance

Current Leakage Terminal 1 to 2

**Switch w/o harness**

**@ 0 psid**

- Terminal 1 to Terminal 2 resistance
- Terminal 1 to Hex Port resistance
- Terminal 2 to Hex Port resistance
- Voltage drop @ 750 millamps
- Current Leakage Terminal 1 to Hex Port
- Current Leakage Terminal 2 to Hex Port
- Current Leakage Terminal 1 to 2
- Hex Port to Cap resistance

**@ 180 psid**

- Terminal 1 to Terminal 2 resistance
- Terminal 1 to Hex Port resistance
- Terminal 2 to Hex Port resistance
- Voltage drop @ 750 millamps
- Current Leakage Terminal 1 to Hex Port
- Current Leakage Terminal 2 to Hex Port

**Mechanical properties:**

- Switch opening pressure
- Switch closing pressure
- Proof Test for fluid leakage

Work Plan for Field Returned Brake Pressure Switch & Connector Assy.

0. Set up a spread sheet to record all observations vs VIN. & field notes. *P-2515* *4.0.1C.E.*
1. Do not separate wire connector from switch until step 5. Check for short to ground between both terminal wires and switch housing. Separate into two groups according to short measurements, i.e. open vs resistance.
2. Check for correct engagement of connector to switch base; if NOT correct, conduct X ray to determine fit-up between base lip and red seal.
3. Separate connector from switch. Verify that connector had made a good seal to switch base. Visual check of red seal inside connector; determine dirt lines and Indentation marks, should be 360 degrees. (The indentation marks on the red seal may start to recover & may disappear over time...so check the seal first.) Check lip on switch base for breaks or loss of edge.
4. Check for evidence of less than full engagement by dirt witness lines on mated housings.
5. Check external wire insulation for cuts or openings that would permit contamination to enter wires. Check gray seal for contamination leakage paths.
6. Cut wire insulation longitudinally and check for corrosion due to wicking along the wires. If present determine FROM / TO direction. Identify color and morphology. Save samples if feasible.
7. Visual check of base terminal cavity for corrosion or debris or discoloration on brass terminals. Save samples of corrosion for chemical id.
8. Isolate those connectors that show contamination based upon above inspection for pressure tests at UTA.

file/contimp\_wp\_nr.

|                   |                   |               |
|-------------------|-------------------|---------------|
| PostNet File Note | 7673              | 2/15/99 17:23 |
| To:               | STEVE REIMERS     | From:         |
| Subject:          | DAQ-01967 5/15/99 | On:           |
| Date:             | 3/1/99            | Time:         |
| Ext:              | 39-03286          | Ext:          |
| Int:              | 39-03286          | Int:          |

Obj: Determine customer percentile based upon usage of brakes.

Given: ① Brake Inv. Fatigue Data ( $N_f$ )

Weibull F.A. from T.I.

② Data from 1996 Brake Key Life Test Avg. 7.0 000 mi

③ Data from 1992 Taurus, 1993 Crown Vic., 1991 T-Bird

Customer Correlation Factors.

Assume:  $M_f = 51,500$  miles from Reddish Veh.

$N_f \approx 99\%$  Reliability = 824,000 cycles.

i. B.A = (1) Brake Applications = (1) cycle of Brake Inv.

Total Brake App. = Brake Appl. \* Veh. miles  
                                miles

$$\text{Find B.A./mi} \rightarrow \frac{\text{Total Brake App.} - N_f}{\text{Veh. miles}} \cdot \frac{N_f}{M_f}$$

$$\text{B.A./mi} = \frac{824,000 \text{ cycles}}{51,500 \text{ miles}} = 16$$

Estimated app. 16 B.A./mi on Const. Curves.

a. 1996 Brake Key Life Test > 90%

b. 1992 Taurus, 30L p. 84 > 95%

c. 1992 Crown Vic. 4.6L p. 83 > 96%

d. 1991 T-Bird, 5.0L > 99%

\*\*\*\*\*  
\* Note printed by NLAPPOINT on 15 Feb 1999 at 13:39:33 \*  
\*\*\*\*\*

From: 12060625--EXTERNAL Date and time 02/12/99 09:08:09  
To: FPORTER --FORDMAIL 'Fred Porter ( For SLAROUCH--FORDMAIL 'Steve LaRoucha ( SRSIMERS--FORDMAIL 'Steve Reimers ( F NLAPPOINT--FORDMAIL 'Norm LaPointe ( Y  
cc: OTFWUGYK--EXTERNAL Sharpe, Robert  
  
From: Rahman, Aziz  
Subject: phone #  
  
cc: "Sharpe, Robert" <rsharp@mail.mc.ti.com>

I now have a cellular phone and pager. The numbers are:

Phone: [REDACTED]  
Pager: 1-800-946-4646, pin # 6042042

Can we get together today to review actions in progress and plans for next week? I believe Fred will be out of office next week, and I want to make sure we capture all the actions necessary before he leaves.

Thanks  
Aziz.

Richard Ranke  
Manager Engineering Analysis  
Input Controls



**UT Automotive**  
A United Technologies Company

United Technologies Automotive, Inc.  
5300 Auto Club Drive  
Dearborn, Michigan 48126-2828  
313-583-8407 Fax: 313-260-3007  
Paper: 810-704-7720  
E-Mail: [mkubik@uta.com](mailto:mkubik@uta.com)

Dan Kujikami, P.E.  
Principal Engineer, Litton Engineering  
Electrical/Electronic Products  
Electrical Systems - Americas



**UT Automotive**  
A United Technologies Company

United Technologies Automotive, Inc.  
6200 Auto Club Drive  
Dearborn, Michigan 48126-2828  
313-583-8788 Fax: 313-583-4256  
Mobile Phone: 313-801-0630  
E-Mail: [dkujikam@uta.com](mailto:dkujikam@uta.com)

*Meeting E. Kubikam*

3713 6979

3713 6980

Field Snap Notes

3-12

\*\*\*\*\*  
\* Note printed by MLAPPOINT on 10 Mar 1999 at 08:21:15 \*  
\*\*\*\*\*

From: SREIMERS--DRBN007  
To: MDIXON2 --DRBN004  
MLAPPOINT--DRBN005

Date and time 03/09/99 17:21:56  
DKULKAR2--DRBN005  
SREIMERS--DRBN007 Steve Reimers

FROM: Steve Reimers

USAST (UTC -05:00)

Requester: Steve Reimers  
Date to be scheduled: 03/12/99  
Starting time: 9:00AM USAST  
Ending time: 10:00AM USAST

Location: bldg 5 3a017 (tentative)

Subject: Brake Pressure Switch Connector

Purpose: Discuss candidates for improving the connector seal.  
Will Or Norm, please invite Rick Ratke (GTA).

\*  
Steve Reimers building 5 3E008  
AVT Chassis E/B System Applications mail drop 5011  
39-03286 SREIMERS sreimers@ford.com fax 39-03286 >>

3713 6981

|               |          |                   |
|---------------|----------|-------------------|
| Joe Name      | JNEME    | Dan Kulkami, UTA  |
| John McNamey  | JMCINERN | Dick Reddick, UTA |
| Fred Gaynier  | FGAYNIER | RATKE             |
| Malcolm Lunn  | MLUNN    |                   |
| Fred Porter   | FPORTER  |                   |
| Will Dixon    | WDIXON2  |                   |
| Tom Masters   | TMASTERS |                   |
| R. English    | RENGLIS1 |                   |
| Joe Kafati    | JKAFATI  |                   |
| Steve LaRouch | SLAROUCH |                   |
| Clark Thomas  | CTHOMAS5 |                   |
| Norm LaPointe | NLAPOINT |                   |

Meeting 2-12-1999 w/ UTA, 1:00pm at Central Laboratories, Small Conf. Rm.

Subject: Connector F2AB 14A464 ADA

Agenda:

1. Obtain drawings for F2AB-14A464-ADA connector & components from UTA.
2. Obtain components for above connector ( 5 sets).
3. Obtain and discuss FMEA
4. Discuss sealing details & history of above connector.
5. Obtain the visual characteristics of: water, brake fluid, or other materials that could enter the connector or the wires.
6. Discuss assembly difficulties to seal joint.
7. Hand off 10 press. switch assemblies to UTA.
8. Develop game plan to de-assemble and examine the submitted connector from Reddick veh.

file/ 14a464/nrl/wp

1. Will silicone sponge pass moisture
2. Both seals are sub. cont. red & gray
3. Housing is UTA molded
4. UTA - sole supplier
5. Gray seal - lubricated for X time.

C. Check shot to ground at flag of key switch.

- (1) Field Review Connector
  - ① check for correct engagement of connector to base; if not correct > X-ray for terminal fitting.
  - ② Trace evidence of less than full engagement  
dirt witness lines.
  - ③ Wicking check on wire insulation, cut wire insul.
  - ④ Visual check on red seal for dirt lines & indentation 360°
  - ⑤ Visual check on base cavity for debris. & ~~the~~ corrosion discolouration on terminals.

|               |          |                   |
|---------------|----------|-------------------|
| Joe Name      | JNEME    | Dan Kulkarni, UTA |
| John McInemey | JMCINERN | Dick Radkey, UTA  |
| Fred Gaynier  | FGAYNIER | <i>RATKE</i>      |
| Malcolm Lunn  | MLUNN    |                   |
| Fred Porter   | FPORTER  |                   |
| Will Dixon    | WDIXON2  |                   |
| Tom Masters   | TMASTERS |                   |
| R. English    | RENLIS1  |                   |
| Joe Kafati    | JKAFATI  |                   |
| Steve LaRouch | SLAROUCH |                   |
| Clark Thomas  | CTHOMASS |                   |
| Norm LaPointe | NLAPOINT |                   |

Meeting 2-12-1999 w/ UTA, 1:00pm at Central Laboratories, Small Conf. Rm.

