

2D-SC

EA02-030

5/19/03

Book 15

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

437876

313 665-3415 tel  
313 665-0911 fax

janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

June 17, 2002

Progressive Insurance  
Attn: William Kienzl  
P.O. Box 43258  
Richmond Heights, OH 44143

Your File Number: 027695641  
Your Insured: Estelle [REDACTED]  
Our File Number: 437876  
Our Client: GENERAL MOTORS CORPORATION  
Date of Event: January 27, 2002

Dear Mr. Kienzl:

We are the third-party administrators on behalf of General Motors Corporation for matters involving allegations of product liability.

We have received your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report, which states the cause and origin of the alleged defect and the theory of liability of how this is General Motor's responsibility. Please include laser color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed.

6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices, and also advise if the owner followed through with said repairs.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide damage estimates and/or appraisals for the subject vehicle. If the vehicle was a total loss, then provide your total loss worksheet.
11. Provide copies of your proof of payment.
12. Advise of the present location of the subject vehicle.
13. Provide the alleged defective part for nondestructive testing. The part will be returned in the condition it is received in.
14. Provide proofs of the transmission and engine oil levels, if applicable.
15. Advise if your insured is or is not a smoker.

Please provide this information by August 20, 2002. As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, We will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for as long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Janice Lapinski  
Claims Administrator

1999 PARK AVENUE SEDAN  
83U PLATINUM BEIGE METALLIC /V6G  
563 TAUPE LEATHER/VINYL 55/45 SPLIT  
ORDER NO. BBSWP5/TRE STOCK NO.  
V 1G4 CW52 K1 X4611645

BUICK MOTOR DIVISION  
GENERAL MOTORS CORPORATION  
902 E. HAMILTON AVE.  
FLINT MI 48550-0001  
VEHICLE INVOICE 4AD21834359  
\*\*\*\*\*GA\*\*\*\*\*11\*344658

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
4CW69 PARK AVENUE SEDAN	31130.00	28172.65	INVOICE 10/07/98
L36 ENGINE- 3800 SERIES II V6	N/C	N/C	SHIPPED 10/07/98
NG1 NORTHEAST STATES EMISSIONS	N/C	N/C	EXP I/T 10/16/98
UP0 RADIO-POWER LOAD CD & CASSETTE	200.00	172.00	INT COM 10/16/98
W/STEERING WHEEL RADIO CONTROL (REPLACES RADIO IN OPTION PKG)			PRC EFF 10/06/98
U09 HORN - FOUR NOTE	28.00	24.08	KEYS 0693 0693
VK3 LICENSE PLATE MOUNTING PKG-FRNT	N/C	N/C	WFP-F QTR OPT-1
1SE PRESTIGE OPTION PACKAGE (SE)	970.00	834.20	BANK: GMAC - 103
* INSTRUMENTATION - TEMPERATURE TACH, FUEL W/DRIVER INFORMATN CENTER (INCLUDES: TIRE PRESSUR WARNING, OIL PRESSURE, VOLTS, OIL LIFE & OIL LEVEL MONITORS LOW WASHER FLUID, LOW COOLANT & DOOR/TRUNK AJAR INDICATORS, BASIC TRIP COMPUTER (FUEL ECON MILES TO EMPTY, GALLONS USED)			CHG-TO 34-465
* MIRROR - ELECTROCHROMIC AUTO DIMMING OUTSIDE LEFT MIRROR (HEATED RIGHT & LEFT)			SHIP WT: 3697
* MIRROR - ELECTROCHROMIC AUTO DIMMING (INSIDE REARVIEW) WITH COMPASS			HP: 34.7
* RADIO - POWER-LOAD CASSETTE & AUTOMATIC TONE CONTROL & CLCK & STEERING WHEEL RADIO CONTROL			GMS: 29525.59
* SEAT - THREE POSITION MEMORY 10-WAY POWER DRIVER'S SEAT & MEMORY MIRRORS			MEMO 1653.90
* UNIVERSAL TRANSMITTER			
* WIPERS - MOISTURE SENSING			

-----  
PERSONAL CHOICE FEATURES.  
-----

563 TAUPE LEATHER/VINYL 55/45 SPLIT	750.00	645.00
88A STRIPE- BODY SIDE - DARK BROWN	N/C	N/C

\*\* CONTINUED ON PAGE 2 \*\*

MINCHIN BUICK-GMC TRUCK, INC.



1999 PARK AVENUE SEDAN  
83U PLATINUM BEIGE METALLI /V6G  
563 TAUPE LEATHER/VINYL 55/45 SPLIT  
ORDER NO. BBSWP5/TRE STOCK NO.  
VIN 1G4 CW52 K1 X4611645

BUICK MOTOR DIVISION  
GENERAL MGR. 3 CORPORATION  
902 E. HAMILTON AVE.  
FLINT MI 48550-0001  
VEHICLE INVOICE 4AD21834359

MODEL & FACTORY OPTIONS

MSRP

INV AMT RETAIL - STOCK

\*\* CONTINUED FROM PAGE 1 \*\*

TOTAL MODEL & OPTIONS	33078.00	29847.93	ACT 231	29525.59
DESTINATION CHARGE	670.00	670.00	H/B 261	992.34
DEALER ADVERTISING		330.78	ADV 65A	330.78

TOTAL	33748.00	30848.71	PAY 310	30848.71
MEMO: TOTAL LESS HOLDBACK AND APPROX WHOLESALE FINANCE CREDIT		29389.42		

\*\*\*\*\*  
INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER  
REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO  
DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.  
\*\*\*\*\*

THIS MOTOR VEHICLE IS SUBJECT TO A SECURITY INTEREST HELD BY GMAC.

MINCHIN BUICK-GMC TRUCK, INC.

REMIT TO GMAC NO. 103  
VIN 1G4CW52K1X4611645  
\$ 30848.71 INV 4AD21834359  
DUE 10/16/98 DEALER 34-465

# GM Vehicle Inquiry System

## Summary

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VIN: 1G1YY22K120001543

### VEHICLE INFORMATION

Manufacturer	General Motors	Model	Corvette	Year	2000	Warranty	3 Year / 50,000 Miles
Model	Corvette	Trim	Base	Color	Black	MPG City	20
MPG City	20	MPG Hwy	26	MPG Comb	23	Engine	5.7L V8
MPG Hwy	26	MPG Comb	23	Transmission	Automatic	Drive	Front-wheel drive
MPG Comb	23	Transmission	Automatic	Drive	Front-wheel drive	Options	None
MPG Hwy	26	Options	None	MSRP	\$32,000	Actual Price	\$32,000
Options	None	MSRP	\$32,000	Actual Price	\$32,000	Dealer Name	Corvette Center
MSRP	\$32,000	Actual Price	\$32,000	Dealer Name	Corvette Center	Address	1000 Main St
Dealer Name	Corvette Center	Address	1000 Main St	City	Atlanta	State	GA
Address	1000 Main St	City	Atlanta	State	GA	Zip	30301
City	Atlanta	State	GA	Zip	30301	Phone	(404) 555-1234
State	GA	Zip	30301	Phone	(404) 555-1234	Fax	(404) 555-1235
Zip	30301	Phone	(404) 555-1234	Fax	(404) 555-1235	Website	www.corvettecenter.com
Phone	(404) 555-1234	Fax	(404) 555-1235	Website	www.corvettecenter.com	Hours	Mon-Fri 9am-6pm
Fax	(404) 555-1235	Website	www.corvettecenter.com	Hours	Mon-Fri 9am-6pm	Sat-Sun 10am-5pm	
Website	www.corvettecenter.com	Hours	Mon-Fri 9am-6pm	Sat-Sun 10am-5pm			
Hours	Mon-Fri 9am-6pm	Sat-Sun 10am-5pm					
Sat-Sun 10am-5pm							

### CAMPAIGN ELIGIBILITY

Vehicle Has No Current Campaigns or Recalls

### APPLICABLE WARRANTIES

Warranty Type	Start Date	End Date	Duration	Limit	Exclusions
5 Year / 50,000 Mile Powertrain	10/1/2000	9/30/2005	5 Years / 50,000 Miles	Unlimited	Normal wear and tear
3 Year / 50,000 Mile Basic	10/1/2000	9/30/2003	3 Years / 50,000 Miles	Unlimited	Normal wear and tear
5 Year / 50,000 Mile Corrosion	10/1/2000	9/30/2005	5 Years / 50,000 Miles	Unlimited	Normal wear and tear
5 Year / 50,000 Mile Paint	10/1/2000	9/30/2005	5 Years / 50,000 Miles	Unlimited	Normal wear and tear
5 Year / 50,000 Mile Tire	10/1/2000	9/30/2005	5 Years / 50,000 Miles	Unlimited	Normal wear and tear

### CLAIM HISTORY

Year	Make	Model	Year	Make	Model
1999	Corvette	Base	2000	Corvette	Base

### CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information

## GM Vehicle Inquiry System

### Claim History

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**Contract - Warranty Block - Branded Title**

**Help**

[illegible]

### CLAIM HISTORY

Project Name	Project ID	Project Manager	Project Status	Project Budget	Project Risk
Project A	1001	John Doe	Completed	\$100,000	Low
Project B	1002	Jane Smith	In Progress	\$200,000	Medium
Project C	1003	Mike Johnson	On Hold	\$50,000	High
Project D	1004	Sarah Brown	Planned	\$75,000	Medium
Project E	1005	David Wilson	Completed	\$150,000	Low
Project F	1006	Emily Davis	In Progress	\$120,000	Medium
Project G	1007	Chris Miller	On Hold	\$80,000	High
Project H	1008	Alexander Lee	Planned	\$90,000	Medium
Project I	1009	Olivia White	Completed	\$110,000	Low
Project J	1010	Benjamin Green	In Progress	\$130,000	Medium

### CHECK HISTORY

[illegible]

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# GM Vehicle Inquiry System

## Vehicle Build

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[Help](#)

VIN:	1G4C742R1M611645
------	------------------

### VEHICLE BUILD

Merchandise Model:	4C742R1M611645	Order Number:	000000
Order Vehicle Weight Rating:	4250 LBS (1930 KG)	Build Plant:	DETROIT
Build Date:	10/15/98		

### OPTION CODES

AK1 - FRONT PASSENGER AIR BAGS	AK2 - SEAT 3 POSITION MEMORY DRIVER	AK3 - SEAT 3 POSITION MEMORY DRIVER	AK4 - SEAT 3 POSITION MEMORY DRIVER
AK5 - MIRROR, AUTOMATIC REAR VIEW	AK6 - STRIPE BODY SIDE	AK7 - RATIO TRANS AXLE FINAL DR 3.057	AK8 - 4-Wheel Lock Brake System
AK9 - ENGINE 3400 SERIES I/V6	AK10 - TRANSMISSION 4 SPEED ELECTRONIC	AK11 - NORTHWEST TRANSMISSION	AK12 - CLAMP CATCH AND HOLD
AK13 - TRIM 3/4" WHITE BLACK WALL	AK14 - TRIM 3/4" WHITE BLACK WALL	AK15 - STEERING WHEEL RADIO CONTROL	AK16 - SPEAKER SYSTEM CONCERT SOUND
AK17 - ANTENNA - BLACK WINDOW	AK18 - LICENSE PLATE MOUNTING PKG - FRONT	AK19 - STATEMENT USA CANADA PRODUCT	AK20 - 1 DOOR LOCKS - MACHINERY
AK21 - TAUPÉ LEATHER VENTIL 45/45 FRONT	AK22 - COMPONENT SET 16 COMPUTER SUSP	AK23 - PLATINUM BEIGE METALLIC	AK24 - SEAT 3 POSITION MEMORY DRIVER
AK25 - SEAT 3 POSITION MEMORY DRIVER	AK26 - SEAT 3 POSITION MEMORY DRIVER	AK27 - SEAT 3 POSITION MEMORY DRIVER	AK28 - SEAT 3 POSITION MEMORY DRIVER
AK29 - SEAT 3 POSITION MEMORY DRIVER	AK30 - SEAT 3 POSITION MEMORY DRIVER	AK31 - SEAT 3 POSITION MEMORY DRIVER	AK32 - SEAT 3 POSITION MEMORY DRIVER
AK33 - SEAT 3 POSITION MEMORY DRIVER	AK34 - SEAT 3 POSITION MEMORY DRIVER	AK35 - SEAT 3 POSITION MEMORY DRIVER	AK36 - SEAT 3 POSITION MEMORY DRIVER
AK37 - SEAT 3 POSITION MEMORY DRIVER	AK38 - SEAT 3 POSITION MEMORY DRIVER	AK39 - SEAT 3 POSITION MEMORY DRIVER	AK40 - SEAT 3 POSITION MEMORY DRIVER
AK41 - SEAT 3 POSITION MEMORY DRIVER	AK42 - SEAT 3 POSITION MEMORY DRIVER	AK43 - SEAT 3 POSITION MEMORY DRIVER	AK44 - SEAT 3 POSITION MEMORY DRIVER
AK45 - SEAT 3 POSITION MEMORY DRIVER	AK46 - SEAT 3 POSITION MEMORY DRIVER	AK47 - SEAT 3 POSITION MEMORY DRIVER	AK48 - SEAT 3 POSITION MEMORY DRIVER
AK49 - SEAT 3 POSITION MEMORY DRIVER	AK50 - SEAT 3 POSITION MEMORY DRIVER	AK51 - SEAT 3 POSITION MEMORY DRIVER	AK52 - SEAT 3 POSITION MEMORY DRIVER
AK53 - SEAT 3 POSITION MEMORY DRIVER	AK54 - SEAT 3 POSITION MEMORY DRIVER	AK55 - SEAT 3 POSITION MEMORY DRIVER	AK56 - SEAT 3 POSITION MEMORY DRIVER
AK57 - SEAT 3 POSITION MEMORY DRIVER	AK58 - SEAT 3 POSITION MEMORY DRIVER	AK59 - SEAT 3 POSITION MEMORY DRIVER	AK60 - SEAT 3 POSITION MEMORY DRIVER
AK61 - SEAT 3 POSITION MEMORY DRIVER	AK62 - SEAT 3 POSITION MEMORY DRIVER	AK63 - SEAT 3 POSITION MEMORY DRIVER	AK64 - SEAT 3 POSITION MEMORY DRIVER
AK65 - SEAT 3 POSITION MEMORY DRIVER	AK66 - SEAT 3 POSITION MEMORY DRIVER	AK67 - SEAT 3 POSITION MEMORY DRIVER	AK68 - SEAT 3 POSITION MEMORY DRIVER
AK69 - SEAT 3 POSITION MEMORY DRIVER	AK70 - SEAT 3 POSITION MEMORY DRIVER	AK71 - SEAT 3 POSITION MEMORY DRIVER	AK72 - SEAT 3 POSITION MEMORY DRIVER
AK73 - SEAT 3 POSITION MEMORY DRIVER	AK74 - SEAT 3 POSITION MEMORY DRIVER	AK75 - SEAT 3 POSITION MEMORY DRIVER	AK76 - SEAT 3 POSITION MEMORY DRIVER
AK77 - SEAT 3 POSITION MEMORY DRIVER	AK78 - SEAT 3 POSITION MEMORY DRIVER	AK79 - SEAT 3 POSITION MEMORY DRIVER	AK80 - SEAT 3 POSITION MEMORY DRIVER
AK81 - SEAT 3 POSITION MEMORY DRIVER	AK82 - SEAT 3 POSITION MEMORY DRIVER	AK83 - SEAT 3 POSITION MEMORY DRIVER	AK84 - SEAT 3 POSITION MEMORY DRIVER
AK85 - SEAT 3 POSITION MEMORY DRIVER	AK86 - SEAT 3 POSITION MEMORY DRIVER	AK87 - SEAT 3 POSITION MEMORY DRIVER	AK88 - SEAT 3 POSITION MEMORY DRIVER
AK89 - SEAT 3 POSITION MEMORY DRIVER	AK90 - SEAT 3 POSITION MEMORY DRIVER	AK91 - SEAT 3 POSITION MEMORY DRIVER	AK92 - SEAT 3 POSITION MEMORY DRIVER
AK93 - SEAT 3 POSITION MEMORY DRIVER	AK94 - SEAT 3 POSITION MEMORY DRIVER	AK95 - SEAT 3 POSITION MEMORY DRIVER	AK96 - SEAT 3 POSITION MEMORY DRIVER
AK97 - SEAT 3 POSITION MEMORY DRIVER	AK98 - SEAT 3 POSITION MEMORY DRIVER	AK99 - SEAT 3 POSITION MEMORY DRIVER	AK100 - SEAT 3 POSITION MEMORY DRIVER

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# G.M. Vehicle Inquiry System

## Vehicle Component

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN	1G4EW12K3441100
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### Vehicle Component

Component Code	AL - ENGINE AND ASSY
Source Plant	GM - BUCKLE MOUNTAIN, MISSISSAUGA
Component Code	AL - ENGINE AND ASSY
Source Plant	GM - BUCKLE MOUNTAIN, MISSISSAUGA
Component Code	AL - ENGINE AND ASSY
Source Plant	GM - BUCKLE MOUNTAIN, MISSISSAUGA

Component Code	AL - ENGINE AND ASSY
Source Plant	GM - BUCKLE MOUNTAIN, MISSISSAUGA
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Component Code	AL - ENGINE AND ASSY
Source Plant	GM - BUCKLE MOUNTAIN, MISSISSAUGA
Component Code	AL - ENGINE AND ASSY
Source Plant	GM - BUCKLE MOUNTAIN, MISSISSAUGA

Part/Num Broadcast:	3040	Traceability:	28D8638
Date Scanned:	10/06/1998	Time Scanned:	00.57.00
Scan Station:	02		

Component Code:		A5 - SENSING DIAGNOSTIC MODULE			
Source Plant:		K - DELOE ELECTRONICS KOKOMO IN			
Part/Num Broadcast:		9994	Traceability:	28D651YGB	
Date Scanned:	10/06/1998	Time Scanned:	22.52.00	Scan Station:	02

Component Code:		CA - SERVO MOTOR (2) 2000 RPM					
Source Plant:		000					
Part/Num Broadcast:		000		Traceability:		000	
Date Scanned:		10/06/1998		Time Scanned:		00.00.00	
Scan Station:		02					

Component Code:		71 - MAIN ENGINE DISCHARGE			
Source Plant:		000			
Part/Num Broadcast:		100	Traceability:		000
Date Scanned:	10/06/1998	Time Scanned:	00.00.00	Scan Station:	02



# GM Vehicle Inquiry System

## Delivery Information

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[Help](#)

VIN:	1G4W72E19E511485
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### IN-SERVICE INFORMATION

IN-SERVICE INFORMATION
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### DELIVERY INFORMATION

Delivery Date	Delivery Time	Delivery Location	Delivery Status	Delivery Notes
03/05/98	10:00 AM	1000 W. 10th St. St. Paul, MN 55102	Delivered	
03/05/98	10:00 AM	1000 W. 10th St. St. Paul, MN 55102	Delivered	
03/05/98	10:00 AM	1000 W. 10th St. St. Paul, MN 55102	Delivered	

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# GM Vehicle Inquiry System

## Dealer Information

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VIN	1G1C2Y865L4111095
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### INVOICE INFORMATION

Invoice #	10000000000000000000	Invoice Date	10/01/00
Invoice Amount	10000000000000000000	Invoice Type	1000
Invoice Status	10000000000000000000	Invoice Code	1000
Invoice Description	10000000000000000000	Invoice Code	1000

### SHIP-TO INFORMATION

Ship To Name	10000000000000000000	Ship To Address	10000000000000000000
Ship To City	10000000000000000000	Ship To State	10000000000000000000
Ship To Zip	10000000000000000000	Ship To Country	10000000000000000000
Ship To Phone	10000000000000000000	Ship To Fax	10000000000000000000

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VINCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

07/22/2002 13:20

VIN: 1G4CW52K1X4611645

OPEN\CLOSED STATUS:

SEL CAMPAIGN STATUS  
CODE NUMBER

REPAIR  
DATE

REPAIR PREV. CAMPAIGN  
DEALER NUMBER TYPE

NO CAMPAIGNS CURRENTLY AFFECTING THIS VEHICLE

FW:

PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

JOB STATUS REPORT

TIME : 08/19/2002 11:59  
NAME : T 308 20 TC  
FAX# : 313-665-0912  
TEL# :

DATE, TIME	08/19 11:58
FAX NO./NAME	014197818095
DURATION	00:00:58
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48260-3000

313 665-3416 tel  
313 665-0911 fax

janice.lapinoid@esis.com

Janice Lapinoid  
Claims Administrator

August 19, 2002

Progressive Insurance  
Attn: William Kienzi  
P.O. Box 43258  
Richmond Heights, OH 44143

YOUR FILE NUMBER: 027695641  
YOUR INSURED: [REDACTED]  
OUR FILE NUMBER: 437876  
OUR CLIENT: GENERAL MOTORS CORPORATION  
DATE OF LOSS: January 27, 2002

Dear Mr. Kienzi:

Upon reviewing the file, I note that a letter was sent to your attention on June 17, 2002, advising due to insufficient technical documentation regarding the alleged defect, General Motors was unable to honor your subrogation request, and requested additional information. I have enclosed a copy of the letter for your review. As of this writing, I have not received all the information requested. If it is Progressive's intent to pursue this matter, please forward the information to me within 30 days, or advise me of the status. If I hear nothing after 30 days, I may have to consider closing this file.

Please feel free to contact me at 800.888.0164 ext. 3415 if you wish to discuss.

Respectfully,

# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313 665-3415 tel  
313 665-0911 fax

8/15  
janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

August 19, 2002

Progressive Insurance  
Attn: William Kienzl  
P.O. Box 43258  
Richmond Heights, OH 44143

YOUR FILE NUMBER: 027695641  
YOUR INSURED: [REDACTED]  
OUR FILE NUMBER: 437876  
OUR CLIENT: GENERAL MOTORS CORPORATION  
DATE OF LOSS: January 27, 2002

Dear Mr. Kienzl;

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Please feel free to contact me at 800.888.0164 ext. 3415 if you wish to discuss.

Respectfully,

Janice Lapinski  
Claims Administrator

Cc: File

**PROGRESSIVE**

P.O. Box 43258  
Richmond Heights, OH 44143  
progressive.com

Lapinski  
434846

February 04, 2003

ESIS - GM  
Central Claims Unit  
300 Renaissance Center  
Mail Code 482C20D71  
Detroit, MI 45265-3000

**REC-11**  
FEB 14 2003  
ESIS-GM CLAIMS UNIT

Re: Our Insured: [REDACTED]  
Our Claim #: 027695641  
Date of Loss: 1/27/02  
Your File #: 437876  
Total Subro Balance: \$19,061.45

Please take this letter as formal notice of our subrogation rights with regards to the above-captioned claim. We have completed our investigation into the facts of the above-captioned loss. The current location of the insured vehicle is Statewide Recovery, 1830 North Broad Street, Meriden, CT 06450. The telephone number is (203) 237-1975.

Please make your draft payable to "Progressive Insurance, as subrogee of Estele Fruchtman," in the amount stated above and mailed it to the attention of the undersigned at your earliest possible convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.

PROGRESSIVE INSURANCE COMPANY

William P. Kienzl  
Subrogation Representative:

WPK/beb

Enclosures

2340 /CMSM2340 P A C M A N JAN 23 03 - 10:17  
ID: WPK0002 CLAIM PAYMENT INQUIRY TERMID: VT600588  
SD: POL: [REDACTED]  
JOL: JAN 27 02 CT-NORWK2-GRP-B CLM: 027695641 ACTIVE REP: A D'AMATO

PAY TO THE ORDER OF: TOTAL DRAFT AMOUNT: 18,811.45

LINE 1: [REDACTED] ONLY.\*\*\*\*\*  
LINE 2:  
LINE 3:

ADDRESS: [REDACTED]

CITY: STAMFORD ST/PR\* CT ZIP/CPC: 06903 CNTRY\* USA

IN PAYMENT OF: COMP CLM-BUICK-LESS \$250 DED

1099	?	N	FEDERAL TAX ID:	LAST UPDT REP:	APD0001
CDS CODE *	12	PCL	EFT TRACE #:	ISSUING REP:	A D'AMATO
BANK CODE*	CON		ISSUE DATE :	APPROVED BY:	P WELCH
STATE *	CT		AREA *	REVIEW DATE:	00 00
STOP RSN *			DRAFT # :	REVIEWED BY:	

COMMAND:

Date: 01/23/2003 Time: 10:17:34 AM

CCC

Progressive  
Market Valuation Report

Report Reference Number: 28820957  
Claim reference: 027695641  
Loss Incident Date: 01/27/2002  
Insured: [REDACTED]

Adjuster: D'amato, AL  
Valuation Date: 02/12/2002  
Owner: [REDACTED]  
Appraiser: D'AMATO, AL

Introduction

Progressive has conducted an appraisal of your 1999 Buick Park Avenue 4 door Sedan located in Stamford, CT. The appraisal information was then used to conduct research in your local market to determine the local market value of your car. This Market Valuation Report details the results of that research. It contains the following sections:

Section Title:

=====

Vehicle Valuation Summary  
VINguard Vehicle Identification  
VINguard VIN Vehicle History  
Local Market Definition  
Valuation Methodology  
Vehicle Condition  
Appraisal and Valuation Notes  
Comparable Vehicles Contribution  
Local Market Comparable Vehicles

Section Contents:

=====

Market Valuation with components  
Vehicle configuration information  
Vehicle history research  
Local market basis  
Method used to evaluate the vehicle  
Vehicle's pre-accident condition  
Log notes for this file  
Contribution of each comparable vehicle  
Comparable vehicles located in market

Valuation request: 288209.. (continued) 1999 BUIC PAK AVENUE

Vehicle Valuation Summary			
DESCRIPTION	OPTION	NADA	CCC
Base value		\$ 17,100.00	\$ 15,738.00**
Odometer	24,500	+ 1,025.00	+ 1,177.00
Vehicle equipment:			
STD	AT - Automatic Transmission	+ 0.00	+ 0.00
STD	OD - Overdrive	+ 0.00	+ 0.00
STD	PS - Power Steering	+ 0.00	+ 0.00
STD	PB - Power Brakes	+ 0.00	+ 0.00
STD	PW - Power Windows	+ 0.00	+ 0.00
STD	PL - Power Locks	+ 0.00	+ 0.00
STD	SP - Power Driver Seat	+ 0.00	+ 0.00
STD	PC - Power Passenger Seat	+ 0.00	+ 0.00
STD	AC - Air Conditioning	+ 0.00	+ 0.00
STD	RD - Rear Defogger	+ 0.00	+ 0.00
STD	TW - Tilt Wheel	+ 0.00	+ 0.00
STD	CC - Cruise Control	+ 0.00	+ 0.00
	LS - Leather Seats	+ 0.00	+ 400.00
STD	BS - Bucket Seats	+ 0.00	+ 0.00
STD	DB - 4-Wheel Disc Brakes	+ 0.00	+ 0.00
STD	AL - Auto Level	+ 0.00	+ 0.00
STD	DM - Dual Mirrors	+ 0.00	+ 0.00
STD	KE - Keyless Entry	+ 0.00	+ 0.00
	TD - Theft Deterrent/Alarm	+ 75.00	+ 150.00
STD	AM - AM Radio	+ 0.00	+ 0.00
STD	FM - FM Radio	+ 0.00	+ 0.00
STD	ST - Stereo	+ 0.00	+ 0.00
STD	CA - Cassette	+ 0.00	+ 0.00
	AY - Alloy Wheels	+ 300.00	+ 200.00
STD	IW - Intermittent Wipers	+ 0.00	+ 0.00
STD	PM - Power Mirrors	+ 0.00	+ 0.00
STD	PT - Power Trunk	+ 0.00	+ 0.00
	TG - Tinted Glass	+ 0.00	+ 0.00
STD	AG - Air Bag	+ 0.00	+ 0.00
STD	RG - Passenger Airbag	+ 0.00	+ 0.00
STD	AB - Anti-Lock Brakes (4)	+ 0.00	+ 0.00
Valuation amount prior to averaging		\$ 18,500.00	\$ 17,665.00
Vehicle Valuation Amount			\$ 18,082.50
Condition adjustment amount			+ 0.00
Actual Cash Value			\$ 18,082.50
Dealer Prep			- 100.00
Pre-tax amount			\$ 17,982.50
Sales tax 6.00%			+ 1,078.95
Value before deductible			\$ 19,061.45
Deductible			- 250.00



Valuation request: 288209.. (continued) 1999 BUICK PARK AVENUE

===== Vehicle Valuation Summary (continued) =====

Computerized value \$ 18,811.45

\*\* The base value is the local market value of a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard (STD) and predominant (PREDOM) options. As such, the vehicle equipment listing reflects proper deductions for all standard or predominant option(s) which are not present on the loss vehicle. In cases where a standard or predominant option is superseded by a replacement or upgrade, a corresponding addition will appear for the option which supersedes the standard/predominant option.

===== VINguard Vehicle Identification =====

VIN: 1G4CW52K1X4611645

	Insurer Description	VINguard Analysis
Year	1999	1999
Make	Buick	Buick
Model	Park Avenue	Park Avenue
	CW5	CW5
Body style	4d Sed	4d Sed
Engine	6-3.8l-Fi	6-3.8l-Fi
Trans	Automatic Transmission	
	Overdrive	
Restraints	AIR BAGS (DRIVER+PASS.)	Air Bags (Driver+Pass.)
Odometer	24500	Note: 39% less than typical vehicle

This vehicle was assembled in ORION, MI

===== VINguard VIN Vehicle History =====

VINguard has decoded this VIN without any errors.

ISO Vehicle History:

ISO response indicates no history for this VIN.

Vehicle Title Information:

This vehicle was reported with an ODOMETER READING from the Department of Motor Vehicles of: 00,010 in Stamford, CT on 03/25/1999

===== Local Market Definition =====

The local market value for your 1999 Buick Park Avenue 4 Door Sedan was defined by ZIP code 06903 -- Stamford, CT. Adjacent markets were also searched as secondary sources to locate comparable vehicles. Details of the specific markets searched follow.

Valuation request: 288209L. (continued) 1999 BUIC PAR. AVENUE

----- Local Market Definition (continued) -----  
The State of Connecticut is composed of 9 distinct local markets. The following 7 local markets were used in the preparation of this Market Valuation Report.

Stamford/Greenwich, CT - Primary local market vehicle database.  
In this market, CCC maintains a database of 972 inspected dealer vehicles located at 10 dealerships, and 749 dealer advertised, and 1,085 privately advertised vehicles taken from 14 local papers or magazines. This local database also includes 609 vehicle valuations researched in the last 90 days.

Hartford/New Britain, CT - Secondary local market vehicle database.  
In this market, CCC maintains a database of 2,660 inspected dealer vehicles located at 30 dealerships, and 3,339 dealer advertised, and 3,955 privately advertised vehicles taken from 23 local papers or magazines. This local database also includes 1,937 vehicle valuations researched in the last 90 days.

Waterbury/Meriden, CT - Third local market vehicle database.  
In this market, CCC maintains a database of 369 inspected dealer vehicles located at 5 dealerships, and 2,278 dealer advertised, and 926 privately advertised vehicles taken from 9 local papers or magazines. This local database also includes 657 vehicle valuations researched in the last 90 days.

Other markets searched - New Haven/Bridgeport, New London/Norwich, Danbury and Torrington were also searched.  
In these markets, CCC maintains a database of 2,273 inspected dealer vehicles located at 24 dealerships, and 11,000 advertised vehicles taken from 41 local newspapers or magazines. These local databases also include 3,342 vehicle prices researched in the last 90 days.

From these 7 local markets, comparable vehicles were selected based on the year, make, model, body style, and engine configuration of your vehicle. Adjustments were made to the value of each comparable vehicle to compensate for differences in year, model, body style, engine configuration, packages, options, and mileage.

For your vehicle's Market Valuation Report, CCC identified 5 inspected dealer vehicles and 4 advertised vehicles as most comparable to your vehicle, and used their values to determine the Local Market Value.

Vehicles are determined to be comparable to the loss vehicle based on:

- \* Nearness to the loss vehicle's primary garage location
- \* Similarity of model, equipment, and odometer
- \* Precision of the data (inspected versus advertised)

----- Valuation Methodology -----  
This Vehicle Market Value Report was prepared for Progressive by CCC Information Services Inc. CCC has been preparing Market Valuation Reports for the insurance industry since 1981. CCC physically inspects vehicles for sale at vehicle dealerships in the local markets, and subscribes to local newspapers and automotive publications in these markets. CCC maintains vehicle databases containing these inspected dealership vehicles along with the dealer and private party advertised vehicle information.

When Progressive requests a Vehicle Market Value Report from CCC, they provide CCC the VIN (Vehicle Identification Number) of the loss vehicle. Decoding this VIN identifies the exact vehicle for which the local market value will be done. See the VINGuard Vehicle Identification section.

Progressive also provides CCC the vehicle owner's zip code. This identifies the local market that will be used to determine the market value. See the Local Market Definition section.

Finally, Progressive provides CCC with the configuration of the loss vehicle including equipment, odometer, condition, maintenance, etc. This information is the starting point for determining the local market value.

Using this information, CCC searches its databases to find comparable vehicles in the local market. Each vehicle is compared to the loss vehicle, and adjustments are made for differences in model, equipment, and odometer. Those vehicles that are deemed most comparable to the loss vehicle are used to determine the local market value. See the Local Market Definition section.

After the Adjusted Value for each comparable vehicle is calculated (see the Local Market Comparable Vehicles section), CCC calculates the Local Market Value. This calculation is a weighted average. Using a weighted average allows those vehicles most similar to the loss vehicle to contribute a greater percentage to the Local Market Value than less similar vehicles. Factors that determine similarity are:

- \* Nearness to the loss vehicle's primary garage location
- \* Equivalency of model, equipment, and odometer
- \* Precision of the data (inspected versus advertised)

Using a weighted average results in more accurate local market value as the vehicles most similar and closest to the loss vehicle contribute more to the market value than less similar, more distant vehicles.

Connecticut Valuation are based on the average of the local market value and the NADA guidebook value. The methodology used to establish your local market value is described below. The NADA guidebook value is based on the Official Used Car Guide, Eastern Edition.

Valuation request: 288209... (continued) 1999 BUIC PARK AVENUE

===== Vehicle Condition =====

Progressive uses Condition Inspection Guidelines to determine the condition of key components of the loss vehicle. These guidelines are specific to geographic location, year, and vehicle type. The guidelines describe physical characteristics for each of the components. Based on these guidelines, Progressive determines the condition of the vehicle prior to the loss.

Category	Condition	Adjustments
Mechanical	Clean/retail	\$0

Appraiser comment: NO OLD DAMAGE NOTED APPEARED IN GOOD CONDITION

Tires	Clean/retail	\$0
-------	--------------	-----

Appraiser comment: CLEAN

Paint	Clean/retail	\$0
-------	--------------	-----

Appraiser comment: CLEAN

Body	Clean/retail	\$0
------	--------------	-----

Appraiser comment: CLEAN

Glass	Clean/retail	\$0
-------	--------------	-----

Appraiser comment: CLEAN

Interior	Clean/retail	\$0
----------	--------------	-----

Appraiser comment: CLEAN

Total Adjustments:		\$0
--------------------	--	-----

\* The Condition Inspection Guidelines provide information based on vehicle age, vehicle type, and geographic location. Your vehicle has been identified as being located in the Eastern region as a newer passenger

Valuation request: 288209.. (continued) 1999 BUIC PAK AVENUE

Category	Condition	Adjustments
car.		

\* The Condition Inspection Guidelines, and all dollar adjustments, are determined by surveys, inspections, and interviews with dealerships across the United States.

===== Appraisal and Valuation Notes =====  
Included in our backup are similar models to the loss vehicle.  
Proper adjustments were made for this valuation.  
We have added the following standard options to the loss vehicle: Auto Level,  
Bucket Seats, 4-wheel Disc Brakes, Dual Mirrors, Intermittent Wipers, Rear  
Defogger, Overdrive

Valuation request: 288209.. (continued) 1999 BUIC PARK AVENUE

-----Comparable Vehicles Contribution-----  
The following comparable vehicle(s) were selected and used to determine  
this valuation:

Type	Comparable vehicle	Price	Adj Val	%Wt
Inspected vehicle	1999 BUIC Park Avenue	\$15,990	\$16,233	37
Inspected vehicle	1999 BUIC Park Avenue	\$18,295	\$19,258	21
Inspected vehicle	1999 BUIC Park Avenue	\$17,995	\$18,424	21
Inspected vehicle	1999 BUIC Park Avenue	\$13,995	\$17,333	6
Inspected vehicle	1999 BUIC Park Avenue Ultra	\$20,000	\$17,857	6
Advertisement	1999 BUIC Park Avenue	\$15,500	\$18,584	4
Advertisement	1999 BUIC Park Avenue	\$16,500	\$19,584	3
Dealer vehicle	1999 BUIC Park Avenue	\$14,695	\$16,422	1
Dealer vehicle	1999 BUIC Park Avenue	\$14,995	\$16,597	1
CCC valuation amount:				\$17,665 100

Valuation request: 288209 (continued) 1999 BUICK PARK AVENUE

----- Local Market Comparable Vehicles -----

The local market comparable vehicles are compared to the loss vehicle, and adjustments are made for differences in equipment, odometer, model, etc. The Adjusted Value represents the price of the comparable if configured exactly as the loss vehicle.

Loss Vehicle	Inspected Vehicle	Inspected Vehicle	Inspected Vehicle
1999 Buick Park Avenue 4d Sed 6-3.8l-Fi Auto Trans-OD Air Conditioning AM/FM Stereo With Tape Cassette Opts On Comp Veh: Opts Not On Comp:	1999 Buick Park Avenue 4d Sed 6 Auto Trans-OD Air Conditioning AM/FM Stereo With Tape And Cd Aluminum Wheels Alloy Wheels	1999 Buick Park Avenue 4d Sed 6 Auto Trans-OD Air Conditioning AM/FM Stereo With Tape And Cd Aluminum Wheels Theft Deterrent/Alarm Alloy Wheels 37,327	1999 Buick Park Avenue 4d Sed 6 Auto Trans-OD Air Conditioning AM/FM Stereo With Tape And Cd Aluminum Wheels Theft Deterrent/Alarm Alloy Wheels 30,483
Miles: 24,500	30,000		
	Insp. 2/08/2002	Insp. 2/08/2002	Insp. 1/23/2002
Location:	Norwalk	Stamford	Manchester
Distance From: Stamford	8	6	70
Dealer:	Maritime Chevrolet	Suburban Cadillac/P	Lynch Toyota-Pontia
Contact Person:	Hank Bassi	William Maselli	Tim Moriarty
Phone Number:	203/866-4467	203/327-0050	860/646-4321
VIN:	1G4CW52K0XU612494	1G4CW52K8X4618298	1G4CW52K2X4605854
	Stock# 561x	Stock# Vin8298	Stock# Lb0012
	List \$ 15,990	List \$ 18,295	List \$ 18,995
	Take \$ 15,990	Take \$ 18,295	Take \$ 17,995
Adjustments			
Radio Options	- 150	- 150	- 150
Opts On Comp Veh:	- 200	- 200	- 200
Opts Not On Comp:	+ 200	+ 350	+ 350
Mileage	+ 393	+ 963	+ 429
Adjusted Value	\$ 16,233	\$ 19,258	\$ 18,424

Loss Vehicle	Inspected Vehicle	Inspected Vehicle	Advertisement
1999 Buick Park Avenue 4d Sed 6-3.8l-Fi Auto Trans-OD	1999 Buick Park Avenue 4d Sed 6 Auto Trans-OD	1999 Buick Park Avenue Ultra 4d Sed 6 Auto Trans-OD	1999 Buick Park Avenue 4d Sed Auto Trans

Valuation request: 288209.. (continued) 1999 BUIC PARK AVENUE

----- Local Market Comparable Vehicles (continued) -----

Loss Vehicle	Inspected Vehicle	Inspected Vehicle	Advertisement
Air Conditioning	Air Conditioning	Air Conditioning	Air Conditioning
AM/FM Stereo	AM/FM Stereo	AM/FM Stereo	AM/FM Stereo Seek
With Tape Cassette	With Tape And Cd	With Tape And Cd	With Tape Cassette
Opts On Comp Veh:	Aluminum Wheels	Privacy Glass	Aluminum Wheels
		Aluminum Wheels	
		Heated Seats (2)	
		Traction Control	
Opts Not On Comp:	Leather Seats	Alloy Wheels	Theft
	Theft		Deterrent/Alarm
	Deterrent/Alarm		Alloy Wheels
	Alloy Wheels		
Miles: 24,500	66,751	35,262	56,000
	Insp. 1/23/2002	Insp. 1/25/2002	Pub Date 1/13/2002
Location:	Farmington	New London	Hartford
Distance From: Stamford	56	78	63
Dealer/Publication:	O'Neill Chevrolet	Mj Sullivan	Hartford Courant
Contact Person:	Sean Sullivan	Greg Cane	
Phone Number:	860/677-1666	860/443-8432	860/947-2800
VIN:	1G4CW52K8X4606913	1G4CU5215X4658710	
	Stock# 2405a	Stock# T2842	
	List \$ 14,995	List \$ 1,111	
	Take \$ 13,995	Take \$ 20,000	Take \$ 15,500
Adjustments			
Model/Year		- 2,150	
Radio Options	- 150	- 150	
Opts On Comp Veh:	- 200	- 840	- 200
Opts Not On Comp:	+ 750	+ 200	+ 350
Mileage	+ 2,938	+ 797	+ 2,345
Baseline			+ 589
Adjusted Value	\$ 17,333	\$ 17,857	\$ 18,584

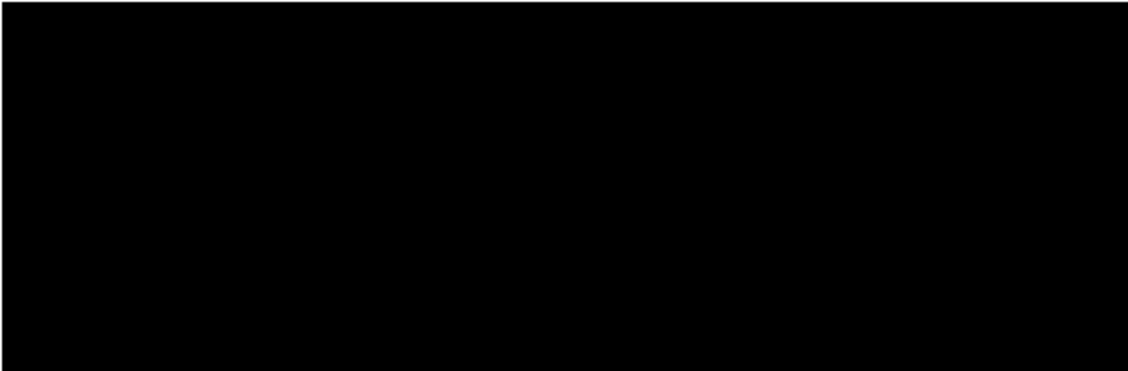
\* List Price is the sticker price of the vehicle. Take Price is the amount for which the vehicle can be purchased as defined by the contact at each dealer.

\* The baseline is defined as a vehicle ready for sale by a dealer. A typical vehicle has not been prepared for dealer sale. Baseline Adjustment aligns a typical vehicle with a vehicle ready for sale by a dealer.

\* All dollar adjustments are determined by surveys, inspections, and interviews with dealerships across the United States.



Valuation request: 288209 . (continued) 1999 BUIC PA1 AVENUE

----- Additional Local Advertisements -----			
Source/Location/Year Model	Phone/ Odometer Date	Price	Compared To Loss
		\$ 16,500	\$ 19,584
		1	
		\$ 14,695	\$ 16,422
		2	
		\$ 14,995	\$ 16,597
		01	

Notice: This total loss valuation has been prepared by computer in accordance with Section 38A-353 of the Connecticut General Statutes.

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TER

Q:

A:

1 Q: This is [REDACTED] speaking to our insured. We're gonna set, uh, excuse me, regarding the  
2 fire of her vehicle which occurred on, uh, was it, 20-, the 28<sup>th</sup>?

3  
4 A: It was yesterday.

5  
6 Q: Yesterday?

7  
8 A: Yeah.

9  
10 Q: OK, of, uh, January. Today's date is January 28<sup>th</sup>. The fire happened on January 27<sup>th</sup>,  
11 2002. Uh, the Claim Number on this is Claim Number, uh, 027695641. Uh, Miss.  
12 [REDACTED], do you realize I'm recording this interview?

13  
14 A: Yes, I am aware of the fact that you're recording the interview.

15  
16 Q: OK. Do I have your permission to record it?

17  
18 A: Yes, you may have my permission.