Subject: Connector F2AB 14A464 ADA  
 Agenda:

1. Obtain drawings for F2AB-14A464-ADA connector & components from UTA.
2. Obtain components for above connector ( 5 sets).
3. Obtain and discuss FMEA
4. Discuss sealing details & history of above connector.
5. Obtain the visual characteristics of: water, brake fluid, or other materials that could enter the connector or the wires.
6. Discuss assembly difficulties to seal joint.
7. Hand off 10 press. switch assemblies to UTA.
8. Develop game plan to dis-assemble and examine the submitted connector from Reddick veh.

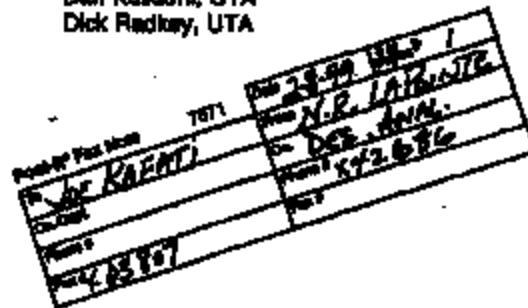
file/ 14a464/nrl/wp

FORD DAE JEFFERSON MI

| DATE     | TIME  | TO/FROM        | MODE | MIN/SEC | POS | CHAN | STATUS |
|----------|-------|----------------|------|---------|-----|------|--------|
| 02/09/99 | 10:41 | PROGRAM TIMING | UP-6 | 00'17"  | 001 | 944  | OK     |

|                |          |
|----------------|----------|
| Joe Nems       | JNEME    |
| John Molnarmay | JMCINERN |
| Fred Gaynier   | FGAYNIER |
| Malcolm Lunn   | MLUNN    |
| Fred Porter    | FPORTER  |
| Will Dibon     | WDIBON2  |
| Tom Masters    | TMASTERB |
| R. English     | RENGLIS1 |
| Joe Kefel      | JKAFATI  |
| Steve LaRouch  | SLAROUGH |
| Clark Thomas   | CTHOMAS5 |
| Norm LaPointe  | NLAPOINT |

Den Kulkuni, UTA  
Dick Reddick, UTA

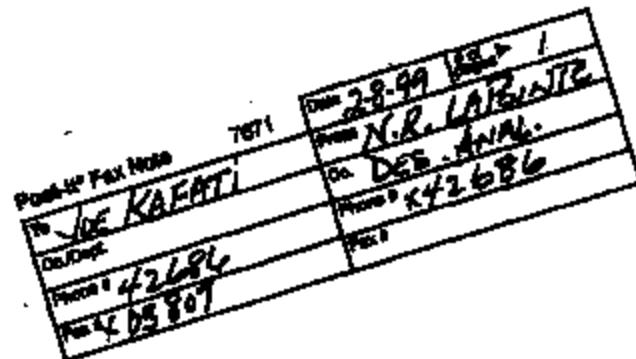


Meeting 2-12-1999 w/ UTA, 1:00 pm at Central Laboratories, Small Conf. Rm.

Subject: Connector P2AB 14A484 ADA  
Agenda:

1. Obtain drawings for P2AB-14A484-ADA connector & components from UTA.
2. Obtain components for above connector ( 5 sets).
3. Obtain and discuss PMEA.
4. Discuss sealing details & history of above connector.
5. Obtain the visual characteristics of: water, brake fluid, or other materials that could enter the connector or the wires.
6. Discuss assembly difficulties to seal joint.
7. Hand off 6 press. switch assemblies to UTA.
8. Develop game plan to disassemble and examine the submitted connector from Reddick veh.

File# 14A484/nrl/wp



\*\*\*\*\*  
\* Note printed by NLAPPOINT on 10 Feb 1999 at 11:18:02 \*  
\*\*\*\*\*

From: SLAROUCH--FORDMAIL Date and time 02/09/99 16:19:41  
To: NLAPPOINT--FORDMAIL LaPointe, Norman (

From: LaRouche, Steve (S.)  
Subject: RE: CONNECTOR F2AB 14A464 ADA

Norm: I made contingency arrangements to use a somewhat larger conference room if necessary. The room is in the industrial hygiene department, which is located in the southeast corner of our building.

Steve LaRouche (SLAROUCH)  
Metallurgy Section, Central Laboratory, Room W410  
(313) 345-4876 (313) 322-1614 FAX

-----Original Message-----

From: Norman Lapointe mailto:nlapoint@gw.ford.com  
Sent: Tuesday, February 09, 1999 3:12 PM  
To: jmcnees@gw.ford.com; jmcinarn@gw.ford.com; fgaynier@gw.ford.com;  
mlunn@gw.ford.com; fporter@gw.ford.com; wdixon@gw.ford.com;  
tmaster@gw.ford.com; ranglis@gw.ford.com  
Cc: jkafat@gw.ford.com; slarouch@mail.ford.com;  
cthomas5@compus1.dearborn.ford.com; nlapoint@gw.ford.com;  
okilgore@gw.ford.com  
Subject: CONNECTOR F2AB 14A464 ADA

Meeting 2-12-1999 w/UTA, 1:00PM at Central Laboratories, Small Conf. Rm.  
Agenda:

1. Obtain drawings for F2AB-14A464-ADA connector & components from UTA.
2. Obtain components for above connector (5 sets).
3. Obtain and discuss FMEA.
4. Discuss sealing details & history of above connector.
5. Obtain the visual characteristics of: water, brake fluid, or other materials that could enter the connector or the wires.
6. Discuss assembly difficulties to seal joint.
7. Hand off 6 press. switch assemblies to UTA.
8. Develop game plan to disassemble and examine the submitted connector from Reddick veh.

FAX copy of above sent to Dan Kulkarni-UTA, Dick Radkey-UTA.

Regards,  
Norman LaPointe.  
PHONE 59-42686 FAX 313-337-8256

Gary Villeneuve (Ford)

4/14

Fred Potts - new sw. for UTA (10)

Check current capability:

- Try fresh dis-assembled connectors from UTA
- <sup>(5)</sup> Get connectors from field when possible with 4-5" wire.
- FMEA
- Test Analysis procedure.
- US-C4U
- Detail Drawing for Connector F-2 AB-AD A.

3713-6887

Field Snap Notes

Brake Pressure Switch Plan Updated 2/18/99  
Evaluation Plan for Field Returns

## Evaluation Process Brake Pressure switch / Harness

| Serial Number                     | Date of update | Part Date Code   |  |
|-----------------------------------|----------------|--|--|
| Serial #                          |                |  |  |
| Category                          | Step #         | Action   | Comments   |
| Field Info                        | 1              | Log Field into Bitch Logos   |  |
|                                   | 2              | Photograph Switch  |  |
|                                   | 3              | Record any unusual visual observations   |  |
|                                   | 4              | Objects for Connector engagement   | If not correct conduct X-Ray to determine fit-up between base tip and rod end.                 |
| Switch +<br>Connector<br>Assembly | 5              | Wire 1 (LGRP) to Wire 2 (ORANGE) Resistance  |  |
|                                   | 6              | Wire 1 (LGRP) to Harness Resistance  |  |
|                                   | 7              | Wire 2 (ORANGE) to Harness Resistance  |  |
|                                   | 8              | Assessable Harness Wire Check  |  |
| Connector<br>Only                 | 9              | Verify Connector Seal  | Visual check of Field Seal. Dirt lines, Indentation mark. Indentation mark must be 30 degrees. |
|                                   | 10             | Wire 1 (LGRP) to Wire 2 (ORANGE) resistance  |  |
|                                   | 11             | Current Leakage Wire 1 (LGRP) to Wire 2 (ORANGE)   | Visual check of dirt lines on related switch base.   |
|                                   | 12             | Check for full engagement of connector   |  |
|                                   | 13             | Check wire insulation  |  |
|                                   | 14             | Check wire guity wires   | Cut insulation longitudinally to check for voiding along wires.                                |
|                                   | 15             | Cut wire insulation to check for varianion   | If signs of corrosion, identify color, more samples for closer Id.                             |
| Switch<br>External<br>Unassembled | 16             | Assessable Switch to Calibration Guard   |  |
|                                   | 17             | Spring Terminal to Stationary Terminal Resistance  | Stationary Terminal is closest to the outside connector keying tab.                            |
|                                   | 18             | Spring Terminal to Harness Resistance  |  |
|                                   | 19             | Stationary Terminal to Harness resistance  |  |
|                                   | 20             | Base to Harness Resistance   |  |
|                                   | 21             | Current Leakage Spring Terminal to Harness   |  |
|                                   | 22             | Current Leakage Stationary Terminal to Harness   |  |
|                                   | 23             | Voltage drop at 700 mA   |  |
| Switch<br>Inside<br>Protected     | 24             | Switch Opening Pressure  | Do not perform on parts from underhood fires, as may disturb diaphragm/other condition         |
|                                   | 25             | Switch Closing Pressure  | Do not perform on parts from underhood fires, as may disturb diaphragm/other condition         |
|                                   | 26             | Pivot Test for Leaking   | Do not perform on parts from underhood fires, as may disturb diaphragm/other condition         |
|                                   | 27             | Current Steps 11 through 26 at 1000 mA   |  |
| Switch<br>Harness                 |                | Procedure to remove aluminum crimp ring<br>Use aluminum foil (or plastic if Ford preferred) to mask the anodized surfaces.<br>Also create a paper/polyethylene shield to further reduce chance of contamination during cutting of crimp ring.<br>Place a piece of tape over the area to be cut.<br>Cut crimp ring using jeweler's saw or Dremel cutoff wheel.<br>Cut corners of ring at 180 degree orientation.<br>Weld crimp ring |  |

Steve Pritchard, #18 880 2280,  
steve@fed.com  
Re evaluation

page 1 of 2  
printed 02/19/2003  
uncontrolled document

original printed  
revised 02/03

2713 3355

Analytical  
Techniques  
SEM/EDX

## Evaluation Process

### Breite Pressure switch / Harness

Optically examine revealed surfaces. Take optical photographs (Digital camera with macro lens plus Infrared microphotography) and document observations where appropriate.

Initial surface of snap ring.

Seal area and underneath of base

Top of cap

Assess Need for Analytical Techniques

Start SEM-EDX (Scanning Electron Microscope with Energy Dispersive Analysis of X-rays) analysis on the inside of the ring and on various surfaces of the plastic base.

Reinspect the top surface and remove the cap

Optically document all revealed surfaces starting with cap.

Meanwhile, start SEM-EDX analysis on top side of cap. Particularly look for evidence of corrosion or scaling

Precisely focus in on the edges of the ceramic pin guide and on the Indented ring that lines up with interior wall of the switch cavity

Precisely look for evidence of corrosion or scaling

Decide if we should try to clean all of the existing debris to try to examine the underlying metal surface.

Proceed to perform SEM-EDX analysis on other component surfaces revealed by removal of cap.

Date Entry

Log All data from this sheet into Switch Log

Photographs, Elemental maps etc must be retained and  
referenced by Switch #

Steve Polkire, 212 280 2200,  
[steve@lntd.com](mailto:steve@lntd.com)  
<http://www.lntd.com>

page 2 of 2  
printed 09/19/2004 09:48 PM  
uncontrolled document

original 21/08/04  
modified 10/1

3719 6989

**Data Log**  
**Brake Pressure Switch**

Last Updated 2/14/2010

| Seq # | Drv Date | Code                 | Vehicle    | VIN        | Event          | Mileage | Term-Historic<br>Resistance | Letter? | Kepos #1       | Kepos #2       | Kepos #3       | Product Status      |
|-------|----------|----------------------|------------|------------|----------------|---------|-----------------------------|---------|----------------|----------------|----------------|---------------------|
| 1     | 2000     | Town Car             | PY         | [REDACTED] | Br. Fire       |         |                             |         | check          | check          | check          | Analyze Complete    |
| 2     | 2001     | Town Car             | PY         | [REDACTED] | Underhood Fire |         |                             |         | no info        | check          | check          | Analyze Complete    |
| 3     | 2114     | Town Car             | PY         | [REDACTED] | Underhood Fire |         |                             |         | no info        | check          | check          | No. act available   |
| 4     | 2008     | Town Car             | PY         | [REDACTED] | Underhood Fire |         |                             |         |                |                |                | Analyze In Progress |
| 5     | 2009     | Crown Vic Police Car | [REDACTED] | [REDACTED] | Cruise Trip    | 125     | ABBBACBCHM                  | yes     | check          | check          | check          | Analyze Complete    |
| 6     | 2157     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | OPEN                        |         |                |                |                | Analyze Complete    |
| 7     | 2126     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | ABBBACBCHM                  | no      | warn, no check | warn, no check | warn, no check | Analyze Complete    |
| 8     | 2008     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | ABBBACBCHM                  | yes     | check          | warn, no check | warn, no check | Analyze Complete    |
| 9     | 2016     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 70184 OPEN                  |         |                |                |                | Analyze Complete    |
| 10    | 2044     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 71067 OPEN                  |         |                |                |                | Analyze Complete    |
| 11    | 2054     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 8007 OPEN                   |         |                |                |                | Analyze Complete    |
| 12    | 2055     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9008 OPEN                   |         |                |                |                | Analyze In Progress |
| 13    | 2056     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9009 OPEN                   |         |                |                |                | Analyze In Progress |
| 14    | 2057     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9010 OPEN                   |         |                |                |                |                     |
| 15    | 2058     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9011 OPEN                   |         |                |                |                |                     |
| 16    | 2059     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9012 OPEN                   |         |                |                |                |                     |
| 17    | 2060     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9013 OPEN                   |         |                |                |                |                     |
| 18    | 2061     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9014 OPEN                   |         |                |                |                |                     |
| 19    | 2062     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9015 OPEN                   |         |                |                |                |                     |
| 20    | 2063     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9016 OPEN                   |         |                |                |                |                     |
| 21    | 2064     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9017 OPEN                   |         |                |                |                |                     |
| 22    | 2065     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9018 OPEN                   |         |                |                |                |                     |
| 23    | 2066     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9019 OPEN                   |         |                |                |                |                     |
| 24    | 2067     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9020 OPEN                   |         |                |                |                |                     |
| 25    | 2068     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9021 OPEN                   |         |                |                |                |                     |
| 26    | 2069     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9022 OPEN                   |         |                |                |                |                     |
| 27    | 2070     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9023 OPEN                   |         |                |                |                |                     |
| 28    | 2071     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9024 OPEN                   |         |                |                |                |                     |
| 29    | 2072     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9025 OPEN                   |         |                |                |                |                     |
| 30    | 2073     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9026 OPEN                   |         |                |                |                |                     |
| 31    | 2074     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9027 OPEN                   |         |                |                |                |                     |
| 32    | 2075     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9028 OPEN                   |         |                |                |                |                     |
| 33    | 2076     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9029 OPEN                   |         |                |                |                |                     |
| 34    | 2077     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9030 OPEN                   |         |                |                |                |                     |
| 35    | 2078     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9031 OPEN                   |         |                |                |                |                     |
| 36    | 2079     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9032 OPEN                   |         |                |                |                |                     |
| 37    | 2080     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9033 OPEN                   |         |                |                |                |                     |
| 38    | 2081     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9034 OPEN                   |         |                |                |                |                     |
| 39    | 2082     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9035 OPEN                   |         |                |                |                |                     |
| 40    | 2083     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9036 OPEN                   |         |                |                |                |                     |
| 41    | 2084     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9037 OPEN                   |         |                |                |                |                     |
| 42    | 2085     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9038 OPEN                   |         |                |                |                |                     |
| 43    | 2086     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9039 OPEN                   |         |                |                |                |                     |
| 44    | 2087     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9040 OPEN                   |         |                |                |                |                     |
| 45    | 2088     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9041 OPEN                   |         |                |                |                |                     |
| 46    | 2089     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9042 OPEN                   |         |                |                |                |                     |
| 47    | 2090     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9043 OPEN                   |         |                |                |                |                     |
| 48    | 2091     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9044 OPEN                   |         |                |                |                |                     |
| 49    | 2092     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9045 OPEN                   |         |                |                |                |                     |
| 50    | 2093     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9046 OPEN                   |         |                |                |                |                     |
| 51    | 2094     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9047 OPEN                   |         |                |                |                |                     |
| 52    | 2095     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9048 OPEN                   |         |                |                |                |                     |
| 53    | 2096     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9049 OPEN                   |         |                |                |                |                     |
| 54    | 2097     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9050 OPEN                   |         |                |                |                |                     |
| 55    | 2098     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9051 OPEN                   |         |                |                |                |                     |
| 56    | 2099     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9052 OPEN                   |         |                |                |                |                     |
| 57    | 2100     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9053 OPEN                   |         |                |                |                |                     |
| 58    | 2101     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9054 OPEN                   |         |                |                |                |                     |
| 59    | 2102     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9055 OPEN                   |         |                |                |                |                     |
| 60    | 2103     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9056 OPEN                   |         |                |                |                |                     |
| 61    | 2104     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9057 OPEN                   |         |                |                |                |                     |
| 62    | 2105     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9058 OPEN                   |         |                |                |                |                     |
| 63    | 2106     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9059 OPEN                   |         |                |                |                |                     |
| 64    | 2107     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9060 OPEN                   |         |                |                |                |                     |
| 65    | 2108     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9061 OPEN                   |         |                |                |                |                     |
| 66    | 2109     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9062 OPEN                   |         |                |                |                |                     |
| 67    | 2110     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9063 OPEN                   |         |                |                |                |                     |
| 68    | 2111     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9064 OPEN                   |         |                |                |                |                     |
| 69    | 2112     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9065 OPEN                   |         |                |                |                |                     |
| 70    | 2113     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9066 OPEN                   |         |                |                |                |                     |
| 71    | 2114     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9067 OPEN                   |         |                |                |                |                     |
| 72    | 2115     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9068 OPEN                   |         |                |                |                |                     |
| 73    | 2116     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9069 OPEN                   |         |                |                |                |                     |
| 74    | 2117     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9070 OPEN                   |         |                |                |                |                     |
| 75    | 2118     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9071 OPEN                   |         |                |                |                |                     |
| 76    | 2119     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9072 OPEN                   |         |                |                |                |                     |
| 77    | 2120     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9073 OPEN                   |         |                |                |                |                     |
| 78    | 2121     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9074 OPEN                   |         |                |                |                |                     |
| 79    | 2122     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9075 OPEN                   |         |                |                |                |                     |
| 80    | 2123     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9076 OPEN                   |         |                |                |                |                     |
| 81    | 2124     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9077 OPEN                   |         |                |                |                |                     |
| 82    | 2125     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9078 OPEN                   |         |                |                |                |                     |
| 83    | 2126     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9079 OPEN                   |         |                |                |                |                     |
| 84    | 2127     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9080 OPEN                   |         |                |                |                |                     |
| 85    | 2128     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9081 OPEN                   |         |                |                |                |                     |
| 86    | 2129     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9082 OPEN                   |         |                |                |                |                     |
| 87    | 2130     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9083 OPEN                   |         |                |                |                |                     |
| 88    | 2131     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9084 OPEN                   |         |                |                |                |                     |
| 89    | 2132     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9085 OPEN                   |         |                |                |                |                     |
| 90    | 2133     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9086 OPEN                   |         |                |                |                |                     |
| 91    | 2134     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9087 OPEN                   |         |                |                |                |                     |
| 92    | 2135     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9088 OPEN                   |         |                |                |                |                     |
| 93    | 2136     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9089 OPEN                   |         |                |                |                |                     |
| 94    | 2137     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9090 OPEN                   |         |                |                |                |                     |
| 95    | 2138     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9091 OPEN                   |         |                |                |                |                     |
| 96    | 2139     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9092 OPEN                   |         |                |                |                |                     |
| 97    | 2140     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9093 OPEN                   |         |                |                |                |                     |
| 98    | 2141     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9094 OPEN                   |         |                |                |                |                     |
| 99    | 2142     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9095 OPEN                   |         |                |                |                |                     |
| 100   | 2143     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9096 OPEN                   |         |                |                |                |                     |
| 101   | 2144     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9097 OPEN                   |         |                |                |                |                     |
| 102   | 2145     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9098 OPEN                   |         |                |                |                |                     |
| 103   | 2146     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9099 OPEN                   |         |                |                |                |                     |
| 104   | 2147     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9100 OPEN                   |         |                |                |                |                     |
| 105   | 2148     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9101 OPEN                   |         |                |                |                |                     |
| 106   | 2149     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9102 OPEN                   |         |                |                |                |                     |
| 107   | 2150     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9103 OPEN                   |         |                |                |                |                     |
| 108   | 2151     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9104 OPEN                   |         |                |                |                |                     |
| 109   | 2152     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9105 OPEN                   |         |                |                |                |                     |
| 110   | 2153     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9106 OPEN                   |         |                |                |                |                     |
| 111   | 2154     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9107 OPEN                   |         |                |                |                |                     |
| 112   | 2155     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9108 OPEN                   |         |                |                |                |                     |
| 113   | 2156     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9109 OPEN                   |         |                |                |                |                     |
| 114   | 2157     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9110 OPEN                   |         |                |                |                |                     |
| 115   | 2158     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9111 OPEN                   |         |                |                |                |                     |
| 116   | 2159     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9112 OPEN                   |         |                |                |                |                     |
| 117   | 2160     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9113 OPEN                   |         |                |                |                |                     |
| 118   | 2161     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9114 OPEN                   |         |                |                |                |                     |
| 119   | 2162     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9115 OPEN                   |         |                |                |                |                     |
| 120   | 2163     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9116 OPEN                   |         |                |                |                |                     |
| 121   | 2164     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9117 OPEN                   |         |                |                |                |                     |
| 122   | 2165     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9118 OPEN                   |         |                |                |                |                     |
| 123   | 2166     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9119 OPEN                   |         |                |                |                |                     |
| 124   | 2167     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9120 OPEN                   |         |                |                |                |                     |
| 125   | 2168     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9121 OPEN                   |         |                |                |                |                     |
| 126   | 2169     | Town Car             | [REDACTED] | [REDACTED] | Reference      |         | 9122 OPEN                   |         |                |                |                |                     |
| 127   | 2170     | Town Car             | [REDACTED] | [REDACTED] | Reference</td  |         |                             |         |                |                |                |                     |