19  
20 Q: OK. Uh, could you please state your full name please?

21  
22 A: My full name is Estelle [REDACTED] and there's no middle initial.

23  
24 Q: OK. And what's your home address please?

25  
26 A: [REDACTED], Connecticut 06903.

27  
28 Q: OK. And how long have you lived there for?

29  
30 A: Uh, 38 years.

31  
32 Q: OK. Are you registered to vote?

33  
34 A: Yes.

35  
36 Q: In Stanford?

37  
38 A: Yes.

39  
40 Q: OK. And what is your date of birth please?  
41  
42 A: 3/9/25.  
43  
44 Q: OK. And the reason I'm taking notes is because I have to put this all onto the computer  
45 when I get back. Um, can I have your Social Security Number please?  
46  
47 A: [REDACTED]  
48  
49 Q: OK. And are you married, single, divorced?  
50  
51 A: I'm widowed.  
52  
53 Q: Widowed? OK. All right. OK. And could you please tell me the names of all the  
54 people that live at your residence with you?  
55  
56 A: Nobody.  
57  
58 Q: You live alone? OK. OK. And are you retired?  
59  
60 A: Yes.  
61  
62 Q: OK. [pause] And what is your monthly income from the, from all your benefits?  
63  
64 A: From my benefits?  
65  
66 Q: Mm hmm.  
67  
68 A: It's about, [sighs] \$3,000.  
69  
70 Q: OK. OK. Do you have any other sources of income?  
71  
72 A: Yes, I do.  
73  
74 Q: OK. ( ) that 3,000? OK. And what would that be?  
75  
76 A: You know I never know until I hear from my, uh, broker [laughs] ... [SS] ...  
77  
78 Q: Oh, OK.  
79  
80 A: It isn't, everything is pretty still now.

81  
82 Q: OK.  
83  
84 A: If anything, it's going down.  
85  
86 Q: It's going down, all right.  
87  
88 A: Whatever my holdings are.  
89  
90 Q: OK.  
91  
92 A: But ( )  
93  
94 Q: OK. Um, tell me the year, make and model of the vehicle that caught fire?  
95  
96 A: Yeah, it was a Buick Park Avenue.  
97  
98 Q: OK.  
99  
100 A: A 1999.  
101  
102 Q: OK. Do you own any other vehicles besides this one?  
103  
104 A: No, I don't.  
105  
106 Q: OK. OK. Um, when did you purchase this car, do you remember?  
107  
108 A: It was March, 1999.  
109  
110 Q: OK.  
111  
112 A: It was March 5<sup>th</sup>, 1999.  
113  
114 Q: Wow! You remember that [sounds like]. And, uh, where did you purchase it at?  
115  
116 A: At the Buick, Nissan Buick.  
117  
118 Q: Nissan Buick?  
119  
120 A: In Stanford.  
121  
122 Q: OK. OK. And how much did you pay for the car?

123  
124 A: ( )  
125  
126 Q: Approximate ... [SS] ...  
127  
128 A: Uh, I think it was, you know at first I thought it was like 28,000 and then I, I looked at  
129 the, the bill that I had on here ...  
130  
131 Q: Mm hmm.  
132  
133 A: ... ( ) and it said something like 30, uh, which I didn't understand. We had a  
134 lot of discounts on the car. .  
135  
136 Q: Mm hmm.  
137  
138 A: So, uh, they came down quite a bit. ( )  
139  
140 Q: You don't have to give me the exact amount.  
141  
142 A: I do have it. I do have it. ( ). My grandson took a picture ( ).  
143  
144 Q: Oh.  
145  
146 A: ( ) that ( ).  
147  
148 Q: Oh, boy.  
149  
150 A: I was looking at the car, that's my back, you see.  
151  
152 Q: Oh, geez.  
153  
154 A: He was very helpful. I ( ). Oh, here, it was thirty-, total cash price ( )  
155 was, it was 31 ...  
156  
157 Q: Mm hmm.  
158  
159 A: ... 301.12.  
160  
161 Q: Mm.  
162  
163 A: Then there was some discounts ( ).  
164

165 Q: Mm, 'K. ( ) um, did you have a loan at the vehicle, on the vehicle?  
166  
167 A: No, I never had a loan.  
168  
169 Q: OK. OK, was there any damage to the vehicle before it caught fire?  
170  
171 A: No.  
172  
173 Q: OK.  
174  
175 A: It drove fine.  
176  
177 Q: 'K. Um, was this car ever stolen before or have an accident . . .  
178  
179 A: No.  
180  
181 Q: . . . with this vehicle?  
182  
183 A: No.  
184  
185 Q: OK. So you've never had any problems with the engine or transmission with this  
186 vehicle?  
187  
188 A: No.  
189  
190 Q: OK.  
191  
192 A: It's really been trouble free.  
193  
194 Q: ( ) and you said you did have it serviced, where did you have it serviced?  
195  
196 A: Uh, uh, down at the ( ). My change of o-, oil and gas is at the Harley [sounds  
197 like], uh, Garage . . .  
198  
199 Q: OK.  
200  
201 A: . . . Exxon garage.  
202  
203 Q: OK.  
204  
205 A: But I did go to ( ) dealer because, um, at one point, I ( ) first, I  
206 ( ) I felt there was some stalling but they said they couldn't, and there is, there

207 was stalling. That's the one thing, I would . . .  
208  
209 Q: Mm hmm.  
210  
211 A: . . . have to re-ignite . . .  
212  
213 Q: Mm hmm.  
214  
215 A: . . . to get it started. Uh, not too much but, you know . . .  
216  
217 Q: Mm hmm.  
218  
219 A: . . . it, it wasn't a hu-, a hundred percent.  
220  
221 Q: Rec-, was that recently that . . . [SS] . . .  
222  
223 A: Yeah, it was recently.  
224  
225 Q: O-, OK.  
226  
227 A: Um . . .  
228  
229 Q: How long was that happenin' for?  
230  
231 A: Uh, from the time I went there.  
232  
233 Q: Oh, really?  
234  
235 A: And it never got, you know, it never got any better.  
236  
237 Q: And when was that?  
238  
239 A: Uh, I don't, whatever they said they had it. They do probably have a record ( ).  
240  
241 Q: Mm hmm.  
242  
243 A: I might have it here but that record, I'm not too keen about where it is.  
244  
245 Q: Mm hmm.  
246  
247 A: And the other thing I did, I, um, I had some, um, sorta cracking in the engine, you know,  
248 like, like there was water in the engine at some point.

249  
250 Q: Mm hmmm.  
251  
252 A: I don't know that that was the problem. They didn't find that either.  
253  
254 Q: OK.  
255  
256 A: But I, I don't think that existed when I got the car new but it ...  
257  
258 Q: OK.  
259  
260 A: ... I think, and this is, you know, uh, just a hunch.  
261  
262 Q: Mm hmmm.  
263  
264 A: I was driving down to Maryland ...  
265  
266 Q: Mm hmmm.  
267  
268 A: ... and on the ( ), I got gas ...  
269  
270 Q: Mm hmmm.  
271  
272 A: ... and I think somebody's tank was full of water.  
273  
274 Q: Oh, really? OK.  
275  
276 A: And I got, I, it, eventually, it, it went away in a few months. I think it finally got itself  
277 burned out ...  
278  
279 Q: Mm hmmm.  
280  
281 A: ... after a lot 'a dry gas [sounds like] and water ...  
282  
283 Q: Mm hmmm.  
284  
285 A: ... and it finally went away.  
286  
287 Q: Even the stalling went away too or ...  
288  
289 A: No, the stalling never went away.  
290



291 Q: Stalling ( ) ...  
292  
293 A: That was the big, you know, the, uh, and I broke the mirror ...  
294  
295 Q: Mm hmm.  
296  
297 A: ... on the left side so they replaced it for me.  
298  
299 Q: OK. ( ) did, uh, Exxon ever do any of the mechanical work on the vehicle?  
300  
301 A: No, they just changed ( ).  
302  
303 Q: OK.  
304  
305 A: But he was down in the car ...  
306  
307 Q: Mm hmm.  
308  
309 A: ... and, uh, he never saw anything.  
310  
311 Q: Mm hmm.  
312  
313 A: You know, when I asked him about it, he said, well, wait 'til you have 24,000 [laughs] ...  
314  
315 Q: Mm hmm.  
316  
317 A: ... and that was now.  
318  
319 Q: Mm hmm.  
320  
321 A: ( ) flip it over [sounds like]. ( ) that's it. [laughs]  
322  
323 Q: Was the vehicle still under warranty at the time?  
324  
325 A: It is.  
326  
327 Q: Is, is it?  
328  
329 A: Because I think I only had 25,000 ...  
330  
331 Q: Mm hmm.  
332

333 A: ... and the warranty goes to 36,000.  
334  
335 Q: 36,000, OK.  
336  
337 A: And, um, it's 36, uh, 36 months, and in ...  
338  
339 Q: Mm hmm.  
340  
341 A: ... the 36 months ... [SS] ...  
342  
343 Q: Yeah, yeah, OK.  
344  
345 A: 'Cuz it's on the two and a half years old. So it is under warranty.  
346  
347 Q: OK.  
348  
349 A: ( ) under warranty.  
350  
351 Q: OK. Did anyone other than you drive this car?  
352  
353 A: No.  
354  
355 Q: OK. Did you ever try and sell this car?  
356  
357 A: No.  
358  
359 Q: 'K. Mm, all right, and just please tell me in your own words what happened, uh, before,  
360 leading up to the car catching fire and it catching fire and, tell me what ...  
361  
362 A: OK. Uh, it was a morning. It was, uh, 9:00 ...  
363  
364 Q: Mm hmm.  
365  
366 A: ... on that Sunday morning.  
367  
368 Q: OK.  
369  
370 A: And I went to the car with my grandson, taking him to school and I turned the car over  
371 and it, it sorta made that noise like you, you don't have any power.  
372  
373 Q: Mm hmm.  
374

375 A: You know, the, the battery is run down, that's what it sounded like.  
376  
377 Q: OK.  
378  
379 A: And I've been with cars for over 50 years [laughs] ...  
380  
381 Q: Mm hmm.  
382  
383 A: ... so I know these sounds.  
384  
385 Q: OK.  
386  
387 A: And so I, I told the kids, well, let's get outta here because we're not gonna go anywhere  
388 with this car. My son-in-law has a car here [REDACTED] ...  
389  
390 Q: Mm hmm.  
391  
392 A: ... they went away on vacation and ...  
393  
394 Q: OK.  
395  
396 A: ... they left his car and ...  
397  
398 Q: Mm hmm.  
399  
400 A: ... I got the, I found the keys luckily.  
401  
402 Q: Mm hmm.  
403  
404 A: And, uh, I drove them to school ...  
405  
406 Q: Mm hmm.  
407  
408 A: ... ( ) school ( ).  
409  
410 Q: K.  
411  
412 A: And when I got back, I said, well, I, I'm gonna call up AAA, they'll come and they'll  
413 charge the battery for me.  
414  
415 Q: OK.  
416

417 A: And it'll be no problem. And so I get in the car, ah-, and then ( ) because I  
418 wanna call AAA . . .

419

420 Q: Mm hmm.

421

422 A: . . . just to try to turn it on again . . .

423

424 Q: Mm hmm.

425

426 A: . . . to see if maybe it's working now . . .

427

428 Q: OK.

429

430 A: . . . before I call.

431

432 Q: Mm.

433

434 A: So I get in and I turn the car again . . .

435

436 Q: Mm hmm.

437

438 A: . . . and this time, I hear a pop, a loud . . .

439

440 Q: Mm hmm.

441

442 A: . . . pop, coulda been like a little mini explosion.

443

444 Q: Mm hmm.

445

446 A: And then I saw smoke coming out from under the hood.

447

448 Q: Mm hmm.

449

450 A: So where there's smoke, there's fire.

451

452 Q: Mm hmm.

453

454 A: I have a little fire extinguisher in the back of the car.

455

456 Q: Mm hmm.

457

458 A: I have it, a ( ) I have a . . .

459  
460 Q: Mm hmm.  
461  
462 A: ... I have it here ( ).  
463  
464 Q: Mm hmm.  
465  
466 A: Course, there's very little in those little things.  
467  
468 Q: True, true. Mm hmm.  
469  
470 A: And, uh, so I tried to, uh, I couldn't get the hood up.  
471  
472 Q: Mm hmm.  
473  
474 A: I tried to get the, uh, you know, put it ( ) the fire but ...  
475  
476 Q: What color was the smoke?  
477  
478 A: Oh, gray.  
479  
480 Q: A gray color?  
481  
482 A: Mm hmm.  
483  
484 Q: OK.  
485  
486 A: And, uh, my grandson was yelling, grandma, get away from the car, get away from the  
487 car [laughs] ...  
488  
489 Q: Mm hmm.  
490  
491 A: ... ( ) I knew he was right.  
492  
493 Q: Mm hmm.  
494  
495 A: So I backed off a little bit, then a policeman came before the fire engine came.  
496  
497 Q: Mm hmm.  
498  
499 A: Mr. Picola [sounds like] his name is and I'll, I'll be able to go down and get a report.  
500

501 Q: That would be great, if you could.  
502  
503 A: ( ). And, um, he said to me, uh, you know, stand back, stand back. It's, you  
504 know, it's ( ).  
505  
506 Q: Mm hmm.  
507  
508 A: Meanwhile, the fire truck came.  
509  
510 Q: Mm hmm.  
511  
512 A: And they took out their hoses and I don't know, I think they had a big fire extinguisher,  
513 they tried that first.  
514  
515 Q: Mm hmm.  
516  
517 A: And they braced it up, uh, ( ) the hood up with a, uh, sort of a pitchfork ...  
518  
519 Q: Mm hmm.  
520  
521 A: ... that was acting as a ...  
522  
523 Q: Mm hmm.  
524  
525 A: ... as a holder for the top of the car. And then they just started spraying in the, uh,  
526 ( ) I wasn't too close. The smoke was all around ...  
527  
528 Q: Mm hmm.  
529  
530 A: ... so I couldn't see.  
531  
532 Q: OK.  
533  
534 A: And finally, they got the smoke to stop and, uh ...  
535  
536 Q: Mm hmm.  
537  
538 A: ... they left. [laughs]  
539  
540 Q: OK. Did the firemen say anything about where they thought the fire started at all?  
541  
542 A: Yeah, they looked at it.

543  
544 Q: Mm hmmm.  
545  
546 A: And their feelings was maybe it was the carburetor or maybe it was the fuel injection.  
547  
548 Q: OK.  
549  
550 A: That's all they said (\_\_\_\_).  
551  
552 Q: So they thought it was the fuel that started the fire?  
553  
554 A: Something, you know, like ...  
555  
556 Q: OK.  
557  
558 A: ... (\_\_\_\_).  
559  
560 Q: All right, let's see.  
561  
562 A: Well, the fuel injection.  
563  
564 Q: Mm, right. OK. All right, and, let's see. So what time exactly did ...  
565  
566 A: This was all about from 9:30 to 10:00 because I brought him to school at 9:00.  
567  
568 Q: K.  
569  
570 A: Then I had to go somewhere else and then I came back. I'd say I came back about 9:30  
571 and then I tried it so I would say somewhere between 9:30 and 10:00, the whole episode  
572 (\_\_\_\_).  
573  
574 Q: K. Do you know the case number for the police report, do you happen to know that?  
575  
576 A: I don't think they have a case number yet.  
577  
578 Q: OK.  
579  
580 A: Uh, but I have ...  
581  
582 Q: OK.  
583  
584 A: ... the man to see [sounds like], his name is, uh ...

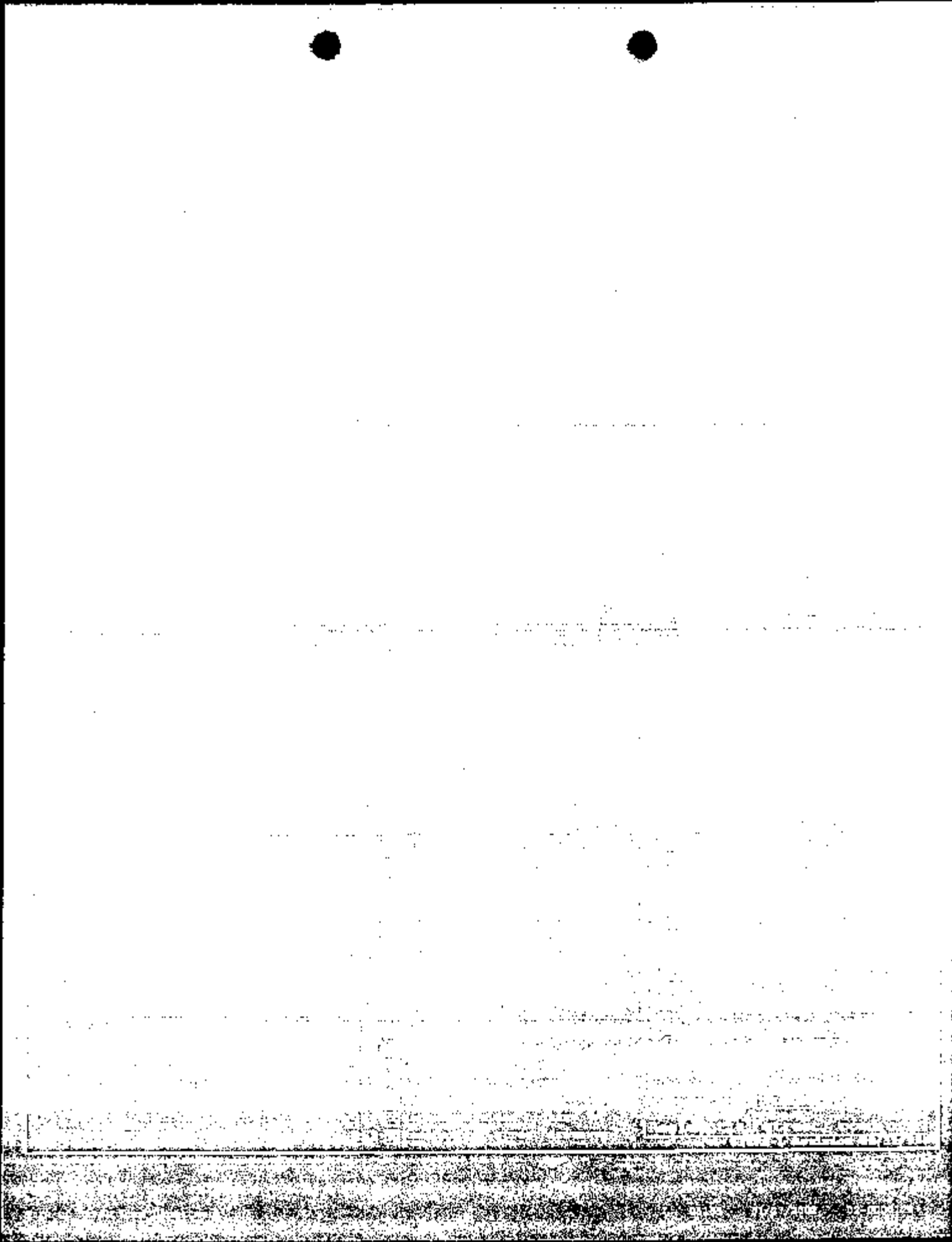
585  
586 Q: If it would be possible ...  
587  
588 A: ... Mr. Cola, Co-, Capola [sounds like].  
589  
590 Q: Capola?  
591  
592 A: And he's, there's a police, a ( ) station ( ) just slightly north of, um ...  
593  
594 Q: Mm hmn.  
595  
596 A: ... the parkway.  
597  
598 Q: OK.  
599  
600 A: At 34th.  
601  
602 Q: Mm hmn.  
603  
604 A: And you'll know where they are because there's always a car outside and ...  
605  
606 Q: OK.  
607  
608 A: ... sometimes they got lights sitting [sounds like] around.  
609  
610 Q: Mm hmn.  
611  
612 A: That's where it is.  
613  
614 Q: I will also need you to get a copy of the fire report.  
615  
616 A: Yeah, I got ...  
617  
618 Q: ... [SS] ... If you could do that.  
619  
620 A: I, there's, there's a man by the name of Mr. Louis [REDACTED] [SP].  
621  
622 Q: OK. 'Cuz I'll need a copy ...  
623  
624 A: ... [SS] ... The Turner [sounds like] River Fire Department.  
625  
626 Q: OK. [REDACTED] I'll need a copy of the fire report and the police report.

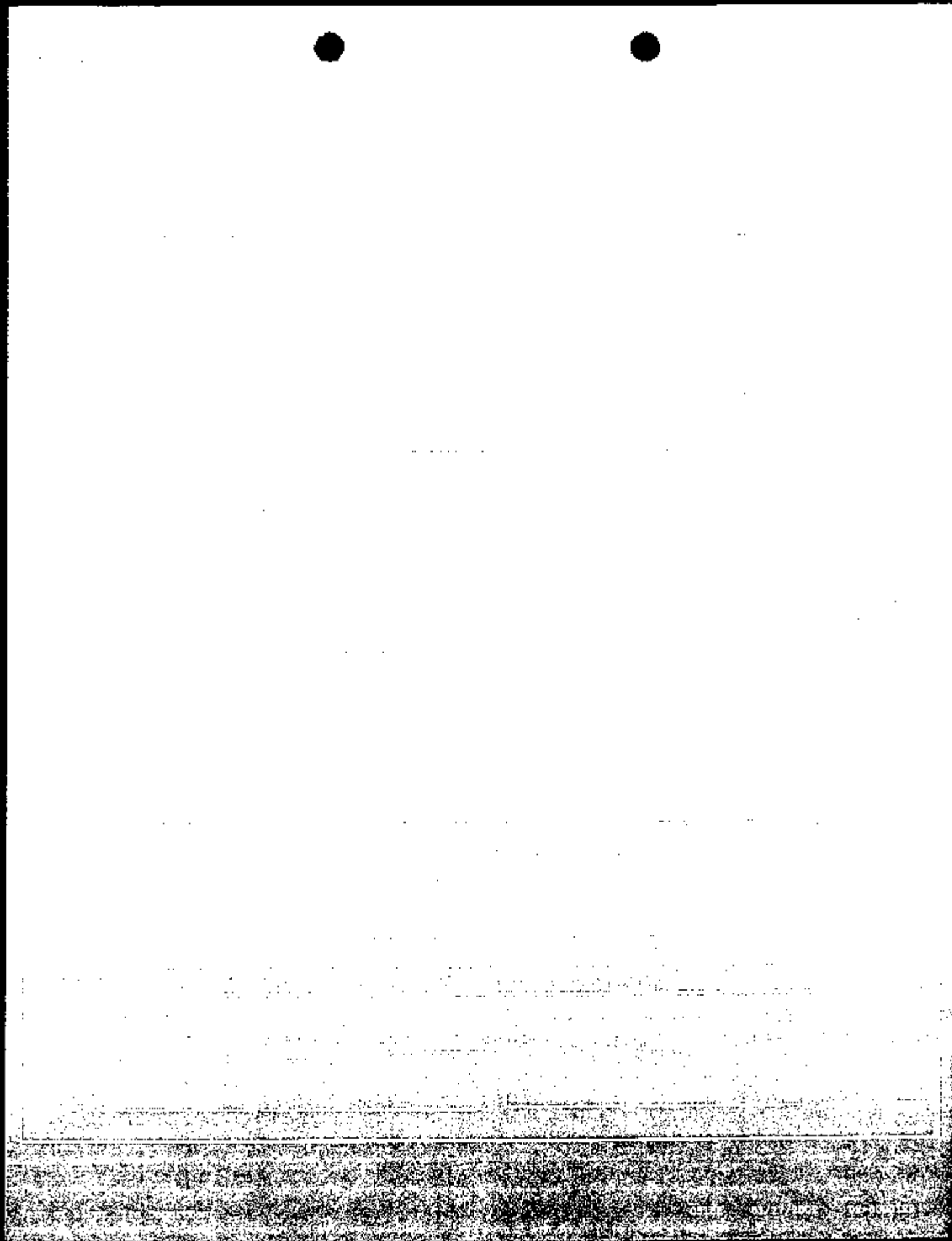


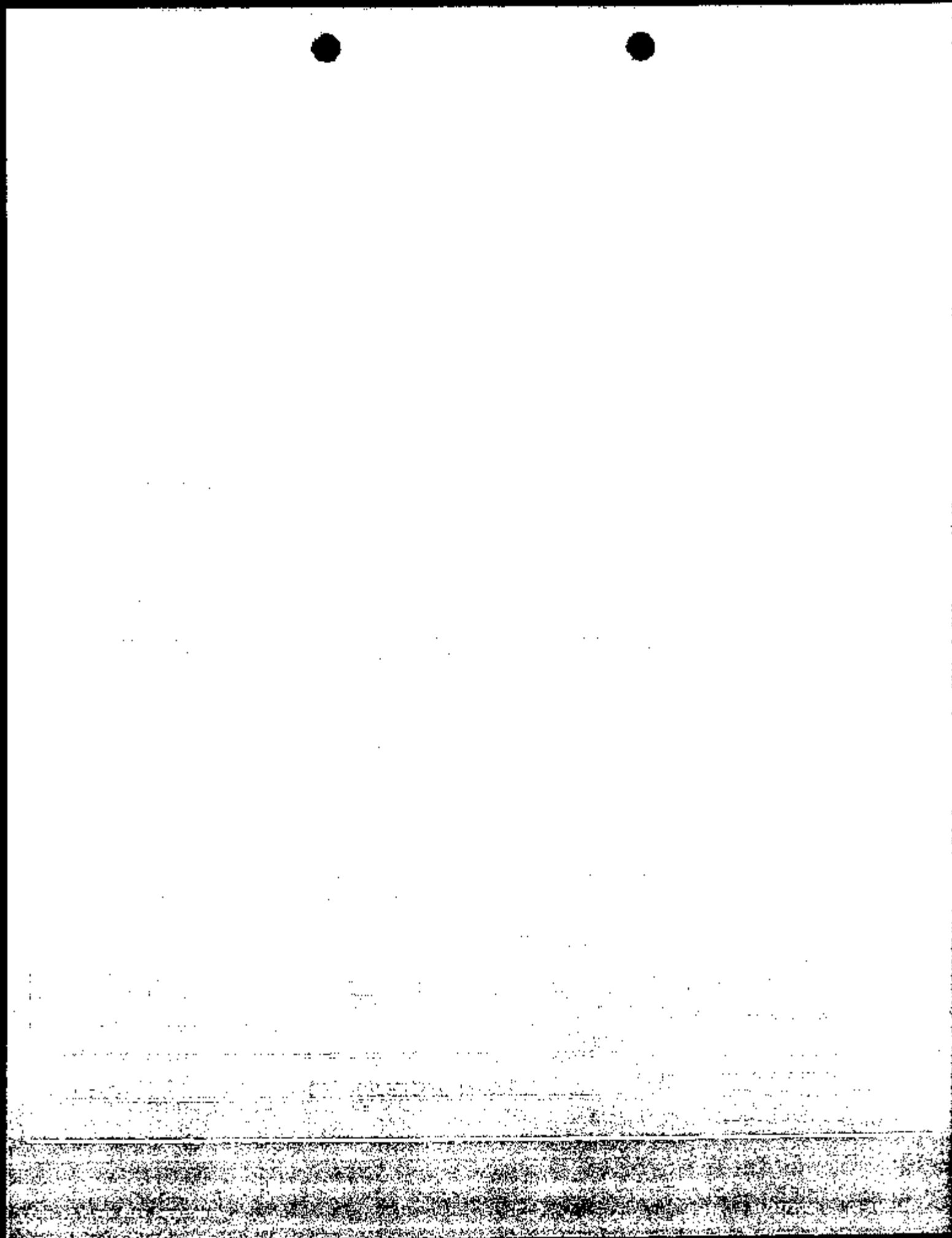
627  
628 A: Now if I go out of town, can I pick this up ( ) ...  
629  
630 Q: After.  
631  
632 A: ... ( ).  
633  
634 Q: After.  
635  
636 A: How soon do you want these then?  
637  
638 Q: Uh, just as soon as you can. Um, hopefully, if you [sounds like] can get them back to me  
639 after you come back, that would be fine.  
640  
641 A: Oh, sure. ( ) ...  
642  
643 Q: That would be fine.  
644  
645 A: ... just the way [sounds like] ( ).  
646  
647 Q: Mm hmm.  
648  
649 A: I can't, especially ( ).  
650  
651 Q: Yeah, it takes a little time, ( ) take ya ...  
652  
653 A: Yeah.  
654  
655 Q: ... a little while to fill out. So who called the police and the fire department?  
656  
657 A: My grandson.  
658  
659 Q: Your grandson, OK.  
660  
661 A: His name is Daniel [REDACTED]  
662  
663 Q: Spell his name.  
664  
665 A: [REDACTED]  
666  
667 Q: Oh.  
668

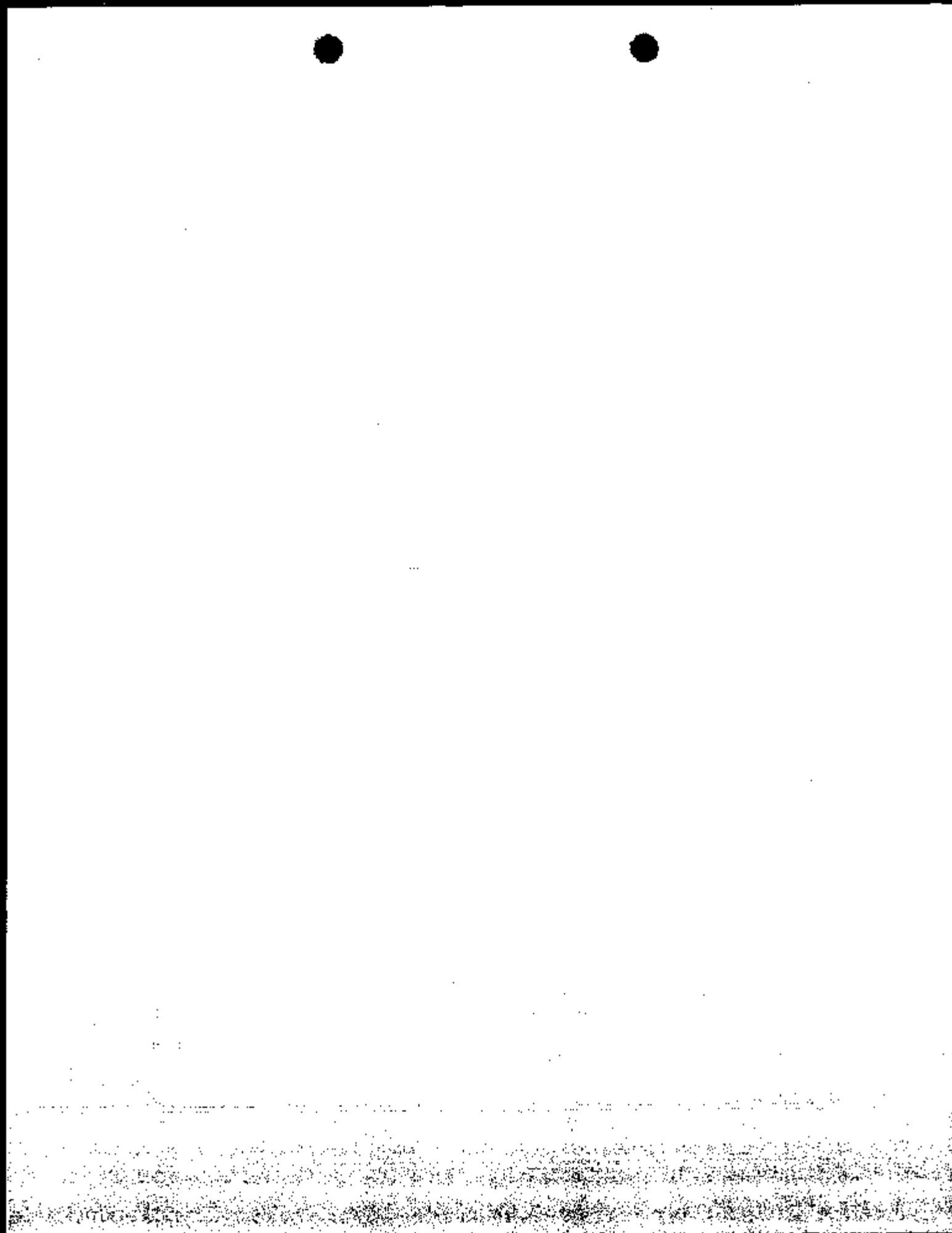
669 A: That's the name of . . .  
670  
671 Q: OK.  
672  
673 A: . . . my daughter who lives here.  
674  
675 Q: Who lives here?  
676  
677 A: Yeah.  
678  
679 Q: OK. And, OK, uh, have you ever had any financial problems?  
680  
681 A: [no audible response]  
682  
683 Q: OK. Uh, have you ever filed for bankruptcy?  
684  
685 A: [no audible response]  
686  
687 Q: OK. Uh, do you have any outstanding judgments against you?  
688  
689 A: [no audible response]  
690  
691 Q: [laughs] OK. No, OK.  
692  
693 A: [laughs]  
694  
695 Q: Um, are all your bills up to date?  
696  
697 A: [no audible response]  
698  
699 Q: OK. Um, does anyone help you with your expenses at all?  
700  
701 A: A financial planner.  
702  
703 Q: Financial planner, OK. Um, so all your loans and credit card bills, everything up to date,  
704 current?  
705  
706 A: [no audible response]  
707  
708 Q: Uh, is there anything el-, else about your finances I should know about?  
709  
710 A: No.

711  
712 Q: OK. All right, were you at all involved in the fire of your vehicle, ( )?  
713  
714 A: No.  
715  
716 Q: OK. Uh, ( ) do you have any idea if somebody would set fire to your car, do  
717 you have any idea?  
718  
719 A: No, not at all. There was nobody around. Even with the car on fire, nobody came outta  
720 their houses. [laughs]  
721  
722 Q: OK. OK. Have you understood all my questions and ...  
723  
724 A: Yes.  
725  
726 Q: ... answer 'em truthfully?  
727  
728 A: Yes.  
729  
730 Q: OK. Do you realize if any of the information you've given me turns out to be untrue, we  
731 can deny your claim?  
732  
733 A: Right.  
734  
735 Q: OK. Is there anything you wanna add or change at this time?  
736  
737 A: No.  
738  
739 Q: OK. With your permission, I'll shut off the recorder; is that OK?  
740  
741 A: Sure.















<b>A</b>	FDID <b>05185</b>	State <b>CT</b>	Incident Date <b>01 2002</b>	Station <b>1</b>	Incident Number <b>02-000012</b>	Exposure <b>000</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
Location* <input type="checkbox"/> Check this box as Evidence that the address for this incident is provided on the Wildland Fire Module in Section 2 "Alternative Location Specifications". See only for Wildland fires.								
[X] Street address <b>132</b> <b>Skyline</b> <b>LANE</b> [ ] Intersection Number/Milepost Prefix Street or Highway Street Type Suffix [X] In front of <b>Stanford</b> <b>CT</b> <b>06903</b> [ ] Rear of Apt./Suite/Room City State Zip Code [ ] Adjacent to [ ] Directions Cross street or directions, as applicable								
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>			<b>E2 Shift &amp; Alarms</b>		
<b>131</b> <b>Passenger vehicle fire</b> Incident Type			Midnight is 0000 Check boxes if dates are the same as Alarm Month Day Year Hr Min Sec Alarm always required Date Alarm <b>01 27 2002 09:36:07</b> ARRIVAL required, unless canceled or did not arrive [X] Arrival <b>01 27 2002 09:40:10</b> CONTROLLED optional, except for wildland fires [ ] Controlled LAST UNIT CLEARED, required except for wildland fires [X] Last Unit <b>01 27 2002 09:59:25</b> Cleared			Local Option <b>1 01 600</b> Shift or Alarm District Platoon		
<b>D Aid Given or Received *</b>			<b>E3 Special Studies</b>					
1 [ ] Mutual aid received 2 [X] Automatic aid rec'd. <b>05183</b> 3 [ ] Mutual aid given 4 [ ] Automatic aid given 5 [ ] Other aid given N [ ] None Their FDID Their State Their Incident Number			Local Option Special Study Id# Special Study Value					
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>		
<b>11</b> <b>Extinguish</b> Primary Action Taken (1) <b>12</b> <b>Salvage &amp; overhaul</b> Additional Action Taken (2) <b>86</b> <b>Investigate</b> Additional Action Taken (3)			[X] Check this box and skip this section if no Apparatus or Personnel form is used. Apparatus Personnel Suppression <b>0002 0007</b> EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.			LOSSES: required for all fires if known. Optional for non fires. Property \$ <b>010 000</b> Contents \$ <b>000 300</b> PRE-INCIDENT VALUE: optional Property \$ <b>010 000</b> Contents \$ <b>000 300</b>		
<b>Completed Modules</b>			<b>H1 Casualties Known</b>			<b>H3 Hazardous Materials Release</b>		
[X] Fire-2 [ ] Structure-3 [ ] Civil Fire Cas.-4 [ ] Fire Serv. Cas.-5 [ ] EMS-6 [ ] HazMat-7 [ ] Wildland Fire-8 [X] Apparatus-9 [X] Personnel-10 [ ] Arson-11			Deaths Injuries Fire Service Civilian <b>H2 Detector</b> Required for Confined Fires. 1 [ ] Detector alerted occupants 2 [ ] Detector did not alert them U [ ] Unknown			N [ ] None 1 [ ] Natural GAS: slow leak, no evacuation or shelter actions 2 [ ] Propane GAS: on lb. tank see in loss HQ grill 3 [ ] Gasoline: vehicle fuel tank or portable container 4 [ ] Kerosene: fuel burning equipment or portable storage 5 [ ] Diesel fuel/fuel oil: vehicle fuel tank or portable 6 [ ] Household solvents: home/office spill, cleanup only 7 [ ] Motor oil: from engine or portable container 8 [ ] Paint: from paint cans totaling < 10 gallons 0 [ ] Other: special HazMat actions required or spill > 10 gal... Always complete the HazMat form.		
<b>J Property Use *</b>			<b>I Mixed Use Property</b>					
Structures 131 [ ] Church, place of worship 161 [ ] Restaurant or cafeteria 162 [ ] Bar/Tavern or nightclub 213 [ ] Elementary school or kindergarten 215 [ ] High school or junior high 241 [ ] College, adult education 311 [ ] Care facility for the aged 331 [ ] Hospital Outside 124 [ ] Playground or park 655 [ ] Crops or orchard 669 [ ] Forest (timberland) 7 [ ] Outdoor storage area 9 [ ] Dump or sanitary landfill 931 [ ] Open land or field			341 [ ] Clinic, clinic type infirmary 342 [ ] Doctor/dentist office 361 [ ] Prison or jail, not juvenile 419 [ ] 1-or 2-family dwelling 429 [ ] Multi-family dwelling 439 [ ] Rooming/boarded house 449 [ ] Commercial hotel or motel 459 [ ] Residential, board and care 464 [ ] Dormitory/barracks 519 [ ] Food and beverage sales 936 [ ] Vacant lot 938 [ ] Graded/care for plot of land 946 [ ] Lake, river, stream 951 [ ] Railroad right of way 960 [ ] Other street 961 [ ] Highway/divided highway 962 [X] Residential street/driveway			539 [ ] Household goods, sales, repairs 579 [ ] Motor vehicle/boat sales/repair 571 [ ] Gas or service station 599 [ ] Business office 615 [ ] Electric generating plant 629 [ ] Laboratory/science lab 700 [ ] Manufacturing plant 819 [ ] Livestock/poultry storage (barn) 882 [ ] Non-residential parking garage 891 [ ] Warehouse 981 [ ] Construction site 984 [ ] Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <b>962</b> Residential street, road or		

**K1 Person/Entity Involved** 203 - 322 - 2381  
Area Code Phone Number

Local Option see name (if applicable)

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Estelle MI [REDACTED] Last Name [REDACTED] Suffix [REDACTED]

Number [REDACTED] Prefix [REDACTED] Street or Highway [REDACTED] Street Type DR Suffix [REDACTED]

Post Office Box [REDACTED] Apt./Suite/Room [REDACTED] City Stamford

State CT Zip Code 06903

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

**K2 Owner** ☐ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable)

Local Option Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name [REDACTED] MI [REDACTED] Last Name [REDACTED] Suffix [REDACTED]

Number [REDACTED] Prefix [REDACTED] Street or Highway [REDACTED] Street Type [REDACTED] Suffix [REDACTED]

Post Office Box [REDACTED] Apt./Suite/Room [REDACTED] City [REDACTED]

State [REDACTED] Zip Code [REDACTED]

**L Remarks** Local Option

☐ More Remarks? Check this box and attach Supplement Forms (NFIRS-18) as Necessary

**L Authorization**

177 O'Brien, Gerald F DOE [REDACTED] 01 27 2002  
officer in charge ID Signature Position or rank Assignment Month Day Year

☐ 376 Belmont, Lewis A DFM [REDACTED] 01 27 2002  
Officer Member making report ID Signature Position or rank Assignment Month Day Year



<b>A</b> <span style="margin-left: 20px;">05185</span> <span style="margin-left: 20px;">CT</span> <span style="margin-left: 20px;">1</span> <span style="margin-left: 20px;">27</span> <span style="margin-left: 20px;">2002</span> <span style="margin-left: 20px;">1</span> <span style="margin-left: 20px;">02-0000128</span> <span style="margin-left: 20px;">000</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>FDID *</span> <span>State *</span> <span>Incident Date *</span> <span>Station</span> <span>Incident Number *</span> <span>Exposure *</span> <div> <input type="checkbox"/> Delete  <input type="checkbox"/> Change </div> </div>		<b>NFIRS - 9</b> <b>Apparatus or Resources</b>			
Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check one box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID 61 Type 11	Dispatch <input checked="" type="checkbox"/> 1 27 2002 09:36 Arrival <input checked="" type="checkbox"/> 1 27 2002 09:40 Clear <input checked="" type="checkbox"/> 1 27 2002 09:59	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
2 ID 63 Type 11	Dispatch <input checked="" type="checkbox"/> 1 27 2002 09:36 Arrival <input checked="" type="checkbox"/> 1 27 2002 09:40 Clear <input checked="" type="checkbox"/> 1 27 2002 09:59	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
3 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
4 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
5 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
6 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
7 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
8 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>
9 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-around;"> <div></div> <div></div> </div>

**Type of Apparatus or Resources**

**Ground Fire Suppression**

11 Engine

12 Truck or aerial

13 Quint

14 Tanker & pumper combination

16 Brush truck

17 ARF (Aircraft Rescue and Firefighting)

10 Ground fire suppression, other

**Heavy Ground Equipment**

21 Dozer or plow

22 Excavator

24 Tanker or tender

20 Heavy equipment, other

**Aircraft**

41 Aircraft: fixed wing tanker

42 Helitanker

43 Helicopter

Aircraft, other

**Marine Equipment**

51 Fire boat with pump

52 Boat, no pump

50 Marine apparatus, other

**Support Equipment**

61 Breathing apparatus support

62 Light and air unit

60 Support apparatus, other

**Medical & Rescue**

71 Rescue unit

72 Urban Search & rescue unit

73 High angle rescue unit

75 ALS unit

76 ALS unit

70 Medical and rescue unit, other

**More Apparatus?**  
Use Additional Sheets

**Other**

91 Mobile command post

92 Chief officer car

93 EMT unit

94 Type 1 hand crew

95 Type 2 hand crew

99 Privately owned vehicle

00 Other apparatus/resource

NN None

UU Undetermined

NFIRS-9 Revision 11/17/98

<b>A</b>		MM DD YYYY		Station		Incident Number		Exposure		Delete <input type="checkbox"/> Change <input type="checkbox"/>		<b>NYFIRE - 10 Personnel</b>	
FDID * 05185		State * CT		Incident Date * 1 27 2002		1		02-000012		000			

Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
1 ID 61 Type 11	Dispatch <input checked="" type="checkbox"/> 1 27 2002 09:36 Arrival <input checked="" type="checkbox"/> 1 27 2002 09:40 Clear <input checked="" type="checkbox"/> 1 27 2002 09:59	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
272 791		DOM FFE	X X				

2 ID 63 Type 11	Dispatch <input checked="" type="checkbox"/> 1 27 2002 09:36 Arrival <input checked="" type="checkbox"/> 1 27 2002 09:40 Clear <input checked="" type="checkbox"/> 1 27 2002 09:59	Sent <input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
101 177 183 201		JNR DOE FTM PRF	X X X X				

3 ID Type	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	Sent <input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

05185	CT	MM DD 1 27	YYYY 2002	1	02-0000121	000	Responding Personnel
FDID *	State *	Incident date *		Station	Incident Number *	Exposure *	

Off ID\Staff Name	Unit	Activity	Position	Rank	PaySol	Hrs	HrsPd	Pts
272	[REDACTED]	X FIRE Fire	DO	DOM		0.39	0.39	0.00
791		FIRE Fire	FF	FFE		0.39	0.39	0.00
101		FIRE Fire	FF	JNR		0.39	0.39	0.00
177		X FIRE Fire	DO	DOE		0.39	0.39	0.00
183		FIRE Fire	FF	FEM		0.39	0.39	0.00
201		FIRE Fire	FF	PRF		0.39	0.39	0.00
376		FIRE Fire	DM	DFM		0.38	0.38	0.00

Total Participants: 7

Total Personnel Hours: 2.72

An 'X' next to the unit denotes driver.  
 Town of River Fire Department

Claim # \_\_\_\_\_  
Policy # \_\_\_\_\_



PROGRESSIVE

**AFFIDAVIT OF VEHICLE FIRE**

IF ANY INFORMATION PROVIDED IN THIS STATEMENT IS FALSE, IT MAY BE THE BASIS FOR THE DENIAL OF YOUR CLAIM AND LEGAL ACTION. ALL QUESTIONS MUST BE ANSWERED ON THIS AFFIDAVIT MAY BE REJECTED. IF YOUR ANSWER TO A QUESTION IS NOT KNOWN, PLEASE FILL IN "UNKNOWN". IF THE QUESTION DOES NOT APPLY, FILL IN "N/A".