| Log Updated 2/7/2004        |                |                      |           |                |          |            |            |            |             |                           |                |                                    |
|-----------------------------|----------------|----------------------|-----------|----------------|----------|------------|------------|------------|-------------|---------------------------|----------------|------------------------------------|
| Row #                       | Bur Date/Cycle | Vehicle              | VIN       | Event          | Leaking? | Kaption #1 | Kaption #2 | Kaption #3 | Tenn/Hope   | Present Location of Spec. | Present Status | Comments                           |
|                             |                |                      |           |                |          |            |            |            | Resistance  |                           |                |                                    |
| Memphis                     |                | Town Car             |           | Bur. Fire      |          |            |            |            | Central Lab |                           |                |                                    |
| A                           |                | Town Car             |           | Underhood Fire |          |            |            |            | Central Lab |                           |                |                                    |
| B                           |                | Town Car             |           | Underhood Fire |          |            |            |            | NRA         |                           |                |                                    |
| C                           |                | Town Car             |           | Underhood Fire |          |            |            |            | Central Lab |                           |                |                                    |
| D                           |                | Crown Vic Police Car |           | Cruise Incap   |          |            |            |            | Central Lab |                           |                |                                    |
| E                           |                | Town Car             |           | Reference      |          |            |            |            | Central Lab |                           |                |                                    |
| F                           |                | Town Car             |           | Cruise Incap   |          |            |            |            | Central Lab |                           |                |                                    |
| 1                           | 2000           | Town Car             | NK724028  | Reference      | 70184    |            |            |            | AVT         |                           |                |                                    |
| 2                           | 2018           | Town Car             | PY725043  | Reference      | 71387    |            |            |            | AVT         |                           |                |                                    |
| 4                           | 2046           | Town Car             | PY1620170 | Reference      | 88607    |            |            |            | AVT         |                           |                |                                    |
| 5                           |                | Town Car             |           | Reference      | 88346    |            |            |            | Central Lab |                           |                |                                    |
| 6                           |                | Town Car             |           | Reference      | 47325    |            |            |            | Central Lab |                           |                |                                    |
| 7                           | 2000           | Town Car             | NK724028  | Reference      | 50022    |            |            |            | AVT         |                           |                |                                    |
| 8                           | 2005           | Town Car             | PY1620022 | Reference      | 88814    |            |            |            | AVT         |                           |                |                                    |
| 9                           | 2000           | Town Car             | PY1620793 | Reference      | 77       |            |            |            | AVT         |                           |                |                                    |
| 10                          | 2261           | Town Car             | PY1620075 | Reference      | 82294    |            |            |            | AVT         |                           |                |                                    |
| 11                          | 2005           | Town Car             | PY7250020 | Reference      | 61369    |            |            |            | AVT         |                           |                |                                    |
| From TX log of 2/10 to 2/12 |                |                      |           |                |          |            |            |            |             |                           |                |                                    |
| 2                           | 2000           | Town Car             | PY1620020 | Reference      |          |            |            |            | AVT         |                           |                | With Compressor and servo          |
| 3                           | 2005           | Crown Vic Police Car | PX1620000 | Reference      | 106908   |            |            |            | AVT         |                           |                | With Compressor and servo          |
| 3                           | 2005           | Grand Marquis        | PX1620005 | Reference      | 77       |            |            |            | AVT         |                           |                | With Compressor and servo          |
| 4                           | 2005           | Crown Vic            | PX1620012 | Reference      | 45042    |            |            |            | AVT         |                           |                | With Compressor                    |
| 5                           | 2000           | Town Car             | PY1620004 | Reference      | 73118    |            |            |            | AVT         |                           |                | With Compressor                    |
| 5                           | 17             | Town Car             | PY7250228 | Underhood Fire | 77       |            |            |            | AVT         |                           |                |                                    |
| 7                           | 2001           | Town Car             | PY725172  | Reference      | 77       |            |            |            | AVT         |                           |                | With Compressor                    |
| 6                           | 2001           | Town Car             | PY7250191 | Underhood Fire | 108810   |            |            |            | AVT         |                           |                | With Servo, Prop Valve             |
| 9                           | 2004           | Town Car             | PY7250028 | Reference      | 77       |            |            |            | AVT         |                           |                | With Compressor, Prop Valve, Servo |
| 10                          | 2272           | Crown Vic            | PX1621140 | Reference      | 72014    |            |            |            | AVT         |                           |                | With Compressor, Prop Valve, Servo |
| 11                          | 2115           | Town Car             | PY7250008 | Reference      | 77       |            |            |            | AVT         |                           |                | With Distributor                   |
| 12                          | 3088           | Town Car             | PY7250009 | Reference      | 77       |            |            |            | AVT         |                           |                | With Compressor                    |
| 13                          | 2005           | Town Car             | PY7250045 | Reference      | 108848   |            |            |            | AVT         |                           |                | With Compressor and Servo          |

Work Plan for Field Returned Brake Pressure Switch & Connector Assy.