Name _____		Home Phone # _____	
Address _____		Driver's License _____ <u>CT</u>	
Occupation <u>Retired School Psychologist</u>		Social Security _____	
Name, Address of Employer <u>N/A</u>		Date of Birth <u>3/9/35</u> Marital Status <u>Widowed</u>	
Length of Present Employment <u>N/A</u>		Spouse Name <u>N/A</u>	
Business Phone # _____		Spouse Employer Name, Address <u>N/A</u>	
Current Salary <u>N/A</u>		Spouse Employer Phone # ( ) <u>N/A</u>	
Annual Household Income <u>\$24,000 - \$25,000</u>		Number of Dependents <u>0</u>	
		Number of Persons in Household <u>1 - me alone</u>	
		How Long Resided at Current Address <u>38 yrs</u>	

**I. THIS SECTION TO BE COMPLETED IF VEHICLE WAS BEING DRIVEN AT TIME OF FIRE**

Where was vehicle being driven to? not being driven at time of fire

For what reason? \_\_\_\_\_

Name, address, phone # of driver \_\_\_\_\_

Name, address, phone # of all passengers no passengers in car

Did you smell smoke or see flames first? Smell smoke Where did fire appear to start? under hood

Did you hear any unusual noises prior to the fire? ☒ Yes ☐ No If yes, describe a loud pop

Did you notice any electrical or mechanical malfunctions prior to the fire? ☐ Yes ☒ No If yes, describe back it needed to be restarted in order to keep motor running 2-3 times

**II. THIS SECTION TO BE COMPLETED IF VEHICLE WAS PARKED OR UNATTENDED AT TIME OF FIRE**

Specific location where vehicle was parked in front of house at 137 Skyline Ln.

Reason for being at this location watching my daughters children

Was vehicle locked? ☒ Yes ☐ No Were keys left in car? ☐ Yes ☒ No

Were windows rolled up? ☒ Yes ☐ No How did you first learn of the fire? I heard loud pop & saw smoke

Do you suspect anyone of setting fire to your vehicle? ☐ Yes ☒ No If yes, who? admitted from

Was this information given to the Police / Fire Department? ☐ Yes ☒ No - My grandson under hood called 911 for help. I do not know what he told them

**III. COMPLETE ALL ADDITIONAL SECTIONS**

Date of fire 1/27/02 Time 9:30 AM Day of week Sun Amount for which you are making claim \$ \_\_\_\_\_

Was fire reported to Fire Department? ☒ Yes ☐ No If no, why not? \_\_\_\_\_

When was fire reported to Fire Department? Date 1/27/02 Time 9:33 AM 06403

By whom (name, address, phone #) \_\_\_\_\_

Name, location of responding Fire Department W. of River F.D., 488 Washington Blvd.

Fire Department report # 02-0000129 and Long Ridge Fire Dept

Did police also respond to fire? ☒ Yes ☐ No If yes, name of Police Department Stamford Police Dept

Were you carrying any flammable liquids in vehicle? (examples: spare gas can, starter fluid, etc.) ☐ Yes ☒ No

If yes, type \_\_\_\_\_ Where was container located? \_\_\_\_\_

Container size \_\_\_\_\_

Year of vehicle 1999 Make Acura Model Park Ave Body Type 4-dr Sedan Color Beige

Vehicle Identification Number 1G-40-W-52 K 1X46 11645

License plate # \_\_\_\_\_ Expiration date 8/30/03 State CT Odometer reading approx 15,000 mi

Certificate of Title # 024730905 If none, why? \_\_\_\_\_

Name, address appearing on title \_\_\_\_\_

Was vehicle previously salvaged, reconstructed, rebuilt, or junked? ☐ Yes ☒ No If yes, explain \_\_\_\_\_

Has vehicle been damaged during the past three years? ☐ Yes ☒ No Describe each occurrence (location, type, amount of damage, date) \_\_\_\_\_

Were repairs completed? ☐ Yes ☐ No ☐ Partial By whom (name, address, phone #)? N/A

Name, address of insurance company who paid damage claim, if any \_\_\_\_\_

Have you filed any other insurance claims in the last 3 years (including Homeowners, Boat, Auto, etc.)? ☐ Yes ☒ No

If yes, describe each claim (type of claim, date, location, & amount paid) \_\_\_\_\_



Do you or anyone else have additional insurance on this vehicle? ☐ Yes ☒ No

If yes, who? (name, address, phone #) N/A

Name of other insurance company/agent N/A

Any other vehicles in your household? ☐ Yes ☒ No Name of insurance company and agent on these other vehicles \_\_\_\_\_

Your prior insurance company and agent A.I.V. Insurance - Krenkel + Keeler

Membership AAA or other road service club? ☒ Yes ☐ No

Club name AAA

Member # 068 4400005 7325989

IV. VEHICLE EQUIPMENT (check box if vehicle had any of the following, indicating purchase price/date)

<input checked="" type="checkbox"/> Power windows	<input checked="" type="checkbox"/> Power mirrors	<input checked="" type="checkbox"/> Driver-side air bags	<input type="checkbox"/> Std. transmission
<input checked="" type="checkbox"/> Air conditioning	<input checked="" type="checkbox"/> Driver-side power seat	<input checked="" type="checkbox"/> Passenger-side air bags	<input checked="" type="checkbox"/> Automatic transmission
<input type="checkbox"/> Cellular phone major	<input checked="" type="checkbox"/> Passenger-side power seat	<input checked="" type="checkbox"/> Tilt steering wheel	<input checked="" type="checkbox"/> Electronic/manual trunk release
<input checked="" type="checkbox"/> Cruise control	<input type="checkbox"/> ABS brakes	<input checked="" type="checkbox"/> Tinted glass	<input type="checkbox"/> Luggage rack
<input checked="" type="checkbox"/> Alarm system	<input checked="" type="checkbox"/> Stereo AM/FM	<input type="checkbox"/> T-tops	<input checked="" type="checkbox"/> Aluminum/alloy wheels
<input checked="" type="checkbox"/> Passive automatic	<input checked="" type="checkbox"/> Cassette	<input type="checkbox"/> Factory	<input type="checkbox"/> Factory
<input type="checkbox"/> Non-passive ?	<input type="checkbox"/> CD player	<input type="checkbox"/> After market	<input type="checkbox"/> After market
Brand type <u>Buick</u>	CD player mounting		Make _____
<u>175 Teller</u>	Location _____		
<input checked="" type="checkbox"/> Leather interior	<input type="checkbox"/> All-wheel drive	<input checked="" type="checkbox"/> Power door locks	<input type="checkbox"/> Convertible top
		<input checked="" type="checkbox"/> Remote/keyless entry	<input type="checkbox"/> Sun roof

If cellular phone was checked, list phone # and servicing co. \_\_\_\_\_

Was all equipment/accessories operational prior to loss? ☒ Yes ☐ No If no, describe \_\_\_\_\_

V. VEHICLE CONDITION (Other Distinguishing Features — Dents, decals, trailer hitch, interior, etc.) Prior to Loss

	Poor	Fair	Good	Excellent	DESCRIPTION	NEW	RESULT
Paint				<input checked="" type="checkbox"/>	<u>Dents - none</u>	<input checked="" type="checkbox"/>	
Transmission				<input checked="" type="checkbox"/>	<u>Decals - none</u>		
Engine	<input checked="" type="checkbox"/>				<u>Stalling</u>		
Body				<input checked="" type="checkbox"/>	<u>Interior - very good</u>		
Tires				<input checked="" type="checkbox"/>			

1. Who performs routine maintenance service? High Ridge Oil - 322-8449 Date last serviced 10.9.01

2. Date of last repair work none By whom? \_\_\_\_\_

3. Type of repair completed? Minor left side crashed - replaced

4. Who performed current state emission test? Vehicle Inspection Co. Date last inspected 9/20/99

5. Who performed last state inspection? same as above Date last inspected check

6. Pre-insurance inspection completed? ☒ Yes ☐ No If yes, by whom? Buick Dealer

VI. Date vehicle purchased/leased? 3/8/99 ☒ New ☐ Used Purchase price \$ 31,301.13

Trade in vehicle Ford Taurus Trade in allowance not sure How did you learn vehicle was for sale/lease? always

How was vehicle paid for? ☐ Cash ☒ Check ☐ Financed ☐ Other-Explain \_\_\_\_\_

Mileage on vehicle at time of purchase/lease 10 miles At time of purchase was the vehicle

damaged? ☐ Yes ☒ No If yes, describe \_\_\_\_\_

If financed/leased - name, address, phone # of company re

Account # \_\_\_\_\_ At the time of fire, balance due \$ \_\_\_\_\_ Loan term (months) \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Date last loan payment made \_\_\_\_\_ Is account past due? ☐ Yes ☐ No

If yes, how long? \_\_\_\_\_ If vehicle leased, length of lease \_\_\_\_\_ What is turn-in date of lease? \_\_\_\_\_

Have you offered vehicle for sale or trade? ☐ Yes ☒ No When? \_\_\_\_\_ How much? \_\_\_\_\_

Any offers? ☐ Yes ☐ No Who? \_\_\_\_\_

How long was it for sale or trade? \_\_\_\_\_ Are keys in your possession? ☒ Yes ☐ No

How many sets of keys? 1 Who has them? I have them - Machine Buick took set to tow

Were all keys accounted for at time of fire? ☒ Yes ☐ No If no, explain see away

This affidavit must be signed, notarized, and returned by mail to a Progressive Insurance claims office.

Signed \_\_\_\_\_ Signature Individual Completing Affidavit

Witness \_\_\_\_\_ Witness Address \_\_\_\_\_

Witness signature

Subscribed and sworn to, before me, this 7th day of February, Year 2002

Personally Known

Identification Produced

Licensed Notary - State of Connecticut

exp 2/28/03

IdentNorth (per)

# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313 655-3415 tel/  
313 655-0911 fax

janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

September 10, 2002

Mr. William Kienzl  
Progressive Insurance  
P.O. Box 43258  
Richmond Heights, OH 44143

Your File Number: 027695641  
Your Insured: [REDACTED]  
Our File Number: 437876  
Our Client: GENERAL MOTORS CORPORATION  
Date of Event: January 27, 2002

Dear Mr. Kienzl;

Thank you for your recent correspondence. Your correspondence alleges that your insured's vehicle sustained property damage as a result of a manufacturer's product defect. However we are still in need of some information that was not included in your last packet. Please provide me with the following:

A copy of the police and/or fire report.

A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.

Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed.

Advise of the present location of the subject vehicle.

Provide damage estimates and/or appraisals for the subject vehicle. If the vehicle was a total loss, then provide your total loss worksheet.

As soon as information is received we can further evaluate your claim. If you have any questions please contact me.

Sincerely,

Janice Lapinski  
Claims Administrator

Cc: File

**PROGRESSIVE**

P.O. Box 43258  
Richmond Heights, OH 44143  
progressive.com

September 04, 2002

ESIS - GM  
Central Claims Unit, Attn: Janice Lapinski  
300 Renaissance Center  
Mail Code 482C20D71  
Detroit, MI 45265-3000

**RECEIVED**

SEP 10 2002

ESIS-GM CLAIMS UNIT

Re:

Our Insured:	[REDACTED]
Our Claim #:	027695641
Date of Loss:	1/27/02
Your File #:	437876

Dear Janice:

Enclosed please find a color copy of the C&O report you requested.

PROGRESSIVE INSURANCE COMPANY

William P. Kienzl  
Subrogation Representative  
(440) 603-5339

Enclosures



# **REM Co.**

**Fire Investigations**

*Specializing in Marine and Vehicle Fires* • RICHARD E. MORRIS

9 Halgh Avenue, Niantic, CT 06357 • Phone/Fax: (800) 739-7137 • Email: [Morris63@uconnect.net](mailto:Morris63@uconnect.net)

---

**Prepared  
For**



**Of  
Progressive Insurance  
Company**

**Claim Number  
027695641**

**Date of Loss  
January 27, 2002**



# **REM Co.**

**Fire Investigations**

*Specializing in Marine and Vehicle Fires* • RICHARD E. MORRIS

9 Hailgh Avenue, Niantic, CT 06357 • Phone/Fax: (860) 739-7137 • Email: Morris53@uconnect.net

---

## **PERSONAL AND CONFIDENTIAL**

### **Vehicle Fire Investigation**

**Prepared for:**

**[REDACTED]  
Progressive Insurance Company  
430 Main Street Suite 202  
Norwalk, CT 06850**

**Claim Number : 027695641**

**Date of Loss : Jan 27, 2002**

**REMCo Fire Investigations Case Number: REMCO-02-053**

## **DESCRIPTION OF ASSIGNMENT**

On February 1<sup>st</sup>, 2002, Mr. [REDACTED] from Progressive Insurance Company requested that an origin and cause fire investigation be conducted at Statewide Recovery, 1830 Berlin Turnpike, Meriden, CT 06450 where a vehicle, which is insured by your company, had been towed. A 1999 Buick Park Avenue 4 door, color beige, VIN number 1G4CW52K1X4611645 and bearing CT Registration - 642DVC. Estelle [REDACTED] of [REDACTED] owns this car. Her Connecticut driver's license number is 031773871.

## **ACTIVITIES**

Having received the assignment and additional information on Friday, February 1st, 2002, I traveled to Statewide Recovery on Monday, February 4<sup>th</sup>, 2002. Mr. Allan [REDACTED] provided information about the alleged events, which led to the loss. He stated that the fire occurred while Estelle Fruchtmann was in her daughter's driveway, located on [REDACTED].

My investigation started at the front bumper and hood of the vehicle. Photographs 1, 2 & 3. The vehicle showed minor fire damage to the exterior of the front of the vehicle. The vehicles hood on the driver side and top of driver side front fender (photograph 3) showed paint starting to burn and melt along the edge of the hood where it meets the front driver side fender. I then continued to walk around to the driver's side of the vehicle and did not notice any damage to the door, mirror, door handle or the rear quarter panel by fire. (Photograph 2)

I continued to walk around the vehicle to the trunk of the vehicle. (photographs 3, 4, 5, & 6) This area showed no signs of any type of damage to the vehicle and was exceptionally clean and well maintained. The interior of the trunk was inspected and there were no items or personal effects inside. The trunk was clean and found to be in perfect condition. The passenger side of the vehicle photographs 4 and 5, show that the vehicle received no fire damage to this side of the vehicle.

The interior of the vehicle was then inspected. The complete interior photographs 8 and 9, clearly show a well-maintained vehicle. Fire did not penetrate the dashboard or any other parts of the passenger compartment.

The next area to be inspected was the engine compartment. (Photograph 10) I observed that the fire was concentrated on the center portion around the engine fuel rail. Photograph 11 and exemplar photograph 20 & 29 are photos of the battery. Photograph 11 is a close up view of the battery and cables. Photograph 20 indicates that fire fighters systematically cut the battery terminal cables, both positive and negative after suppression. Photograph 20 and exemplar photograph 30 are photos of the fuse relay center. This area did not appear to have fire within the location, but did show signs of surface burn.

The transmission fluid was inspected and appeared to be full, clean and red. (Photograph 12) The next area to be inspected was the air intake housing for the fuel rail. (Photographs 13, 14, exemplar photograph 23 & 24) The air intake housing and paper filter was destroyed by direct contact with fire. The area around the alternator (photographs 16, 19, 20, exemplar 25) indicates that this area was affected by direct contact by fire. Cables from the alternator to the fuse relay were intact and showed damage from direct contact with fire. The area supporting the crankshaft housing, between the front side and rear side of the fuel rail (photographs 14, 15, 16 and exemplar 25 & 27) appeared to be the most damaged area. Components within this area are unfounded, because of their combustibility. This housing is a combustible material and melted quickly. This entire area sustained the most damage within the engine compartment. It is surrounded by the fuel rail system and at times may be under pressure of 40 psi. Photographs 21 and 22 are the fuel rail and deflector shield and the exhaust gas recalculation (EGR). This area appears to have direct contact with fire and disfiguration of the fuel rail. The EGR is always warm while the vehicle is running. Exemplar photographs 25, 27, and 28 show this item to be intact. This area appears to be the area of origin.



## PHOTOGRAPHS

Attached are copies of Photographs 01-30 taken by this investigator at Statewide Recovery on February 4<sup>th</sup> 2002. The original photographs and negatives will be maintained on file with REMCO Investigations.

Photograph 01: Front of vehicle

Photograph 02: Hood and driver side of vehicle

Photograph 03: Hood and close up of driver's front fender

Photograph 04: Trunk and passenger rear quarter panel

Photograph 05: Passenger and rear of vehicle

Photograph 06: Rear of vehicle, trunk opened

Photograph 07: Roof and windshield of vehicle

Photograph 08: Drivers seat, dashboard and interior of vehicle

Photograph 09: Interior of vehicle, rear seat

Photograph 10: Engine compartment

Photograph 11: Battery cables and fuse relay

Photograph 12: Transmission dipstick

Photograph 13: Close up of the airflow intake box

Photograph 14: Distant view of the air intake and engine compartment

Photograph 15: Fuel rail

Photograph 16: Alternator and top view of engine

Photograph 17: Firewall and master cylinder

Photograph 18: Close up of fuel rail and A/C lines

Photograph 19: Close up of alternator

Photograph 20: Battery cables and fuse relay center

Photograph 21: EGR reflection shield and fuel rail

Photograph 22: EGR sensor top view

Photograph 23: Exemplar photograph engine compartment, battery and fuse relay block

Photograph 24: Exemplar vehicle, area intake housing and various fluids reserve

Photograph 25: Overview on engine compartment

Photograph 26: Close up of battery and alternator

Photograph 27: Close up of EGR valve

Photograph 28: Same as Photograph 26

Photograph 29: Exemplar engine intact

Photograph 30: Close up exemplar vehicle fuse relay center

It also must be noted that this investigator did not have the opportunity to examine the actual loss location or to interview the individuals who were last in the vehicle.

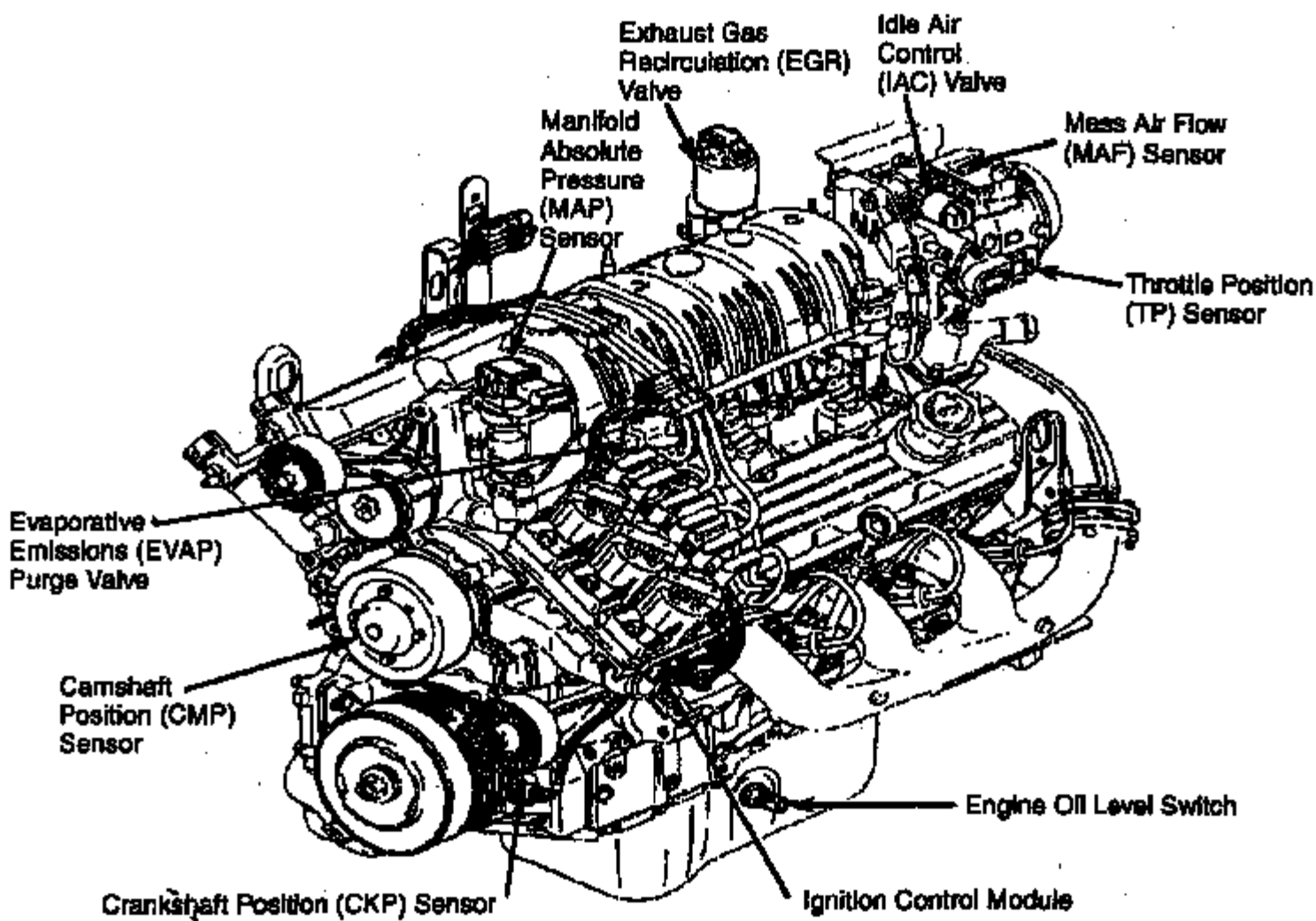
## **FINDINGS**

It is the opinion of this writer that the fire originated in the vehicle's engine compartment in the area of the exhaust gas recirculation (EGR) and deflector shield and fuel rail. These two components as shown in photographs 21 & 22, have indications that most plausible a fuel leak happened within the fuel rail at that location which allowed free gasoline product to atomize onto the EGR sensor.

## **STATUS**

REMCO Investigations will conduct no further investigation without specific instructions from you. This investigator reserves the right to amend/or supplement this report should additional information, documentation, or evidence becomes available. If you have any questions or concerns, please contact me at [REDACTED]

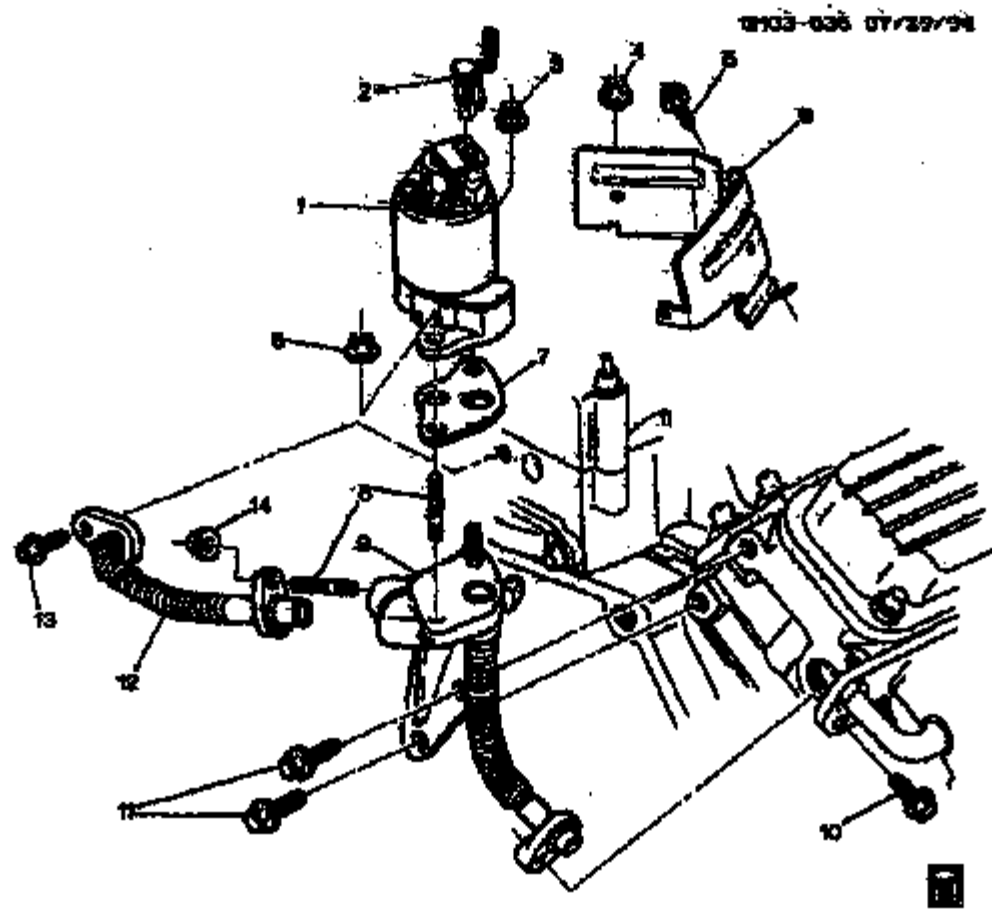
*Richard E Morris*  
Richard E. Morris  
Certified Fire Investigator



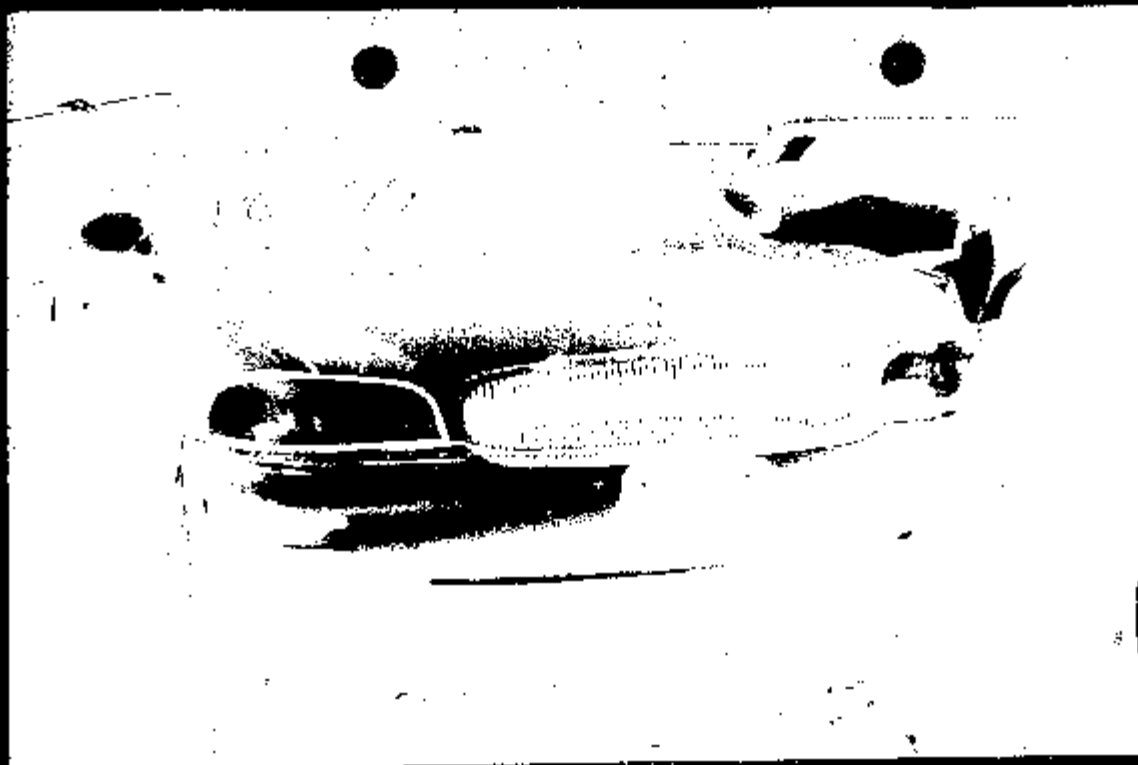
98102017

3.8L (VIN K)

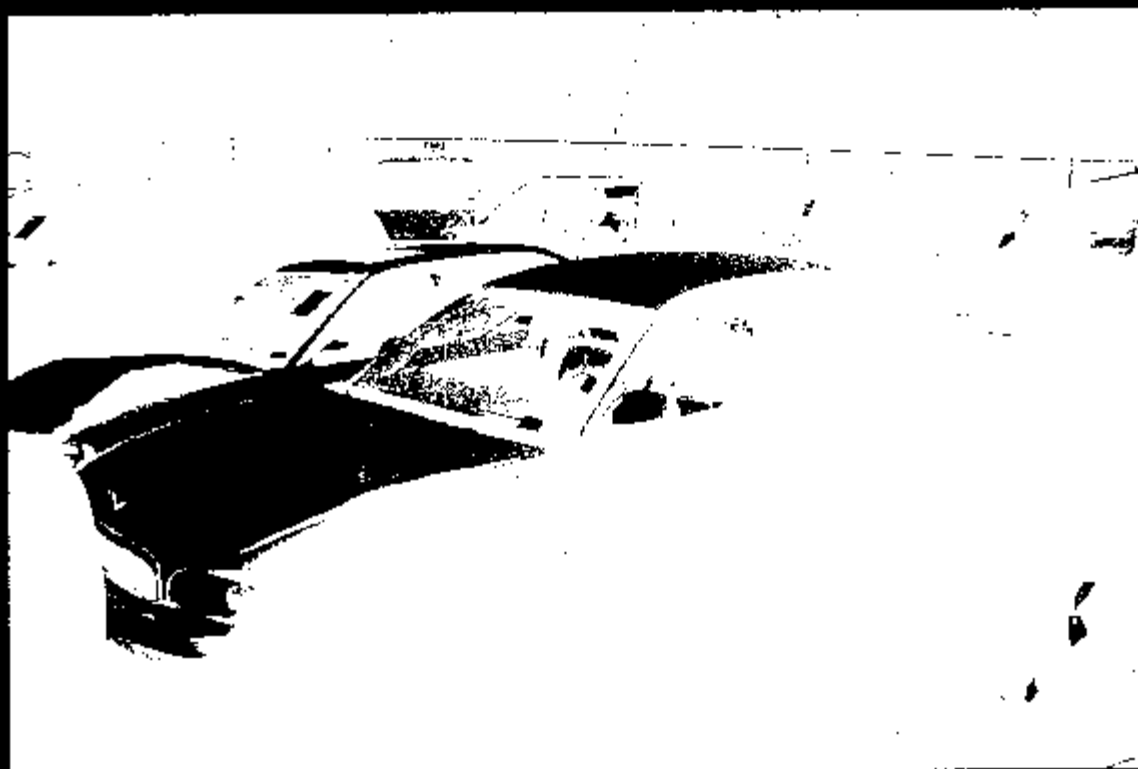
Make: OLDSMOBILE, Year: 90 Model: 88 Royale/88 Regal



Copyright General Motors Corporation. All rights reserved.