0. Set up a spread sheet to record all observations vs VIN. & field notes.
1. Do not separate wire connector from switch until step 3. Check for short to ground between both terminal wires and switch housing. Separate into two groups according to short measurements, i.e. open vs resistance.
2. Check for correct engagement of connector to switch base; If NOT correct, conduct X ray to determine fit-up between base lip and red seal.
3. Separate connector from switch. Verify that connector had made a good seal to switch base. Visual check of red seal inside connector; determine dirt lines and Indentation marks, should be 360 degrees. (The indentation marks on the red seal may start to recover & may disappear over time...so check the seal first.) Check lip on switch base for breaks or loss of edge.
4. Check for evidence of less than full engagement by dirt witness lines on mated housings.
5. Check external wire insulation for cuts or openings that would permit contamination to enter wires. Check gray seal for contamination leakage paths.
6. Cut wire insulation longitudinally and check for corrosion due to wicking along the wires. If present determine FROM / TO direction. Identify color and morphology. Save samples if feasible.
7. Visual check of base terminal cavity for corrosion or debris or discoloration on brass terminals. Save samples of corrosion for chemical id.
8. Isolate those connectors that show contamination based upon above inspection for pressure tests at UTA.

file/connap\_wp\_nrl

| RR | DATE  | TIME  | TO/FROM     | MODE | MIN/SEC | PGB | CH06 | STATUS |
|----|-------|-------|-------------|------|---------|-----|------|--------|
| 88 | 02/15 | 16140 | INTLUTY 887 | RS-3 | 88:35*  | 881 | 213  | OK     |

### Work Plan for Field Returned Broken Pressure Switch & Connector Assy.

0. Set up a spread sheet to record all observations vs VIN & field notes.
  1. Do not separate wire connector from switch until step 8. Check for short to ground between both terminal wires and switch housing. Separate into two groups according to short measurements, i.e. open vs resistance.
  2. Check for correct engagement of connector to switch base; if NOT correct, conduct X ray to determine fit-up between base lip and red seal.
  3. Separate connector from switch. Verify that connector had made a good seal to switch base. Visual check of red seal inside connector; determine dirt lines and indentation marks, should be 360 degrees. (The indentation marks on the red seal may start to recover & may disappear over time...so check the seal first.) Check lip on switch base for breaks or loss of edge.
  4. Check for evidence of less than full engagement by dirt witness lines on metal housings.
  5. Check external wire insulation for cuts or openings that would permit contamination to enter wires. Check grey seal for contamination leakage paths.
  6. Cut wire insulation longitudinally and check for corrosion due to wicking along the wires. If present determine FROM / TO direction. Identify color and morphology. Save samples if feasible.
  7. Visual check of base terminal cavity for corrosion or debris or discoloration on brass terminals. Save samples of corrosion for chemical id.
  8. Isolate those connectors that show contamination based upon above inspection for pressure tests at LTA.

file:///C:/.../map\_wpt.mrl

Post# Fax Name 7671 Date 1-25-99 10:00 AM /  
to STEVE FEINERS N.C. LATOURTE  
from APP-COMM 5/1/96  
Phone # 37-03286  
Fax# 37-03286  
Date 1-25-99 10:00 AM /

3718 6884

93 Econoline SW

Texas Instruments Incorporated  
8-D Problem Resolution Report # PS/CAR/93-3

CLOSED 12/1/93

Original Report: July 29, 1993

Update Report: October 18, 1993

Ford Part Number: F3TA-9F924-AA/BA/CA

Part Description: Speed Control Deactivation Switch

(STEP 1) PRODUCT TEAM

-----  
Manufacturing Engineering: Matt Sellers

Quality Assurance Engineering: Jim Watt

Product Marketing: Charlie Douglas

Design Engineering: Aziz Rahman (Champion)

(STEP 2) PROBLEM DESCRIPTION

-----  
Ford Light Truck Division Brake Engineering reported a noticeable increase in warranty returns, related to inoperative speed control systems for 1993 Econoline models during 4QTR'92 and 1QTR'93 time frame. Detailed breakdown of warranty data showed that a number of these claims were reported to be pressure switch related. Attachment "A" shows R/1000 data as collated from Ford warranty data. Texas Instruments and Ford started on 7/22/93 to call dealerships from the Master Claim list contacting over 150 dealerships. As of 10/18/93, (14) switches have been received, analyzed, and characterized.

The following table details the field data on these switches:

| VID    | Vehicle type  | Switch date code    |
|--------|---------------|---------------------|
| A84642 | '93 Econoline | 2316 (November '92) |
| A35294 | '93 Econoline | 2294                |
| A40855 | '93 Econoline | 3078                |
| A70383 | '93 Econoline | 2345                |
| A61611 | '93 Econoline | 2345                |
| A34137 | '93 Econoline | 2243                |
| A32248 | '93 Econoline | 2286                |
| A47374 | '93 Econoline | 2307                |
| A50451 | '93 Econoline | 2316                |
| A49359 | '93 Econoline | 2338                |
| A57954 | '93 Econoline | 2345                |
| A92609 | '93 Econoline | 3037                |
| B15536 | '93 Econoline | 3078                |
| A40855 | '93 Econoline | 3175                |

(13) switches were confirmed to be inoperative switches due to liquid ingress resulting in severe corrosion. Switch with date code 2307 was operating normally.

(STEP 3) INTERIM CONTAINMENT ACTION

We have completed the following actions in assessing the integrity of our current product:

1. Verified environmental seal integrity and proper function.
2. Verified switch connector base dimensions that could affect the mating connector sealing ability to be within specification.

Based upon Texas Instruments' verification of the critical connector base dimensions, the functionality of the environmental seal, and observation of fluid ingress into the switch cavity through the terminal blades, an analysis/investigation of the mating connector sealing system is warranted.

3. Texas Instruments, in cooperation with Ford Light Truck Engineering, conducted a water ingress test with various component combinations of the mating connector, to determine relative susceptibility of each combination. The following combinations were tested:

| Current Light<br>Truck | Light Truck<br>Before 11/92 | Current Pass<br>Car |
|------------------------|-----------------------------|---------------------|
| Black UTA shell        | Black EPC shell             | Black UTA shell     |
| Gray Grommet           | Gray Grommet                | Gray Grommet        |
| Red Silicon Seal       | Red Sponge Seal             | Red Sponge Seal     |

The matrix of components tested and the test sequence is outlined in attached charts. Preliminary data analysis did not show significant differences amongst various matrix elements. It has been concluded that the switches need extended exposure under shower to initiate water ingress. In addition to the above combination of components, 50% of the switches were tested with a "rocked" connector.

The shower test was halted on 10/6/93, when non-normal insulation resistance readings were observed on rocked switches. Upon removal of the connectors, water ingress was observed on all switches with rocked connectors. There was no ingress on correctly latched switches. The attached Table 1 summarizes the matrix of parts and visual observations. The ingress in vertical switches was of a magnitude higher than in horizontal switches. Photographs of the switches were sent to Ford Light Truck Engineering for review. The switches were calibrated for functionality. The attached Table 2 confirms the effect of ingress as seen in the reduction of insulation resistance and intermittent operation of the switches. The switches were then disassembled for internal inspection. It was observed that the ingress had proceeded through the connector cavity into the contact zone. Photographs are attached.

The ingress activity on the rocked switches was similar to that observed on parts returned from the field, albeit of a lesser magnitude. It is believed that, given sufficient time (to allow current to pass through the contacts), the ingress on the rocked switches would exhibit exactly the same failure as that observed on the warranty parts.

(STEP 4)

ROOT CAUSE

*corrosion color - blue/green*

The switches analyzed were inoperative since there was no electrical continuity between the terminals. Attachment "B" shows the fishbone diagram for a stuck open switch. The lack of continuity was due to presence of large amounts of corrosion products inside the switch cavity and, in some cases, failure of contact elements due to corrosion. The large quantity of corrosion products is due to fluid that entered the switch cavity. Because of the severe amount of corrosion observed, it is believed that the corrosion is accelerated by the potential difference between the grounded body of the switch and current carrying members.

Thorough visual observation concluded the fluid entry to be through the mating connector end of the switch as evidenced by brass corrosion products along the terminal blades in the connector cavity (see attached photographs). Two of the switches exhibited blue/green corrosion by-products covering more than one half of the connector cavity. The others showed similar corrosion products but in lesser amounts. None of the switches showed any evidence of fluid ingress by the environmental seal.

The snap acting disc in all the returned switches was functioning normally.

The following observations were made by Texas Instruments on '93 Econoline and F-Series Trucks at a local Ford dealership:

1. Econoline: The wire leads coming out of the switch were routed below and touching the rear A/C line. This will create a propensity for water/condensation traveling along the line to flow along the wire leads to the grommet.
2. F-Series: The observed vehicles had a Red Sponge seal inside the mating connector, as opposed to the expected Red Silicone seal.

Additional observations regarding face seal variations:

1. The target zone for pressure switch sealing surface is smaller on the sponge seal, than the silicone seal. The smaller target zone, may lead to a sub-optimal sealing condition under worst case dimensional stack-up.

2. It has been seen that during the mating connector assembly process, there is an opportunity for the silicone seal to be rolled over. This can happen during insertion of the plastic terminal separator. The insertion is done after the silicone seal is placed in the plastic shell. A rolled over silicone seal would not provide protection against water ingress.

3. The silicone seal, by design, has a lower percent compression than the sponge seal. The design limits for the silicone seal are 10 - 15%, whereas the limits for the sponge seal are 38 - 50%. The reduction in percent compression was intended to maintain similar loading forces. It has been observed that there is a tendency for the mating connector to 'rock' in the latched position. The rocking tendency would lead to a higher percent change in the level of compression of the silicone seal than on the sponge seal.

The shower test detailed above, leads to the conclusion that a "rocked" connector was the most probable root cause of the observed problem. The impact of the problem is magnified in the Econoline platform due to the mounting location and vertical mounting position, both of which are unfavorable from a ingress point of view.

(STEP 5) PERMANENT CORRECTIVE ACTION

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No corrective action is required from Texas Instruments at this point.