*Photograph 1*



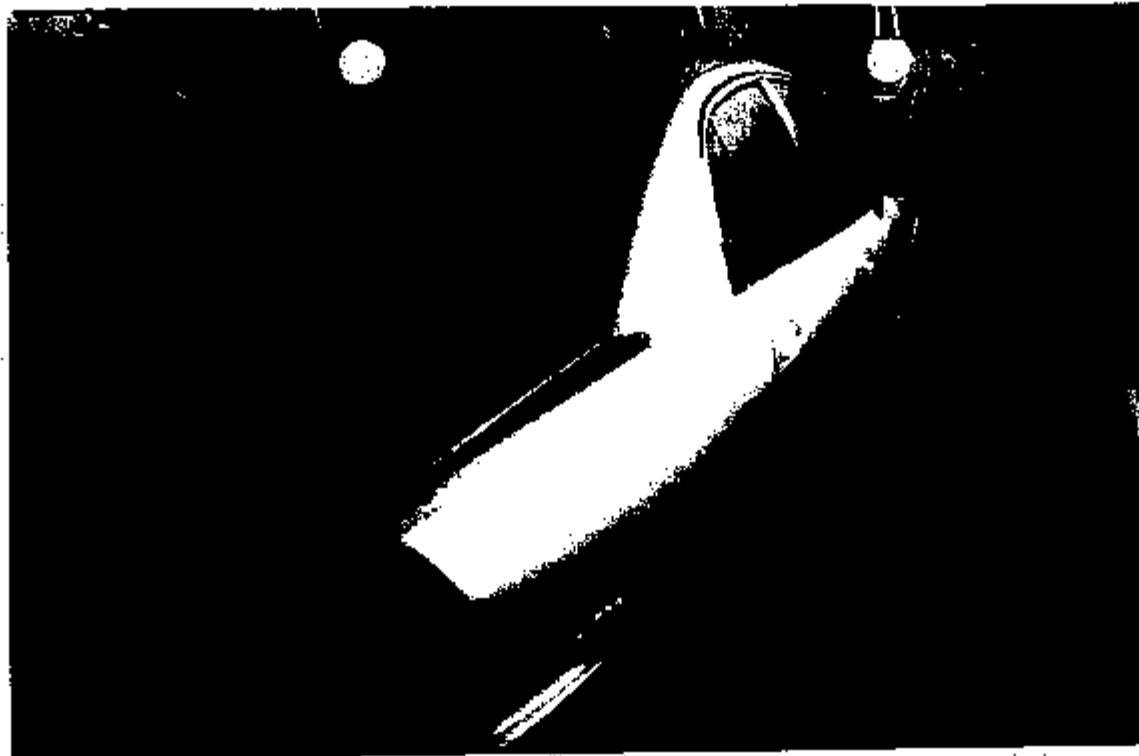
*Photograph 2*



*Photograph 3*



*Photograph 4*



*Photograph 5*



*Photograph 6*





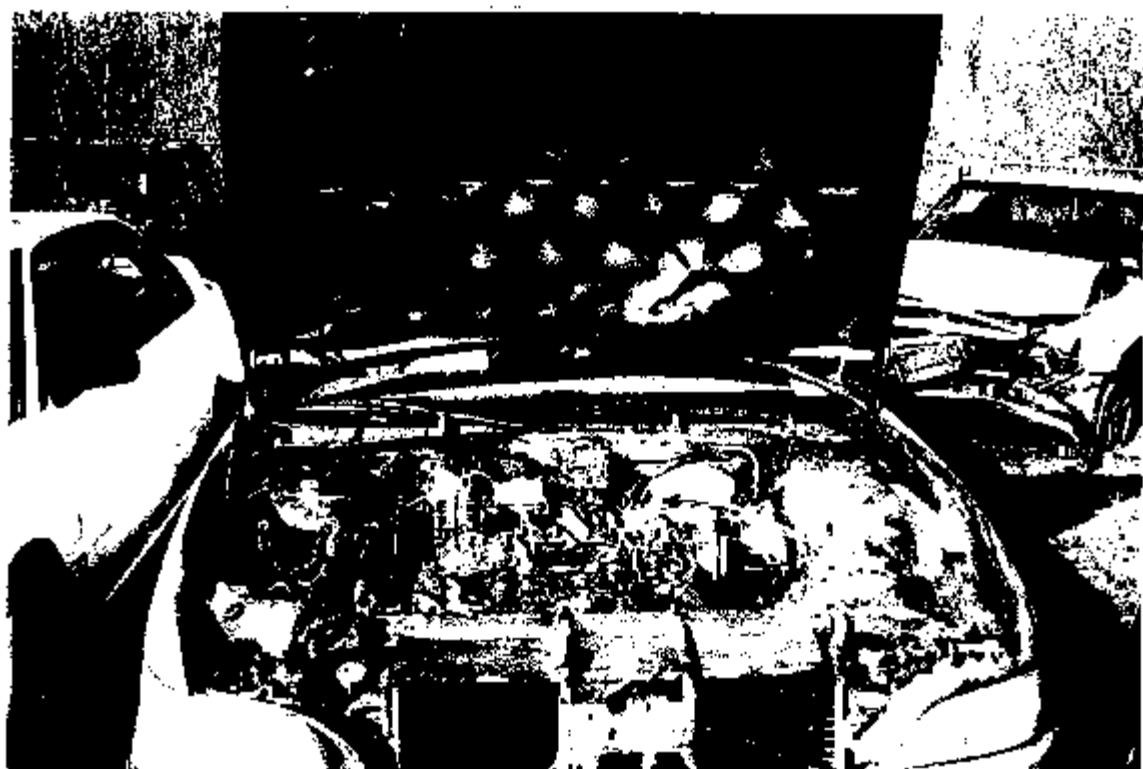
*Photograph 7*



*Photograph 8*



*Photograph 9*



*Photograph 10*



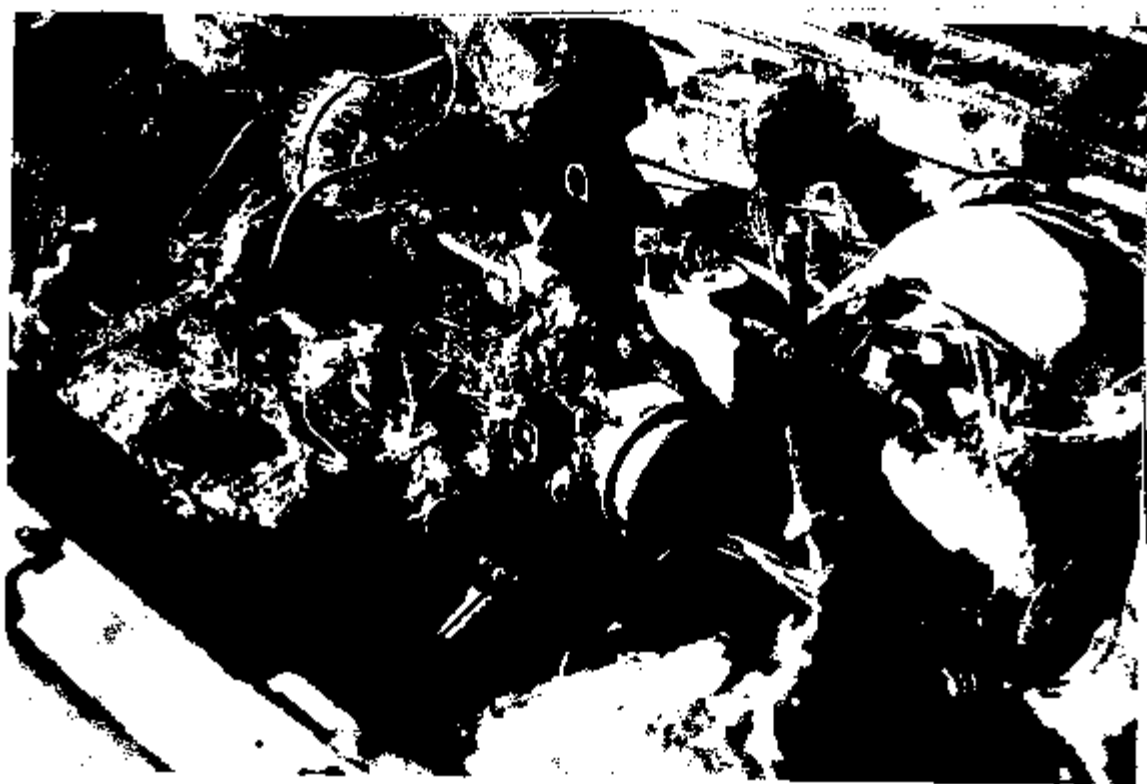
*Photograph 11*



*Photograph 12*



*Photograph 13*



*Photograph 14*



*Photograph 15*



*Photograph 16*



*Photograph 17*



*Photograph 18*



*Photograph 19*



*Photograph 20*

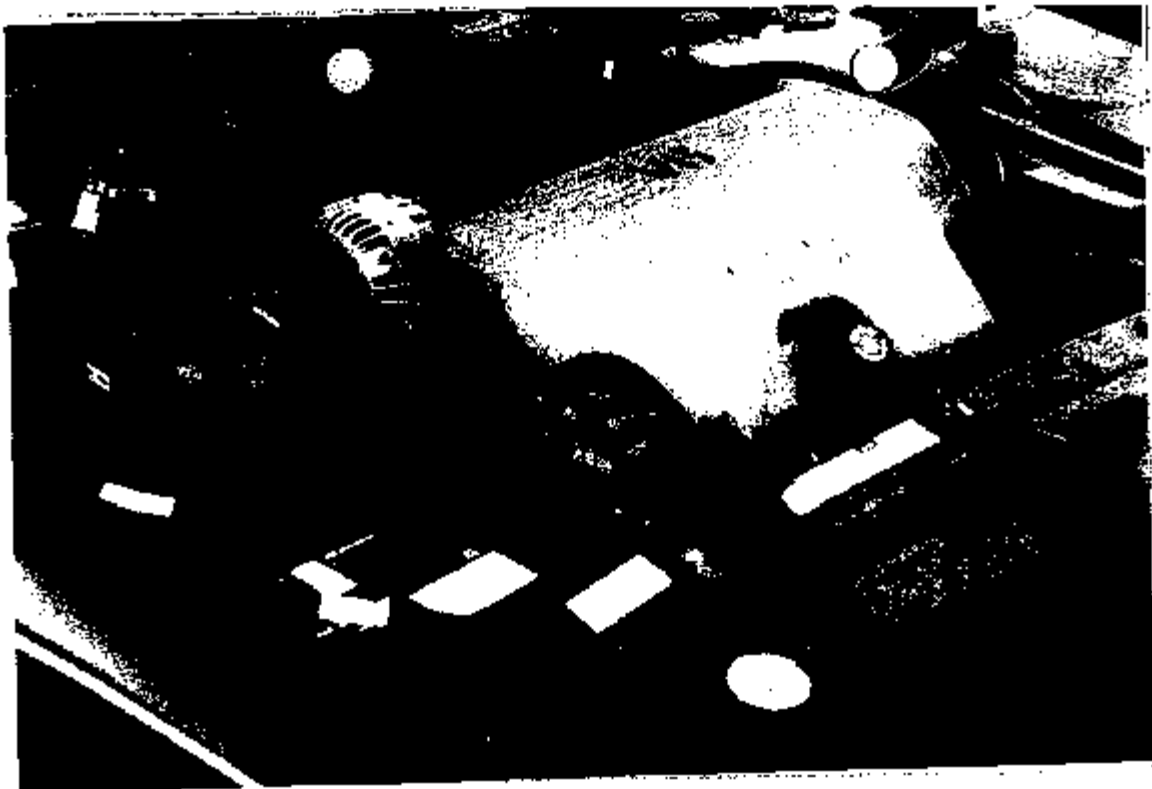


*Photograph 21*



*Photograph 22*

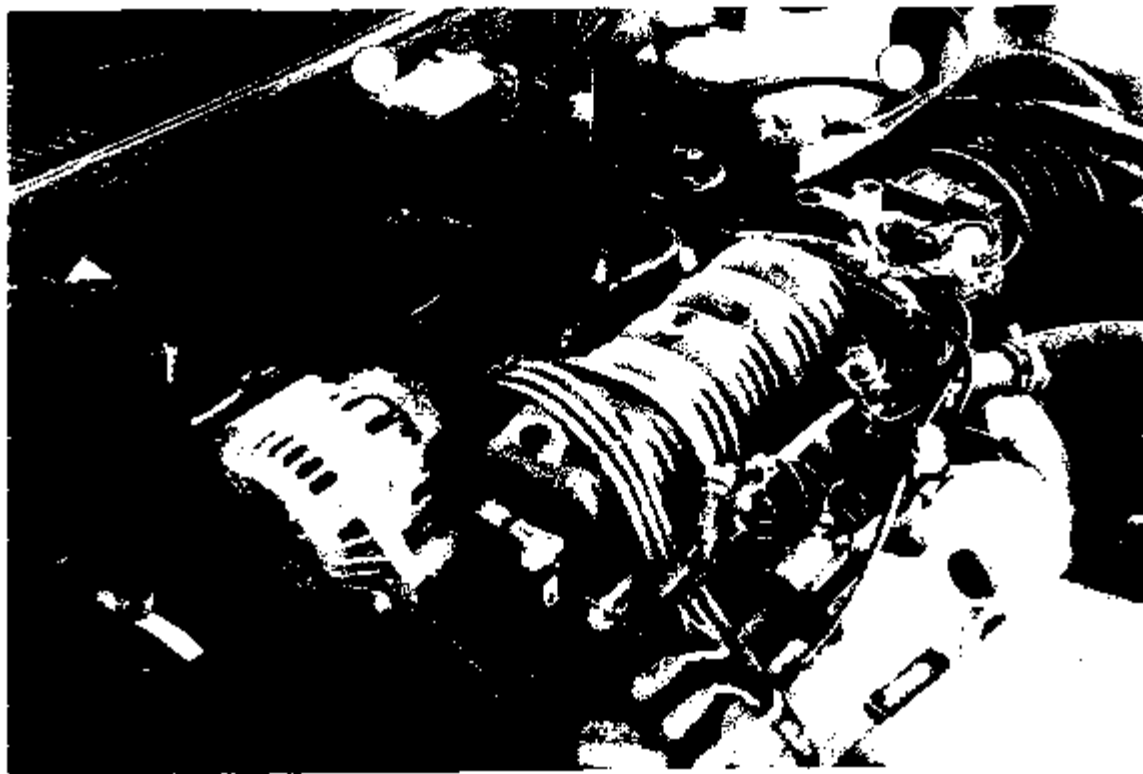




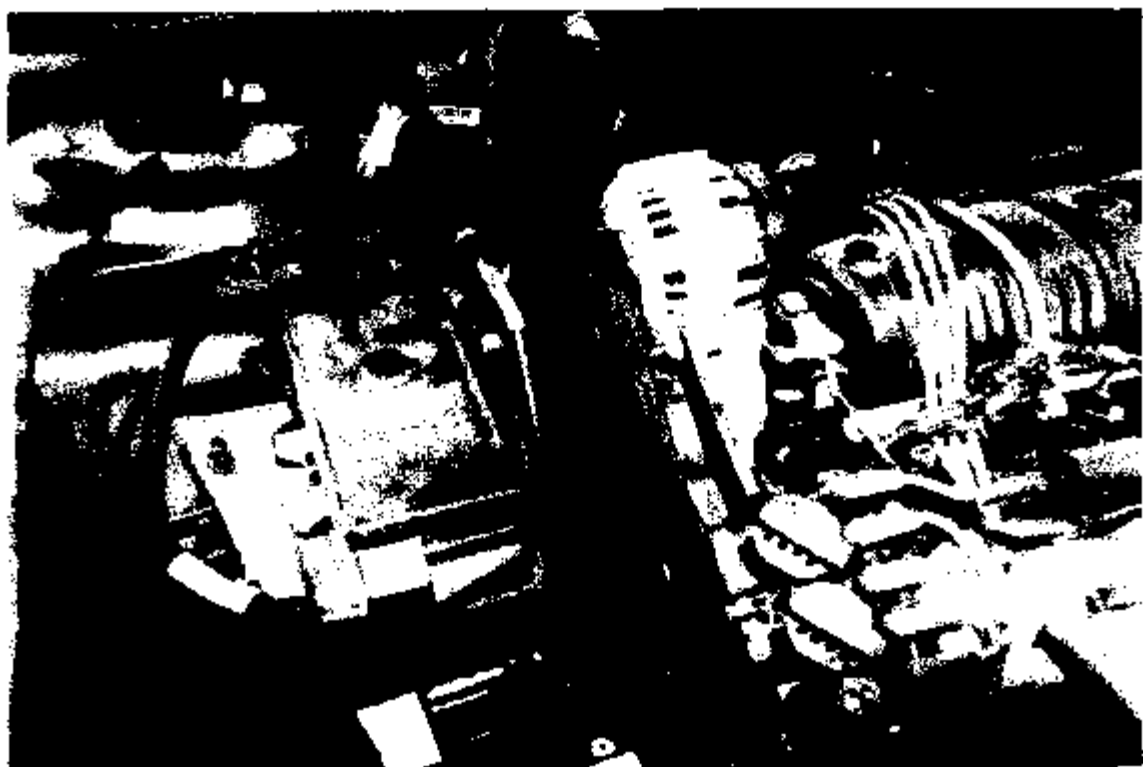
*Photograph 23*



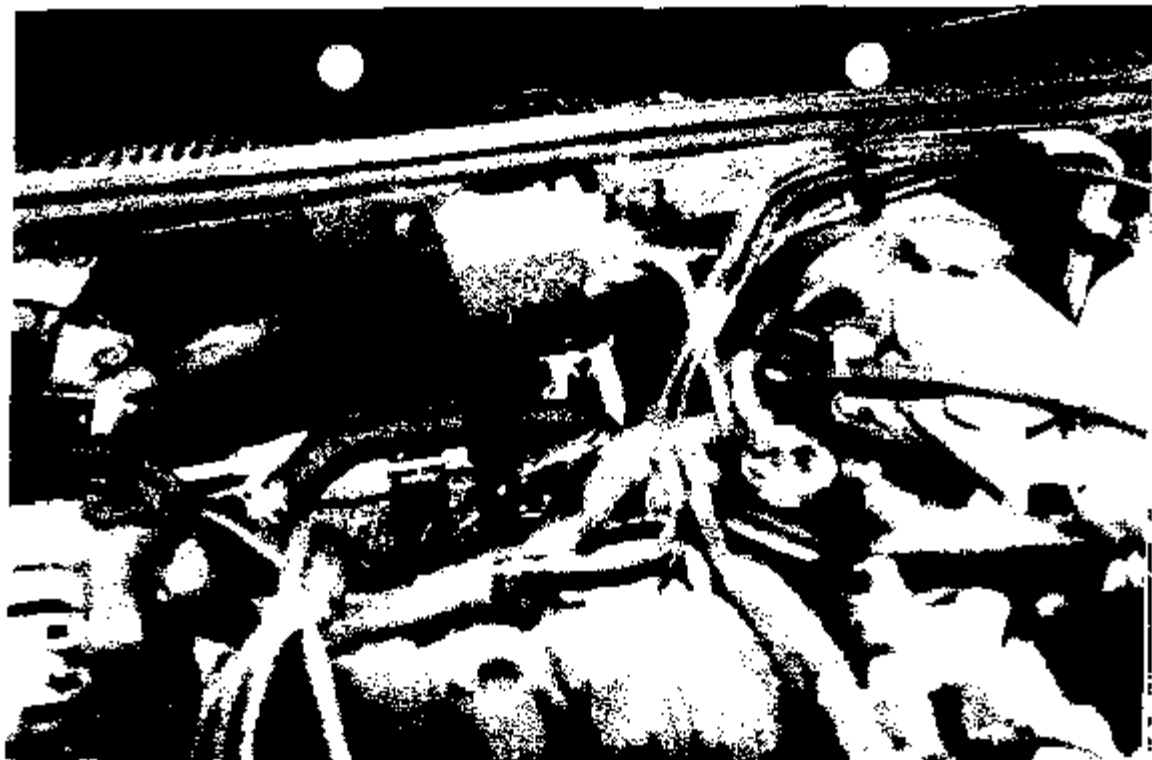
*Photograph 24*



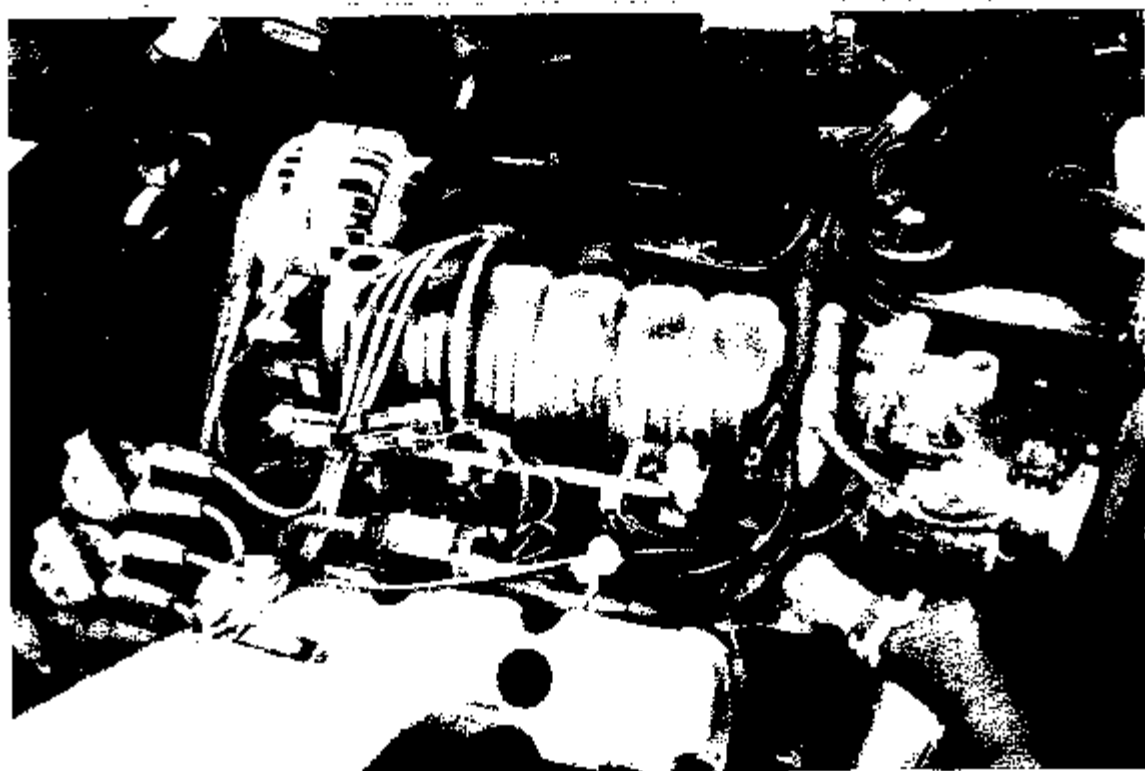
*Photograph 25*



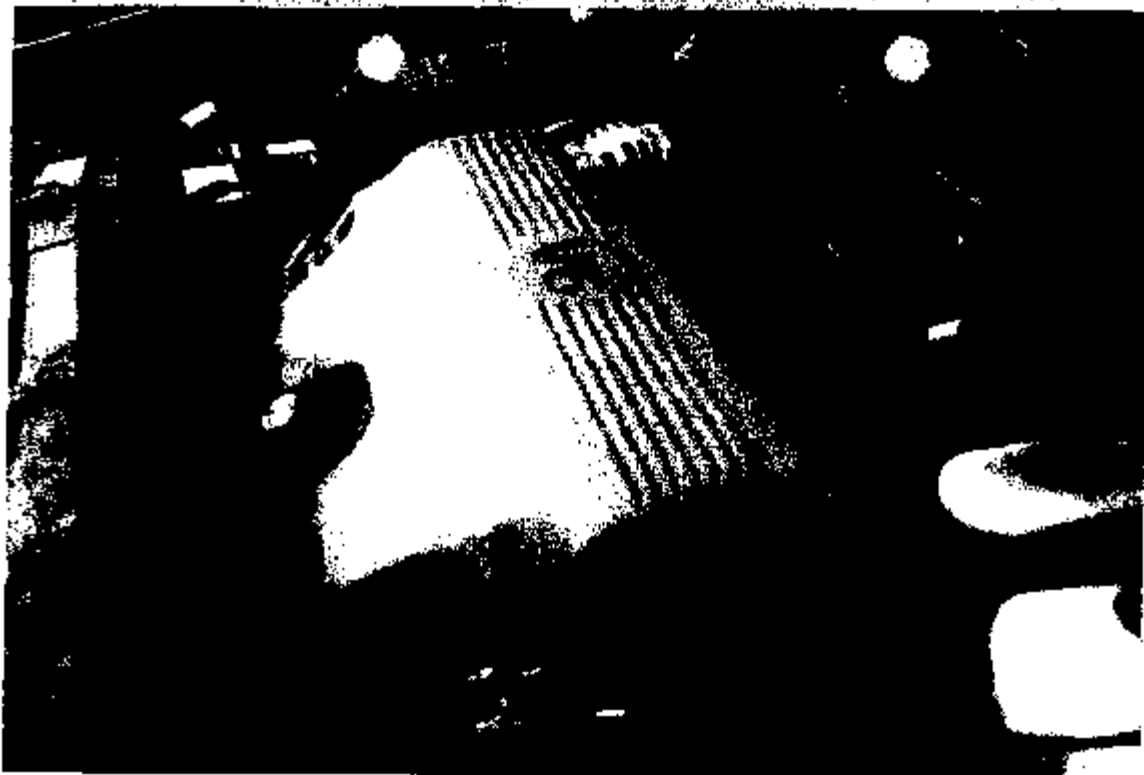
*Photograph 26*



*Photograph 27*



*Photograph 28*



*Photograph 29*



*Photograph 30*

# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313 665-3415 *tel*  
313 665-0911 *fax*

[janice.lapinski@esis.com](mailto:janice.lapinski@esis.com)

**Janice Lapinski**  
*Claims Administrator*

February 17, 2003

Progressive  
Attn: William Kienzl  
P.O. Box 43258  
Richmond Heights, OH 44143

Your File Number: 027695641  
Your Insured: [REDACTED]  
Esis File Number: 437876  
Our Client: General Motors Corporation  
Date of Event: January 27, 2002

Dear Mr. Kienzl;

Please be advised I have had this file referred for technical evaluation. Upon the conclusion of this evaluation, I will contact you with our position in this matter.

Thank you for your time and cooperation regarding this matter, and your continued patience.

Sincerely,

Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

*Fax*

<i>To: Bill Kienzl</i>	<i>From: Janice Lapinski</i>
<i>Fax: 419-781-8895</i>	<i>Page: 2</i>
<i>Phone: 313.665.3415</i>	<i>Date: 3-26-03</i>
<i>Re: [REDACTED]</i>	<i>EE</i>
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

RELEASE OF PROPERTY DAMAGE CLAIM

File No: 8213-258-437876

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of Progressive Insurance a/s/o [REDACTED], being of lawful age, for the sole consideration of Thirteen Thousand, Three Hundred, Forty-three dollars 2/100 (\$13,343.02) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, Minchin Bulck-GMC Truck Inc, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about January 27, 2002 at or near Stamford, CT.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

CAUTION: READ BEFORE SIGNING

_____	X _____	LS
Witness		
_____	X _____	LS
Witness		

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_  
acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Notary Public

500 Renaissance Center, NYC 452 Q20 D71, Detroit, MI 48265

ESIS

For

Bill Kienzl From Janice Espinola  
For 419-781-8895 Page 2  
Phone 313 265 3645 Date 3-26-03  
By [REDACTED] EE  
☐ Mgmt ☐ For Review ☐ Other Comment ☐ Please Reply ☐ Please Reply

3-26-03  
JANICE,  
HERE IS THE  
RELEASE. THE ORIGINAL  
IS IN MAIL TO YOU.  
THANKS,  
Bill.



JOB STATUS REPORT

TIME : 03/26/2003 14:35  
 NAME : T 300 20 TC  
 FAX# : 313-665-0912  
 TEL# :

DATE, TIME  
 FAX NO. /NAME  
 DURATION  
 PAGE(S)  
 RESULT  
 MODE

03/26 14:35  
 014197818095  
 00:00:41  
 02  
 OK  
 STANDARD  
 ECM

300 Renaissance Center, W/C 482 C20 D71, Detroit, MI 48266

**ESIS**

*Fax*

cc Bill Kienzl

From: Janice Popinski

Fax 419-781-8895

Pages: 2

Phone 313.665.3415

Date 3-26-03

Re

EE

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Reply

500 Renaissance Center, W/C 482 C20 D71, Detroit, MI 48266

ESIS

Fax

Mr. Bill Kienzi	From: Janice Espinola
Phone: 419-781-8895	Page: 2
Phone: 313-655-5418	Date: 3-26-03
Re: [REDACTED]	EE
<input type="checkbox"/> Report <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Reply	

3-26-03  
JANICE,  
HERE IS THE  
RELEASE. THE ORIGINAL  
IS IN MAIL TO YOU.  
THANKS,  
Bill.

03/26/2003 14:35 313-6... 5912

T 300 20 TO

PAGE 02/02

## RELEASE OF PROPERTY DAMAGE CLAIM

File No: 2213-299-437878

## KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of Progressive Insurance a/s/o [REDACTED], being of lawful age, for the sole consideration of Thirteen Thousand, Three Hundred, Forty-three dollars 2/100 (\$13,343.02) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for myself/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, Alhambra Buick-GMC Truck Inc, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about January 27, 2002 at or near Stamford, CT.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 26<sup>th</sup> day of MARCH 2003

WITNESS: READ BEFORE SIGNING

X

X

LS

Witness

STATE OF

OHIO

COUNTY OF

Cuyahoga

On the 26<sup>th</sup> day of March 2003, before me personally appeared

to me known to be the person(s) named herein and who executed the foregoing Release and acknowledged to me that HE voluntarily executed the same

My term expires

20

Notary Public

Tricia A. Hollis  
Notary Public-State of Ohio  
My commission expires  
August 2008

300 Renaissance Center, W/C 4B2 C20 D71, Detroit, MI 48265

ESIS

Fax

437876

RECEIVED

MAR 31 2003

To: Bill Kienzl From: Janice Popinski

Fax: 419-781-8895 Page: 2

Phone: 313.665.3415

Date: 3-26-03

Re: [REDACTED]

RE:

☐ Copy☐ For Review☐ Please Comment☐ Please Reply☐ Please Reply

3-26-03

JANICE,  
HERE IS THE  
RELEASE. THE ORIGINAL  
IS IN MAIL TO YOU.  
THANKS,  
Bill.

## RELEASE OF PROPERTY DAMAGE CLAIM

File No: 2213-259-437878

## KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of Progressive Insurance a/s/c [REDACTED], being of lawful age, for the sole consideration of Thirteen Thousand, Three Hundred, Forty-three dollars 2/100 (\$13,343.02) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, Minchin Buick-GMC Truck Inc, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about January 27, 2002 at or near Stamford, CT.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasee deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declares(s) and represents(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 26<sup>TH</sup> day of MARCH, 2003.

CAUTION: READ BEFORE SIGNING

X

X

LS

Witness

STATE OF

OHIO

COUNTY OF

Cuyahoga

On the 26<sup>TH</sup> day of MARCH, 2003, before me personally appeared [REDACTED]

to me known to be the person(s) named herein and who executed the foregoing Release and acknowledged to me that HE voluntarily executed the same.

My term expires

20

Notary Public

Tricia A. Holte  
Notary Public-State of Ohio  
My commission expires  
August 2003

03/26/2003 14:35 313 -0312

T 388 28 TO

PAGE 02/02

## RELEASE OF PROPERTY DAMAGE CLAIM

File No: 0213-253-437878

## KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of Progressive Insurance a/o ~~XXXXXXXXXX~~, being of lawful age, for the sole consideration of Thirteen Thousand, Three Hundred, Forty-three dollars 2/100 (\$13,343.02) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for myself/its heirs, executors, administrators, successors and assigns releases, acquit and forever discharge ESI/General Motors Corporation, Blinchin Buick-GMC Truck Inc, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident or event which occurred on or about January 27, 2002 at or near Stamford, CT.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 26<sup>th</sup> day of MARCH, 2003.

CAUTION: READ BEFORE SIGNING

[Redacted Signature]  
Witness

X [Redacted Signature]  
X [Redacted Signature] LB

STATE OF OHIOCOUNTY OF CuyahogaOn the 26<sup>th</sup> day of March, 2003, before me personally appeared [Redacted Name]

to me known to be the person(s) named herein and who executed the foregoing Release and acknowledged to me that HE voluntarily executed the same.

My term expires 20

Notary Public

Tricia A. Hollis  
Notary Public-State of Ohio  
My commission expires  
August 2003

Jenny Paris  
Claim Administrator  
ESIS/GM Central Claims Unit

M/C: 482 C20 D71  
P.O. Box 300  
Detroit, MI 48265-3000

440090  
**ESIS**

- An Insurance Services Company

November 7, 2002

Attn: Rae Lynn Kahle  
State Farm Insurance Co.  
P.O. Box 5526  
Rockford, IL 61125

RE: Your Insured: [REDACTED]  
Your File: 13 7734 449 RLK  
Date of Loss: 5/20/02  
Our Claim: 440090  
Our Client: General Motors Corporation

Dear Ms. Kahle:

This correspondence is in regards to the above captioned claim concerning a 1998 Oldsmobile 88.

A review of this matter has been completed. As we discussed previously, we are prepared to offer \$1100.00 to settle this claim. Should you choose to accept this offer, please sign the attached release. Upon my receipt of the signed and **notarized** release, I will have the settlement payment released immediately.

If I do not hear from you within 30 days, I will assume that you are not interested in settling this claim.

Thank you for your attention in this regard.

Sincerely,

Jenny Paris

RELEASE OF ALL CLAIMS

File No: 8213-259-440080jp

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, being of lawful age, for the sole consideration of Eleven Hundred Dollars (\$1100.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, Millbury Cadillac-Oldsmobile, Inc. and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 20<sup>th</sup> of May, 2002 at or near Rockford, IL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law. "

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 2002.

CAUTION: READ BEFORE SIGNING

_____	X _____	LS
Witness		
_____	X _____	LS
Witness		

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }-SS

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_  
acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Notary Public



# State Farm Insurance Companies®



A

May 22, 2002

440090  
758

Rockford Service Center  
7404 Cherryvale N. Boulevard  
P.O. Box 5526  
Rockford, IL 61125

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

ESIS/GM Claims  
Renaissance Center  
P.O. Box 300, Mail Code 482C20D71  
Detroit, MI 48265-0300

NO OMNI  
NO LP  
NO 1241

QB 5/29/02

2: 2002

RE: Claim Number: 13-7734-449  
Our Insured: [REDACTED]  
Date of Loss: May 20, 2002  
Make/Model/Year of Vehicle: 1998 Oldsmobile 88  
Serial/VIN Number: 1G3HN52K4W4844091

Dear Sirs:

The identified vehicle is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced a fire in the engine compartment.

State Farm® would like to give you an opportunity to inspect the vehicle and give you advance notice of our potential subrogation claim.

Please contact me at (815) 332-6541 to set up a time for your inspection.

Sincerely,

Rae Lynn Kahle  
Sr. Claim Representative  
State Farm Mutual Automobile Insurance Company  
(815) 332-6541

RLK/012/0522007

Jenny Paris  
Claim Administrator  
ESIS/GM Central Claims Unit

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3413  
Facsimile 313.665.0911  
Jenny.Paris@Esis.com  
7389

September 17, 2002

Attn: Lynn Kahle  
State Farm Insurance Co.,  
P.O. Box 5526  
Rockford, IL 61125

Your Claim Number: 13 7734 449  
Esis File Number: 440090  
Date of Event: 5/20/02  
Your Insured: [REDACTED]  
Our Client: General Motors Corporation

Dear Ms. Kahle:

Please be advised, I have had this file referred for technical evaluation. Upon the conclusion of this evaluation, I will contact you with our position in this matter.

In the meantime, please forward your proof of payment (copies of cancelled checks).

Thank you for your time and cooperation.

Sincerely,

Jenny Paris

# State Farm Insurance Companies



September 30, 2002

7404 Cherry Vale North Blvd.  
Rockford, IL 61126  
Phone 815/332-8500  
Fax 815/332-8570

Jenny Paris  
Esis  
300 Renaissance Center Mail Code 482-C20-D71  
Detroit, MI 48265-3000

**RECEIVED**  
OCT 02 2002  
ESIS-ON CLAIMS UNIT

RE: Claim Number: 13-7734-449  
Insured: [REDACTED]  
Date of Loss: May 20, 2002  
Your Reference: 440090

Dear Jenny:

Enclosed are our copies of the drafts paid on behalf of our insured for repairs to the 1998 Oldsmobile. I have also enclosed our repair estimate and statement from our insured. I believe you have already received these copies along with the photos of the vehicle and damaged parts.

A copy of the draft to Enterprise Car rental is not available as it is done through electronic funds transfer. I have enclosed the documentations which supports the payment.

Sincerely,

Rae Lynn Kahle  
Senior Claim Representative  
(815) 332-6541

State Farm Mutual Automobile Insurance Company

# State Farm Insurance Companies®



September 3, 2002

Rockford Service Center  
7404 Cherryvale N. Boulevard  
P.O. Box 5526  
Rockford, IL 61125

Jenny Paris  
Esis/GM Claims  
Renaissance Center  
P.O. Box 300, Mail Code 482C20D71  
Detroit, MI 48265-0300

RE: Claim Number: 13-7734-449  
Our Insureds: [REDACTED]  
Date of Loss: May 20, 2002  
Vehicle: 1998 Oldsmobile 88, four-door sedan  
VIN: 1G3HN52K4W4844091

Dear Ms. Paris:

The above-identified vehicle experienced a fire in the engine compartment. We settled a claim with our insured in the amount of \$1,607.90, which includes our insured's deductible. Our investigation revealed that this fire originated during the start-procedure. The intake manifold broke and fire erupted. Our investigation revealed that this problem has been noted in several vehicles, 1996, 1997, 1998, 2000, 2001, and 2002. All of which includes the Olds 88 and all are involved in a recall (MHTSA 96V116000).

The recall notice indicates the computer program allows the intake manifold to flood with fuel/vapors and then ignite. Since the intake manifold is made of plastic, it breaks and can possibly cause fire to spread to the other components in the engine compartment.

Enclosed are our proofs of damages. We have retained all parts for your inspection. Please remit payment to State Farm Insurance®, Post Office Box 5526, Rockford, Illinois 61125.

Sincerely,

Rae Lynn Kahle  
Sr. Claim Representative  
State Farm Mutual Automobile Insurance Company  
(815) 332-6541

RLK/040/0903008

Enclosures

1,023.36  
248.54  
1271.90  
336.00  
1607.90

ent  
ent

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

# State Farm Insurance Companies®



May 22, 2002

Rockford Service Center  
7404 Cherryvale N. Boulevard  
P.O. Box 5528  
Rockford, IL 61125

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

ESIS/GM Claims  
Renaissance Center  
P.O. Box 300, Mail Code 482C20D71  
Detroit, MI 48265-0300

RE: Claim Number: 13-7734-448  
Our Insured: [REDACTED]  
Date of Loss: May 20, 2002  
Make/Model/Year of Vehicle: 1998 Oldsmobile 88  
Serial/VIN Number: 1G3HN52K4W4844091

Dear Sirs:

The identified vehicle is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced a fire in the engine compartment.

State Farm® would like to give you an opportunity to inspect the vehicle and give you advance notice of our potential subrogation claim.

Please contact me at (815) 332-6541 to set up a time for your inspection.

Sincerely,


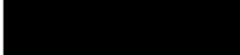

Rae Lynn Kahle  
Sr. Claim Representative  
State Farm Mutual Automobile Insurance Company  
(815) 332-6541

RLK/012/0522007

MICROFILM INDEX  
REQUEST FOR MICROFILM COPY

PAGE: 23  
TIME: 08:01:47  
DATE: 09/11/02

DOCUMENT TYPE: 210      PAID DRAFTS  
REQUEST DATE: 020910      REQUEST TIME: 1216238

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MICROFILM REEL#: 00000      GROUP#: 004      SEQ#: 270  
PAID DATE : 20020613      ISSUE DATE : 20020603  
CHECK/DRAFT# :   
CLAIM# :   
POLICY# :   
AMOUNT : 00000024854

SIGNON ID: GUIC      ROUTE TO: KAHLE,RAE LYNN

SEP 12 2002

LOCATION : CASH DISBURSED ONLINE REQUEST

Rockford  
P.O. BOX 5526  
ROCKFORD, IL 61125



STATE FARM MUTUAL MOBILE INSURANCE COMPANY

1 01 198626 J

ILLINOIS OFFICE  
BLOOMINGTON, IL

BANK ONE SA 56-1544/441  
CINCINNATI, OH

8/03/2002

ROCKFORD 81-156 4630

INSURED

CLAIM NO 13-7734-449

LOSS DATE 8/20/2002

\$\*\*\*\*\*248.54

Pay to the  
Order of:

50 BENTLEY LN  
ROCKFORD IL 61109-1323

*Rajiv Kahl*  
AUTHORIZED SIGNATURE

MUST BE ENDORSED BY ALL PAYEES

By endorsing this payment by your services, you agree not to sue or  
dispute any personal or property information received from us unless  
necessary for the service.

PAY TO THE ORDER OF

AMICORP BANK

FOR DEPOSIT ONLY

MILBURY CADILLAC - OLDSMOBILE

302 6820

1 000 04773



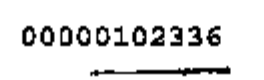
110528290



MICROFILM INDEX  
REQUEST FOR MICROFILM COPY

PAGE: 24  
TIME: 08:01:47  
DATE: 09/11/02

DOCUMENT TYPE: 210      PAID DRAFTS  
REQUEST DATE: 020910      REQUEST TIME: 1216341

-----  
MICROFILM REEL#: 00000      GROUP#: 004      SEQ#: 270  
PAID DATE : 20020613      ISSUE DATE : 20020603  
CHECK/DRAFT# :   
CLAIM# :   
POLICY# :   
AMOUNT : 00000102336

SIGNON ID: GUIC      ROUTE TO: KAHLE,RAE LYNN

LOCATION : CASH DISBURSED ONLINE REQUEST

Rockford  
P.O. BOX 5526  
ROCKFORD, IL 61125

SEP 12 2002



STATE FARM MUTUAL

MOBILE INSURANCE COMPANY

1 01 198457 J

ILLINOIS OFFICE  
BLOOMINGTON, IL

BANK ONE NA 56-1544/441  
COLUMBIA, MO

6/03/2002

ROCKFORD 01-114 1638

INSURED

CLAIM NO 13-7734-449

LOSS DATE 6/20/2002

EXACTLY ONE THOUSAND TWENTY-THREE AND 34/100 DOLLARS

\*\*\*\*\*1,029.36

Pay to the  
Order of

ROCKFORD IL 81109-1323

*R. L. Spina*  
AUTHORIZED SIGNATURE

**MUST BE ENDORSED BY ALL PAYEES**

By endorsing this instrument for your banking, you agree not to sue or  
deduct any personal customer information received from us unless  
necessary to the appropriate owner of

**AMCONE BANK**

**FOR DEPOSIT ONLY**

**MILBURY CREDIT CO. - OLDSBORO**

**392 8820**

10523889



RBZ00032  
date: 06-03-02  
time: 03:40 PM

\*\*\*\*\*

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

## VEHICLE DAMAGE REPORT



date of loss  
05-20-02

\*\*\*\*\*  
\* Estimate Vehicle Info \*  
\*  
\* Vehicle Owner: [REDACTED] \*  
\* Vehicle Description: 98 Oldsmobile Eighty-Eight 4D Sed BRIAR \*  
\*  
\*\*\*\*\*

Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

State Farm Insurance  
1040 W. Northwest Hwy. Mt. Prospect, IL 60056  
(847) 670-2300

Fax: (847) 670-2154

FOR ANY QUESTIONS REGARDING THIS ESTIMATE PLEASE CONTACT THE INDICATED  
CLAIMS REPRESENTATIVE.

Damage Assessed By: Rich Metras

Appraised For: Team 22 Rep  
(888) 309-8607

Supplemented By: JOHN GASIOR

Date of Loss: 5/20/02  
Deductible: 0.00  
Claim Number: 13-7734-44901

Insured:  
Address:  
Telephone:

Mitchell Service: 912490

Description: 1998 Oldsmobile Eighty-Eight

Body Style: 4D 8sd

VIN: 1G3HN52K4W4844091

Mileage: 30,130

GEN/ALT: A

Color: BRIAR

Options: Air Conditioning, Power Steering, Electric Defogger, AM-FM Stereo, Automatic Transmission, 4-Door.

Drive Train: 3.8L Inj 6 CylAO

License:

Search Code: A116

Line Entry	Labor		Line Item	Part Type/	Dollar	Labor
Item Number	Type	Operation	Description	Part Number	Amount	Units
1	900500 MCH*	ADD'L LABOR OP	SHOP DIAGNOSTICS	Existing		1.0*
51 2			---CAUSE UNKNOWN---			
51 3	900500 MCH*	REMOVE/REPLACE	UPPER INTAKE HSG.	New	324.32*	2.5*
4			PART PRICE PER INVOICE			
51 5	900300 MCH*	REPAIR	REINSULATE WIRING TO INJECTORS	Existing		1.0*
51 6	900300 MCH*	REMOVE/REPLACE	VACUUM HARNESS	New	13.50*	0.5*
51 7	900500 MCH*	REMOVE/REPLACE	FUEL REGULATOR	New	75.28*	1.0*
51 8	900500 MCH*	REMOVE/REPLACE	INTAKE COVER	New	51.24*	1.0*
52 9	900500 MCH*	REMOVE/REPLACE	FUEL LINE FEED	25625165	64.86*	0.8*
52 10	900500 MCH*	REMOVE/REPLACE	FUEL LINE RETURN	25625166	48.59*	0.8*
11	936001	ADD'L COST	TONING		50.00*	

\* - Judgement Item

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

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Page 1 of 4

Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

Remarks

REVIEWED WITH CHRIS.--PHONE SUP-J CHALUPA 052302--SPOKE W/CHRIS.  
S2 GASIOR FAX SUPPLEMENT REVIEWED WITH CHRIS VIA PHONE 6-3-02 FUEL  
LINES MELTED AT FUEL RAIL, OK'ED REPLACEMENT.

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

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Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Mechanical	7.6	80.00	0.00	0.00	<u>608.00 T</u>
Totalable Labor					608.00
Labor Summary	7.6				608.00

II. Part Replacement Summary

---

Taxable Parts	577.79
Sales Tax @ 6.25%	36.11
Total Replacement Parts Amount	<u>613.90</u>

III. Additional Costs	Amount	IV. Adjustments	Amount
Taxable Costs	<u>0.00</u>	Insurance Deductible	<u>0.00</u>
Non-Taxable Costs	50.00	Customer Responsibility	0.00
Total Additional Costs	<u>50.00</u>		

I.	Total Labor:	608.00
II.	Total Replacement Parts:	613.90
III.	Total Additional Costs:	50.00
	Gross Total:	<u>1,271.90</u>

IV.	Total Adjustments	0.00
	Net Total:	1,271.90
	Less Original Net Total:	330.00
	Net Supplement Amount:	<u>941.90</u>

\$1: Rich Matres	693.36
\$2: JOHN CHALUPA	248.54

Point(s) of Impact

16 NON-COLLISION (P)

Inspection Site: WILBURY  
Inspection Date: 5/22/02

**Body shop: MILBURY OLDS**  
**Address: 505 N PERRYVILLE RD**  
**ROCKFORD, IL 61107**  
**Telephone: (815) 398-0505**  
**Fax phone: (815) 398-9555**

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

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Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.00B

Page 3 of 4

Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED,

\*\*\*\*\*  
THIS IS NOT AN AUTHORIZATION TO REPAIR. ALL SUPPLEMENTS REQUIRE  
PRIOR APPROVAL BY A STATE FARM CLAIM REPRESENTATIVE.  
\*\*\*\*\*

NOTICE: REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC  
WELDING EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER.

ILLINOIS LAW REQUIRED THAT VEHICLE REPAIRERS MUST BE  
LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE  
ILLINOIS VEHICLE CODE.

\*\*\*\*\*  
\*\*\*\*\*

WARNING: Accidental air bag deployment is possible. Personal injury may result. Avoid area near steering wheel  
and instrument panel even if air bags have deployed. Dual-stage air bag modules may be present that could  
contain an undeployed stage. When disposing of a deployed dual-stage air bag, always treat it as a "live" module.  
See appropriate MITCHELL(R) AIR BAG SERVICE & REPAIR MANUAL, or OEM information.

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

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## SUPPLEMENT REQUEST

MAY 28 2002

Send to: ESTIMATIC UNIT- MT. PROSPECT CLAIM SERVICE CENTER

Toll Free Fax

Fax: (847) 670-2154 (847) 670-2162 (877) 252-5895 Office Phone: (847) 670-2197

Shop Name <u>Milbury Cadillac/OLDS</u>	Claim Number <u>137734449 01</u> <u>PK</u>
Shop Phone: <u>80-398-0505 x-360</u>	Owners Name: <u>[REDACTED]</u>
Fax #: <u>815-398-9555</u>	Vehicle Year <u>98</u> Make <u>OLDS</u> Model <u>88</u>
Contact Person: <u>CHRIS W</u>	Original Estimator: <u></u>

Is Vehicle Ready/Available for Inspection X Yes  No

Repair	Replaces	Del	Description	Parts	Labor	Refin	Frame	Sublet
	1		24506901 COVER	51.24	.0			
	1		17113136 VAP. INTAKE	324.83	2.5			
	1		17113346 FUEL REG.	75.23	1.0			
	1		24507476 VAP. HARNES	13.50	.5			
			REINSURANCE WIREING to INJECTORS					
			AND WIREING HORNES		1.0			
			HOUR DIAG.		1.0			

WAS THERE ANYTHING ON THE ESTIMATE THAT WAS NOT NEEDED?

Parts loss 3% = \$ 464.34

## SHOP COMMENTS

CALL 398-0505 x-360

CHRIS W.

NOT SURE WHAT CAUSED  
THIS PROBLEM.Body Labor Hours 6.0 x \$ 80.00 = \$ 480.00Refinish Labor Hours  x \$  = \$ Frame Labor Hours  x \$  = \$ Paint & Material Refinish Hours  x \$  = \$ Sublet = \$ 50.00 taxGross Supplement = \$ Sales tax  = \$ 29.02Deduction \$ Prior Damage \$ Less Deductions < \$ Net Supplement \$ 1028.36

WHEN DO YOU EXPECT TO DELIVER THIS VEHICLE?

## STATE FARM COMMENTS/APPROVAL

jc ok'd 67336

5/23/02 9:40

05/23/02 THU 07:34 [TX/RX NO 7529] 001

05/23/02 THU 07:34 [TX/RX NO 7529] 001

## Created Payment

S3539F85

Cln: 13-7734-449

Ins:

DOL: 05-20-02

Payment.no: 101187755K  
Payment status: PAID 06-25-02  
Authorized by: Kahle, Rae  
Entered by: Stewart, Vanessa  
Billing ref: D455908-6240

Total: 336.00  
Chgd by:  
Repl no:  
Bill amt: 336.00  
Adj code:

Issued: 06-21-02  
BMAP:  
Consol pynt: Y  
EFT pynt: Y  
Begin bill: 06-10-02  
End bill: - -

Remarks: D455908-6240

Payee:

DAVENPORT IA 52809-1570

St &amp; TIN: 15-431614608

COL 1 to 1 of 1

— COL —  
501 RENT

Amount  
336.00

Pay Cd  
1

Reporting Party  
Named Insured(s)

Rsn Cd

*Electronic Funds Transfer*

# Rental Invoice

Rental Age

D456908 - 8240

**Bill To:**

STATE FARM-ROCKFORD  
ATTN: Kahle\*Ree\*  
P.O. BOX 5528  
ROCKFORD IL 61125

**RENTAL INFORMATION**

Date Out  
5/21/02

Date In  
6/10/02

ROCKFORD

State  
IL

State  
IL

Expires  
12/24/04

DOB  
12/24/30

**Additional Driver**

Name

NO OTHER DRIVER PERMITTED

Age

Driver License

State

Expires

Color  
SILVER 1

Model  
01 SL2

Unit #  
BR1SS0

Date of Loss  
5/20/02

Type of Car  
OLDSMO

Type of Loss  
INSURED

Repair Shop  
MILBURY CAD

**RENTAL CHARGES**

Description	Rate	Amount
21 DAYS @	21.99	461.79
SALES TAX	5.00	28.09

JUN 13 2002

TOTAL CHARGES	484.88
LESS AMOUNT RECEIVED	127.88
CHARGED TO OTHERS	21.00
<b>AMOUNT DUE</b>	<b>336.00</b>

**RENTAL INFORMATION**

Billing Inquiry Call  
815-962-8900

Fed Tax ID #  
48-1814608

Billing Information

**Thank You For Choosing Enterprise**

GET MORE BANG FOR YOUR BUCK. CALL  
ENTERPRISE ABOUT OUR SPECIAL  
INDEPENDENCE DAY RENTAL PACKAGES.

Please Return This Portion with Remittance

Remit to:

**AMOUNT DUE** 336.00

Paid by:

STATE FARM-ROCKFORD  
ATTN: Kahle\*Ree\*  
P.O. BOX 5528  
ROCKFORD IL 61125

08/11

Customer# Rental Agreement Amount GPB#  
STP8242 D455908 336.00 8240



- ☐ STATE FARM FIRE & CASUALTY COMPANY  
☐ STATE FARM INDEMNITY COMPANY  
☐ STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
☐ STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS

Barcode Only

Claim Number 13-9934-449 RK

**AFFIDAVIT OF VEHICLE FIRE** (All Questions Must Be Completed in Ink)

1. Name of Insured [REDACTED]  
Address [REDACTED]  
Date of Birth 12-27-24 Marital Status: ☒ Married ☐ Single No. of Dependents         
Social Security No. [REDACTED] Driver's License No. [REDACTED]  
Occupation Retired Employer's Name         
Address        Phone       

2. Date of Fire May 20<sup>th</sup> 2002 Time 5:30 ☐ A.M. ☒ P.M.  
Make of Vehicle Olds Year 1998 Model "XP" Body Type 4-Door Color Beige  
Vehicle ID # 1G3HN53K464844091 License Plate # [REDACTED] State IL  
Certificate of Title # TS141332029 If none, why?         
Number of cylinders 6 H.P. or C.I. or Liter        Odometer reading         
Was vehicle locked? ☒ Yes ☐ No Were windows rolled up? ☒ Yes ☐ No  
When did you last see your vehicle? Date May 21<sup>st</sup> 2002 Time 9:50 ☒ A.M. ☐ P.M.  
Specific location where vehicle burned PARKING STALL IN FRONT OF OUR HOUSE  
Reason vehicle was left at this location THIS IS WHERE WE LIVE  
Name and address of person who left auto at this location [REDACTED]  
When was the fire discovered? Date May 20, 2002 Time 5:30 ☐ A.M. ☒ P.M.  
Who made the discovery? [REDACTED]  
When was fire reported to fire department? Date Was Not Time        ☐ A.M. ☐ P.M.  
Name and Location of Fire Station         
Describe fire (where, color of smoke, cause):         
Tried To Start Car and it BLEW UP  
Was vehicle being driven? ☐ Yes ☒ No Describe exactly what happened prior to noticing smoke  
or fire (electrical or mechanical malfunction):         
Were you carrying a container of flammable liquid in the vehicle at the time of fire? ☐ Yes ☒ No

If yes, give type of liquid \_\_\_\_\_, amount \_\_\_\_\_, size and

type of container \_\_\_\_\_, location of container at time of fire \_\_\_\_\_

Did you smell smoke or see flames first? Smoke THEN Flames

Have you had similar problems prior to fire? ☐ Yes ☒ No If yes, explain \_\_\_\_\_

Has vehicle been damaged during the past three years? ☐ Yes ☒ No If so, give location \_\_\_\_\_

\_\_\_\_\_ type of damage \_\_\_\_\_, amount of damage \$ \_\_\_\_\_, and date \_\_\_\_\_

Were repairs made? ☐ Yes ☒ No ☐ Partial If so, were they completed? ☐ Yes ☐ No

Who made the repairs? \_\_\_\_\_

Name and address of insurance company who paid claim damages, if any: \_\_\_\_\_

Any other claims in the last three years on this or any other auto? ☐ Yes ☒ No

Any other vehicles in your household? ☐ Yes ☒ No

Name of insurance company and agent on other vehicles \_\_\_\_\_

Your prior insurance company and agent American Family

Any homeowners claims within the past 6 months with State Farm? ☐ Yes ☒ No

With any other carrier? \_\_\_\_\_

### 3. Vehicle Equipment (Check if vehicle had any of the following)

<input type="checkbox"/> Radio AM	<input checked="" type="checkbox"/> Power Steer	<input type="checkbox"/> Vinyl Roof	<input checked="" type="checkbox"/> Cruise Control	Tires	Transmission:
<input checked="" type="checkbox"/> AM/FM	<input checked="" type="checkbox"/> Power Brakes	<input type="checkbox"/> Tinted Glass	<input type="checkbox"/> Compact Disc	<input type="checkbox"/> W/W	<input checked="" type="checkbox"/> Automatic
<input checked="" type="checkbox"/> Stereo	<input checked="" type="checkbox"/> Power Locks	<input type="checkbox"/> Mag Wheels	<input type="checkbox"/> Sun/Moon Roof	<input checked="" type="checkbox"/> Radial	<input type="checkbox"/> Standard
<input checked="" type="checkbox"/> Tape Deck	<input checked="" type="checkbox"/> Power Windows	<input type="checkbox"/> T-Tops		<input type="checkbox"/> Special	<input type="checkbox"/> Console
<input checked="" type="checkbox"/> Air Cond.	<input checked="" type="checkbox"/> Power Seats	<input checked="" type="checkbox"/> Tilt Steering Wheel			<input type="checkbox"/> AutoStick
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> CB Radio	Type _____	Cost \$ _____	Date installed _____		
<input type="checkbox"/> Purchased From: _____					

### 4. Vehicle Condition

Paint	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Excellent
Transmission	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Excellent
Engine	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Excellent
Body	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Excellent

Other distinguishing features: (Dents, decals, trailer hitch, interior, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

5. Name and address of service station/garage: Milbary Cad's Autos - 505 N. Perryville - RFD, IL

Who performs routine maintenance service? Milbary Cad's Autos Date last serviced \_\_\_\_\_

Who performs State MV Inspection? \_\_\_\_\_ Inspected \_\_\_\_\_  
6. Date car purchased May 5, 1998 ☒ New ☐ Used Purchase Price \$ 23,600  
Trade-In 1994 Buick Regal Allowance \$ 9,000.00  
Seller/Dealer/Individual Name and Address Humphrey Cadillac & Olds.  
How did you learn the car was for sale? \_\_\_\_\_  
How was the car paid for? ☐ Cash ☒ Check  
If financed, name and address of finance company Members Alliance Credit Union  
2550 So. Alpine, RFD #1  
Account # [REDACTED] Balance Due \$ 3,277.84 Loan Terms 60 Months 60 mos.  
Is account past due? ☐ Yes ☒ No How Long? \_\_\_\_\_  
Are keys in your possession? ☒ Yes ☐ No Ignition key # \_\_\_\_\_ Trunk key # \_\_\_\_\_  
Do you have other theft insurance? ☐ Yes ☒ No Policy# \_\_\_\_\_  
Name of Insurance company \_\_\_\_\_  
Was this a rebuilt wreck? ☐ Yes ☒ No If yes, name of rebuilder \_\_\_\_\_  
Was it a recovered theft? ☐ Yes ☒ No If yes, date of theft \_\_\_\_\_  
7. Amount for which you are making claim \$ \_\_\_\_\_  
8. Are the answers you have given true to the best of your knowledge and belief? ☒ Yes ☐ No

Witness [REDACTED]

Policyholder [REDACTED]

Address [REDACTED]

Rockford, IL 61108

SUBSCRIBED AND SWORN TO BEFORE ME this 28 day of May, (year) 2002

in Rockford, Illinois County, Winnebago

Notary Public Patricia J. Smith My commission expires: 12-16-2003



### RECORDED STATEMENT

This is [REDACTED] interviewing [REDACTED] at 9:06 a.m. on 5-23-02. This concerns a fire to a vehicle, to a 1998 Oldsmobile 88, the VIN number of this vehicle is 1G3HN52K4W4844091. The date of this fire was 5-20-02.