(STEP 6) VERIFY CORRECTIVE ACTION

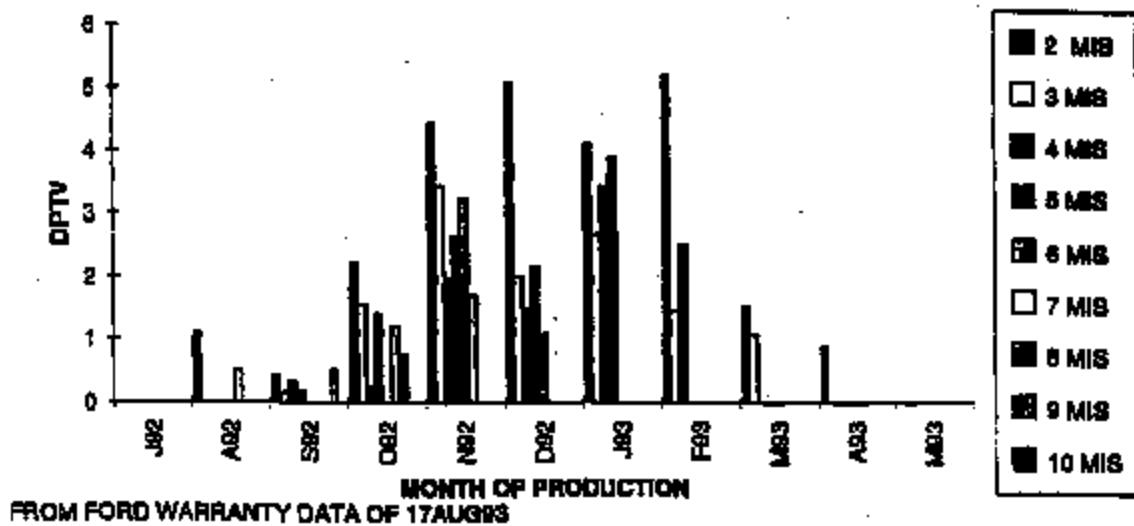
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(STEP 7) PREVENT RECURRENT

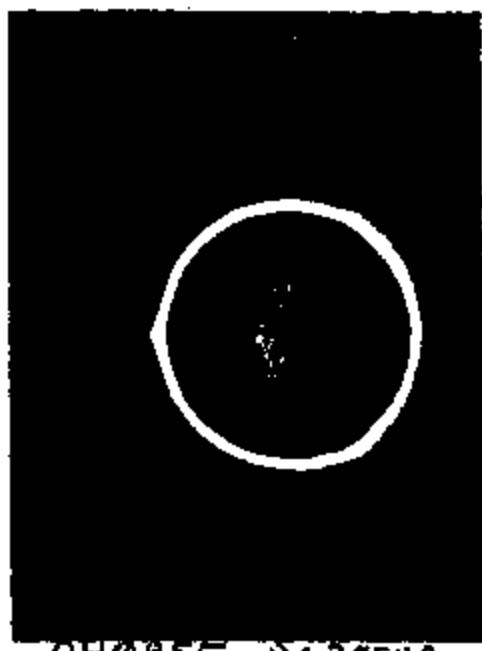
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WARR3\_U\_XLC

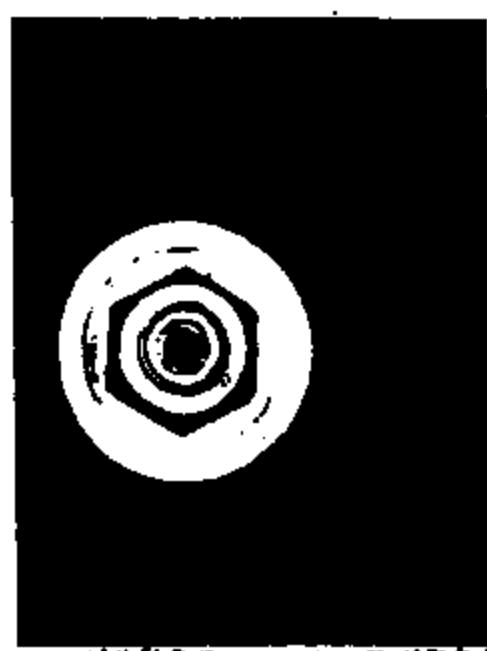
93 ECONOLINE



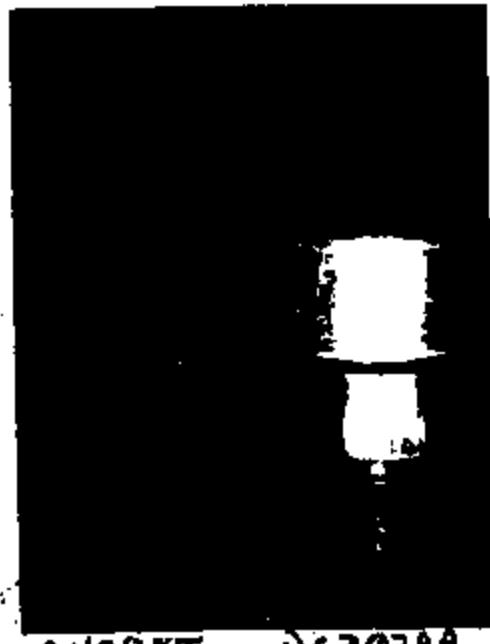
FROM FORD WARRANTY DATA OF 17AUG83



A40855 DC3078A

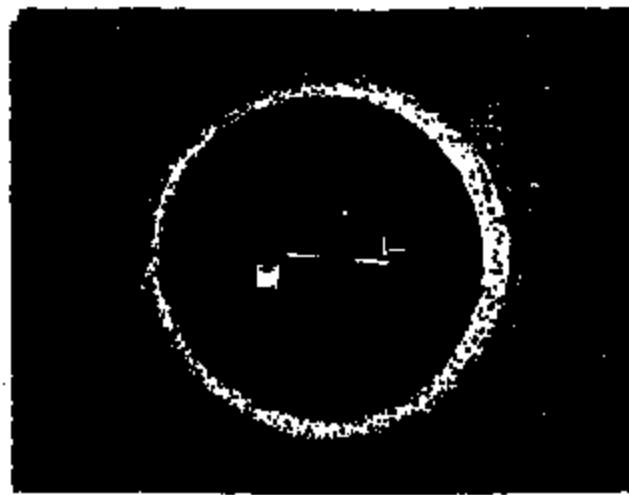


A40855 DC3078A

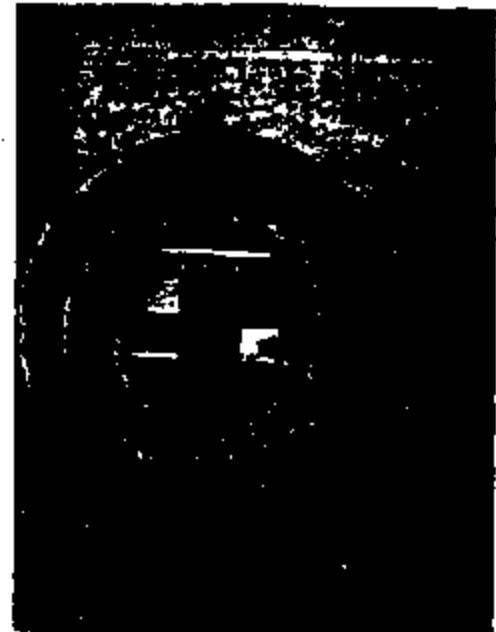


A40855 DC3078A

3713 7000



A35294



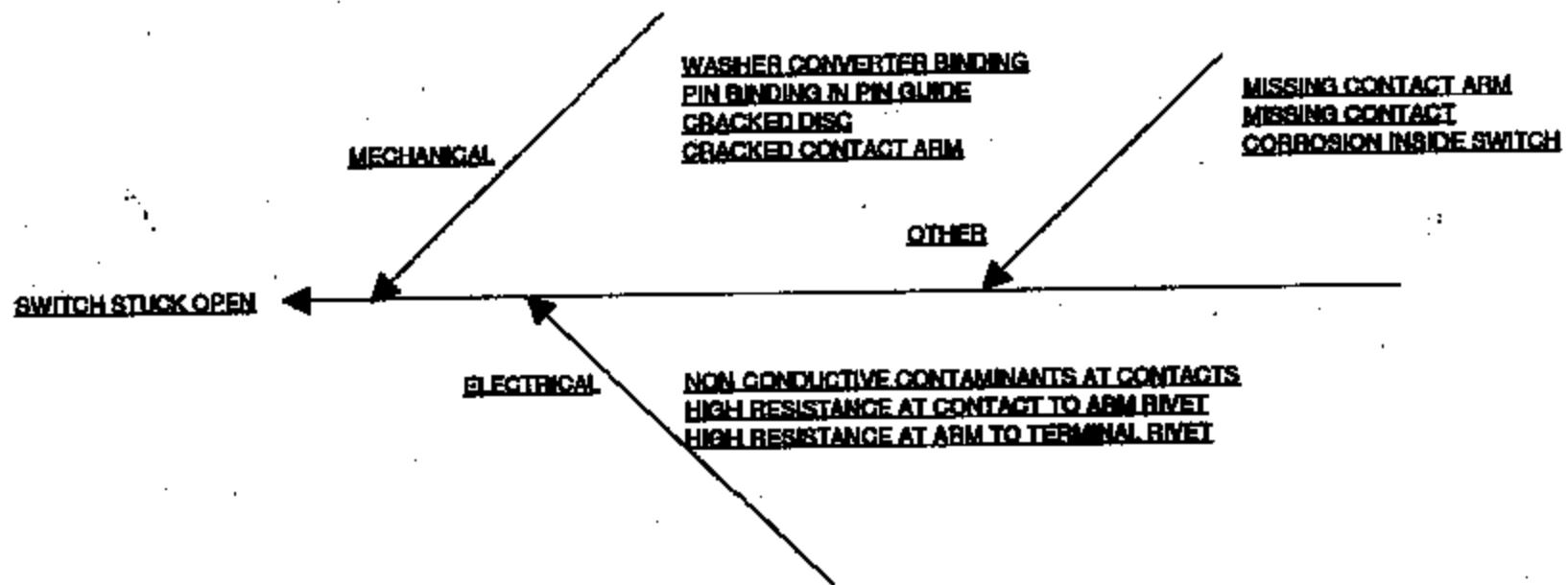
A35294



A35294

3719 7001

ATTACHMENT 'B'