Question: Would you please state your full name and spell your last name for me?

Answer: Jerome [REDACTED]

Q: Is this recording being made with your full knowledge and consent?

A: Yes.

Q: What's your birthday?

A: 12-24-30.

Q: Are you married, sir?

A: Yes.

Q: What is your spouse's name?

A: [REDACTED]

Q: Does she share your same last name?

A: Yes.

Q: Do you have any dependents?

A: Do I have any dependents?

Q: Yes.

A: No, none.

Q: What is your home address?

A: [REDACTED]

Q: And your home telephone number, please?

A: [REDACTED]

Q: How long have you lived at that address?

A: Gosh, just off the top of my head I think since 1967.

Q: Okay, could I have your driver's license number, please?

A: Sure, just one second while I get it out.

Q: Okay.

A: Okay, oh, okay. [REDACTED]

Q: Is that an Illinois license?

A: Yes, ma'am.

Q: What is the license number of the vehicle that was involved?

A: [REDACTED]

Q: Okay, could I have your social security number please, sir?

A: [REDACTED]

Q: Are you employed, sir?

A: No.

Q: Are you retired?

A: Yes.

Q: How long have you been retired?

A: It'll be 18 complete years the 25<sup>th</sup> of May.

Q: Okay, can you tell me the date, the time and the place of the fire?

A: Well, the fire was at [REDACTED].

Q: Okay.

A: At about 5:30 p.m. on May 22<sup>nd</sup>.

Q: May 22<sup>nd</sup>?

A: Er no, what day was that? It was Tuesday.

Q: Tuesday the 20<sup>th</sup>?

A: The 20<sup>th</sup>.

Q: Okay.

A: Yeah, I'm sorry.

Q: That's okay. Where was the vehicle at when the fire started?

A: It was right here, at [REDACTED].

Q: Was it on the street, in the driveway, in the garage?

A: I have an off-street parking.

Q: Off-street parking?

A: Uh, space, where I live here, everyone has the off-street parking.

Q: Okay, is it just like a general parking lot type of thing?

A: No, no, no, it's a, it's a, each one has their own parking spot.



Q: Okay, was the vehicle being driven or was it parked when the fire began?

A: It was parked.

Q: How long had the vehicle been parked since it was last driven?

A: Since it was last driven?

Q: Yes.

A: I'm not sure if it was driven the day before or not.

Q: Okay.

A: But it hadn't been driven that day.

Q: So possibly a day or two since it had been driven?

A: I would say probably two days.

Q: Okay, and who last drove that vehicle?

A: I did.

Q: Was the vehicle locked when it was parked?

A: Oh, yes, yes.

Q: Where are the keys to the car?

A: Where are they?

Q: Yes.

A: In my pocket.

Q: When the fire started where were the keys to the car?

A: In the ignition.

Q: Okay, can you tell me how the fire, how you noticed the fire?

A: Well, I, I was going to run an errand and I got in the car, put my seat belt on, turned the ignition to start it. Boom, she blew right then and there.

Q: Okay, did you hear any noises prior to the fire?

A: No, no, no noises.

Q: Did you smell any odors prior to the fire?

A: No.

Q: How about the last time you drove it, had you smelled any odors at that time?

A: No.

Q: Did you hear any noises at that time?

A: No, no.

Q: Can you describe the fire when it happened?

A: Well, it was a very loud, very loud report. A lot of my neighbors thought it was a gunshot.

Q: Okay, what did you do when it exploded like that?

A: Well, I jumped out right away. I, I really didn't know what, what to think, you know, you know, doctored my car up or not. So I jumped out right away and I, uh, raised the hood, looked under the hood while the smoke started rolling out right away.

Q: Okay.

A: So I looked under the hood.

Q: What color was the smoke when it came?

A: Kind of, pretty much black.

Q: So when it popped you immediately saw smoke?

A: Yeah, by the time I got out.

Q: Okay.

A: I seen smoke coming out.

Q: Okay, by the time you got out of the car.

A: Yeah, and raised the hood, there was fire.

Q: Can you describe the flames?

A: Well, see I, there's, ma'am, there's a shield that goes through the top of the motor.

Q: Okay.

A: And the smoke was rolling out from underneath that.

Q: All right.

A: Well, it's fairly easy to take that off.

Q: Um hm.

A: So I took it off by the way, and the flames come up then.

Q: Okay.

A: I suppose they got air and --

Q: Exactly.

A: Yeah, I ran to the house and got a fire extinguisher, put it out right away.

Q: Okay.

A: It really didn't get as good a start as it could have if I'd --

Q: Okay, so you put it out yourself with a fire extinguisher?  
A: Yes.

Q: What, did you call the fire department at all?  
A: No, no, it went out right away.

Q: How long have you owned that vehicle?  
A: Since it was new.

Q: So since 1998?  
A: Yeah, since 98, since 5-5-98, I bought it.

Q: Who did you buy it from?  
A: Well, at that time it was Humphrey.

Q: Okay.  
A: Cadillac and Olds.

Q: Okay.  
A: But since Mayberry has bought them out and taken over.

Q: Has that vehicle ever been in an accident?  
A: Never, not since I've owned it.

Q: How much gas was in the gas tank at the time of the fire?  
A: Oh gosh, at least a half a tank.

Q: When was it last, when did you last purchase gas?  
A: Oh, I don't know exactly.

Q: Um hm.  
A: When I last purchased gas, but I can tell you how many miles and find on that, it had been driven when I put gas in it.

Q: Okay.  
A: I filled it up.

Q: Um hm.  
A: I always fill, okay, the, uh, it had been driven 298 miles.

Q: 298?  
A: Yes.

Q: Okay, what's the mileage on the vehicle now?

A: Well gosh, you got me, I'm not real sure. It's 30,000, the last I knew it was 30,108 miles.

Q: Okay.

A: It had been driven very, very little since then.

Q: Okay.

A: I don't think it's been driven ten miles since.

Q: When was the last time that vehicle was serviced?

A: What do you mean serviced, now?

Q: Uh, changed the oil, checked the --

A: The oil gets changed every 2,500 miles and Mayberry does it.

Q: Mayberry does it?

A: Yes.

Q: What other maintenance issues have they done to the vehicle?

A: Well, I had to have a, I guess they called it a sensor.

Q: Okay.

A: I had to have that put in the transmission.

Q: When was that done?

A: That was done, gosh, probably, probably two years ago.

Q: Okay.

A: Well I, the car had 22,000 miles on it when it was done, I know that.

Q: Okay, do you remember approximately when the last time was that the oil was changed?

A: Well, the approximate date, not right off the top of my head. It's not due for a change yet.

Q: Okay, so it hasn't been that long?

A: No, it's not been that long.

Q: Okay, has anything been added to the vehicle, any alarms or telephones or stereos?

A: No, no.

Q: No?

A: No.

Q: Do you know of any recall notices or have you received any correspondence from the manufacturer regarding this vehicle?

A: No.

Q: Did you have any luggage or valuables in the vehicle?

A: No.

Q: Have you ever had any other fires to this vehicle or any other vehicle?

A: No.

Q: Within the past six months have you had any other vehicle or homeowner's claims with State Farm?

A: No.

Q: How about any other insurer?

A: No.

Q: Okay, Mr. [REDACTED] can you tell me what Mayberry Olds have said since they've looked at the vehicle?

A: Well, that was this morning. I talked to Chris.

Q: Okay.

A: And he told me that it was something that he said that State Farm had asked him what did he think was the cause.

Q: Um hm.

A: And he said I don't know, but I think it probably, I think he called it a sensor, now that's supposed to I guess shut fuel off, and evidently it didn't shut it off and it built off and when I went to start it, right when I turned the ignition on that's what caused the spark.

Q: Okay, is there anything else that you know about this fire that you wish to add to this statement, Mr. [REDACTED]?

A: Well, he tells me, well then he told me, telling me that it was gonna cost a 1,000 to fix and he said that General Motors would not do nothing about it. You know, would not stand behind it or anything. So I asked him, I said well, if you fix it that's just a temporary fix. What's to prevent it from happening again? He said oh, well it won't happen again. But I suppose if I asked him last week is that gonna happen he'd of still said no. But, uh.

Q: Why does he say General Motors would not stand behind it?

A: Well, I don't know unless the guy talks to General Motors, I guess.

Q: Pardon me?

A: I guess they do the talking for General Motors or Mayberry.

Q: Okay, have the remarks in this recording been true to the best of your knowledge?  
A: Pardon?

Q: Have the remarks in this recording true to the best of your knowledge?  
A: Yes ma'am.

Q: Has this recording been made with your full knowledge and consent?  
A: Yes.

Q: That you Jerome [REDACTED] This is [REDACTED] at 9:19 a.m. on Thursday, 5-23-02  
concluding this recording.

SLW/HA4.50/8-22-02

# State Farm Insurance Companies®



September 3, 2002

Paris  
440090

Rockford Service Center  
7404 Cherryvale N. Boulevard  
P.O. Box 5526  
Rockford, IL 61125

Jenny Paris  
Esis/GM Claims  
Renaissance Center  
P.O. Box 300, Mail Code 482C20D71  
Detroit, MI 48265-0300

**RECEIVED**

**SEP 09 2002**

**ESIS-GM CLAIMS UNIT**

RE: Claim Number: 13-7734-449  
Our Insureds: Jerome and Betty Lou [REDACTED]  
Date of Loss: May 20, 2002  
Vehicle: 1998 Oldsmobile 88, four-door sedan  
VIN: 1G3HN52K4W4844091

Dear Ms. Paris:

The above-identified vehicle experienced a fire in the engine compartment. We settled a claim with our insured in the amount of \$1,607.90, which includes our insured's deductible. Our investigation revealed that this fire originated during the start-procedure. The intake manifold broke and fire erupted. Our investigation revealed that this problem has been noted in several vehicles, 1996, 1997, 1998, 2000, 2001, and 2002. All of which includes the Olds 88 and all are involved in a recall (NHTSA 98V116000).

The recall notice indicates the computer program allows the intake manifold to flood with fuel vapors and then ignite. Since the intake manifold is made of plastic, it breaks and can possibly cause fire to spread to the other components in the engine compartment.

Enclosed are our proofs of damages. We have retained all parts for your inspection. Please remit payment to State Farm Insurance®, Post Office Box 5526, Rockford, Illinois 61125.

Sincerely,

Rae Lynn Kahle  
Sr. Claim Representative  
State Farm Mutual Automobile Insurance Company  
(815) 332-8541

RLK/040/0803008

Enclosures



RHZ0006Z  
date: 08-30-02

page: 1

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

## AUTO PAYMENTS BY COL

policy number

date of loss

05-20-02

JEROME

### COL 312

C denotes consolidated payment  
P denotes previous data

E denotes EFT payment

COL: 312	indemnity:	1,271.90	dir rcv:	0.00	expense:	0.00
payment number	payee	amount	status	COL	pay code	reporting party
		248.54	PAID	312	3	Named Insu
		1,023.36	PAID	312	1	Named Insu

### COL 501

C denotes consolidated payment  
P denotes previous data

E denotes EFT payment

COL: 501	indemnity:	336.00	dir rcv:	0.00	expense:	0.00
payment number	payee	amount	status	COL	pay code	reporting party
		336.00	PAID	501	1	Named Insu

102336  
248.54  
1271.90  
336.00  
1027.90





RBZ00032  
date: 08-30-02  
time: 09:45 AM

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
**VEHICLE DAMAGE REPORT**

date of loss  
05-20-02

\*\*\*\*\*  
\* Estimate Vehicle Info \*  
\*  
\* Vehicle Owner: [REDACTED], JEROME \*  
\* Vehicle Description: 98 Oldsmobile Eighty-Eight 4D Sed BRIAR \*  
\*  
\*\*\*\*\*

Date: 6/3/02 10:48 AM  
 Estimate ID: 13-7734-44901  
 Estimate Version: 2  
 Supplement: 2(P) 6/3/02 01:48:43 AM  
 Profile ID: CUSTOMIZED

State Farm Insurance  
 1060 W. Northwest Hwy. Mt. Prospect, IL 60056  
 (847) 670-2300  
 Fax: (847) 670-2154

FOR ANY QUESTIONS REGARDING THIS ESTIMATE PLEASE CONTACT THE INDICATED  
 CLAIMS REPRESENTATIVE.

Damage Assessed By: Rich Matras Appraised For: Tom 22 Rap  
 (888) 309-8607  
 Supplemented By: JOHN GASIOR

Date of Loss: 5/20/02  
 Deductible: 0.00  
 Claim Number: 13-7734-44901

Insured: [REDACTED]  
 Address: [REDACTED]  
 Telephone: [REDACTED]

Mitchell Service: 912490

Descriptions: 1998 Oldsmobile Eighty-Eight  
 Body Style: 4D Sed  
 VIN: 1G3MH52K4M844091  
 Mileage: 30,130  
 OEM/ALT: A  
 Color: BRN  
 Options: Air Conditioning, Power Steering, Electric Defogger, AM-FM Stereo, Automatic Transmission, 4-Door.

Drive Train: 3.8L Inj 6 CylAO  
 License: [REDACTED]

Search Code: A116

Line	Entry	Labor	Operation	Line Item	Part Type/	Dollar	Labor
Item	Number	Type		Description	Part Number	Amount	Units
1	900500	MCH*	ADD'L LABOR CP	SHOP DIAGNOSTICS	Existing		1.0*
\$1 2				---CAUSE UNKNOWN---			
\$1 3	900500	MCH*	REMOVE/REPLACE	UPPER INTAKE HSG.	New	324.32*	2.5*
4				PART PRICE PER INVOICE			
\$1 5	900500	MCH*	REPAIR	REINSULATE WIRING TO INJECTORS	Existing		1.0*
\$1 6	900500	MCH*	REMOVE/REPLACE	VACUUM HARNESS	New	13.50*	0.5*
\$1 7	900500	MCH*	REMOVE/REPLACE	FUEL REGULATOR	New	75.28*	1.0*
\$1 8	900500	MCH*	REMOVE/REPLACE	INTAKE COVER	New	51.24*	1.0*
\$2 9	900500	MCH*	REMOVE/REPLACE	FUEL LINE FEED	25625165	44.86*	0.8*
\$2 10	900500	MCH*	REMOVE/REPLACE	FUEL LINE RETURN	25625166	48.59*	0.8*
11	936001		ADD'L COST	TOWING		30.00*	

\* - Judgment Item

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
 UltraMate Version: 4.8.008

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Page 1 of 4

Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

Remarks

REVIEWED WITH CHRIS.--PHONE SUP-J CHALLUPA 052302--SPOKE W/CHRIS.  
82 GASIOR FAX SUPPLEMENT REVIEWED WITH CHRIS VIA PHONE 6-3-02 FUEL  
LINES MELTED AT FUEL RAIL, OK'D REPLACEMENT.

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

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Page 2 of 4



Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

\*\*\*\*\*  
THIS IS NOT AN AUTHORIZATION TO REPAIR. ALL SUPPLEMENTS REQUIRE  
PRIOR APPROVAL BY A STATE FARM CLAIM REPRESENTATIVE.  
\*\*\*\*\*

NOTICE: REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC  
WELDING EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE  
LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE  
ILLINOIS VEHICLE CODE.

\*\*\*\*\*  
\*\*\*\*\*

WARNING: Accidental air bag deployment is possible. Personal injury may result. Avoid area near steering wheel  
and instrument panel even if air bags have deployed. Dual-stage air bag modules may be present that could  
contain an undeployed stage. When disposing of a deployed dual-stage air bag, always treat it as a "live" module.  
See appropriate MITCHELL(R) AIR BAG SERVICE & REPAIR MANUAL, or OEM information.

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

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Page 4 of 4



- ☐ STATE FARM FIRE & CASUALTY COMPANY  
☐ STATE FARM INDEMNITY COMPANY  
☐ STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
☐ STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS

Barcode Only

Claim Number 13-7934-449 RK

**AFFIDAVIT OF VEHICLE FIRE** (All Questions Must Be Completed In Ink)

1. Name of Insured

Address

Date of Birth 12-21-20 Marital Status: ☒ Married ☐ Single No. of Dependents \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Occupation Retired Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Date of Fire May 20<sup>th</sup> 2002 Time 5:30 ☐ A.M. ☒ P.M.

Make of Vehicle Olds Year 1998 Model "X8" Body Type 4-Door Color Beige

Vehicle ID # 1G3HNSA464844091 License Plate # \_\_\_\_\_ State IL

Certificate of Title # TS14B32029 If none, why? \_\_\_\_\_

Number of cylinders 6 H.P. or C.I. or Liter \_\_\_\_\_ Odometer reading \_\_\_\_\_

Was vehicle locked? ☒ Yes ☐ No Were windows rolled up? ☒ Yes ☐ No

When did you last see your vehicle? Date May 21<sup>st</sup> 2002 Time 9:30 ☒ A.M. ☐ P.M.

Specific location where vehicle burned PARKING STALL IN FRONT OF OUR HOUSE

Reason vehicle was left at this location THIS IS WHERE WE LIVE

Name and address of person who left auto at this location \_\_\_\_\_

Rochester, IL 61105 Their driver's license no. \_\_\_\_\_

When was the fire discovered? Date May 20, 2002 Time 5:30 ☐ A.M. ☒ P.M.

Who made the discovery? \_\_\_\_\_

When was fire reported to fire department? Date Was Not Time \_\_\_\_\_ ☐ A.M. ☐ P.M.

Name and Location of Fire Station \_\_\_\_\_

Describe fire (where, color of smoke, cause): \_\_\_\_\_

Was vehicle being driven? ☐ Yes ☒ No

Describe exactly what happened prior to noticing smoke

or fire (electrical or mechanical malfunction): Trials To Start Car and it BLEW UP

Were you carrying a container of flammable liquid in the vehicle at the time of fire? ☐ Yes ☒ No

If yes, give type of liquid \_\_\_\_\_, amount \_\_\_\_\_, size and

type of container \_\_\_\_\_, location of container at time of fire \_\_\_\_\_

Did you smell smoke or see flames first? Smoke then flames

Have you had similar problems prior to fire? ☐ Yes ☒ No If yes, explain \_\_\_\_\_

Has vehicle been damaged during the past three years? ☐ Yes ☒ No If so, give location \_\_\_\_\_

\_\_\_\_\_ type of damage \_\_\_\_\_, amount of damage \$ \_\_\_\_\_, and date \_\_\_\_\_

Were repairs made? ☐ Yes ☒ No ☐ Partial If so, were they completed? ☐ Yes ☐ No

Who made the repairs? \_\_\_\_\_

Name and address of insurance company who paid claim damages, if any: \_\_\_\_\_

Any other claims in the last three years on this or any other auto? ☐ Yes ☒ No

Any other vehicles in your household? ☐ Yes ☒ No

Name of insurance company and agent on other vehicles \_\_\_\_\_

Your prior insurance company and agent American Family

Any homeowners claims within the past 6 months with State Farm? ☐ Yes ☒ No

With any other carrier? \_\_\_\_\_

3. Vehicle Equipment (Check if vehicle had any of the following)

<input type="checkbox"/> Radio AM	<input checked="" type="checkbox"/> Power Steer	<input type="checkbox"/> Vinyl Roof	<input checked="" type="checkbox"/> Cruise Control	Tires	Transmission:
<input checked="" type="checkbox"/> AM/FM	<input checked="" type="checkbox"/> Power Brakes	<input type="checkbox"/> Tinted Glass	<input type="checkbox"/> Compact Disc	<input type="checkbox"/> W/W	<input checked="" type="checkbox"/> Automatic
<input checked="" type="checkbox"/> Stereo	<input checked="" type="checkbox"/> Power Locks	<input type="checkbox"/> Mag Wheels	<input type="checkbox"/> Sun/Moon Roof	<input checked="" type="checkbox"/> Radial	<input type="checkbox"/> Standard
<input checked="" type="checkbox"/> Tape Deck	<input checked="" type="checkbox"/> Power Windows	<input type="checkbox"/> T-Tops		<input type="checkbox"/> Special	<input type="checkbox"/> Console
<input checked="" type="checkbox"/> Air Cond.	<input checked="" type="checkbox"/> Power Seats	<input checked="" type="checkbox"/> Tilt Steering Wheel			<input type="checkbox"/> AutoStick
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> CB Radio	Type _____	Cost \$ _____	Date installed _____		
<input type="checkbox"/> Purchased From: _____					

4. Vehicle Condition

Paint	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent
Transmission	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent
Engine	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent
Body	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent

Other distinguishing features: (Dents, decals, trailer hitch, interior, etc).  
\_\_\_\_\_  
\_\_\_\_\_

5. Name and address of service station/garage: Milbary Cad's Bldg. - 505 N. Perryville - RFD, IL

Who performs routine maintenance service? Milbary Cad's Bldg. Date last serviced: \_\_\_\_\_

Who performs State MV inspection? \_\_\_\_\_ Is last inspected \_\_\_\_\_

6. Date car purchased May 5, 1998 ☒ New ☐ Used Purchase Price \$ 23,600

Trade-in 1994 Buick Regal Allowance \$ 9,000.00

Seller Dealer/Individual Name and Address Humphrey Cadillac

How did you learn the car was for sale? \_\_\_\_\_

How was the car paid for? ☐ Cash ☒ Check

If financed, name and address of finance company MEMBER'S Alliance Credit Union

2550 So. Alpinia, RFD #1

Account # [REDACTED] Balance Due \$ 3,277.84 Loan Terms 60 Months 60 mos.

Is account past due? ☐ Yes ☒ No How Long? \_\_\_\_\_

Are keys in your possession? ☒ Yes ☐ No Ignition key # \_\_\_\_\_ Trunk key # \_\_\_\_\_

Do you have other theft insurance? ☐ Yes ☒ No Policy# \_\_\_\_\_

Name of Insurance company \_\_\_\_\_

Was this a rebuilt wreck? ☐ Yes ☒ No If yes, name of rebuilder \_\_\_\_\_

Was it a recovered theft? ☐ Yes ☒ No If yes, date of theft \_\_\_\_\_

7. Amount for which you are making claim \$ \_\_\_\_\_

8. Are the answers you have given true to the best of your knowledge and belief? ☒ Yes ☐ No

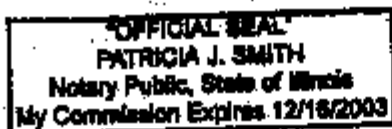
Witness [REDACTED] Policyholder [REDACTED]

Address [REDACTED]

SUBSCRIBED AND SWORN TO BEFORE ME this 28 day of May (year) 2002

In Rockford, ILLINOIS County, Winnebago

Notary Public Patricia J. Smith My commission expires 12-16-2003





# Rental Invoice

## Bill To:

STATE FARM-ROCKFORD  
ATTN: Kahle-Rae  
P.O. BOX 5526  
ROCKFORD IL 61125

Date Out  
5/21/02

Date In  
8/10/02

City  
ROCKFORD

State  
IL

Zip  
61109-1923

State  
IL

Expires  
12/24/04

DOB  
12/24/30

## Additional Driver

### Name

NO OTHER DRIVER PERMITTED

### Age

Driver License

State

Expires

Color  
SILVER 1  
Model  
01 SL2

Unit #  
BR1330

#P.O. #

JEROME

Date of Loss  
5/20/02

Type of Loss  
INSURED

Type of Car  
OLDSBB

Repair Shop  
MILBURY CAD

Rental Agreement

D455908 - 6240

## Description

Rate

Amount

21 DAYS

21.89

461.79

SALES TAX

5.00

23.09

JUN 13 2002

TOTAL CHARGES

484.88

LESS AMOUNT RECEIVED

127.88

CHARGED TO OTHERS

21.00

AMOUNT DUE

338.00

Billing Inquiries Call

815-983-8900

Billing Information

Fed Tax ID #

43-1814808

Thank You For Choosing Enterprise

GET MORE BANG FOR YOUR BUCK. CALL  
ENTERPRISE ABOUT OUR SPECIAL  
INDEPENDENCE DAY RENTAL PACKAGES.

Please Return This Portion with Remittance

Remit to:

AMOUNT DUE

338.00

Paid by:

STATE FARM-ROCKFORD  
ATTN: Kahle-Rae  
P.O. BOX 5526  
ROCKFORD IL 61125

08/11

Customer# Rental Agreement Amount GPB#  
STF6242 D455908 338.00 6240

# CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

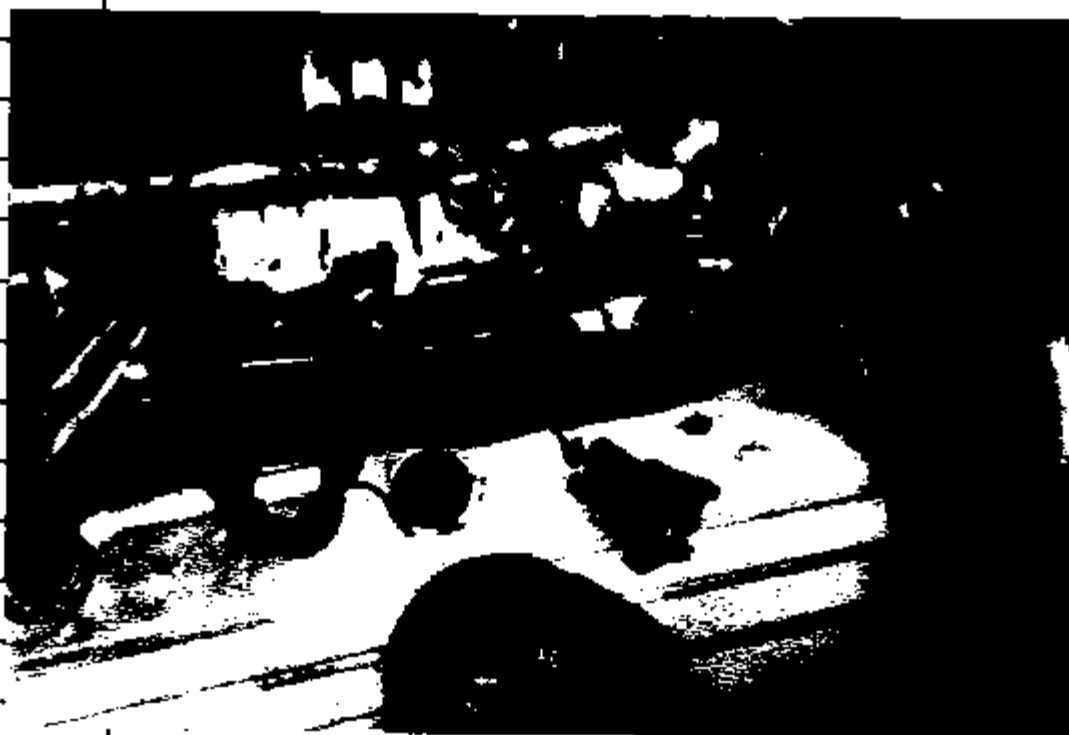
Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY	TIME	INITIALS
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# CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

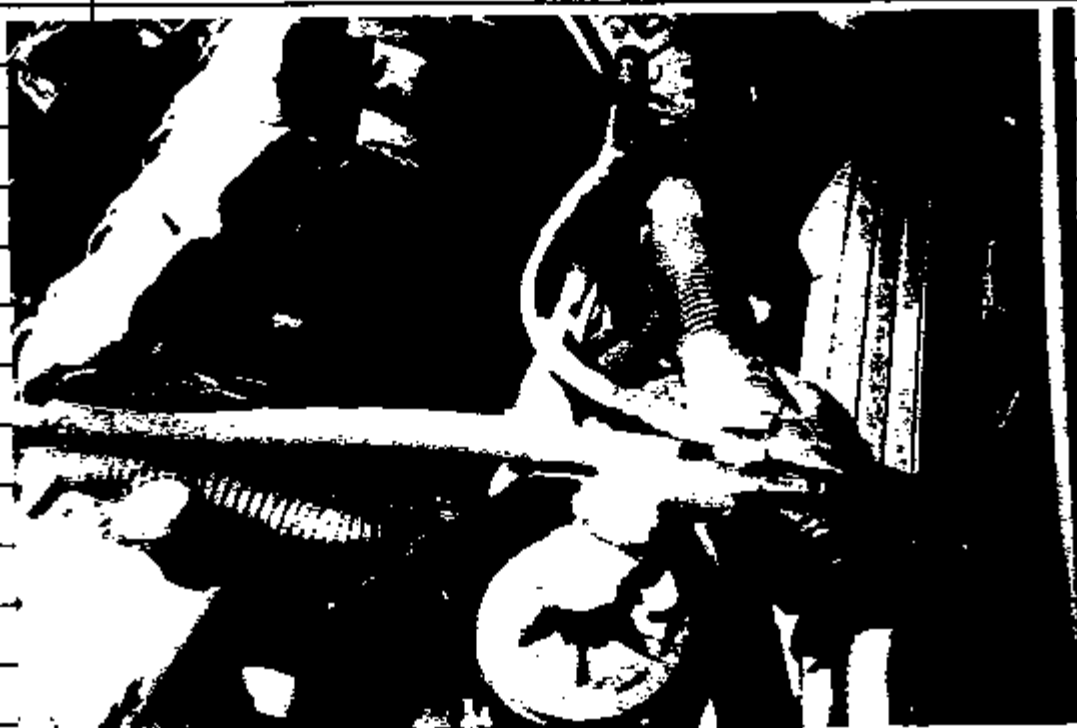
Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY	TIME	INITIALS
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# CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

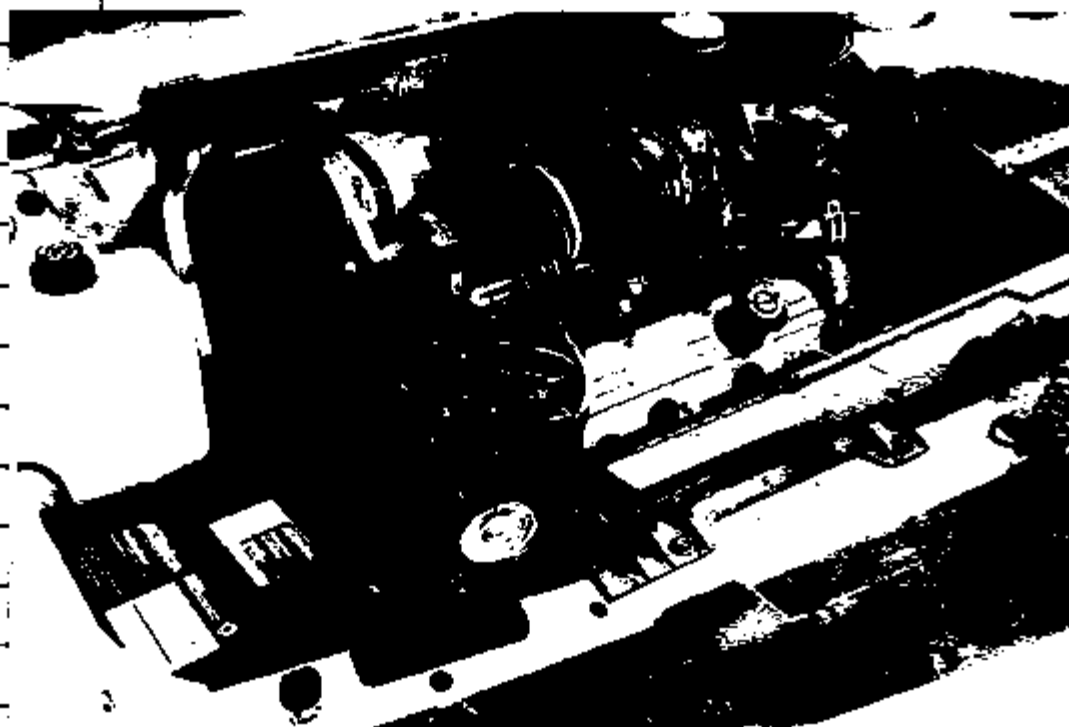
Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY TIME INITIALS



# CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY TIME INITIALS



# CLAIM ACTIVITY LOG


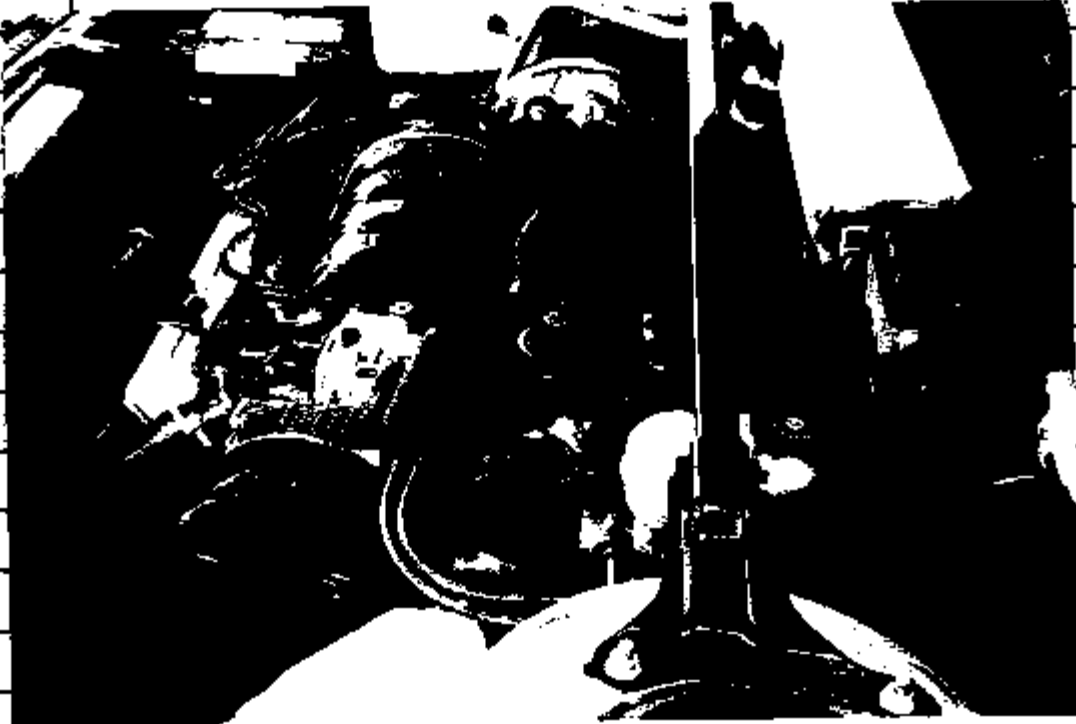
Page No. \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DATE /DAY	TIME	INITIALS	
			
			

# CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY TIME INITIALS



# CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

MO/DAY TIME INITIALS





CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

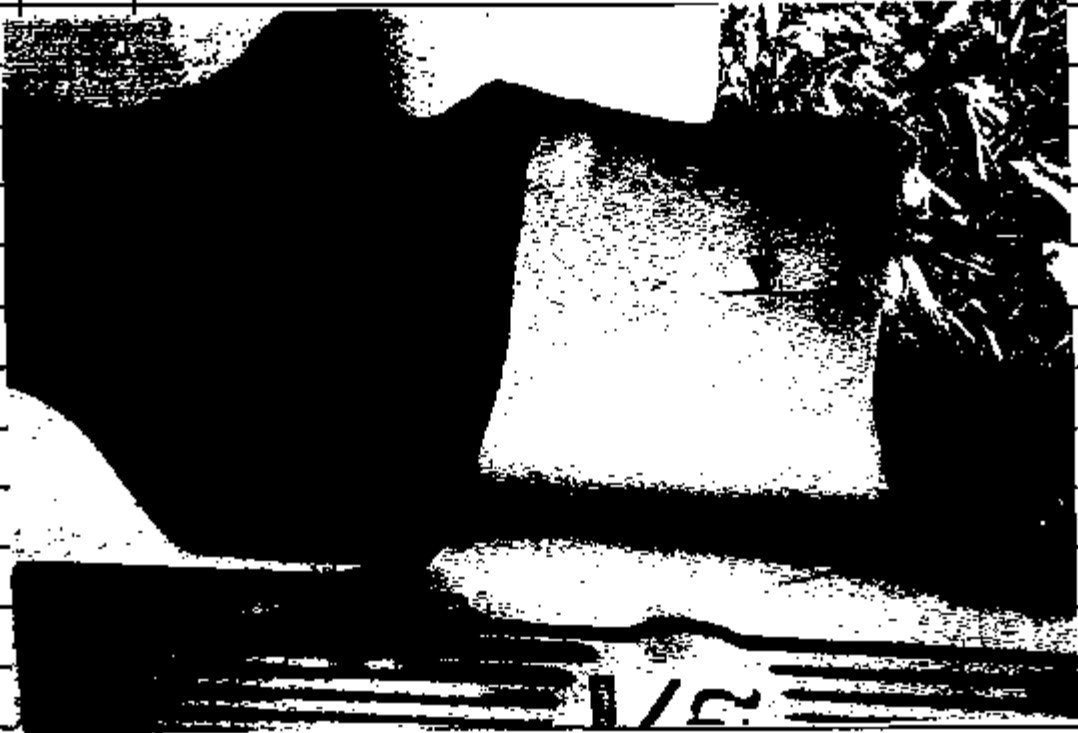
Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY	TIME	INITIALS
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**CLAIM ACTIVITY LOG**

Page No. \_\_\_\_\_

**Claim Number** \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY	TIME	INITIALS
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## CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

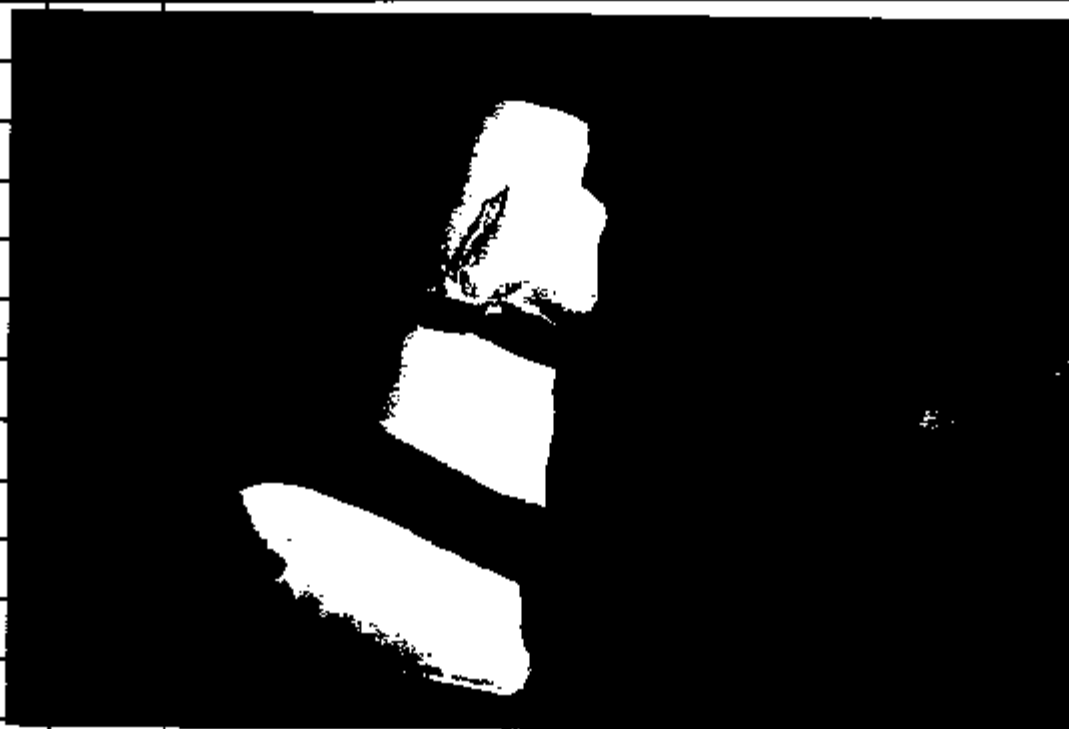
**Claim Number** \_\_\_\_\_

**Insured** \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY	TIME	INITIALS
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**CLAIM ACTIVITY LOG**

Page No. \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

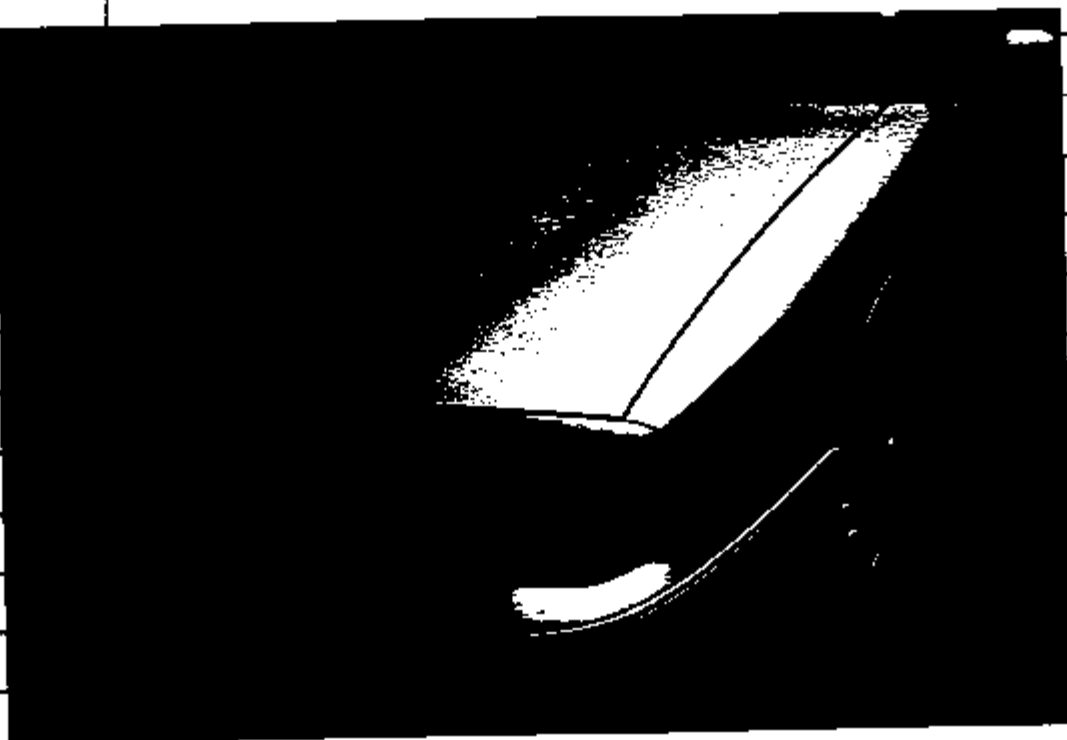
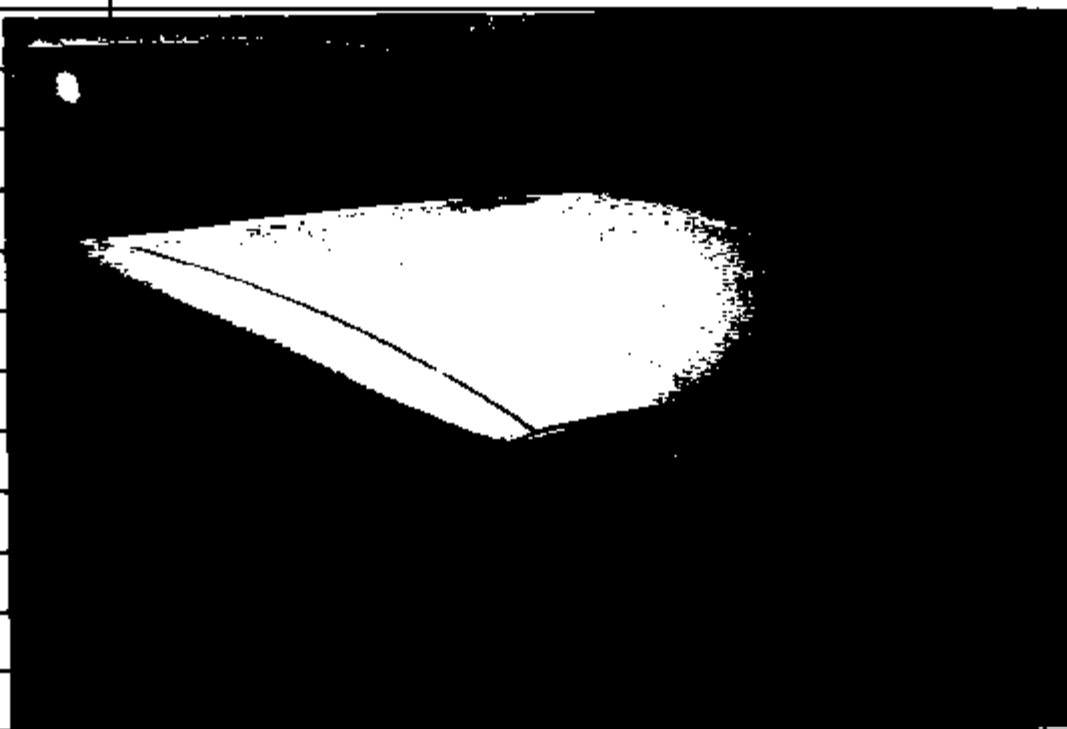
Received Notice of Loss: \_\_\_\_\_

YEAR \_\_\_\_\_

[illegible]

TIME

INITIALS



# CLAIM ACTIVITY LOG



Page No. \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_

DAY	TIME	INITIALS	
			
			

## CLAIM ACTIVITY LOG

Page No. \_\_\_\_\_

**Claim Number** \_\_\_\_\_

Insured \_\_\_\_\_

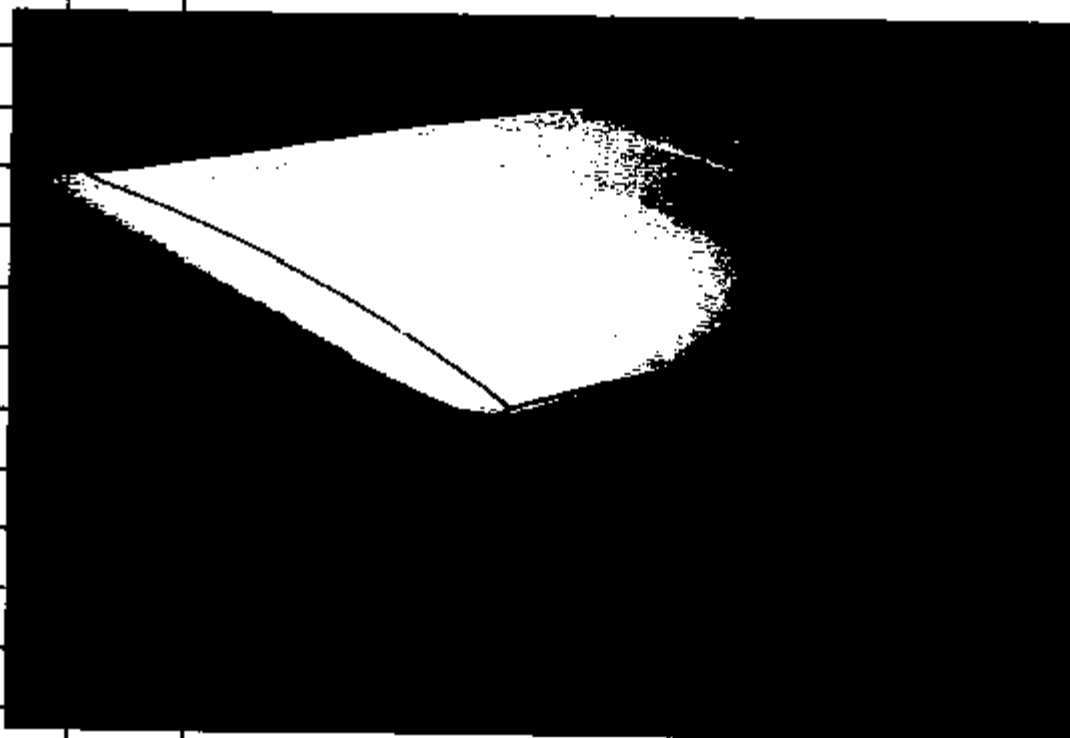
Received Notice of Loss \_\_\_\_\_

YEAR \_\_\_\_\_



TIME

INITIALS



## VENDOR LOG SHEET

Claim #	Tape #	Rec'd from	Date & Time received
13-7734-448	50	HA4	8/21/02, 1:30 p.m.

Date & time given to Vendor Employee	Date & time rec'd from Vendor Employee	Date & Time sent to ROWPC
8/21/02, 1:30 p.m.	8/22/02 1:30 p.m.	8/22/02 1:30 p.m.

Voas Transcription, Inc., is under contract with State Farm's Rockford Office at 7404

Cherry Vale N. Blvd., P.O. 5526, Rockford, Illinois.

## TRANSCRIPTIONIST AFFIDAVIT

I, Stacy L. [REDACTED] declare that:

- 1) I have transcribed this State Farm Insurance recorded claim statement to the best of my ability.
- 2) This tape has not been added to, erased out, text deleted, or altered in any way while in my possession.
- 3) I have not provided, and I will not provide, this tape or its contents in any form to anyone other than the Vendor identified below.
- 4) This tape remained in my possession the entire time between the start date & time and the return date & time indicated below.

THIS TAPE WAS IN MY POSSESSION: 1:30 p.m. 8/21/02

THIS TAPE WAS RETURNED TO VENDOR: 1:30 p.m. 8/22/02

Signed: [REDACTED]

(Tr

Signed: [REDACTED]

(Authorized Vendor Representative Signature)

Dated: 8-23-02



Jenny Paris  
Claims Administrator  
ESIS GM Central Claims

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48263-3000  
Telephone 313.663-3415  
Facsimile 313.663.0911  
Jenny.Paris@Esis.com

July 19, 2002

Attn: Rae Lynn Kahle  
State Farm Insurance Co.  
P.O. Box 5526  
Rockford, IL 61125

Your Insured: [REDACTED]  
Our File Number: 440090  
Your Claim Number: 13 7734 449 RLK  
Our Client: General Motors Corporation  
Date of Event: 5/20/02

Dear Ms. Kahle:

We are the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.

7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your repair orders and proof of payment (cancelled checks).

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Respectfully,

Jenny Paris

# State Farm Insurance Companies®



July 5, 2002

*No Omni  
No LP  
No 12/21  
DE 7/18/02*

Rockford Service Center  
7404 Cherryvale N. Boulevard  
P.O. Box 5526  
Rockford, IL 61125

## CERTIFIED MAIL - RETURN RECEIPT REQUESTED

ESIS/GM Claims  
Renaissance Center  
P.O. Box 300  
Mail Code 482C20D71  
Detroit, MI 48265-0300

*440090*

**RECEIVED**  
JUL 17 2002  
ESIS-GM CLAIMS UNIT

RE: Claim Number: 13-7734-449 RLK  
Our Insureds: Jerome and Betty [REDACTED]  
Date of Loss: May 20, 2002  
Vehicle: 1998 Oldsmobile 88 Four-Door Sedan  
VIN: 1G3HN52K4W4844091 ✓

### To Whom It May Concern:

This State Farm® insured vehicle was involved in a fire. We settled a claim with our insureds in the amount of \$1,607.90, which includes our insureds' deductible.

Our investigation revealed the cause of the fire was due to a backfire condition that occurs during start-up breaking the intake manifold and causing the fire.

Enclosed is the documentation of State Farm's claim. The evidence is being held for your inspection. You may contact me at (815) 332-6541 to make arrangements to inspect the parts.

Please consider this letter as our demand to General Motors for reimbursement of \$1,607.90.

Sincerely,

*Rae Lynn Kahl*

Rae Lynn Kahl  
Sr. Claim Representative  
State Farm Mutual Automobile Insurance Company  
(815) 332-6541

RLK/020/0705014

Enclosure

# Rental Invoice

Rental Agreement

D455808 - 6240

BILL TO:

STATE FARM-ROCKFORD  
ATTN: Kahle-Ree  
P.O. BOX 5526  
ROCKFORD IL 61125

Date Out  
5/21/02

Date In  
5/10/02

City  
ROCKFORD

State  
IL

Zip  
61109-1823

DOB  
12/24/80

State  
IL

Expires  
12/24/04

Additional Driver

Name

NO OTHER DRIVER PERMITTED

Age

Driver License

State

Expires

Description

Rate

Amount

21 DAYS

21.99

461.79

SALES TAX

5.00

28.09

JUN 13 2002

TOTAL CHARGES

484.88

LESS AMOUNT RECEIVED

127.88

CHARGED TO OTHERS

21.00

AMOUNT DUE

336.00

Color  
SILVER 1

P.O. #

Model  
01 SL2

Unit #  
BR1330

Insured

Date of Loss  
5/20/02

Type of Loss  
INSURED

Type of Car  
OLDS98

Repair Shop  
MILBURY CADT

Billing Inquiry Call

815-962-3900

Fed Tax ID #

43-1814808

Billing Information

Thank You For Choosing Enterprise

GET MORE BANG FOR YOUR BUCK. CALL  
ENTERPRISE ABOUT OUR SPECIAL  
INDEPENDENCE DAY RENTAL PACKAGES.

Please Return This Portion with Remittance

Remit to:

AMOUNT DUE

336.00

Paid by:

STATE FARM-ROCKFORD  
ATTN: Kahle-Ree  
P.O. BOX 5526  
ROCKFORD IL 61125

05/11

Customer# Rental Agreement Amount GPB#  
STF8242 D455808 336.00 6240



REZ00032  
date: 07-06-02  
time: 09:41 AM

[REDACTED]

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
**VEHICLE DAMAGE REPORT**

[REDACTED]

date of loss  
05-20-02

```
*****  
* Estimate Vehicle Info *  
*  
* Vehicle Owner: [REDACTED] *  
* Vehicle Description: 98 Oldsmobile Eighty-Eight 4D Sed BRIAR *  
*  
*****
```

Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

State Farm Insurance  
1040 W. Northwest Hwy. Mt. Prospect, IL 60056  
(847) 670-2300

Fax: (847) 670-2154

FOR ANY QUESTIONS REGARDING THIS ESTIMATE PLEASE CONTACT THE INDICATED  
CLAIMS REPRESENTATIVE.

Damage Assessed By: Rich Matras

Appraised For: Team 22 Rep  
(800) 309-8607

Supplemented By: JOHN GASIOR

Date of Loss: 5/20/02  
Deductible: 0.00  
Claim Number: 13-7734-44901

Insured:  
Address:  
Telephone:

Mitchell Service: 912690

Description: 1996 Oldsmobile Eighty-Eight

Body Style: 4D Sed  
VIN: 1G3HN52K4W4844091  
Mileage: 30,130  
OEN/ALT: A  
Color: BRIAR

Drive Train: 3.8L Inj 6 CylAD  
License: [REDACTED]

Search Code: A116

Options: Air Conditioning, Power Steering, Electric Defogger, AM-FM Stereo, Automatic Transmission, 4-Door.

Line Entry	Labor		Line Item	Part Type/	Dollar	Labor
Item Number	Type	Operation	Description	Part Number	Amount	Units
1	900500 MCH*	ADD'L LABOR CP	SHOP DIAGNOSTICS	Existing		1.0*
31 2			---CAUSE UNKNOWN---			
31 3	900500 MCH*	REMOVE/REPLACE	UPPER INTAKE MGR.	New	324.32*	2.5*
4			PART PRICE PER INVOICE			
31 5	900500 MCH*	REPAIR	REINSULATE WIRING TO INJECTORS	Existing		1.0*
31 6	900500 MCH*	REMOVE/REPLACE	VACUUM HARNESS	New	13.50*	0.5*
31 7	900500 MCH*	REMOVE/REPLACE	FUEL REGULATOR	New	75.28*	1.0*
31 8	900500 MCH*	REMOVE/REPLACE	INTAKE COVER	New	51.26*	1MC*
32 9	900500 MCH*	REMOVE/REPLACE	FUEL LINE FEED	25625165	64.66*	0.8*
32 10	900500 MCH*	REMOVE/REPLACE	FUEL LINE RETURN	25625166	48.59*	0.8*
11	936001	ADD'L COST	TOWING		50.00*	

\* - Judgment Item

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

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Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

Page 1 of 4

Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

Remarks

REVIEWED WITH CHRIS.--PHONE SUP-J CHALUPA 052302--SPOKE W/CHRIS.  
S2 GASIOR FAX SUPPLEMENT REVIEWED WITH CHRIS VIA PHONE 6-3-02 FUEL  
LINES MELTED AT FUEL RAIL, OK'ED REPLACEMENT.

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.00B

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Page 2 of 4

Date: 6/3/02 10:48 AM  
 Estimate ID: 13-7734-44901  
 Estimate Version: 2  
 Supplement: 2(P) 6/3/02 01:48:43 AM  
 Profile ID: CUSTOMIZED

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Mechanical	7.6	80.00	0.00	0.00	608.00	Taxable Parts	577.79
						Sales Tax @ 6.250%	36.11
Taxable Labor					608.00	Total Replacement Parts Amount	613.90
Labor Summary	7.6				608.00		
III. Additional Costs					Amount	IV. Adjustments	Amount
Taxable Costs					0.00	Insurance Deductible	0.00
Non-Taxable Costs					50.00	Customer Responsibility	0.00
Total Additional Costs					50.00		
						I. Total Labor:	608.00
						II. Total Replacement Parts:	613.90
						III. Total Additional Costs:	50.00
						Gross Totals:	1,271.90
						IV. Total Adjustments	0.00
						Net Total:	1,271.90
						Less Original Net Total:	330.00
						Net Supplement Amount:	941.90
						S1: Rich Matras	693.36
						S2: JOHN CHALUPA	248.54

Point(s) of Impact

16 NON-COLLISION (P)

Inspection Site: MILBURY  
 Inspection Date: 5/22/02

Body Shop: MILBURY OLDS  
 Address: 505 N PERRYVILLE RD  
 ROCKFORD, IL 61107  
 Telephone: (815) 398-0505  
 Fax phone: (815) 398-9955

ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
 UltraMate Version: 4.8.008

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Date: 6/3/02 10:48 AM  
Estimate ID: 13-7734-44901  
Estimate Version: 2  
Supplement: 2(P) 6/3/02 01:48:43 AM  
Profile ID: CUSTOMIZED

\*\*\*\*\*  
THIS IS NOT AN AUTHORIZATION TO REPAIR. ALL SUPPLEMENTS REQUIRE  
PRIOR APPROVAL BY A STATE FARM CLAIM REPRESENTATIVE.  
\*\*\*\*\*

NOTICE: REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC  
WELDING EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE  
LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE  
ILLINOIS VEHICLE CODE.

\*\*\*\*\*  
\*\*\*\*\*

WARNING: Accidental air bag deployment is possible. Personal injury may result. Avoid area near steering wheel  
and instrument panel even if air bags have deployed. Dual-stage air bag modules may be present that could  
contain an undeployed stage. When disposing of a deployed dual-stage air bag, always treat it as a "live" module.  
See appropriate MITCHELL(R) AIR BAG SERVICE & REPAIR MANUAL, or OEM information.

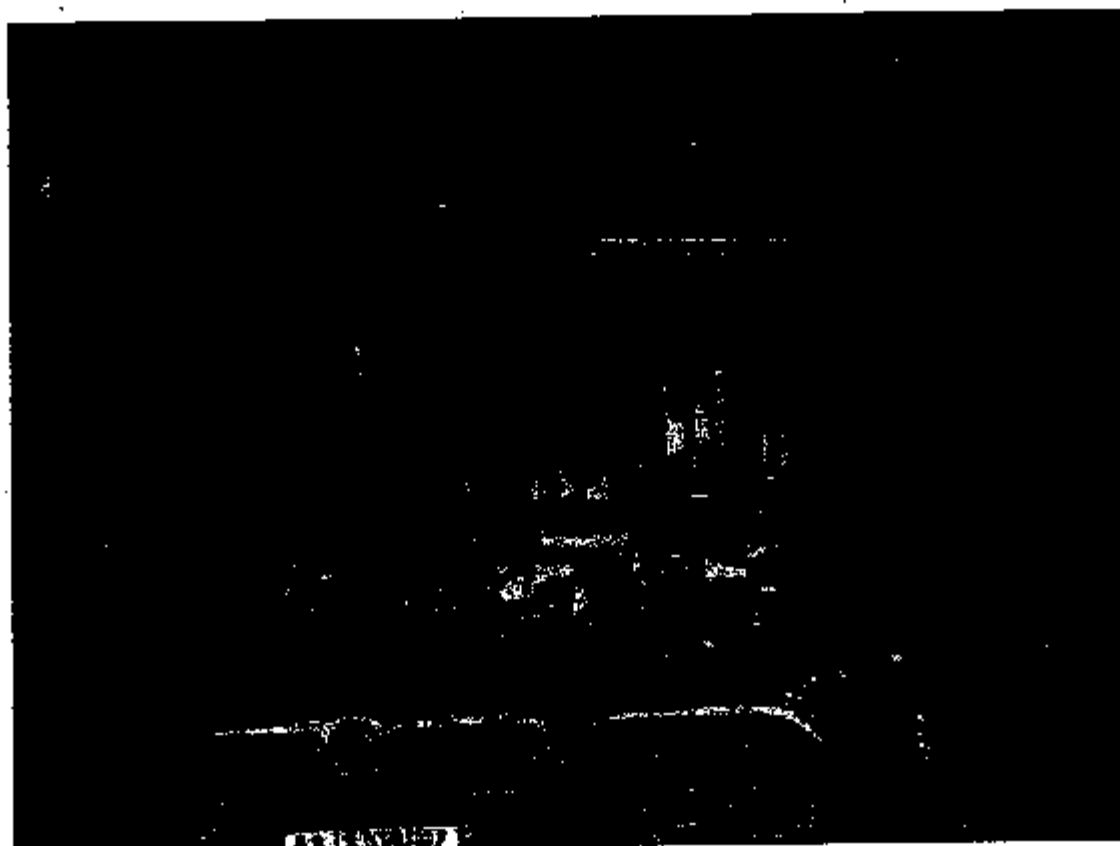
ESTIMATE RECALL NUMBER: 6/3/02 10:48:43 13-7734-44901

Mitchell Data Version: MAY\_02\_A  
UltraMate Version: 4.8.008

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1-11-47-1157

1998 EIGHTY EIGHT SEDAN  
83U LIGHT BEIGE METALLIC /V6G  
52C BEIGE CLOTH  
ORDER NO. E9P509/ A STOCK NO.  
1G3 HN52 K4 W4844091

OLDSMOBILE DIVISION  
GENERAL MOTOR CORPORATION  
920 TOWNSEND STREET  
LANSING MI 48921-0001  
VEHICLE INVOICE 30D04802655

\*\*\*\*\*FY\*\*\*\*\*15\*10497A

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
3HN69 EIGHTY EIGHT SEDAN	22795.00	20857.43	INVOICE 01/26/98
AM6 55/45 DIVIDED BENCH WITH STORAGE ARMREST & COLUMN SHIFT	0.00	0.00	SHIPPED 01/24/98
FE9 FEDERAL EMISSION EQUIPMENT	0.00	0.00	EXP I/T 01/28/98
L36 3800 SERIES II V6 ENGINE	0.00	0.00	INT COM 01/29/98
T2T KEYLESS REMOTE ENTRY PACKAGE	225.00	200.25	PRC EFF 01/23/98
INCLUDES AUTOMATIC DOOR LOCKS, RETAINED ACCESSORY POWER AND ILLUMINATED ENTRY/EXIT SYSTEM			KEYS 78K0 85M2
1SA *** OTHER CONTENT INCLUDED ***	0.00	0.00	WFF-S MTH OPT-2
*3-PASSENGER ASSIST HANDLES			BANK: LA SALLE ST
*DELUXE TRUNK TRIM WITH JACK-IN-THE-BOX TOOL KIT			CHG-TO 10-497
*FRONT/REAR CARPETED FLOOR MATS			SHIP WT: 3409
*POWER TRUNK LID LOCK RELEASE			HP: 34.7
*STAINLESS STEEL EXHAUST SYSTEM			MEMO 1151.00
*WARNING CHIMES FOR HEADLAMPS ON, TURN SIGNAL ON, AND PARKING BRAKE SET			
52C BEIGE CLOTH	0.00	0.00	
83U LIGHT BEIGE METALLIC	N/C	N/C	

TOTAL MODEL & OPTIONS	23020.00	21057.68	ACT 231	20972.08
DESTINATION CHARGE	605.00	605.00	H/B 261	690.60
DEALER ADVERTISING		46.04	ADV 65A	46.04
TOTAL	23625.00	21708.72	PAY 310	21708.72
MEMO: TOTAL LESS HOLDBACK AND APPROX WHOLESALE FINANCE CREDIT		20676.19		

\*\*\*\*\*  
INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER  
REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO  
DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.  
\*\*\*\*\*

LAMBERT JONES MOTORS, INC.

# GM Vehicle Inquiry System

## Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### VEHICLE INFORMATION

Merchandising Model:	3HN69 - 1998 EIGHTY EIGHT SEDAN		Warranty Start Date:	05/04/1998			
BARS Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505		Selling Source:	15 - OLDSMOBILE			
			Site Code:	15427			
			Business Associate Code:	117487			
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
98068	EMISSION LABEL ERROR	N/A	Open

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	05/04/1998	206 miles	5/4/2001	36206 miles
72/100000 SHEET METAL RUST-THROUGH	05/04/1998	206 miles	5/4/2004	100206 miles
36/36000 SHEET METAL CORROSION	05/04/1998	206 miles	5/4/2001	36206 miles
96/80000 PCM/CC EMISSIONS	05/04/1998	206 miles	5/4/2006	80206 miles
36/36000 FEDERAL EMISSIONS	05/04/1998	206 miles	5/4/2001	36206 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
07/23/2001	045907	#	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	22127 miles
06/01/2001	042932	#	H0042 - DISC PADS R&R/RPL	21369 miles
04/09/2001	039803	#	H0257 - DRUM SHOES R&R/RPL	20725 miles
11/07/2000	033427	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	18048 miles
11/07/2000	033427	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	18048 miles
02/14/2000	024126	#	R4490 - RMT DR LOCK TRANS	13820 miles
01/04/1999	006271	#	L1020 - FUEL TANK CAP RPL	4591 miles
01/26/1998	A44091	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

#### CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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# GM Vehicle Inquiry System

## Claim History

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### CLAIM HISTORY

Repair Order Date:		07/23/2001		Repair Order Number:		045907		Odometer Reading:		22127 miles	
Serviced By:	MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505					Selling Source:		15 - OLDSMOBILE			
						Site Code:		15427			
						Business Associate Code:		117487			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
07/31/2001	191	01	#	J6335 - POWERTRAIN CONTROLLER - REPROGRAM		N/A		A	N/A	386.50	Y

Repair Order Date:		06/01/2001		Repair Order Number:		042932		Odometer Reading:		21369 miles	
Serviced By:	MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0305					Selling Source:			15 - OLDSMOBILE		
						Site Code:			15427		
						Business Associate Code:			117487		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
06/15/2001	178	01	#	H0042 - DISC PADS R&R/RPL		18024936 - PAD KIT		AB	N/A	\$165.03	Y

Repair Order Date:		04/09/2001		Repair Order Number:		039805		Odometer Reading:		20725 miles	
Serviced By:	MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505					Selling Source:		15 - OLDSMOBILE			
						Site Code:		15427			
						Business Associate Code:		117487			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
04/13/2001	160	01	#	H0257 - DRUM SHOES R&R/RPL		N/A		N/A	N/A	\$64.87	Y

Repair Order Date:		11/07/2000	Repair Order Number:		033427	Odometer Reading:		18046 miles	
--------------------	--	------------	----------------------	--	--------	-------------------	--	-------------	--

Served By:	MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505				Selling Source:		15 - OLDSMOBILE		
					Site Code:		15427		
					Business Associate Code:		117487		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
11/10/2000	116	01	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	N/A	N/A	N/A	\$5.00	N
11/10/2000	116	02	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	06443570 - PUMP ASM,	N/A	N/A	\$242.80	Y

Repair Order Date:		02/14/2000		Repair Order Number:		024126		Odometer Reading:		13820 miles	
Serviced By:		MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505				Selling Source:		15 - OLDSMOBILE			
						Site Code:		15427			
						Business Associate Code:		117487			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/18/2000	40	01	#	R4490 - RMT DR LOCK TRANS		N/A		G	N/A	\$20.84	N

Repair Order Date:		01/04/1999		Repair Order Number:		006271		Odometer Reading:		4591 miles	
Served By:	MILBURY CADILLAC-OLDSMOBILE, INC. 503 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505					Selling Source:		15 - OLDSMOBILE			
						Site Code:		15427			
						Business Associate Code:		117487			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
01/07/1999	922	01	#	L1020 - FUEL TANK CAP RPL		22612809 - CAP		N/A	N/A	\$5.64	N

Repair Order Date:		01/26/1998		Repair Order Number:		A44091		Odometer Reading:		0 miles	
Served By:		LAMBERT JONES MOTORS, INC. PO BOX 535 LA SALLE, IL 61301-0535 (815) 223-0288				Selling Source:		15 - OLDSMOBILE			
						Site Code:		10497			
						Business Associate Code:		117297			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
01/29/1998	824	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE		N/A		N/A	N/A	\$89.60	N

#### CHECK HISTORY

Vehicle Has No Associated Check History.



# GM Vehicle Inquiry System

## Line Comments

[Home](#) - [Back](#) - [Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### LINE COMMENTS

Repair Order Date:		07/23/2001		Repair Order Nbr:		045907		Odometer Reading:		22127 miles		
Served By:		MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201				Selling Source:		13- OLDSMOBILE				
						Site Code:		15427				
						Business Associate Code:		117487				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation				Part		Auth Code	Person Code	Line Total
07/31/2001	191	01	#	J6355 - POWERTRAIN CONTROLLER - REPROGRAM				N/A		A	N/A	\$86.50
Comments:		WHILE ACCEL UP HILL ENG JERKS										

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# GM Vehicle Inquiry System

## Line Comments

[Home](#) - [Back](#) - [Help](#)

VIN:	1G3HN52K4W4644091
------	-------------------

### LINE COMMENTS

Repair Order Date:		06/01/2001		Repair Order Nbr:		042932		Odometer Reading:		21369 miles	
Serviced By:		MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201				Selling Source:		IS-OLDSMOBILE			
						Site Code:		15427			
						Business Associate Code:		117487			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation			Part		Auth Code	Person Code	Line Total
06/15/2001	178	01	#	H0042 - DISC PADS R&R/RPL			18024936 - PAD-KIT		AB	N/A	\$165.03
Comments:		WHEN COMING TO A STOP OWNER HEARS A SQUEAK									

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# GM Vehicle Inquiry System

## Line Comments

[Home](#) - [Back](#) - [Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### LINE COMMENTS

Repair Order Date:		04/09/2001		Repair Order Nbr:		039805		Odometer Reading:		20725 miles		
Serviced By:		MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201				Selling Source:		15- OLDSMOBILE				
						Site Code:		13427				
						Business Associate Code:		117487				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation				Part		Auth Code	Person Code	Line Total
04/13/2001	160	01	#	H0257 - DRUM SHOES R&R/RPL				N/A		N/A	N/A	\$64.37
Comments:		OWNER HEARS SCRAPING NOISE WHILE APPLYING BRAKES										

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# GM Vehicle Inquiry System

## Line Comments

Home - Back - Help

VIN:	1G3HN52K4W4844091
------	-------------------

### LINE COMMENTS

Repair Order Date:		11/07/2000		Repair Order Nbr:		033427		Odometer Reading:		18048 miles	
Serviced By:		MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201				Selling Source:			15- OLDSMOBILE		
						Site Code:			15427		
						Business Associate Code:			117487		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation			Part		Auth Code	Person Code	Line Total
11/10/2000	116	02	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE			06443570 - PUMP ASM		N/A	N/A	\$242.80
Comments:		WHEN YOY LET OFF ACCEL COMMING TO SLOWING DOWN AFTER CAR IS WARM AT TIMES WILL KILL									

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# GM Vehicle Inquiry System

## Vehicle Build

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G3HN52K4W4844091
------	-------------------

### VEHICLE BUILD

Merchandising Model:	3HN69 - 1998 EIGHTY EIGHT SEDAN		
Gross Vehicle Weight Rating:	N/A	Order Number:	N/A
Build Date:	01/23/1998	Build Plant:	1W4H - ORION ASSEMBLY

### OPTION CODES

AG1	AK5 - SEAT, INFLATABLE, DRIVER & PASS
AM6 - SEAT - 60/40 SPLIT FRONT BENCH	AT6 - PASS ST BK MAN RECLINER
AU0 - REMOTE ENTRY	AU4 - SIDE DR. ELFC. AUTOMATIC
A80 - POWER, DRIVER, RECLINING	B34 - FLOOR MATS, CARPETED INSERT
B35 - REAR CARPETED FLOOR MATS	CK1 - ELECT AIR CONDITIONING
C97 - INTL. ILLUMINATED ENTRY	DA0 - FRT SEAT, STORAGE
D35 - DR REMOTE PASS MANUAL	FBL - SORT RIDE
EE9 - FEDERAL EMISSIONS	FQ3 - TRANSAXLE/FINAL DRIVE 2.86
IQC - INTERIOR DESIGN (QC)	JM4 - ANTI-LOCK BRAKE SYSTEM
KG9 - 140 AMP	KP2 - RETAINED ACCESSORY POWER
L36 - 3.8 LITRE V6 MPI	MN3 - 4 SPD AUTO TRANS. AT65-E
MX0 - 4-SPEED AUTOMATIC TRANSMISSION	NP2 - EMISSION SYSTEM, FEDERAL TIER 1
NK5 - STANDARD	ORN - ORION, MI, USA
PG1 - WHEELS - 15" STEEL	QGY - P205/70R15/N BL R/PB ST TL ALS
RAQ - SALES ITEM NO. 16	R9R - SALES ITEM NO. 92
R9S - SALES ITEM NO. 93	TZT - REMOTE, ILLUM ENTRY, RETAINED A
UHB - INSTRUMENT CLUSTER	UL0 - RADIO 2001 AM/TM, CASS
US7 - POWER ANTENNA	UV5 - SERVICE REMINDER
UW6 - 6, CUSTOM	VH9 - OWNER INFO MAN
VE3 - FRT MOUNTING PEG	VM3 - CONSUMER CONTAINS BPR IMP STAN
VT3 - USA/CANADA	WHB - VALUE
1SA - OPTION 01	1SZ - OPTION PACKAGE
426 - EQUIPMENT AT 21/1/98	431 - EQUIPMENT AT 21/1/98

6KJ - COMPUTER SEL SUSP (6KJ)	7KJ - COMPUTER SEL SUSP (7KJ)
8RC - COMPUTER SEL SUSP (8RC)	83U - EXTERIOR, MED SAPPHIRE BLUE FM
9RC - COMPUTER SEL SUSP (9RC)	

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# GM Vehicle Inquiry System

## Vehicle Component

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### Vehicle Component

Component Code:	10 - ENGINE ASSEMBLY				
Source Plant:	B - BOC FLINT, MICHIGAN				
Part/Num Broadcast:	BDY	Traceability:	0085559		
Date Scanned:	01/23/1998	Time Scanned:	09.53.00	Scan Station:	04

Component Code:	35 - STEERING COLUMN - SIR SYSTEM				
Source Plant:	S - SAGINAW DIVISION SAGINAW, MI				
Part/Num Broadcast:	HAS	Traceability:	YY3770148		
Date Scanned:	01/22/1998	Time Scanned:	22.04.00	Scan Station:	03

Component Code:	61 - TRANSMISSION				
Source Plant:	W - HYDRAMATIC WARREN, MICHIGAN				
Part/Num Broadcast:	EYFB	Traceability:	5KCL		
Date Scanned:	01/23/1998	Time Scanned:	10.05.00	Scan Station:	04

Component Code:	86 - ELECTRONIC CONTROL MODULE (ECM)				
Source Plant:	M - DELCO ELECTRONICS MILWAUKEE, WISCONSIN				
Part/Num Broadcast:	7164	Traceability:	38011RG72		
Date Scanned:	01/13/1998	Time Scanned:	17.25.00	Scan Station:	01

Component Code:	AB - IR-MODULE ASM-INFLATOR				
Source Plant:	1 - INLAND				
Part/Num Broadcast:	3157	Traceability:	2RAA342		
Date Scanned:	01/22/1998	Time Scanned:	22.04.00	Scan Station:	03

Component Code:	AD - IR-SENSOR-FORWARD				
Source Plant:	Z - BREED, MEXICO				

Part/Num Broadcast:		0959		Traceability:		198420	
Date Scanned:	01/23/1998	Time Scanned:	12.33.00	Scan Station:	08		

Component Code:	AL - IR-MODULE ASM-1/P				
Source Plant:	I - INLAND				
Part/Num Broadcast:	3057	Traceability:	5014U0165		
Date Scanned:	01/23/1998	Time Scanned:	00.40.00	Scan Station:	02

Component Code:	AS - SENSING DIAGNOSTIC MODULE				
Source Plant:	E - DELCO ELECTRONICS KOKOMO,IN				
Part/Num Broadcast:	9626	Traceability:	27336BN1E		
Date Scanned:	01/23/1998	Time Scanned:	17.25.00	Scan Station:	03

Component Code:	CB - SEQ NUM (FLEX) BODY ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1ZZ	Traceability:	1310002		
Date Scanned:	01/17/1998	Time Scanned:	03.03.00	Scan Station:	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1EP	Traceability:	1163073		
Date Scanned:	01/22/1998	Time Scanned:	20.31.00	Scan Station:	N/A

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# GM Vehicle Inquiry System

## Delivery Information

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### IN-SERVICE INFORMATION

In-Service Date:	05/04/1998	In-Service Type:	N/A
------------------	------------	------------------	-----

### DELIVERY INFORMATION

Delivery Date:	05/04/1998	Delivery Type:	010 - RETAIL/INDIVIDUAL	Delivered Odometer:	206 miles
Delivering Dealer:	MILBURY CADILLAC-OLDSMOBILE, INC. 505 N PERRYVILLE ROCKFORD, IL 61107-6201 (815) 398-0505	Delivery Selling Source:		15 - OLDSMOBILE	
		Delivery Site Code:		15427	
		Business Associate Code:		117487	

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# GM Vehicle Inquiry System

## Dealer Information

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[Help](#)

VIN:	1G3HN52K4W4844091
------	-------------------

### INVOICE INFORMATION

Invoice Date:	01/26/1998		
Site Address:	LAMBERT JONES MOTORS, INC. PO BOX 535 LA SALLE, IL 61301-0535 (815) 223-0288	Selling Source:	15 - OLDSMOBILE
		Site Code:	10497
		Business Associate Code:	117297

### SHIP-TO INFORMATION

Ship-To Date:	01/29/1998		
Site Address:	LAMBERT JONES MOTORS, INC. PO BOX 535 LA SALLE, IL 61301-0535 (815) 223-0288	Selling Source:	15 - OLDSMOBILE
		Site Code:	10497
		Business Associate Code:	117297

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ENCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

08/02/2002 11:50

VIN: 1G3HN52K4W4844091

OPEN\CLOSED STATUS:

SEL CAMPAIGN STATUS

REPAIR

REPAIR PREV.

CAMPAIGN

CODE NUMBER

DATE

DEALER NUMBER

TYPE

98068 OWNER COMPLETE

1999/09/27

EMISSION

EMISSION LABEL ERROR

INQUIRY COMPLETE

PW:

PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

Date: 8/2/ 2 Time: 11:50:27 AM

**ESIS**

An Insurance Services Company

ESIS GM Claims Unit  
300 Renaissance Center  
Mail Code 482 C2D D71  
Detroit, MI 48265-3000

440094  
313.665.3412 tel  
313.665.0911 fax

Deborah.Diehr@ESIS.com

Deborah Diehr  
Claim Administrator

November 22, 2002

Ms. Debbie Dobbins  
Allstate Insurance Company  
Market Claim Office  
P.O. Box 21169  
Roanoke, VA 24018

Re:   File Number:       440094 (your file #4263279475)  
      Date of Event:     02/20/2002  
      Claimant:         Luthe-  
      Client/Account:   General Motors

Dear Ms. Dobbins,

This letter serves to acknowledge receipt of the signed release. The settlement check has been issued and will be mailed to you under separate cover. I will consider this matter concluded and will close my file.

Thank you for your patience during this claim process.

Sincerely,

Deborah Diehr  
Claim Administrator  
313.665.3412

**ESIS**

An Insurance Services Company

ESIS GM Claims Unit  
300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48266-3000313.665.3412 tel/  
313.665.0911 fax

Deborah.Diehr@ESIS.com

Deborah Diehr  
Claim Administrator

November 6, 2002

Debbie Dobbins  
Allstate Insurance Company  
Market Claim Office  
P.O. Box 21169  
Roanoke, VA 24018**RECEIVED**

NOV 20 2002

ESIS-GM CLAIMS UNIT

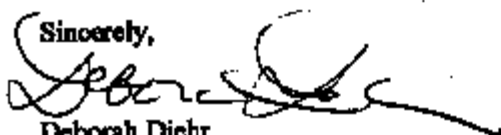
Re:   File Number:       440094 (your file #4263279475)  
      Date of Event:     02/20/2002  
      Claimant:         Luther [REDACTED]  
      Client/Account:   General Motors

Dear Ms. Dobbins,

This letter serves to acknowledge that we agreed to settle this claim for \$3,137.00. Please find enclosed a release that you will need to sign & have notarized. As soon as the executed release is received in this office, the check will be sent to your attention.

If you have any questions, please call me at 313.665.3412 Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Deborah Diehr  
Claim Administrator

**RELEASE OF ALL CLAIMS**

**FILE NO:** 8213-259-440094

**KNOW ALL MEN BY THESE PRESENTS:**

That I, Debbie [redacted] the Undersigned, as representative of Allstate Insurance Company a/s/o Luther & Bonnie [redacted], being of lawful age, for the sole consideration of Three Thousand One Hundred Thirty Seven dollars and 0 cents (\$3,137.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge **ESIS/General Motors Corporation**, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 20th of February, 2002 at or near Cullman, AL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 14<sup>th</sup> day of November, 2002

**CAUTION: READ BEFORE SIGNING**

WITNESS

Debbie Dobbins

Bandra M. Hodge  
Notary Public  
Commonwealth of Virginia  
My Commission Expires Mar. 31, 2003

State of Virginia  
County of Rembert

State of Virginia )  
County of Roanoke )

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# ESIS

An Insurance Services Company

ESIS GM Claims Unit  
300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313.665.3412 tel/  
313.665.0911 fax

Deborah.Diehr@ESIS.com

Deborah Diehr  
Claim Administrator

November 6, 2002

Debbie Dobbins  
Allstate Insurance Company  
Market Claim Office  
P.O. Box 21169  
Roanoke, VA 24018

Re:   File Number:       440094 (your file #4263279475)  
      Date of Event:     02/20/2002  
      Claimant:         Luther [REDACTED]  
      Client/Account:   General Motors

Dear Ms. Dobbins,

This letter serves to acknowledge that we agreed to settle this claim for \$3,137.00. Please find enclosed a release that you will need to sign & have notarized. As soon as the executed release is received in this office, the check will be sent to your attention.

If you have any questions, please call me at 313.665.3412 Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Deborah Diehr  
Claim Administrator



**RELEASE OF ALL CLAIMS**

**FILE NO:** 8213-259-440094

**KNOW ALL MEN BY THESE PRESENTS:**

That I, Debbie [REDACTED] the Undersigned, as representative of Allstate Insurance Company a/s/o Luther & Bonnie [REDACTED] being of lawful age, for the sole consideration of Three Thousand One Hundred Thirty Seven dollars and 0 cents (\$3,137.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge **ESIS/General Motors Corporation**, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 20th of February, 2002 at or near Cullman, AL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**CAUTION: READ BEFORE SIGNING**

WITNESS

Debbie Dobbins

LS

LS

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_ to me known to be the

person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged

to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**ESIS**

An Insurance Services Company

ESIS GM Claim Unit  
ESIS-GM Claims Unit  
Mail Code: 482 G20 D71  
Detroit, MI 48265-3000

PO Box 5

313.665.3377 tel  
313.665.0911 fax

Deborah.Diehr@ESIS.com

Deborah Diehr  
Claim Administrator

September 26, 2002

Ms. Debbie Dobbins, Claim Associate  
Allstate  
Roanoke National Subrogation Claims Center  
3800 Electric Road, Suite 301 - P.O. Box 21169  
Roanoke, VA 24018

Re: File Number: 440094 (your file #4263279475)  
Date of Event: 02/20/2002  
Claimant: Luther [REDACTED]  
Client/Account: General Motors

Dear Ms. Dobbins,

This letter serves to acknowledge that your package was received. The only item left that I still need from you, is a copy of the fire department's report.

In the meantime, I will have this file assigned to a GM engineer for technical review. As soon as the fire report is sent to me, I will then forward it on to the assigned engineer. Once the file has been returned to me, I will let you know the results. This process could take between 30 to 90 days.

Sincerely,

Deborah Diehr  
Claim Administrator  
313.665.3412

August 31, 2002

Debbie Dobbins  
Allstate Insurance Company  
Market Claim Office  
P.O. Box 21169  
Roanoke, VA 24018

Claim Number 4263279475 F7D  
Insured: Luther [REDACTED]  
Date of Loss: February 20, 2002  
RE: 1998 Buick LeSabre

Dear Debbie:

I will attempt to answer your questions, concerning your letter of August 26, 2002.

1. We had not noticed anything wrong or unusual about the vehicle prior to the loss.
2. Enclosed are copies of maintenance and repair invoices available since we purchased the vehicle until the explosion.
3. There was no after-market equipment installed on the vehicle.
4. We did not receive a recall notice on this vehicle.
5. The vehicle was involved in an accident on May 20, 1999 that resulted in a truck hitting the rear of our car. A list of repairs needed is enclosed and the repairs were finished on August 3, 1999.
6. We are the original owners of the car.