3713 7002

P&GAR

| connector system matrix |                 | ER17783         |           |           |           |           |   |
|-------------------------|-----------------|-----------------|-----------|-----------|-----------|-----------|---|
| for shower test         |                 | a               | b         | c         | d         | e         | f |
| shot                    | tile            | tile            | tile      | tile      | epo       | epo       |   |
| grommet                 | gray            | gray            | gray      | gray      | gray      | gray      |   |
| face seal               | sponge          | sponge          | silicone  | silicone  | sponge    | sponge    |   |
| wire latches            | slack           | tension         | slack     | tension   | slack     | tension   |   |
| orientation             | horizontal      | horizontal      | vertical  | vertical  | vertical  | vertical  |   |
| component               | pass-car/bronco | pass-car/bronco | econoline | econoline | econoline | econoline |   |
| # of switches           | 2               | 2               | 2         | 2         | 2         | 2         |   |
|                         |                 |                 |           |           |           |           |   |

77PSL3-3 CONNECTOR MATRIX SHOWER TEST

PRE TEST MEASUREMENTS  
ACT/REL/MV DROP/CNTCT RES/INS RES

8/19/93

POWER: 13 VDC, 750 mA  
P-CYCLE: 0-350  $\mu$ sec

SHOWER START  
10 P-CYCLES  
30 MIN  
SHOWER STOP  
MV DROP/CNTCT RES/INS RES

SHOWER START  
10 P-CYCLES  
30 MIN  
SHOWER STOP  
MV DROP/CNTCT RES/INS RES

SHOWER START  
10 P-CYCLES  
1 HR  
SHOWER STOP  
MV DROP/CNTCT RES/INS RES

SHOWER START  
10 P-CYCLES  
6 HR  
SHOWER STOP  
MV DROP/CNTCT RES/INS RES  
POST TEST MEASUREMENTS  
ACT/REL/MV DROP/CNTCT RES/INS RES

VISUAL INSPECTION

## 77PSL3-3 SHOWER TEST - RAW DATA 6/23/93

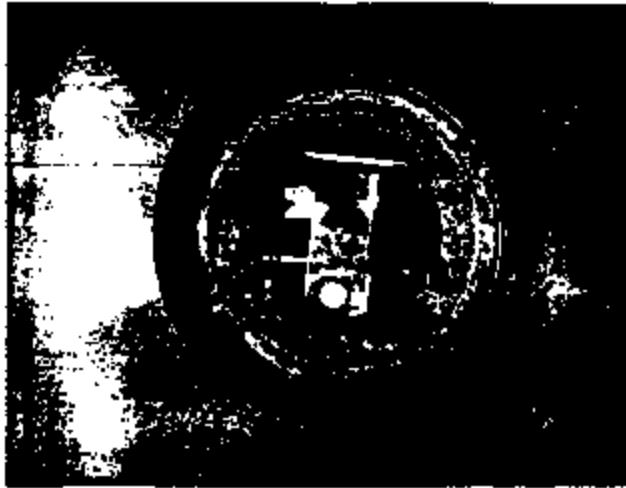
| SW. # | PRE-TEST |     |                               |       | 30 MIN |        |       |       | 60 MIN |       |       |        | 120 MIN |       |        |       | 480 MIN |  |  |  |
|-------|----------|-----|-------------------------------|-------|--------|--------|-------|-------|--------|-------|-------|--------|---------|-------|--------|-------|---------|--|--|--|
|       | ACT      | REL | MV DR.                        | C-RES | I-RES  | MV DR. | C-RES | I-RES | MV DR. | C-RES | I-RES | MV DR. | C-RES   | I-RES | MV DR. | C-RES | I-RES   |  |  |  |
| A1    | 263      | 183 | 4.4                           | 0.1   | NA     | 29.5   | 0.1   | NA    | 52.8   | 0.1   | NA    | 41.9   | 0.1     | NA    | 37.7   | 0.1   | NA      |  |  |  |
| A2    | 263      | 180 | 4                             | 0.1   | NA     | 31.4   | 0.1   | NA    | 54.7   | 0.1   | NA    | 43.8   | 0.1     | NA    | 39.8   | 0.1   | NA      |  |  |  |
| B1    | 235      | 179 | 4.5                           | 0.1   | NA     | 28.5   | 0.1   | NA    | 52.6   | 0.1   | NA    | 41.7   | 0.1     | NA    | 37.4   | 0.1   | NA      |  |  |  |
| B2    | 263      | 187 | 4.3                           | 0.1   | NA     | 25.3   | 0.1   | NA    | 48.7   | 0.1   | NA    | 37.7   | 0.1     | NA    | 33.9   | 0.1   | NA      |  |  |  |
| C1    | 228      | 176 | 4                             | 0.1   | NA     | 32.4   | 0.1   | NA    | 13.8   | 0.1   | NA    | 44.7   | 0.1     | NA    | 36.8   | 0.1   | NA      |  |  |  |
| C2    | 261      | 187 | 4.3                           | 0.1   | NA     | 16.1   | 0.1   | NA    | 39.1   | 0.1   | NA    | 24.9   | 0.1     | NA    | 22.7   | 0.1   | NA      |  |  |  |
| D1    | 248      | 177 | 4                             | 0.1   | NA     | 30.1   | 0.1   | NA    | 53.7   | 0.1   | NA    | 42.7   | 0.1     | NA    | 40.2   | 0.1   | NA      |  |  |  |
| D2    | 258      | 193 | 4.2                           | 0.1   | NA     | 25.4   | 0.1   | NA    | 41.8   | 0.1   | NA    | 37.8   | 0.1     | NA    | 41.1   | 0.1   | NA      |  |  |  |
| E1    | 242      | 191 | 4.4                           | 0.1   | NA     | 33.8   | 0.1   | NA    | 57.3   | 0.1   | NA    | 46     | 0.1     | NA    | 41.5   | 0.1   | NA      |  |  |  |
| E2    | 255      | 193 | 4.3                           | 0.1   | NA     | 28.1   | 0.1   | NA    | 52.8   | 0.1   | NA    | 38.8   | 0.1     | NA    | 39.6   | 0.1   | NA      |  |  |  |
| F1    | 249      | 184 | 4.1                           | 0.1   | NA     | 36.2   | 0.1   | NA    | 59.3   | 0.1   | NA    | 48.6   | 0.1     | NA    | 42.8   | 0.1   | NA      |  |  |  |
| F2    | 237      | 182 | 6.6                           | 0.1   | NA     | 31.1   | 0.1   | NA    | 65.6   | 0.1   | NA    | 49.9   | 0.1     | NA    | 38.7   | 0.1   | NA      |  |  |  |
|       |          |     | NA = GREATER THAN 20 MEGAOHMS |       |        |        |       |       |        |       |       |        |         |       |        |       |         |  |  |  |

Table 1

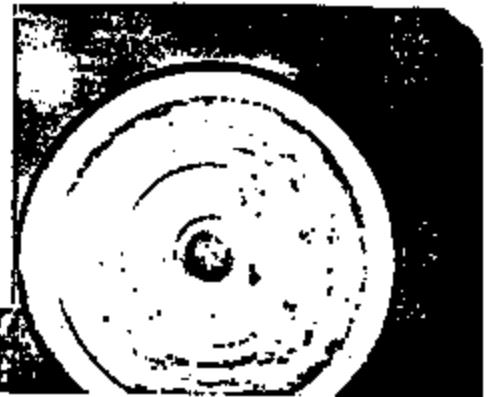
|   |                                    |                         |                         |                         |                         |                         |                         |                         |                         |                    |                    |
|---|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|--------------------|
| F3TA-0F924-CA                             | SPEED CONTROL DE-ACTIVATION SWITCH |                         |                         |                         |                         |                         |                         |                         |                         |                    |                    |
| T.I. P/N                                  | 77PSL3-3                           |                         |                         |                         |                         |                         |                         |                         |                         |                    |                    |
| <b>UPDATE OF RESULTS FROM SHOWER TEST</b> |                                    |                         |                         |                         |                         |                         |                         |                         |                         |                    |                    |
| HOURS OF EXPOSURE TO DATE:                | 324                                |                         |                         |                         |                         |                         |                         |                         |                         |                    |                    |
|   |                                    |                         |                         |                         |                         |                         |                         |                         |                         |                    |                    |
| shell                                     | a1a                                | b1a                     | c1a                     | d1a                     | e1c                     | f1c                     |                         |                         |                         |                    |                    |
| process                                   | gray                               | gray                    | gray                    | gray                    | gray                    | gray                    |                         |                         |                         |                    |                    |
| face seal                                 | sponge                             | sponge                  | silicone                | silicone                | sponge                  | sponge                  |                         |                         |                         |                    |                    |
| wire leads                                | tension                            | slack                   | tension                 | slack                   | tension                 | tension                 |                         |                         |                         |                    |                    |
| orientation                               | horizontal                         | horizontal              | vertical                | vertical                | vertical                | vertical                |                         |                         |                         |                    |                    |
| coating                                   | pass-carbonco                      | pass-car' bronco        | econoline               | econoline               | econoline               | econoline               |                         |                         |                         |                    |                    |
| latching                                  | a1                                 | a2                      | b1                      | b2                      | c1                      | c2                      | d1                      | d2                      | e1                      | e2                 | f1                 |
|   | latched                            | rocked                  | latched                 | rocked                  | latched                 | rocked                  | latched                 | rocked                  | latched                 | rocked             | latched            |
| results                                   | o.k.                               | Ingress o.k.<br>(minor) | Ingress o.k.<br>(minor) | Ingress o.k.<br>(major) | Ingress<br>(major) | Ingress<br>(major) |

Table 2.