I hope this information is beneficial to you. We do not feel this is the responsibility of our insurance company. The Buick dealership that repaired the car admitted it was a factory defect.

We are not satisfied with the car now. The motor hesitates at times and it has died while driving down the road. It "backfired" again, (two times) but did not ignite. The explanation for "Backfire" quoted by the maintenance supervisor at the Buick repair is "plenum busted, detonated from internal combustion explosion causing gasoline to catch fire." The Buick mechanic told us it could happen again without a warning. We do not feel comfortable driving the car and feel we should have been compensated for the problems and the danger involved with our lives and our house. The value of the car has greatly decreased since the fire.

If we can be of any further help, let us know.

Sincerely,

  
Bonnie Cowan  
Luther Cowan

Date: 6/29/99 10:03 AM  
 Estimate ID: 01-6095-54001  
 Estimate Version: 0  
 Committed  
 Profile ID: cullman

**STATE FARM INSURANCE COMPANIES**  
 1738 Eva Road. N.E. Cullman, AL 35056

Damage Assessed By: JACK CRITCHFIELD

Claim Rep: Rep Team 4  
 (888) 801-6609

Type of Loss: Collision (Spec)  
 Date of Loss: 5/20/99  
 Deductible: 250.00  
 Claim Number: 01-6095-54001

Insured:  
 Address:  
 Telephone:

Mitchell Service: 916489

Description: 1998 Buick LeSabre Limited  
 Body Style: 4D Sed  
 VIN: 1G4HR52K2NH633929  
 Mileage: 14,314  
 CEM/ALT: A  
 Color: GREEN  
 Options: ALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER BRAKES, POWER WINDOWS  
 POWER DOOR LOCKS, DRIVER SIDE AIR BAG, CRUISE CONTROL, DEFROGGER REAR  
 AM / FM STEREO, CASSETTE TAPE PLAYER, LEATHER SEATS, AUTOMATIC TRANS.  
 POWER ANTENNA, 4-DOOR

Drive Train: 3.8L Inj 6 Cyl AO  
 License:   
 Search Code: CULLMAN

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	200171	BOY	REMOVE/REPLACE	REPLACE LUGGAGE LID <i>McBride Auto</i>	Qual Recycled Part	500.00	* 1.1
2	AUTO	REF	REFINISH	LUGGAGE LID COMPLETE			C 3.0
3				LED INC. LAMPS			
4				LINE MARKUP \$25.00		125.00	
5				*** END OF ATG SECTION ***			
6	621150	REF	BLEND	R QUARTER PANEL OUTSIDE			C 0.5
7	600754	BOY	REPAIR	L QUARTER OUTER PANEL	Existing		6.0*
8	AUTO	REF	REFINISH	L QUARTER PANEL OUTSIDE			C 1.8
9	600499	BOY	REPAIR	R LUGGAGE LID HINGE	Existing		0.5*
10	AUTO	REF	REFINISH	R HINGE			0.2
11	624210	BOY	REPAIR	REAR BODY PANEL	Existing		3.5*
12	AUTO	REF	REFINISH	REAR BODY PANEL			C 1.1
13	600761	BOY	REMOVE/REPLACE	L REAR BODY LAMP FILLER	25624851	GM PART 27.75	0.4 *
14	AUTO	REF	REFINISH	L LAMP FILLER			C 0.4
15	624320	BOY	REMOVE/REPLACE	L UPR INR REAR BODY EXTENSION TO QUARTER	25550766	GM PART 14.44	0.5
16	600763	BOY	REMOVE/REPLACE	L LWR INR REAR BODY EXTENSION TO QUARTER	25650770	GM PART 24.25	1.5 *
17	600767	BOY	REMOVE/REPLACE	L COMBINATION LAMP ASSEMBLY	5978433	GM PART 157.00	0.3
18	AUTO	BOY	OVERHAUL	REAR COVER ASSY			2.3 *
19	600799	BOY	REMOVE/REPLACE	REAR BUMPER COVER	25645007	GM PART 372.22	INC
20	AUTO	REF	REFINISH	REAR BUMPER COVER			C 2.2
21				VEHICLE HAS REAL LOW MILES			
22	600801	BOY	REMOVE/REPLACE	R REAR BUMPER COVER MLDG	25662612	GM PART 16.30	INC
23	600802	BOY	REMOVE/REPLACE	L REAR BUMPER COVER MLDG	25662612	GM PART 16.30	INC
24	600803	BOY	REMOVE/REPLACE	REAR BUMPER NAMEPLATE	25641040	GM PART 10.30	INC
25	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		3.00 *	
26	AUTO	REF	ADD'L OPR	CLEAR COAT			2.5
27	933005	BOY	ADD'L OPR	RESTORE CORROSION PROTECTION		3.00 *	

ESTIMATE RECALL NUMBER: 5/29/99 10:03:09 01-6095-54001  
 UltraMate is a Trademark of Mitchell International  
 Mitchell Data Version: JUN\_99 Copyright (C) 1994 - 1999 Mitchell International  
 All Rights Reserved

Date: 6/29/99 10:03 AM  
 Estimate ID: 01-6095-54001  
 Estimate Version: 0  
 Committed  
 Profile ID: cullman

29	933012	REF	ADD'L OPR	STRIFE		0.6*
29	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		0.2*
30	AUTO		ADD'L COST	PAINT/MATERIALS	203.20 *	

\* - Judgement Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc

I. Labor Subtotals						Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount
Body						16.1	32.00	3.00	0.00	518.20	Taxable Parts		1,130.56
Refinish						12.9	32.00	0.00	0.00	412.80	Parts Adjustments		125.00
											Sales Tax \$ 8.000%		101.08
Non-Taxable Labor										931.00	Total Replacement Parts Amount		1,364.64
Labor Summary						29.0				931.00			
III. Additional Costs									Amount	IV. Adjustments		Amount	
Non-Taxable Costs									206.20	Insurance Deductible		250.00-	
Total Additional Costs									206.20	Customer Responsibility		250.00-	
										I. Total Labor:		931.00	
										II. Total Replacement Parts:		1,364.64	
										III. Total Additional Costs:		206.20	
										Gross Total:		2,501.84	
										IV. Total Adjustments:		250.00-	
										Net Total:		2,251.84	

Point(s) of Impact  
 5 Right Rear Corner (P)

Inspection Site: CULLMAN D.I  
 Inspection Date: 6/29/99

\*\*\*\*\*NOTICE\*\*\*\*\*  
 THIS IS NOT AN AUTHORIZATION TO REPAIR.  
 ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL  
 BY A STATE FARM REPRESENTATIVE.

REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING  
 EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER.

ESTIMATE RECALL NUMBER: 6/29/99 10:03:09 01-6095-54001  
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Page 2 of 2

[illegible]

**WAL-MART  
TIRE & LUBE  
EXPRESS**

8578717

## SERVICE ORDER

**WAL★MART**


1. Identify the person in each paragraph and in the above story who has the strongest opinion and briefly explain what that person considers important in human life. Put it in a box. Do not consider characters, figures or other people in the story. Only the people in the story who are important. A person's character is a person's ability to do things that are good for the world. The person's character is the person's ability to do things that are good for the world.

WEAVERS IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARDS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

DATE 10-14-98	ODOMETER 2759	[REDACTED]	
YEAR 98	MAKE AND MODEL Buick	COLOR Red	[REDACTED]
CUSTOMER ARRIVAL TIME 1:00		SERVICE COMPLETED TIME	WORK / HOME PHONE

## LUBE EXPRESS SERVICE CHECKLIST

<input type="checkbox"/> REPLACE AIR FILTER	<input type="checkbox"/> REPLACE AIR FILTER IF NECESSARY	<input type="checkbox"/> REPLACE WIPER BLADES	<input type="checkbox"/> REPLACE WIPER BLADES IF NECESSARY
GREETER COMMENTS:			
PRE-SERVICE OIL LEVEL CHECK		BRAND	
<div style="border: 1px solid black; padding: 2px;">             ADD <span style="display: inline-block; width: 100px; height: 15px; background-color: black;"></span> MAX           </div>		125 125	
OIL FILTER:	CHANGED	125	
LUBRICATE CHASSIS:	COMPLETED	SEALED	125
WASHER FLUID:	CHECKED	FILLED	125
TRANSMISSION FLUID:	CHECKED	FILLED	125
POWER STEERING FLUID:	CHECKED	FILLED	125
DIFFERENTIAL FLUID:	CHECKED	FILLED	125
VACUUM CARPETING:	COMPLETED	DECLINED	125
WASH WINDSHIELD EXTERIOR:	COMPLETED	DECLINED	125
HEADLAMPS:	CHECKED	REPL	REC. RPL
SIGNAL LIGHTS:	CHECKED	REPL	REC. RPL
TAILLIGHTS & BRAKELIGHTS:	CHECKED	REPL	REC. RPL
TIRE PRESSURE:	CHECKED	FT	PER
WIPER BLADES: <input type="checkbox"/>	CHECKED	REPL	REC. RPL
AIR FILTER: <input type="checkbox"/>	CHECKED	REPL	REC. RPL

TITLE WORK ORDER NO. CUSTOMER'S NAME		SERVICE PERFORMED	TECH.	PRICE	TOTAL	ESTIMATE
<input type="radio"/> 32 <input type="radio"/> 32 <input type="radio"/> 32 <input type="radio"/> 32 <input type="radio"/> 32	<input type="checkbox"/> HAVE OLD TIRES WHITEWALLS <input type="checkbox"/> IN <input type="checkbox"/> OUT LUGS    TIRE TORQUE    INFLATION F. FLUR F. PSI R. FLUR R. PSI	LUBE EXPRESS (O.F.) TIRE PROTECTION PLAN ALIGNMENT FRT / 4WHL INSTALL BATTERY / NOCO STATE INSPECTION / EMISSION LIFETIME BALANCE / ROTATION A/C SERVICE / FLUSH-N-FILL FUEL INJ / FLAT REPAIR				
SIZE/NO.		MERCHANDISE DESCRIPTION	QTY.	PRICE	TOTAL	ESTIMATE
RS 10W30		449A	1			

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES MILLAGE WARRANTY		TOTAL MATERIALS	
1	<input type="checkbox"/> YES <input type="checkbox"/> NONE	<input type="checkbox"/> NO <input type="checkbox"/> 50,000	TOTAL LABOR
2	<input type="checkbox"/> 75,000 <input type="checkbox"/> 80,000	<input type="checkbox"/> 100,000 <input type="checkbox"/> 120,000	TOTAL LABOR & MAT.
3	<input type="checkbox"/> 125,000 <input type="checkbox"/> 150,000	<input type="checkbox"/> 175,000 <input type="checkbox"/> 200,000	SALE TAX
4	<input type="checkbox"/> 250,000 <input type="checkbox"/> 300,000	<input type="checkbox"/> 350,000 <input type="checkbox"/> 400,000	<b>TOTAL</b>
5	<input type="checkbox"/> 450,000 <input type="checkbox"/> 500,000	<input type="checkbox"/> 550,000 <input type="checkbox"/> 600,000	CUSTOMER SIGNATURE

**CUSTOMER COPY**

## COMMENTS

[illegible]

**ENCN=4**



SENIOR TECH SALESPERSON

QUALITY CHECKED BY: \_\_\_\_\_

# **MART** **E & LUBE** **EXPRESS**

0546230  
SERVICE ORDER

**WAL-MART**

WAL-MART is not responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause.

WAL-MART is not responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause.

DATE 12-30-98	ODOMETER 7477	
YEAR 98	MAKE AND MODEL Buick LeSabre	COLOR Tan
CUSTOMER ARRIVAL TIME	SERVICE COMPLETED TIME	WORK / PHONE PHONE

## **LUBE EXPRESS SERVICE CHECKLIST**

☐ REPLACE AIR FILTER ☐ REPLACE AIR FILTER IF NECESSARY ☐ REPLACE WIPER BLADES ☐ REPLACE WIPER BLADES IF NECESSARY

CREETER COMMENTS:

PRE SERVICE OIL LEVEL CHECK	BRAND	WEIGHT	QTS.
ADD → ← MAX	85	5W-30	4.4
OIL FILTER:	CHANGED	4.4	1.0
LUBRICATE CHASSIS:	COMPLETED	SEALED	1.0
WASHER FLUID:	CHECKED	FILLED	1.0
TRANSMISSION FLUID:	CHECKED	FILLED	1.0
POWER STEERING FLUID:	CHECKED	FILLED	1.0
DIFFERENTIAL FLUID:	CHECKED	FILLED	1.0
VACUUM CARPETING:	COMPLETED	DECLINED	1.0
WASH WINDSHIELD EXTERIOR:	COMPLETED	DECLINED	1.0
HEADLAMPS:	CHECKED	REPL	1.0
SIGNAL LIGHTS:	CHECKED	REPL	1.0
TAILLIGHTS & BRAKELIGHTS:	CHECKED	REPL	1.0
TIRE PRESSURE:	CHECKED	FT. 35 PSI	1.0
WIPER BLADES:	CHECKED	REPL	1.0
AIR FILTER:	CHECKED	REPL	1.0

<b>TEST</b> AIR PRESSURE <input type="radio"/> 100 <input type="radio"/> 120 <input type="radio"/> 140 <input type="radio"/> 160 <input type="radio"/> 180		<b>SERVICE PERFORMED</b>	<b>TECH.</b>	<b>PRICE</b>	<b>TOTAL</b>	<b>ESTIMATE</b>
		LUBE EXPRESS / L.O.F.	0.00			
		TIRE PROTECTION PLAN				
		ALIGNMENT FRT / REAR				
		INSTALL BATTERY / NOCO				
		STATE INSPECTION / EMISSION				
		LIFETIME BALANCE / ROTATION				
		A/C SERVICE / FLUSH-N-FILL				
		FUEL INJ / FLAT REPAIR				
<b>WHITEWALLS</b> <input type="checkbox"/> IN <input type="checkbox"/> OUT						
<b>LUB</b> TORNOUT F. FILL F. PS R. FILL R. PS	<b>SPR</b> ROTATION F. PS F. PS R. PS R. PS					
<b>SIZE/NO.</b>	<b>MERCHANDISE DESCRIPTION</b>	<b>QTY.</b>	<b>PRICE</b>	<b>TOTAL</b>	<b>ESTIMATE</b>	
7-10W30		5				
	4.49	1				

HAVE YOUR LUB NUTS HYDROGUDED AFTER THE FIRST 100 MILES

WARRANTY

☐ YES ☐ NO

☐ NONE ☐ 60,000

☐ 60,000 ☐ 60,000

☐ 60,000 ☐ 60,000

☐ 60,000 ☐ 60,000

☐ 60,000 ☐ 60,000

TOTAL MATERIALS	
TOTAL LABOR	
TOTAL TAXES & FEES	
TOTAL	

CUSTOMER COPY

## **COMMENTS**

WAL-MART is not responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause.

GRANDS

DATE	SERVICE TECH.	SALESPERSON
		C2
QUALITY CHECKED BY:		





**1415710**  
**SERVICE ORDER**

**WAL★MART**

I highly approve the entire report with the above changes with the necessary additions and changes and you should your employees/management in compliance with the Code of Ethics. I am sure that the report will be a great help to the company in the future. I am sure that the report will be a great help to the company in the future. I am sure that the report will be a great help to the company in the future.

MAIL-BAGGAGE IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO BAGGAGE OR ARTICLES LEFT IN CARS IN CASE OF FIRE. THEFT OR ANY OTHER LOSS OR DAMAGE IS NOT IN CONTROL.

TUBE EXPRESS SERVICE CHECKLIST

**GRIFFIN COMMENTS:**

[illegible]

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES

TOTAL MATERIALS
TOTAL LABOR
TOTAL LABOR & MAT
SALES TAX
TOTAL

**CUSTOMER COPY**

## COMMENTS

[illegible]
$$|\overline{\sigma}_f^2| = n$$
 $\mathbf{b}^T \mathbf{y}_1 =$ 

SEMPER TECH. | SALTERSON

QUALITY CHECKED BY:



# **WAL-MART TIRE & LUBE EXPRESS**

5405813

SERVICE ORDER

**WAL-MART**

Warranty subject to the following conditions: This warranty is void if the vehicle is not properly maintained. The dealer is not responsible for any damage to the vehicle or its contents. The dealer is not responsible for any loss of data or information stored in the vehicle's memory. The dealer is not responsible for any damage to the vehicle or its contents. The dealer is not responsible for any loss of data or information stored in the vehicle's memory.

WAL-MART IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASES OF THEFT OR ANY OTHER CAUSE OF LOSS OR DAMAGE.

CUSTOMER SIGNATURE

DATE 10-16-99	ODOMETER 11375	NAME [REDACTED]
YEAR 98	MAKE AND MODEL Buick	COLOR Blue
CUSTOMER ARRIVAL TIME		LICENSE
SERVICE COMPLETED TIME		WORK / HOME PHONE 779-1627

## LUBE EXPRESS SERVICE CHECKLIST

- ☐ REPLACE AIR FILTER   
 ☐ REPLACE AIR FILTER IF NECESSARY   
 ☐ REPLACE WIPER BLADES   
 ☐ REPLACE WIPER BLADES IF NECESSARY

GREETER COMMENTS:

PRE-SERVICE OIL LEVEL CHECK	BRAND	WEIGHT	QTS.
(ADD) → [ ] ← (MAX.)	10W-40	10W-40	4.12
OIL FILTER: <input checked="" type="checkbox"/> CHANGED	10W-40	10W-40	4.12
LUBRICATE CHASSIS: <input checked="" type="checkbox"/> COMPLETED	10W-40	10W-40	4.12
WASHER FLUID: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
TRANSMISSION FLUID: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
POWER STEERING FLUID: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
DIFFERENTIAL FLUID: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
VACUUM CARPETING: <input checked="" type="checkbox"/> COMPLETED	10W-40	10W-40	4.12
WASH WINDSHIELD EXTERIOR: <input checked="" type="checkbox"/> COMPLETED	10W-40	10W-40	4.12
HEADLAMPS: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
SIGNAL LIGHTS: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
TAILLIGHTS & BRAKELIGHTS: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
TIRE PRESSURE: <input checked="" type="checkbox"/> CHECKED	10W-40	10W-40	4.12
WIPER BLADES: <input type="checkbox"/> CHECKED	10W-40	10W-40	4.12
AIR FILTER: <input type="checkbox"/> CHECKED	10W-40	10W-40	4.12

SERVICE PERFORMED	TECH	PRICE	TOTAL	ESTIMATE
LUBE EXPRESS (L.O.F.)	10W-40	10W-40	10W-40	10W-40
TIRE PROTECTION PLAN	10W-40	10W-40	10W-40	10W-40
ALIGNMENT FRT / 4WHL	10W-40	10W-40	10W-40	10W-40
INSTALL BATTERY / NOCO	10W-40	10W-40	10W-40	10W-40
STATE INSPECTION / EMISSION	10W-40	10W-40	10W-40	10W-40
LIFETIME BALANCE / ROTATION	10W-40	10W-40	10W-40	10W-40
A/C SERVICE / FLUSH-N-FILL	10W-40	10W-40	10W-40	10W-40
FUEL INJ / FLAT REPAIR	10W-40	10W-40	10W-40	10W-40

SIZE/NO.	MERCHANDISE DESCRIPTION	QTY.	PRICE	TOTAL	ESTIMATE
CS 8-10		5			
P10 3761		1			

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES

1	2	3	4	5	6	7	8	9	10
11	12	13	14	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

RELEASE WARRANTY	YES	NO
10,000	20,000	30,000
40,000	50,000	60,000
70,000	80,000	90,000
100,000	110,000	120,000

TOTAL MATERIALS	
TOTAL LABOR	
TOTAL LABOR & MAT.	
TOTAL TAX	
TOTAL	

CUSTOMER COPY

## COMMENTS

I agree and fully understand that my car is being sold as is. I am not responsible for any damage to the car or its contents. I am not responsible for any loss of data or information stored in the car's memory. I am not responsible for any damage to the car or its contents. I am not responsible for any loss of data or information stored in the car's memory.

SIGNED

DATE

SERVICE TECH. SALESPERSON

QUALITY CHECKED BY:



1748 W. Main Street  
Greenfield, IN. 48140  
Phone: 317 / 462-1909

7000 South St. Rd 87  
Pendleton, IN. 48064  
Phone: 317 / 778-2211



YOUR VEHICLE SERVICED AT

DATE		TIME		CREDIT		INVOICE	
				1		0036612	
				9A		3178572888	
				BUICK			

09/97

10W30	Full Service Oil Change	PZ10W30 BULK	4.50	24.99
REPLACED	Pennzoil 10W30 Bulk Oil	PZ:PZ9A	1.00	N/C
OK	Oil Filter			N/C
OK	Air Filter			N/C
LUBED	PCV Valve			N/C
OK	Chassis			N/C
OK	Transmission Fluid			N/C
OK	Brake Fluid			N/C
OK	Power Steering Fluid			N/C
OK	Coolant Reservoir	-48 DEGREES		N/C
ADJUSTED	Tire Pressure	40 PSI		N/C
CHECKED	Lights			N/C
FILLED	Windshield Solvent			N/C
DONE	Wash Exterior Windows			N/C
DONE	Vacuum Interior			N/C
N/A	Rear Differential Fluid			N/C
N/A	Front Differential Fluid			N/C
N/A	Transfer Case			N/C
CHECKED	Belts			N/C
CHECKED	Hoses			N/C
OK	Drain Plug			N/C
OK	Drain Plug Gasket			N/C
N/A	Driveshaft			N/C
CHECKED	Top Side Final Check	34		N/C
CHECKED	Bottom Final Check	37		N/C
DONE	Courtesy Check	34/		N/C
OK	Wiper Blades			N/C
DISCOUNT	FCC Stamp #1			N/C

NEXT SERVICE DATE DUE: 04/05/2000

DO NOT EXCEED \$1000

PMT SUMMARY

CHARGE SUMMARY

Cash 48.00  
CHARGE 14.21

Taxable Amount.. 15.99  
Allowances..... 8.00

Total tax..... 0.80  
TOTAL DUE..... 25.79

--- THANK YOU! for choosing PERR'S, see you in 3000! --- ORIGINAL

78P008

STORE# 0670  
1700 2ND AVENUE SW  
CULLMAN, AL 35055  
(256)739-1664

# Service Order:



4870 74509

DATE 10-21-2000	MAKE [REDACTED]	MODEL TERRANO	COLOR Dark Green
YEAR 1998	MAKE BUICK	MODEL TERRANO	COLOR Dark Green
LICENSE [REDACTED]	ODOMETER 32419	CUSTOMER ARRIVAL TIME 2000-10-21 02:34 PM	SERVICE COMPLETED TIME 2000-10-21 03:14 PM
Service Description			Service
15PT CONV FEAT - Front Signal Light - CHECKED - Tail Lights - CHECKED - Third Brake Light - CHECKED - Head Light High Beam - CHECKED - Vacuum Cap - COMPLETE - Wiper - Pump - CHECKED - Oil - REPLACED, 4L Oil - Additive - NOT APPLICABLE - Transmission Fluid - CHECKED - Power Steering - CHECKED - Transfer Case Fluid - NOT APPLICABLE - Tire Pressure - CHECKED, F/32 R/32 - Pre Service Oil Check - (CHWCKED), Full MC AIRFILTER - Air Filter (Replace) - CHECKED - Rear Signal Light - CHECKED - Brake Lights - CHECKED - Head Light Low Beam - CHECKED - Wash Windshield - CHECKED - Wiper - Driver - CHECKED - Wiper - Rear - CHECKED - Oil Filter - REPLACED - Air Filter - CHECKED - Washer Fluid - FILLED - Differential Fluid - NOT APPLICABLE - Grease Fittings - COMPLETE, 8 Fittings - Oil Pressure - CHECKED			18.74
TREAD DEPTH Driver Front - 9/32      Driver Rear - 9/32      Passenger Rear - 9/32      Passenger Front - 9/32			0.00
Merchandise Description		Quantity	Unit Price
CASTROL 10W30 BULK PH3387A PH3387APR		4.5 1	1.22 1.88
			Included Included
		Total (Excluding Tax)	18.74
Customer Comments		<b>DISCLAIMER</b> I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant said person permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. As customer understands this is hereby acknowledged on above vehicle to ensure the success of repair device. WAL-MART IS NOT RESPONSIBLE FOR LOSS OF OR DAMAGE TO VEHICLES OR ARTICLES LEFT IN VEHICLES IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WAL-MART'S CONTROL.	
Technician Comments		[REDACTED SIGNATURE] 10-21-2000 CUSTOMER SIGNATURE DATE	

I do agree and fully understand that my motor vehicle had a low oil level when I brought it to Wal-Mart for an oil change. This was pointed out to me, that I willingly requested Wal-Mart to change the oil. I will not hold Wal-Mart responsible for any damage to my motor vehicle by the low oil level.

SIGNED

DATE

SERV WORKCENTER: CONSTANCE 225  
LIFER BAY TECHNICIAN: RICHARD 143  
LIFER BAY TECHNICIAN: WESLEY 296  
COUNTRY TECHNICIAN: WESLEY 296

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES.



STORE# 1728-  
4420 SCATTERFIELD ROAD  
ANDERSON, IN 46013  
(765)642-5025

Service Order:



468700 77680

DATE 05-24-2001	NAME [REDACTED]	PHONE # [REDACTED]
YEAR 1998	MAKE BUICK	MODEL LESABRE
LICENSE *****	ODOMETER 39108	CUSTOMER ARRIVAL TIME [REDACTED]
		SERVICE COMPLETED TIME [REDACTED]

Service Description				Service
LOF CONV FEATU - OIL - REPLACED, 4.5 Qts - Grease Fittings - COMPLETE, 8 Fittings - Pre Service (SI) Check - CHECKED, Full  TREAD DEPTH Driver Front - 5/32      Driver Rear - 5/32      Passenger Rear - 5/32      Passenger Front - 5/32				15.88

Merchandise Description	Quantity	Unit Price	Merchandise
VALVOLINE 10W30 BULK PH3387A PH3387APR	4.5 1	1.22 1.88	Included Included
Total (Excluding Tax)			15.88

Customer Comments

Technician Comments

#### DISCLAIMER

I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant Wal-Mart permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing said repair. An express warranty's limit is hereby acknowledged on above vehicle to ensure the success of repairs made.

WAL-MART IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLES OR ARTICLES LEFT IN VEHICLES IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WAL-MART'S CONTROL.

*X [Signature]*

05-24-2001

CUSTOMER SIGNATURE

DATE

I do agree and fully understand that my motor vehicle had a low oil level when I brought it to Wal-Mart for an oil change. This was pointed out to me, that I willingly requested Wal-Mart to change the oil. I will not hold Wal-Mart responsible for any damage to my motor vehicle by the low oil level.

SIGNED

DATE

SENY WIK/GRINDER: JOHNNY 213  
UPPER BAY TECHNICIAN: STEPHEN 208  
LOWER BAY TECHNICIAN: STEPHEN 208  
COUNTRY TECHNICIAN: STEPHEN 208

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES.

# UBEN EXPRESS

## 9192786 SERVICE ORDER WAL\*MART

I hereby authorize the holder of this order to be done after with the necessary order of and having been the order of your company's representative. The order is not valid unless it is signed by the holder of this order and is not valid unless it is signed by the holder of this order and is not valid unless it is signed by the holder of this order.

WAL\*MART IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ANYTHING LEFT IN THE STORE OR IN THE CLOSET ON ANY OTHER DAY OF THE YEAR.

CUSTOMER SIGNATURE

DATE 7-9-01	ODOMETER 43360	NAME [REDACTED]
YEAR 98	MAKE AND MODEL Buick	COLOR DK Green
CUSTOMER ARRIVAL TIME		LICENSE
SERVICE COMPLETED TIME		WORK / HOME PHONE

### LUBE EXPRESS SERVICE CHECKLIST

☐ REPLACE AIR FILTER ☒ REPLACE AIR FILTER IF NECESSARY ☐ REPLACE WIPER BLADES ☐ REPLACE WIPER BLADES IF NECESSARY

CREATOR COMMENTS:

PRE-SERVICE OIL LEVEL CHECK	BRAND	WEIGHT	QTS.
ADD <u>5W-30</u> <u>MAX</u>	<u>Castrol</u>	<u>10W-30</u>	<u>4.5</u>
OIL FILTER: <input checked="" type="checkbox"/> CHANGED	<u>332A</u>		
LUBRICATE CHASSIS: <input checked="" type="checkbox"/> COMPLETED	<u>SEALED</u>	<u>B. FITTINGS</u>	
WASHER FLUID: <input checked="" type="checkbox"/> CHECKED	<u>FILLED</u>	<u>BOTTLE LEAKS</u>	
TRANSMISSION FLUID: <input checked="" type="checkbox"/> CHECKED	<u>FILLED</u>		
POWER STEERING FLUID: <input checked="" type="checkbox"/> CHECKED	<u>FILLED</u>		
DIFFERENTIAL FLUID: <input checked="" type="checkbox"/> CHECKED	<u>FILLED</u>		
VACUUM CARPETING: <input checked="" type="checkbox"/> COMPLETED	<u>DECLINED</u>		
WASH WINDSHIELD EXTERIOR: <input checked="" type="checkbox"/> COMPLETED	<u>DECLINED</u>		
HEADLAMPS: <input checked="" type="checkbox"/> CHECKED	<u>REPL</u>	<u>REC. RPL</u>	
SIGNAL LIGHTS: <input checked="" type="checkbox"/> CHECKED	<u>REPL</u>	<u>REC. RPL</u>	
TAILLIGHTS & BRAKELIGHTS: <input checked="" type="checkbox"/> CHECKED	<u>REPL</u>	<u>REC. RPL</u>	
TIRE PRESSURE: <input checked="" type="checkbox"/> CHECKED	<u>PT PSI</u>	<u>R 25 PSI</u>	
WIPER BLADES: <input checked="" type="checkbox"/> CHECKED	<u>REPL</u>	<u>REC. RPL</u>	
AIR FILTER: <input type="checkbox"/> CHECKED	<u>REPL</u>	<u>REC. RPL</u>	

SERVICE PERFORMED	TECH	PRICE	TOTAL	ESTIMATE
LUBE EXPRESS L.O.P.	<u>10/1</u>			
TIRE PROTECTION PLAN	<u>10/1</u>		<u>8.01</u>	
ALIGNMENT / BALANCE				
INSTALL BATTERY / NOCO				
STATE INSPECTION / EMISSION				
LIFETIME BALANCE / ROTATION				
A/C SERVICE / FLUSH-N-FILL				
FUEL INJ / PLAT REPAIR				
<u>Tire Dia.</u>	<u>10/1</u>		<u>15.0</u>	

SIZE/NO.	MERCHANDISE DESCRIPTION	QTY.	PRICE	TOTAL	ESTIMATE
<u>BUS/MARS</u>	<u>VINA</u>	<u>2</u>			
	<u>Stem 1</u>	<u>2</u>		<u>1.25</u>	
		<u>4.5</u>			
<u>Not 10/30</u>	<u>From Pro 10/30/01</u>	<u>1</u>			
<u>Oil Filter</u>	<u>09100 50346</u>	<u>1</u>			

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 100 MILES

1	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TOTAL  
REPAIRS &  
TAXES  
TOTAL  
TOTAL

CUSTOMER COPY

I do hereby certify that the above information is true and correct to the best of my knowledge and belief. I am a duly licensed mechanic and I am not a salesperson. I am not a salesperson and I am not a salesperson. I am not a salesperson and I am not a salesperson.

SIGNED

DATE	SERVICE TECH	SUPERVISOR
QUALITY CHECKED BY:		



**Wilson Auto Service**  
 302 5th Ave. SW  
 Cullman, AL 35055  
 Phone - 256-739-5593

**INVOICE**

**017629**

**INVOICE**

Print Date - 10/23/2001

1998 Buick - LeSabre Custom

Lic #: 25AV848

Odometer In: 47883

Unit #:

Odometer Out: 47883

Vin #: IG4HR52K2WH533829

Est #:

Ref #:

Cust ID: 1024

Part Description / Number	Qty	List	Extended	Labor Description	Extended
STARTER - <i>Lifetime</i> 46-5129 <i>Warranty</i> Shop Supplies	1.00	285.58	285.58	STARTER ASSEMBLY - R&R (C) 1990-01 LeSabre V6	66.60
		1.25	1.25	STARTER ASSEMBLY - R&R (C) Combination: STARTER SOLENOID - R&R	16.65

[Technicians: Allen, David]

Orig. Estimate \$0.00

Revisions \$0.00

Current Estimate \$ 0.00

Additional Cost Revised Estimate

Labor:	\$63.25
Parts:	\$286.83
Sublet:	\$0.00
Sub:	\$370.08
Tax:	\$24.27
TOTAL:	\$394.25
Bal Due:	\$394.25

[Payments - ]

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one year or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE.....

Behn, Wendy

Date.....

Time.....

**Service Order:**

DATE 11-06-2001			PHONE #
YEAR 1990	MAKE BUICK	MODEL LEANNE	COLOR Dark Green
LICENSE *****	ODOMETER 48482	CUSTOMER ARRIVAL TIME 2001-11-06 09:48 AM	SERVICE COMPLETED TIME 2001-11-06 10:38 AM

Service Description		Service
15PT CONV FEAT		18.74
- Front Signal Light - CHECKED	- Rear Signal Light - CHECKED	
- Tail Lights - CHECKED	- Brake Lights - CHECKED	
- Third Brake Light - CHECKED	- Head Light Low Beam - CHECKED	
- Head Light High Beam - CHECKED	- Wash Windshield - CHECKED	
- Vacuum Carpet - COMPLETE	- Wiper - Driver - CHECKED	
- Wiper - Passg - CHECKED	- Wiper - Rear - NOT APPLICABLE	
- Oil - REPLACED, 4.5 Qts	- Oil Filter - REPLACED	
- Additive - NOT APPLICABLE	- Air Filter - CHECKED	
- Transmission Fluid - CHECKED	- Washer Fluid - FILLED	
- Power Steering - CHECKED	- Differential Fluid - NOT APPLICABLE	
- Transfer Case Fluid - NOT APPLICABLE	- Cruise Settings - COMPLETE, 8 Fmgts	
- Tire Pressure - CHECKED, FL35 R35	- Oil Pressure - CHECKED	
- Pop Service Oil Check - CHECKED, One Quart Low		
NEW AIRFILTER		0.00
- Air Filter (Replace) - CHECKED		
FLAT REPAIR TL		6.50
Discount for above item	- Flat Repair - COMPLETE	- 6.50
- Balance - NO ACTION		
- Valve Stem Optimal - NO ACTION		
LUG TORQUE		
Driver Front	15 FT-LB	
THREAD DEPTH		
Driver Front - 6/32	Driver Rear - 6/32	Passenger Front - 6/32
		Passenger Rear - 6/32

Merchandise Description	Quantity	Unit Price	Merchandise
CASTROL 10W30 BULK PH3387A PH3387APR	45 1	1.22 1.28	Included Included
		Total (Excluding Tax)	18.74

I do agree and fully understand that my motor vehicle had a LOW OIL light when I brought it in. Wal-Mart for an oil change. This was indeed due to me, but I willingly requested Wal-Mart to change the oil. I will not hold Wal-Mart responsible for my decision to use motor vehicle by the low oil level.

**NOTE**

---

HEAVY WELDER/ENGINEER: ANTHONY 1349  
UPPER BAY TECHNICIAN: NORMAN 7781  
LOWER BAY TECHNICIAN: RICHARD 140  
COUNTRY TECHNICIAN: BRIAN 2091  
TISH TECHNICIAN: JIMMIE 283

**Customer Connection  
Technology Connection**

## DISCLAIMER

I heavily authorize the news agency work to be done along with the necessary material, and hereby grant Web-Mat permission to quote the vehicle herein described on prints, tape-casts or elsewhere for the purpose of testing under discussion. An express disclaimer's line is hereby stipulated on above vehicle to ensure the accuracy of source's source.

WAL-MART IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLES OR ARTICLES LEFT IN VEHICLES IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WAL-MART'S CONTROL

11-05-2001

**CUSTOMER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES.**

STORE# 1297

Service Order:

4870 29620

DATE 12-02-2001	FL		
YEAR 1998	MAKE BUICK	MODEL LESABRE	COLOR Dark Green
LICENSE	ODOMETER 59599	CUSTOMER ARRIVAL TIME 2001-12-02 12:16 PM	SERVICE COMPLETED TIME 2001-12-02 12:44 PM

Service Description		Service
LOP SUPER TECH - OIL - REPLACED, 4.5 Qt. - Grease Fittings - COMPLETE, 8 Fingers - Pre Service Oil Check - CHECKED, Fail - Oil Filter - REPLACED - Oil Pressure - CHECKED TREAD DEPTH Driver Front - 7/32      Driver Rear - 7/32      Passenger Rear - 7/32      Passenger Front - 7/32		11.94

Merchandise Description	Quantity	Unit Price	Merchandise
SUPER TECH 10W30	1	0.84	Included
PH3517A FRAM PRO	1	1.52	Included
Total (Excluding Tax)			11.94

Customer Comments
Technician Comments
HOW DO YOU WISH TO PAY FOR THIS SERVICE? CASH      CHECK      CREDIT CARD MONEY ORDER
I WANT REPLACED PARTS TO BE SAVED FOR INSPECTION
2ND AUTHORIZED NAME & PHONE

<b>DISCLAIMER</b>	
I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant Wal-Mart permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express acknowledgment is hereby acknowledged to state vehicle to ensure the extent of repair thereof. WAL-MART IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLES OR ARTICLES LEFT IN VEHICLES IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WAL-MART'S CONTROL.	
CUSTOMER SIGNATURE	DATE 12-02-2001

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE READ CAREFULLY. CHECK ONE OF THE STATEMENTS BELOW AND SIGN: I UNDERSTAND THAT, UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL EXCEEDS \$100.  
 I REQUEST A WRITTEN ESTIMATE.  
 I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ \_\_\_\_ THE SHOP MAY NOT EXCEED THE AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.  
 I DO NOT REQUEST A WRITTEN ESTIMATE.

ALL LABOR CHARGES ARE BASED ON A FLAT RATE. WE SUPPLY FREE ESTIMATES. WE DO NOT HAVE A DAILY STORAGE CHARGE FOR VEHICLES. WE ONLY SELL NEW PARTS.

I do agree and fully understand that my motor vehicle had a few oil level when I brought it to Wal-Mart for an oil change. This was noticed as it was that I willingly requested Wal-Mart to change the oil. I will not hold Wal-Mart responsible for any damage to my motor vehicle by the few oil level.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

COURTESY TECHNICIAN: ALONZO 984  
 SERV. TECHNICIAN: RICHARD 1618  
 LUTHER BAY TECHNICIAN: LEVI 289  
 LUTHER BAY TECHNICIAN: THOMAS 1771

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES.

Florida Copy



STORE# 0670  
1700 2ND AVENUE SW  
CULLMAN, AL 35055  
(256)739-1664

Service Order.



4670 17433

DATE 02-06-2002	MAKE BUICK	MODEL LESABRE	COLOR Dark Green
YEAR 1998	LICENSE *****	CUSTOMER ARRIVAL TIME 2002-02-06 01:26 PM	SERVICE COMPLETED TIME 2002-02-06 02:09 PM
Odometer 53878			

Service Description	Service
15PT CONV BEAT - Front Signal Light - CHECKED - Tail Light - CHECKED - Third Brake Light - CHECKED - Head Light High Beam - CHECKED - Vacuum Capset - COMPLETE - Wiper - Passenger - CHECKED - Oil - REPLACED, 4.8 Qt - Additive - NOT APPLICABLE - Transmission Fluid - CHECKED - Power Steering - CHECKED - Transfer Case Fluid - NOT APPLICABLE - Tire Pressure - CHECKED, F&S B.35 - Pre Service Oil Check - CHECKED, Full - Rear Signal Light - CHECKED - Brake Lights - CHECKED - Head Light Low Beam - CHECKED - Wash Windshield - CHECKED - Wiper - Driver - CHECKED - Wiper - Rear - NOT APPLICABLE - Oil Filter - REPLACED - Air Filter - CHECKED - Washer Fluid - FILLED - Differential Fluid - NOT APPLICABLE - Gasoline Filings - COMPLETE, 8 Flngs - Oil Pressure - CHECKED	18.74
TREAD DEPTH Driver Front - 9/32      Driver Rear - 9/32      Passenger Front - 9/32      Passenger Rear - 9/32	

Merchandise Description	Quantity	Unit Price	Merchandise
CASTROL 10W30 BULK	4.5	1.22	Included
PH3387A PH3387APR	1	1.88	Included
Total (Excluding Tax)			18.74

**WAL-MART**  
ALWAYS LOW PRICES ALWAYS WAL-MART

*Always*

W. SELL FOR LESS  
MEMBER ONLY PRICE  
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STB.0670.CPS.00902799 168.95.TRB 71678  
...TLE ITEMS.FIN LOW  
ORDER.NUMP 4.00-0067001.433  
16PT.FD...00-874222672.....18.74 B  
BULK.OIL...010...BT...4.6  
...4.5.BT 1.FOR 1  
OIL.FLTN...00091020722  
NL.OIL.FLE...010...BT 4.6  
...4.5.BT 1.FOR 0.06.....0.23.H  
TOTAL THIS CAR.....18.97  
...TLE ITEMS.COMPETE  
...BULK OIL.....18.97..

**DISCLAIMER**  
I hereby authorize the stated repair work to be done along with the necessary materials, not hereby grant Wal-Mart permission to operate the vehicle until the vehicle is repaired, repaired or otherwise for the purpose of testing and/or inspection. As a result, Wal-Mart's liability is hereby acknowledged as stated vehicle to return the amount of repair costs.  
WAL-MART IS NOT RESPONSIBLE FOR LOSS OF DAMAGE TO VEHICLES OR ARTICLES LEFT IN VEHICLES IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WAL-MART'S CONTROL.  
*Donna Green*  
02-06-2002  
CUSTOMER SIGNATURE DATE

I do agree and fully understand that my motor vehicle had a low oil level when I brought it to Wal-Mart for an oil change. That was pointed out to me, that I willingly approved Wal-Mart to change the oil. I will not hold Wal-Mart responsible for any damage to my motor vehicle by the low oil level.

REMOVED  
DATE  
UPPER BAY TECHNICIAN: ANTHONY 2340  
LOWER BAY TECHNICIAN: WESLEY 2340  
COUNTRY TECHNICIAN: WESLEY 2340  
SEXY TECHNICIAN: RICHARD 143

HAVE YOUR LUG NUTS RETORQUED AFTER THE FIRST 50 MILES.

REC'D STATEMENT OF LUTHER COW

4263279475

Tape 237924-1

8F  
7-31-02

--(INAUDIBLE) CALLING FROM PHONE NUMBER [REDACTED] TODAY'S  
DATE IS THURSDAY, FEBRUARY 21, 2002. THE TIME IS  
APPROXIMATELY 12:05 P.M. I AM INTERVIEWING LUTHER [REDACTED]  
CONCERNING FIRE DAMAGE TO HIS '98 BUICK LE SABRE, AND THIS  
HAPPENED ON FEBRUARY 20, 2002.

Q. OKAY. MR. [REDACTED] IS THIS RECORDING BEING MADE WITH YOUR  
FULL KNOWLEDGE AND CONSENT? ARE YOU AWARE THAT I'M  
RECORDING THIS CONVERSATION?