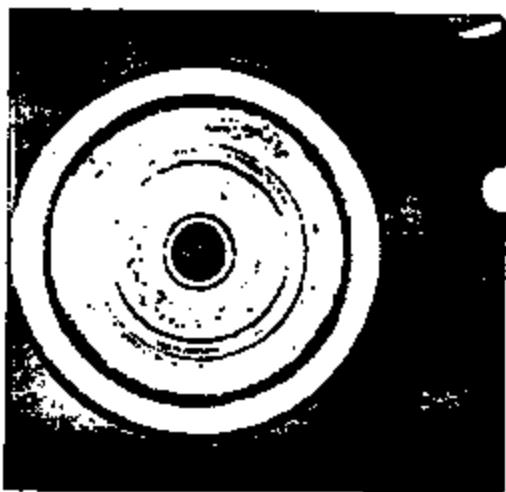
| F3TA-9F924-CA SPEED CONTROL DE-ACTIVATION SWITCH |          |     |         |                           |                                |                  | 10/18/93 |  |  |  |  |  |  |
|--|----------|-----|---------|---------------------------|--------------------------------|------------------|----------|--|--|--|--|--|--|
| T.I. PN  | 77PSL3-3 |     |         |                           |                                |                  |          |  |  |  |  |  |  |
| <b>RESULTS FROM SHOWER TEST</b>                  |          |     |         |                           |                                |                  |          |  |  |  |  |  |  |
| <b>HOURS OF EXPOSURE TO DATE:</b>                |          |     |         |                           |                                |                  | 324      |  |  |  |  |  |  |
| SWITCH #   | ACT      | REL | mv DROP | TERM TO TERM<br>@ 300 PSI | TERM TO CASE<br>600 VDC MEGGER | CONNECTOR STATUS | INGRESS  |  |  |  |  |  |  |
| A1   | 260      | 182 | 4       | > 20 MEGA-OHM             | 84 GIGA-OHM                    | LATCHED          | NONE     |  |  |  |  |  |  |
| A2   | 242      | 178 | 4       | -                         | 100 GIGA-OHM                   | ROCKED           | MINOR    |  |  |  |  |  |  |
| B1   | 239      | 172 | 4.2     | -                         | 88 GIGA-OHM                    | LATCHED          | NONE     |  |  |  |  |  |  |
| B2   | 268      | 185 | 4.2     | -                         | 50 GIGA-OHM                    | ROCKED           | MINOR    |  |  |  |  |  |  |
| C1   | 238      | 174 | 4       | -                         | 120 GIGA-OHM                   | LATCHED          | NONE     |  |  |  |  |  |  |
| C2   | 244      | 175 | 6.8     | 22.3 KILO-OHM             | 123 MEGA-OHM                   | ROCKED           | MAJOR    |  |  |  |  |  |  |
| D1   | 249      | 179 | 4.8     | > 20 MEGA-OHM             | 120 GIGA-OHM                   | LATCHED          | NONE     |  |  |  |  |  |  |
| D2   | 265      | 186 | 4.1     | 22.3 KILO-OHM             | 125 MEGA-OHM                   | ROCKED           | MAJOR    |  |  |  |  |  |  |
| E1   | 257      | 182 | 4.1     | > 20 MEGA-OHM             | 110 GIGA-OHM                   | LATCHED          | NONE     |  |  |  |  |  |  |
| E2   | 260      | 190 | 4.2     | -                         | 52.5 MEGA-OHM                  | ROCKED           | MAJOR    |  |  |  |  |  |  |
| F1   | 263      | 182 | 4       | -                         | 107 GIGA-OHM                   | LATCHED          | NONE     |  |  |  |  |  |  |
| F2   | 265      | 179 | 4       | 500 MEGA-OHM              | 52.7 MEGA-OHM                  | ROCKED           | MAJOR    |  |  |  |  |  |  |
| *** = INTERMITTENT ACTUATION                     |          |     |         |                           |                                |                  |          |  |  |  |  |  |  |



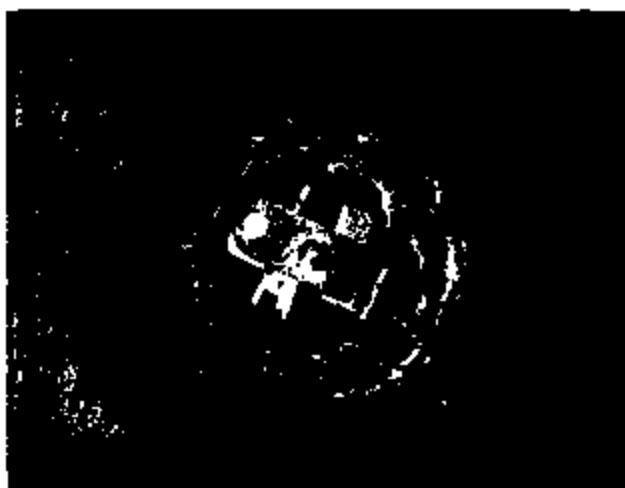
C2



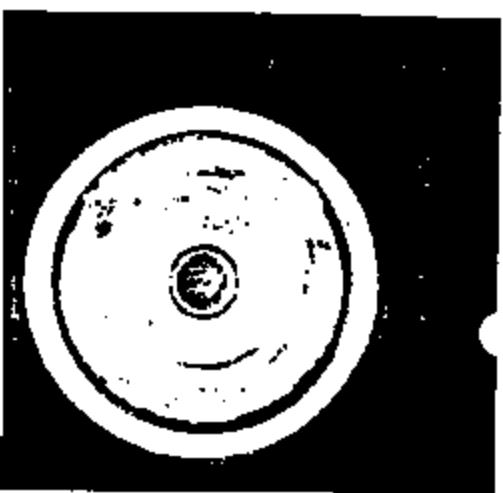
E2



E2



F2



F2

3713 7008

3719 7009

STATUS - SIEVERS

Water Pressure Switch Test Log  
Updated 2/20/04

| Category             | Test | Location     | Test Description                                      | Results / Notes  |
|----------------------|------|--------------|---|--|
| Initial Installation | 1    | T1           | Various levels of water flow, pump started.           | SPN issues, Check valve in line #3 failed to seal correctly. |
| Initial Installation |      |              | Water to two locations.                               | Test completed.  |
| Initial Installation |      |              | Water flow 10, 20, 30, 40, 50 GPM.                    | 100% Water Flow measurement was not successful.              |
|                      |      |              |   | Initial Analysis in Progress.                                |
|                      | 2    | T1           | Various levels of water flow, pump started.           | SPN issues, Check valve issues.                              |
|                      |      |              | Water flow 10, 20, 30 GPM.                            | 100% Water Flow measurement was not successful.              |
|                      |      |              |   | Test completed.  |
|                      | 3    | AVT          | Water flow 10 GPM, 40 GPM to one location.            | 100% Water Flow measurement was not successful.              |
|                      |      |              |   | Test completed.  |
|                      | 4    | AVT          | Water flow 10 GPM, 20 GPM to one location.            | 100% Water Flow measurement was not successful.              |
|                      |      |              | Pump stopped at 10 GPM.                               | No significant bypass flow seen with these. Test suspended.  |
|                      | 5    | AVT          | Water flow 10 GPM, 40 GPM.                            | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | With T received steady state of 100% GPM suspension.         |
|                      | 6    | AVT          | Water flow 10 GPM, 40 GPM.                            | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | With T received steady state of 100% GPM suspension.         |
|                      | 7    | AVT          | Water flow 10 GPM, 40 GPM changing.                   | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 8    | T1           | Small pressure drop off low water, 100% flow 10 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 9    | T1           | Small pressure drop off low water, 100% flow 20 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 10   | T1           | Small pressure drop off low water, 100% flow 30 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 11   | T1           | Small pressure drop off low water, 100% flow 40 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 12   | T1           | Small pressure drop off low water, 100% flow 50 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 13   | T1           | Small pressure drop off low water, 100% flow 60 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 14   | T1           | Small pressure drop off low water, 100% flow 70 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 15   | T1           | Small pressure drop off low water, 100% flow 80 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 16   | T1           | Small pressure drop off low water, 100% flow 90 GPM.  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 17   | T1           | Small pressure drop off low water, 100% flow 100 GPM. | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 18   | Central Line | Check valve between pump and tank.                    | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |
|                      | 19   | Central Line | Water flow analysis.                                  | 100% Water Flow measurement was not successful.              |
|                      |      |              | Water flow analysis suspended.                        | Test completed.  |

3713 7011

PENTS & FINEA



Project  
Reference  
Comment  
Methodology  
Date

## Potential Failure Mode and Effects Analysis (Design FMEA)

Storage Requirements: 1000 - Sept. 2010  
May 2011

File Number:  
Page 3 of 4  
Prepared by: Mark A. Alexander  
PPPL Date Created: 10-09-10 Rev'd: 10-26-10

Submitted on 30.02.13 11:41:49 Working Paper 1000  
Submitted by PHEC@PHEC Working Paper No. 1000