A. YES.

Q. STATE YOUR FULL NAME?

A. LUTHER HAROLD [REDACTED]

Q. AND WHAT IS YOUR HOME ADDRESS?

A. [REDACTED]

Q. OKAY. AND FOR IDENTIFICATION PURPOSES WOULD YOU STATE  
YOUR SOCIAL SECURITY NUMBER?

A. I'D RATHER NOT.

Q. OKAY.

A. UM, NOT FOR IDENTIFICATION I CAN GIVE YOU MY DRIVER'S  
LICENSE; THAT'S GOOD ENOUGH.

Q. OKAY. ARE YOU EMPLOYED? IF SO, WHAT'S THE NAME OF THE  
COMPANY AND THE ADDRESS?

A. I'M RETIRED.

Q. YOU'RE RETIRED?

A. RIGHT.

Q. OKAY. FROM WHERE?

A. [REDACTED]

Q. AND DO YOU HAVE ANY OTHER INSURANCE ON THIS AUTOMOBILE THAT WAS IN--INVOLVED ON THIS CLAIM?

A. NO, NO.

Q. OKAY. WHAT'S THE TITLED, UM, OWNER'S NAME OF THIS CAR?

A. BONNIE [REDACTED]

Q. WHAT'S THE YEAR, MAKE AND MODEL ON THE CAR?

A. UM, 1998, UM, BUICK LE SABRE, FOUR-DOOR.

Q. WHAT COLOR IS IT?

A. TEAL.

Q. AND DO YOU HAVE A TAG--THE SERIAL NUMBER WITH YOU NOW?

A. UM, HANG ON. LET ME SEE IF I CAN GET IT PRETTY QUICK.  
ID NUMBER IS 1G4HP52K2WH533929.

Q. OKAY. THE LICENSE PLATE OR TAG NUMBER?

A. PARDON ME?

Q. WHAT IS THE TAG NUMBER?

A. UM, LET'S SEE, [REDACTED]

Q. ALABAMA?

A. RIGHT.

Q. OKAY. HAVE YOU ADDED ANY OPTIONS TO THIS CAR SINCE YOU PURCHASED IT?

A. IT'S BEEN PURCHASED BRAND-NEW.

Q. NO, HAVE YOU ADDED ANY OPTIONS TO IT--

A. OH, I'M SORRY, I THOUGHT YOU--

Q. --SINCE YOU BOUGHT IT?

A. --MEANT TO AN AUCTION. NO, UM, NO.

Q. OKAY.

A. NO.

Q. AND WHAT WAS THE SPECIFIC MILEAGE ON THE CAR AT THE TIME OF THE LOSS?

A. I DON'T HAVE IT WITH ME, MA'AM; IT'S OUTSIDE. DO YOU NEED IT?

Q. I CAN GET THAT LATER.

A. OKAY.

Q. DO YOU KNOW THE APPROXIMATE MILEAGE?

A. UM, IT'S IN THE 55,000 AREA.

Q. OKAY. AND WHEN WAS THE VEHICLE PURCHASED--MONTH AND YEAR?

A. IT WAS PURCHASED IN, UM, JULY OF, UM, '98.

Q. WAS IT BOUGHT NEW OR USED?

A. NEW.

Q. AND WHERE WAS IT PURCHASED FROM?

A. HEMBRY FROM, UM, GUNTERVILLE, ALABAMA.

Q. HEMBRY MOTORS?

A. UM-HUM.

Q. WHAT WAS THE PURCHASE PRICE?

A. PARDON ME?

Q. WHAT, UM, WAS THE PURCHASE PRICE?

A. I THINK IT WAS AROUND 28,000, IN THAT NEIGHBORHOOD,

ANYWAY.

Q. OKAY. AND IS IT FINANCED?

A. NO, PAID CASH.

Q. OKAY.

A. HAD A TRADE-IN, PAID CASH.

Q. AND WAS THE ENGINE, UM, WAS THE VEHICLE'S ENGINE OR TRANSMISSION REBUILT?

A. NO, BRAND-NEW.

Q. HAS THE VEHICLE RECENTLY BEEN OFFERED FOR SALE?

A. NO.

Q. WHEN WAS YOUR FIRST KNOWLEDGE OF THE FIRE, DATE AND TIME?

A. WHEN WAS MY WHAT?

Q. FIRST KNOWLEDGE OF THE FIRE?

A. WHEN I WAS SITTING INSIDE THE CAR AT 6:20 WHEN I TURNED THE IGNITION ON.

Q. OKAY. AND THAT WAS ON FEBRUARY 20, YESTERDAY.

A. YESTERDAY.

Q. 6:20 P.M.?

A. RIGHT.

Q. AND WHERE DID THE FIRE START?

A. UM, I'M NOT REALLY SURE, BUT I BELIEVE IT WAS FROM THE STARTER AREA AND THE MOTOR UNDERNEATH.

Q. SO UNDERNEATH THE HOOD?

A. RIGHT.



- Q. AND WHERE WERE YOU WHEN THE FIRE FIRST STARTED?
- A. I WAS IN THE DRIVER'S SEAT.
- Q. DID YOU SEE FLAMES?
- A. I SAW SMOKE AND THEN SAW FLAMES, RIGHT.
- Q. AND WHAT COLOR WAS THE SMOKE?
- A. UM, DARK BLACK.
- Q. AND HOW WAS THE FIRE EXTINGUISHED?
- A. I USED A WATER HOSE ON IT.
- Q. OKAY. AND WAS IT YOU THAT EXTINGUISHED THE FIRE?
- A. RIGHT.
- Q. HOW LONG WAS IT FROM THE TIME THE FIRE STARTED UNTIL IT WAS EX--EXTINGUISHED?
- A. OH, IN A MATTER OF MINUTES. IT, UM, PROBABLY, OH, A MAXIMUM OF SIX--SIX OR SEVEN MINUTES.
- Q. WERE THERE ANY PICTURES OR VIDEOS OF THE VEHICLE--
- A. NO.
- Q. --DURING OR AFTER THE FIRE?
- A. NO.
- Q. AND WHAT DO YOU THINK CAUSED THE FIRE?
- A. WHAT CAUSED THE FIRE?
- Q. UM-HUM.
- A. I WISH I KNEW.
- Q. OKAY.
- A. I REALLY DON'T KNOW.
- Q. DID THE, UM, OKAY. WAS THE FIRE DEPARTMENT CALLED TO

COME OUT?

A. UM, MY NEIGHBOR CALLED THE FIRE DEPARTMENT WHEN THEY SAW THE--THE FLAMES AND HEARD THE EXPLOSION.

Q. AND WHERE WAS THE EXPLOSION?

A. WHERE WAS IT?

Q. UM-HUM.

A. FROM UNDER THE ENGINE.

Q. OKAY. AND WHAT WAS DAMAGED AS FAR AS YOU COULD SEE?

A. ALL THE WIRING IN THE--ON THE--NEAR THE FIRE WALL IS BURNT OUT AND, UM, LOOKS LIKE A LOT OF CONTROL WIRES ARE BURNT UP. UM, THE, UM, INSULATION ON THE HOOD IS BURNT. UM, OH, THE, UM, WATER RESERVOIR FOR MY WASHER IS BURNT. UM, THE TOP TO THE BRAKE CYLINDER IS, UM, SCORCHED AND BENT AND MELTED AND, UM, A LIGHT THAT UPRIGHTS WHEN THE HOOD IS UP IS BURNT AND THE FIRE WALL ITSELF IS, UM, PRETTY WELL MELTED AND THERE'S A--A (INAUDIBLE) THAT FITS OVER THE MOTOR--IT'S PRETTY WELL MELTED ON THE BACKSIDE.

Q. OKAY.

A. AND THERE WAS SOMETHING BLOWN OFF AT THE BOTTOM. I--I GUESS A PIECE OF PLASTIC. I HAVE NO IDEA WHAT THAT'S FROM.

Q. OKAY. PLEASE DESCRIBE TO ME, UM, WHAT HAPPENED--

A. I, UM--

Q. --TO JUST PRIOR TO THE FIRE THEN--

A. PARDON ME?

Q. --WHAT HAP--BEFORE THE FIRE HAPPENED?

A. OKAY. I JUST GOT INTO THE DRIVER'S SEAT, UM, PUT THE KEY IN THE IGNITION AND--AND TURNED ON THE STARTER AND, "POW," THERE IT WENT.

Q. SO EXPLOSION AS SOON AS YOU--

A. RIGHT.

Q. --TURNED THE IGNITION?

A. RIGHT, UM-HUM. THEN THERE WAS SMOKE AND FIRE STARTED.

Q. AND WHERE DID THIS HAPPEN?

A. IN THE CARPORT OF MY HOUSE, 1615 VINCENT.

Q. OKAY. AND HOW--HOW LONG HAD THE VEHICLE BEEN PARKED THERE?

A. UM, IT HADN'T BEEN DRIVEN FOR, UM, LET'S SEE. A COUPLE OF DAYS.

Q. DID THE POLICE AND FIRE DEPARTMENT RESPOND?

A. UM, YES, THEY DID. UM, I--I DIDN'T KNOW ANYTHING ABOUT THE POLICE. UM, THEY DIDN'T--THEY DIDN'T COME UP TO THE BUILDING OR ANYTHING.

Q. OKAY.

A. THEY DID COME BY.

Q. AND DID THE FIRE DEPARTMENT GIVE YOU A REPORT NUMBER?

A. NO.

Q. DID THEY SAY THEY'D MAKE A REPORT? ARE THEY MAKING A REPORT?

A. UM, THEY--THEY'RE JUST GOING TO MAKE A RECORD OF IT THAT THEY'D, UM, MY PROPERTY IS THE ONLY THING I CAN TELL YOU, MA'AM.

Q. OKAY. YOU SAID A NEIGHBOR CALLED THEM? DO YOU KNOW WHO THAT WAS?

A. RIGHT. UM, UM, JERRY [REDACTED]

Q. HAS ANYTHING SIMILAR OCCURRED TO THIS VEHICLE BEFORE?

A. NO.

Q. HAS THIS VEHICLE BEEN RECALLED FOR ANY REASON?

A. NO, NOT THAT I'M AWARE OF, NO.

Q. AND WERE YOU AWARE OF ANY PROBLEMS WITH THE VEHICLE BEFORE THIS?

A. NO, IT'S A GOOD AUTOMOBILE.

Q. OKAY. HOW OFTEN IS MAINTENANCE WORK DONE ON THE CAR?

A. IT HAD JUST HAD A, UM, OIL CHANGE, UM, ABOUT A WEEK AGO.

Q. AND WHO DID THAT?

A. WAL-MART.

Q. AND HOW OFTEN DO YOU NORMALLY HAVE THE OIL CHANGED IN IT?

A. EVERY 3,000 MILES.

Q. HAVE YOU HAD ANY OTHER WORK DONE BESIDES THE OIL CHANGE?

A. UM, I HAD IT RE--A STARTER REPLACED ON IT.

Q. A STARTER?

A. UM-HUM.

Q. AND WHEN WAS THAT DONE?

A. OH, GOSH. THAT WAS BACK IN, UM, LET'S SEE. FALL OF '01, I BELIEVE.

Q. AND WHERE WAS THAT DONE?

A. UM, HUM, I KNEW YOU WAS GONNA ASK ME THAT. I CAN'T THINK OF THE NAME OF THE--

Q. OKAY.

A. --(INAUDIBLE) PLACE.

Q. OKAY. UM, DO YOU HAVE ANY RECEIPTS FOR THE WORK THAT WAS DONE?

A. DO I HAVE RECEIPTS FOR THE WORK THAT WAS DONE?

Q. UM-HUM. DO YOU HAVE ANY RECEIPTS FOR THE WORK THAT YOU HAD DONE?

A. I THINK SO. I CAN'T REALLY PUT A FINGER ON IT RIGHT NOW, BUT WE KEEP RECEIPTS.

Q. AND DO YOU KEEP A FULL MAINTENANCE RECORD ON THE CAR?

A. YES, UM-HUM.

Q. AND HAVE YOU HAD ANY WORK RECOMMENDED BY A MECHANIC THAT HAS NOT BEEN DONE?

A. NO.

Q. CAN YOU THINK OF ANYTHING ELSE YOU WANT TO ADD TO THE RECORDING?

A. UM, NOT THAT I'M AWARE OF ANYTHING.

Q. HAVE YOU UNDERSTOOD ALL OF MY QUESTIONS?

A. I THINK SO.

Q. UM, WOULD YOU STATE YOUR FULL NAME AGAIN?

A. LUTHER HAROLD [REDACTED]

Q. OKAY. MR. COWAN, WITH YOUR PERMISSION THAT WILL END THE  
RECORDING.

END OF RECORDED STATEMENT



COMPLETE FIRE AND GENERAL INVESTIGATIONS

March 20, 2002

Allstate Insurance Company  
P.O. Box 5265  
Huntsville, Alabama 35814

Attention: Betty Brown

RE: Insured:	Luther [REDACTED]
Vehicle Description:	1998 Buick LeSabre LTD
Vehicle ID Number:	1G4HP52K2WH533929
Date of Manufacture:	May of 1998
Odometer Reading:	54,124 Miles
Day, Date & Time of Loss:	Wednesday, February 20, 2002 6:00 P.M.
Claim Number:	4263279475
Pyrtech File Number:	22059

Dear Ms. Brown:

Pursuant to your instructions, I conducted an origin and cause examination of the above referenced vehicle on February 27, 2002, at the facilities of Bill Smith Buick, 1615 Denson Avenue SW, Cullman, Alabama 35055. Fire damage is confined to upper surface burning at the rear of the engine compartment and consists primarily of melting of plastic and rubber components. Large sections of the composite intake manifold are broken away, exposing the interior of the manifold.

Luther [REDACTED] the insured, stated he and his wife were going to church and were seated in the car parked in the carport. He turned the key "on" and heard a loud explosion and saw smoke from underneath the hood.

As he opened the hood, he saw flames at the rear of the motor shooting down under the car. Mr. [REDACTED] was able to extinguish the fire with a garden hose.

Research of the National Highway Traffic Safety Administration recall Database revealed campaign ID number 96V116000, which refers to a condition where a backfire during engine starting can cause breakage of the upper intake manifold. This problem can cause a no-start condition and possibly an engine compartment fire. The recall indicates dealers will update the powertrain control module programming as a corrective measure. The recall date is listed as July 8, 1996 and pertains to vehicles manufactured from July of 1995 until May of 1996.

In my opinion, this fire is accidental in nature and was caused by the condition described in the aforementioned National Highway Safety Administration Recall campaign. Although the insured's vehicle does not fit within the perimeters of the recall in reference to date of manufacture, damage to this vehicle is consistent with that described by the recall and subrogation against the manufacturer might be possible.

For your convenience, I have enclosed the processed film and negatives, a copy of the National Highway Traffic Safety Administration Recall and a copy of the General Motors Vehicle Inquiry System Summary containing information that pertains to the insured's vehicle.

Should you desire further investigation or have any questions, please do not hesitate to call.

L. Gary Coggins, CFI  
Automotive Division, Manager  
Senior Investigator

Reviewed by:  
Richard J. Keith, CFI, CFPO, CFEL, CET  
President



RECORDED INTERVIEW FORMAT ON A SPECIALTY VEHICLE CLAIM

OCCURRENCE - GENERIC

1. Describe for me what happened? rd got in car & turned ignition then explosion
2. Where did it happen? In carport of rd's house
3. Who was using the vehicle at the time? rd
4. (If parked) How long had the vehicle been parked? parked for 2 days
5. Did police or fire departments respond? yes fire dept
- Report number? None given
6. Who called them? [REDACTED]
7. Has anything similar occurred to this vehicle before? no
8. Has vehicle been recalled for any reason? no

RECORDED INTERVIEW FORMAT ON A SPECIALTY VEHICLE CLAIM

OCCURRENCE - GENERIC (Continued)

9. Were you aware of any problem with vehicle before? NO (If yes, what was the nature of the problem?) \_\_\_\_\_
10. How often is maintenance work done on the car? every 3000 miles
11. Any recent work done on the vehicle? Oil change - 1 week ago  
Wal-Mart; starter replaced fall 2001 ??
12. If yes, who did it and when? \_\_\_\_\_
13. Do you have receipts for the work? yes (If yes) Can I have them? \_\_\_\_\_
14. Do you keep full maintenance records? yes Are they available? \_\_\_\_\_
15. Any work recommended by a mechanic that hasn't been done? NO

## RECORDED INTERVIEW FORMAT ON A SPECIALTY VEHICLE CLAIM

The following is a list of suggested questions to be used in an interview of an insured who has reported an auto specialty loss. If someone other than the insured was the last person to have physical control of the vehicle, this person should be interviewed.

The following format will serve as a useful outline when interviewing the victim of an automobile loss; however, the interviewer should feel free to explore any areas that seem vague, suspicious or require clarification.

1. Introduction - This is (name of interviewer) interviewing (name of person being interviewed). Today's date is (MM/DD/YY) and the time is (time) a.m./p.m.
2. Are you aware that this interview is being recorded and do I have your permission to do so? *yes*
3. Would you please state your full name and address? *Cather [redacted]*
4. For identification purposes, would you state your social security number? *Refused*
5. Are you employed, and if so, would you name your employer and state their address and phone number? *Retired from Nicholson File*
6. Do you have any other insurance on the automobile involved in this claim? (If the answer is "yes", obtain the name of any other insurance company involved.) *No*

old damage:

*microscopic RY4*

# RECORDED INTERVIEW FORMAT ON A SPECIALTY VEHICLE CLAIM

## VEHICLE INFORMATION

1. Name of titled owner(s): [REDACTED]
2. Serial number: 1G4HP52K2WH533929
3. Year: 1998 Make: Buick  
 Model: Cesaire Body Style: 4 door  
 Color: Teal License Plate # and State: 25 AV848 ALA
4. Any options added to vehicle since purchase? NO
5. What was the specific mileage on your vehicle at the time of the loss: 7,55,000
6. When was the vehicle purchased? (Month/Year): July 98 New or Used? New
7. Where was the vehicle purchased? Hendree Motors Greenville
- Name of seller, address, phone # \_\_\_\_\_
8. What was purchase price? \$28,000
9. If financed, name and address of lender, account number and date of last payment?  
NO
10. Was the vehicle's engine/transmission rebuilt? NO
11. Has this vehicle recently been offered for sale? NO

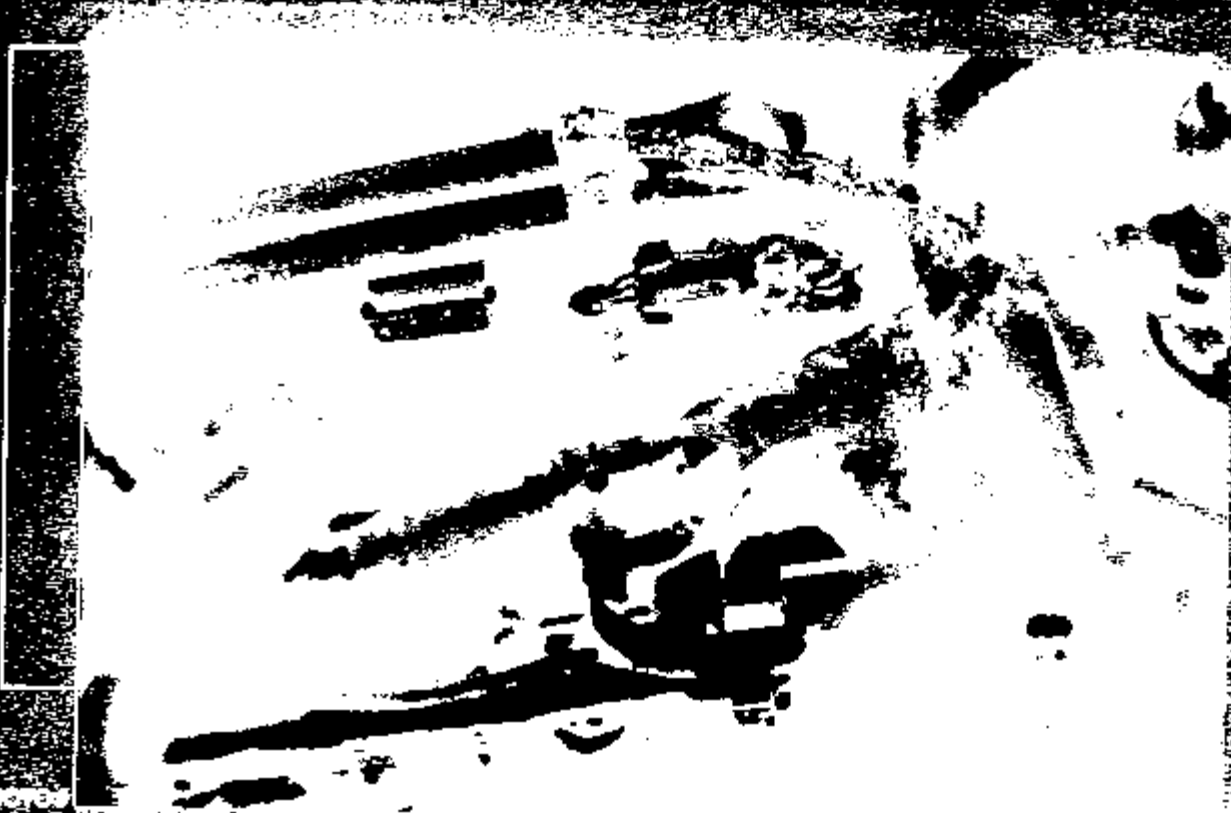
RECORDED INTERVIEW FORMAT ON A SPECIALTY VEHICLE CLAIM  
OCCURRENCE - FIRE

1. When was your first knowledge of the fire? 2/20/02 at 4:20 p.m.
2. Where did the fire start? started under hood
3. Where were you when the fire started? driver's seat
4. Did you see flames? yes
5. Did you see smoke? yes  
(if yes, what color was the smoke?) black
6. How was the fire extinguished? used a water hose
7. Who extinguished the fire? NI
8. How long was it from the time the fire started until it was extinguished?  
6 or 7 minutes
9. Were there any pictures or videos of the vehicle during or after the fire?  
NO
10. What do you think caused the fire? unk

Neither eld fire dept  
explosion under hood  
all wiring near fire wall & control  
wires; head insulation; water reservoir

# CLAIM PHOTOGRAPH RECORD

Claim No. 4626377445  
Insured [REDACTED]



DATE

Yes No

Photo

Neighborhood

DESCRIPTION

COMMENT

SUBMITTED BY

DATE

CLAIM PHOTOGRAPH  
RECORD

Claim No. 46263279475  
Insured [REDACTED]



DATE	
YR	Mo

PHOTO

Negative

DESCRIPTION

COMMENT

SUBMITTED BY [REDACTED] DATE [REDACTED]

cm44

CLAIM PHOTOGRAPH  
RECORD

Claim No. 146327945  
Insured [REDACTED]

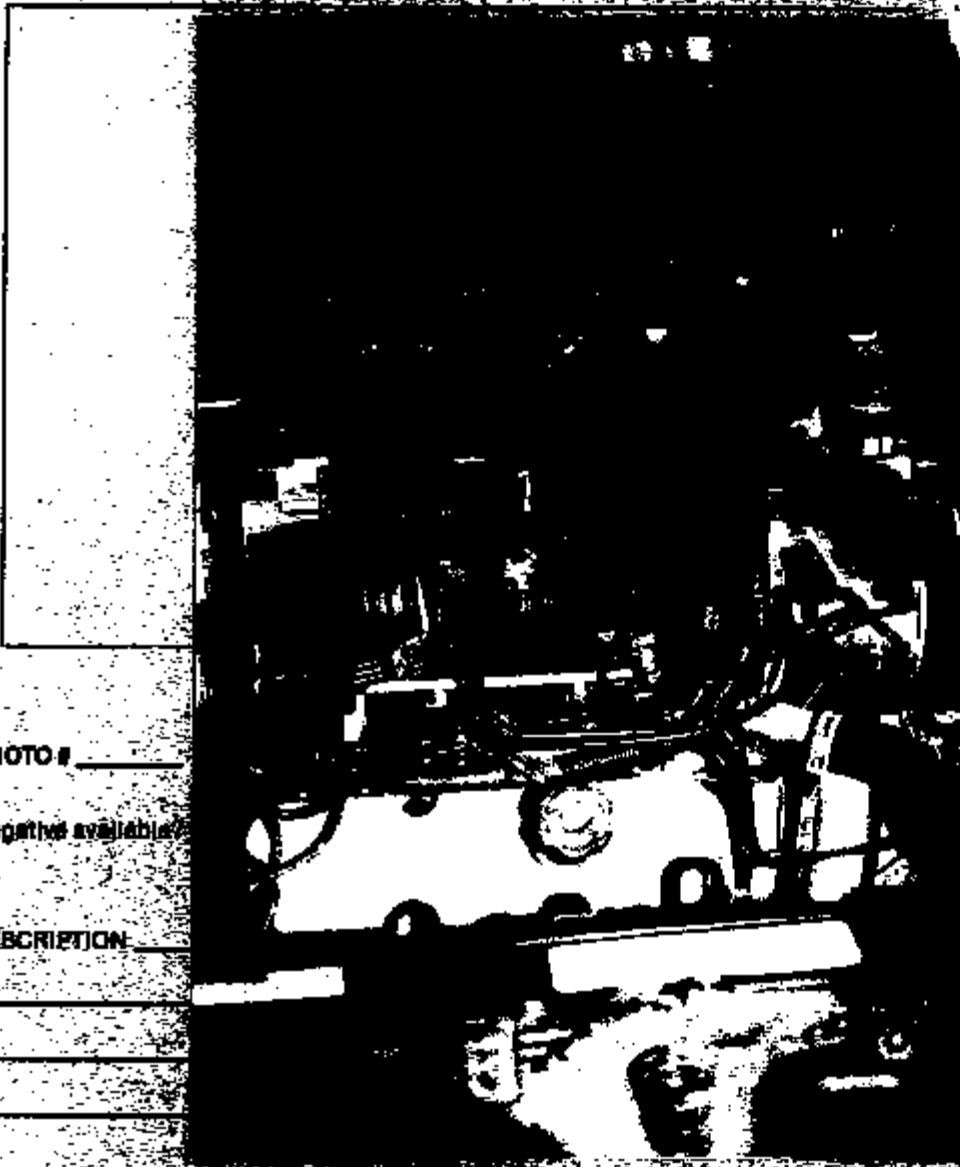


PHOTO # \_\_\_\_\_ TAKEN \_\_\_\_\_ DATE \_\_\_\_\_

Negative available? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

PHOTO # \_\_\_\_\_

Negative available? \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

HERE

COMMENTS: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

NAME

DATE



# CLAIM PHOTOGRAPH RECORD

Claim No. 466327745  
Insured [REDACTED]

EN          DATE           
Yes          No         

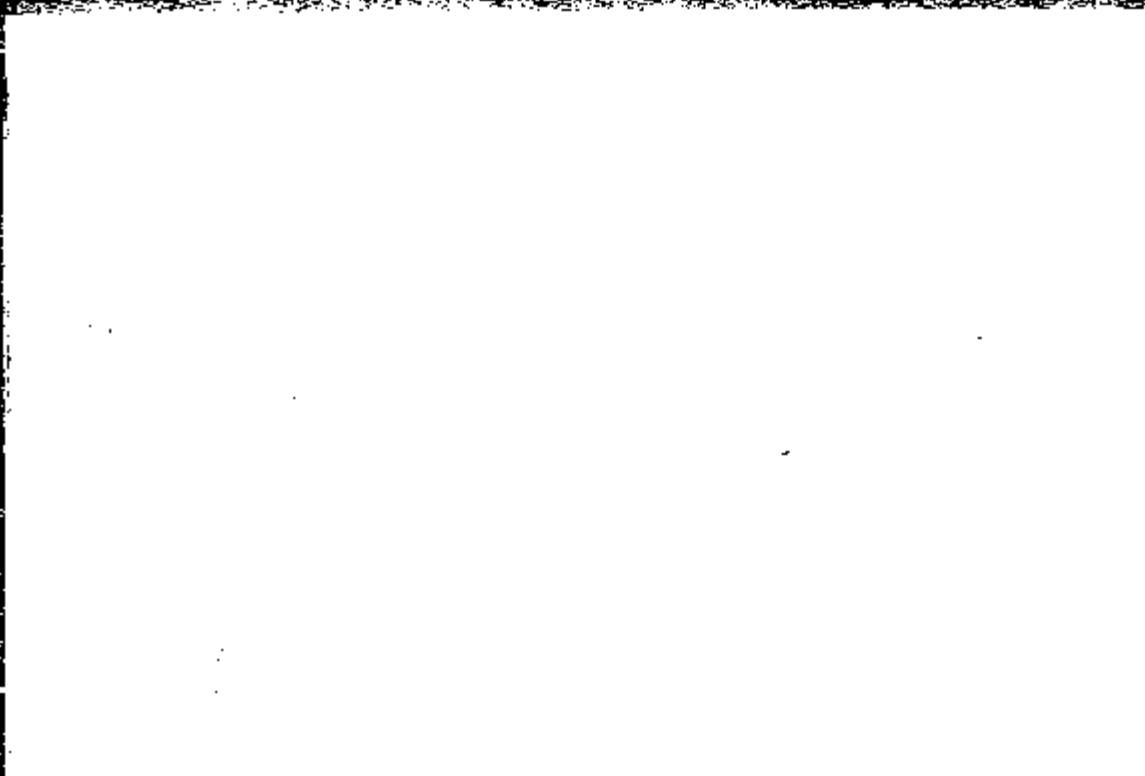


PHOTO #

Negative #

DESCRIPTION



COMMENTS

SUBMITTED BY

NAME

DATE

CLAIM PHOTOGRAPH  
RECORD

Claim No. 4263277475  
Insured [REDACTED]



EN DATE  
Yes      No       
      
      
      
      
      
      
    



COMMENT

CLAIM PHOTOGRAPH  
RECORD

Claim No. 4263279475  
Insured [REDACTED]

DATE  
Yes No



PHOTO

Negative available

DESCRIPTION

COMMENTS



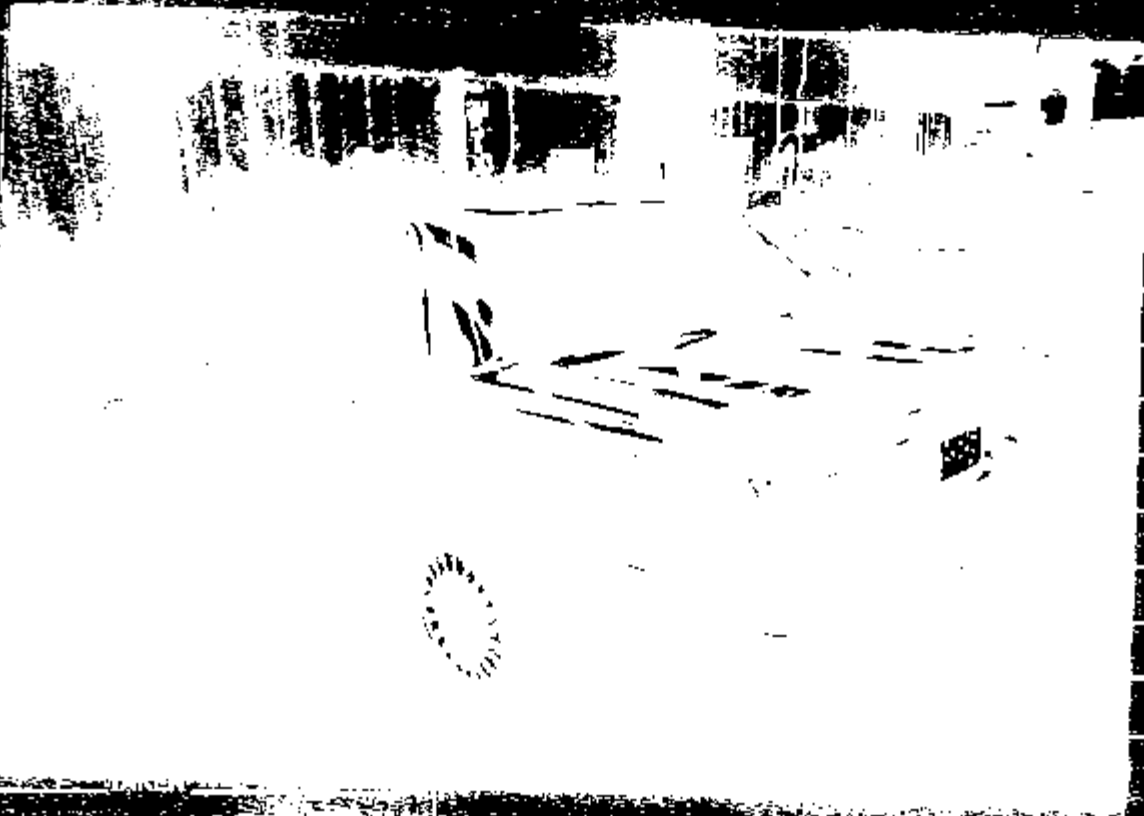
SUBMITTED BY:

NAME

DATE

**CLAIM PHOTOGRAPH  
RECORD**

Claim No. 42163229475  
Insured [REDACTED]



DATE \_\_\_\_\_

198

**No**

**PHOTO**

**Negative Feedback**

DESCRIPT



## COMMENT

SUBMITTED BY:

NAME

DATE \_\_\_\_\_

CLAIM PHOTOGRAPH  
RECORD

Claim No. 4263279475  
Insured [REDACTED]



DATE

Yes

No

PHOTO #

Negative available

DESCRIPTION



COMMENTS

SUBMITTED BY:

NAME

DATE

# ESIS

An Insurance Services Company

ESIS GM Claim Unit  
ESIS-GM Claims Unit  
Mail Code: 482 C20 D73  
Detroit, MI 48265-3000

P.O. Box 31

313.666.3377 tel  
313.665.0911 fax

Deborah.Diehr@ESIS.com

Deborah Diehr  
Claim Administrator

September 23, 2002

Ms. Debbie Dobbins, Claim Associate  
Allstate  
Roanoke National Subrogation Claims Center  
3800 Electric Road, Suite 301-P.O. Box 21169  
Roanoke, VA 24018

Re: File Number: 440094 (your file #4263279475)  
Date of Event: 2-20-02  
Claimant: Luther [REDACTED]  
Client/Account: General Motors

Dear Ms. Dobbins,

This letter serves as a reminder that in order to give proper consideration to this claim, the information requested in my letter dated 7-22-02 is still needed. If I do not hear from you within the next 30 days, I will assume that you are no longer interested in pursuing a claim against GM and I will close my file accordingly. I can be reached at 313.665.3412 Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Deborah Diehr  
Claim Administrator

1998 LESABRE LIMITED SEDAN  
 43U MAJESTIC TEAL PEARL /V6G  
 562 TAUPE LEATHER/VINYL 55/45 SPLIT  
 CHER NO. 71189D/T STOCK NO.  
 V 1G4 HR52 K2 WH533929

BUICK MOTOR DIVISION  
 GENERAL MOTOR CORPORATION  
 902 E. HAMILTON AVE.  
 FLINT MI 48550-0001  
 VEHICLE INVOICE 40D07061415

\*\*\*\*\*05\*\*\*\*\*11\*384508  
 MODEL & FACTORY OPTIONS MSRP INV AMT RETAIL - STOCK  
 4HR69 LESABRE LIMITED SEDAN 25790.00 23597.85 INVOICE 05/11/98  
 FK9 FEDERAL EMISSIONS N/C N/C SHIPPED 05/11/98  
 L36 ENGINE- 3800 SERIES II V6 N/C N/C EXP I/T 05/22/98  
 UP0 RADIO-POWER LOAD CD & CASSETTE 200.00 172.00 INT COM 05/22/98  
 W/STEERING WHEEL RADIO CONTROLS PRC EFF 05/11/98  
 (REPLACES RADIO IN OPTION PKG) KEYS 92K6 95L0  
 VK3 LICENSE PLATE MOUNTING PKG-FRNT N/C N/C WFF-F QTR OPT-1  
 1SE PRESTIGE OPTION PACKAGE (SE) 659.00 566.74 BANK: AMSOUTH BAN  
 CHG-TO 38-450  
 \* AUTOMATIC LEVEL CONTROL SHIP WT: 3384  
 \* CORNERING LAMPS HP: 34.7  
 \* MIRRORS-DRIVER OUTSIDE - MEMO 1359.95  
 ELECTROCHROMIC, AUTO DIMMING  
 HEATED LEFT AND RIGHT  
 \* RADIO -POWER LOADING CASSETTE  
 & ETR AM-FM STEREO W/SEEK/SCN  
 AUTOMATIC TONE CONTROL & CLCK  
 W/STEERING WHEEL RADIO CNTRL  
 \* THEFT DETERRENT SYSTEM -  
 STARTER INTERRUPT

-----  
 PERSONAL CHOICE FEATURES  
 DELAYED LOCKING  
 MEMORY DOOR LOCKS  
 PERIMETER LIGHTING  
 SECURITY FEEDBACK  
 -----

43U MAJESTIC TEAL PEARL N/C N/C  
 46A STRIPE - BODY SIDE - BEIGE N/C N/C  
 562 TAUPE LEATHER/VINYL 55/45 SPLIT 550.00 473.00  
 TOTAL MODEL & OPTIONS 27199.00 24809.59 ACT 231 24598.62  
 DESTINATION CHARGE 605.00 605.00 E/B 261 815.97  
 TOTAL 27804.00 25414.59 PAY 310 25414.59  
 MEMO: TOTAL LESS HOLDBACK AND  
 APPROX WHOLESALE FINANCE CREDIT 24211.77

\*\*\*\*\*  
 INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER  
 REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO  
 DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.  
 \*\*\*\*\*

BOB HEMBREE MOTOR COMPANY, INC.

# GM Vehicle Inquiry System

## Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G4HR52K2WH533929
------	-------------------

### VEHICLE INFORMATION

Merchandising Model:	4HR69 - 1998 LESABRE LIMITED SEDAN			Warranty Start Date:	07/23/1998		
BARS Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	BOB HEMBREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603			Selling Source:	11 - BUICK		
				Site Code:	38450		
				Business Associate Code:	112676		
Service Contract:	No	Branded Title:	No	Warranty Block:	No	FDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
98068	EMISSION LABEL ERROR	N/A	Open

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	07/23/1998	21 miles	7/23/2001	36021 miles
72/100000 SHEET METAL RUST-THROUGH	07/23/1998	21 miles	7/23/2004	100021 miles
36/36000 SHEET METAL CORROSION	07/23/1998	21 miles	7/23/2001	36021 miles
96/80000 PCM/CC EMISSIONS	07/23/1998	21 miles	7/23/2006	80021 miles
36/36000 FEDERAL EMISSIONS	07/23/1998	21 miles	7/23/2001	36021 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
02/14/2000	112436	#	I4345 - COIL/MOD IGNITION RP	23029 miles
12/18/1998	026288	#	N4848 - HEAD LAMP AUTO CNTRL MODULE	6216 miles
05/11/1998	A33929	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

### CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.
--



# GM Vehicle Inquiry System

## Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G4HR52K2WH533929
------	-------------------

### CLAIM HISTORY

CLAIM HISTORY											
Repair Order Date:		02/14/2000		Repair Order Number:		112436		Odometer Reading:		23029 miles	
Serviced By:		BILL SMITH PONTIAC-BUICK-GMC, INC. 1940 SECOND AVE NW CULLMAN, AL 35055-5730 (256) 734-4472				Selling Source:			11 - BUICK		
						Site Code:			38425		
						Business Associate Code:			116384		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/18/2000	40	01	#	J4345 - COIL/MOD IGNITION RP		10472401 - COIL ASM,		P	N/A	\$69.19	N

Repair Order Date:		12/18/1998		Repair Order Number:		026288		Odometer Reading:		6216 miles	
Serviced By:	BOB HEMBREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603				Selling Source:			11 - BUICK			
					Site Code:			38450			
					Business Associate Code:			112676			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
12/24/1998	918	01	#	N4848 - HEAD LAMP AUTO CNTRL MODULE		25628664 - MODULE		N/A	N/A	\$133.31	N

Repair Order Date:		05/11/1998		Repair Order Number:		A33929		Odometer Reading:		0 miles	
Serviced By:	BOB HEMBEREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603					Selling Source:		11 - BUICK			
						Site Code:		38450			
						Business Associate Code:		112676			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
05/14/1998	834	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE		N/A		N/A	N/A	571.12	N

### CHECK HISTORY

Vehicle Has No Associated Check History.

# GM Vehicle Inquiry System

## Vehicle Build

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G4HR52K2WH533929
------	-------------------

### VEHICLE BUILD

Merchandising Model:	4HR69 - 1998 LESABRE LIMITED SEDAN		
Gross Vehicle Weight Rating:	N/A	Order Number:	N/A
Build Date:	05/11/1998	Build Plant:	1WHH - BUICK CITY ASSEMBLY

### OPTION CODES

AG1 -	AG2 - ADJUSTER, 6-WAY POWER SEAT,
AK5 - SEAT, INFLATABLE, DRIVER & PASS	AM6 - SEAT - 60/40 SPLIT FRONT BENCH
AT6 - PASS ST BK MAN RECLINER	AU0 - REMOTE ENTRY
AU4 - SIDE DR, ELEC, AUTOMATIC	A79 - FRT DR ST BK MAN RECLIN
BMD - FLINT, MI, USA	CJ2 - AIR CONDITIONER FRT, AUTO TEMP
C57 - FORCED AIR	C90 - INTR, FRT & RR DRS, COURTESY
DA0 - FRT SEAT, STORAGE	DD0 - LH & RH, REMOTE CONTROL, ELECTR
D85 - BODY SIDE PAINT STRIPES	FE1 - SOFT RIDE
FE9 - FEDERAL EMISSIONS	FQ3 - TRANSAXLE FINAL DRIVE 2.86
G67 - ELECT LEVEL CONTROL	IQ2 - INTERIOR DESIGN (Q2)
JM4 - ANTI-LOCK BRAKE SYSTEM	KG9 - 140 AMP
L36 - 3.8 LITRE V6 MPI	MN3 - 4 SPD AUTO TRANS 4T65-E
MX0 - 4-SPEED AUTOMATIC TRANSMISSION	NF2 - EMISSION SYSTEM, FEDERAL TIER 1
NK3 - STANDARD	PH3 - 15" CAST ALUMINUM WHEELS
QGZ - TIRES - P205/70R-15" ALL SEASON	R7N - SALES ITEM NO. 39
R7Q - ADVERTISED SPECIAL VEHICLE	R9X - SALES ITEM NO. 98
T2N - FRT STABILIZER, TUBULAR	T87 - CORNERING
UA6	UB3 - INST, OIL, COOL TEMP, VOLTS, TR
UJ2 - ENGINE OIL LIFE	UK3 - STEERING WHEEL, ACCESSORY
UP0 - AM/FM STEREO, SEEK/SCAN, AUTO R	UV5 - SERVICE REMINDER
UW6 - 6, CUSTOM	U77 - REAR WINDOW ANTENNA
VE9 - OWNER INFO MAN	VK3 - FRT MOUNTING PKG

VM3 - CONSUMER, CONTAINS BPR IMP 5 CAN	V73 - USA/CANADA
1SB - UPFITTER EQUIP. GROUP	1SZ - OPTION PACKAGE
43U - EXTERIOR, BRIGHT AQUA MET (96)	46A - ACCENT, TWO TONE, LT CHESTNUT/G
56I - MED NEUTRAL II (96)	562 - TAUPE LEATHER
6KJ - COMPUTER SEL SUSP (6KJ)	7KJ - COMPUTER SEL SUSP (7KJ)
8SL - COMPUTER SEL SUSP (8SL)	9SL - COMPUTER SEL SUSP (9SL)

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# GM Vehicle Inquiry System

## Vehicle Component

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[Help](#)

<b>VIN:</b>	1G4HR52K2WH533929
-------------	-------------------

### Vehicle Component

<b>Component Code:</b>		10 - ENGINE ASSEMBLY			
<b>Source Plant:</b>		B - BOC FLINT, MICHIGAN			
<b>Part/Num Broadcast:</b>		BDY	<b>Traceability:</b>	0193110	
<b>Date Scanned:</b>	05/11/1998	<b>Time Scanned:</b>	07.12.00	<b>Scan Station:</b>	12

<b>Component Code:</b>		35 - STEERING COLUMN - SIR SYSTEM			
<b>Source Plant:</b>		S - SAGINAW DIVISION SAGINAW, MI			
<b>Part/Num Broadcast:</b>		KKM	<b>Traceability:</b>	YY0461268	
<b>Date Scanned:</b>	05/08/1998	<b>Time Scanned:</b>	19.34.00	<b>Scan Station:</b>	08

<b>Component Code:</b>		61 - TRANSMISSION			
<b>Source Plant:</b>		W - HYDRAMATIC WARREN, MICHIGAN			
<b>Part/Num Broadcast:</b>		8YFB	<b>Traceability:</b>	8GL8	
<b>Date Scanned:</b>	05/11/1998	<b>Time Scanned:</b>	07.16.00	<b>Scan Station:</b>	11

<b>Component Code:</b>		86 - ELECTRONIC CONTROL MODULE (ECM)			
<b>Source Plant:</b>		M - DELCO ELECTRONICS MILWAUKEE, WISCONSIN			
<b>Part/Num Broadcast:</b>		CMZL	<b>Traceability:</b>	481267YRN	
<b>Date Scanned:</b>	05/11/1998	<b>Time Scanned:</b>	10.21.00	<b>Scan Station:</b>	05

<b>Component Code:</b>		AB - IR-MODULE ASM-INFLATOR			
<b>Source Plant:</b>		I - INLAND			
<b>Part/Num Broadcast:</b>		3189	<b>Traceability:</b>	2SACZ94	
<b>Date Scanned:</b>	05/08/1998	<b>Time Scanned:</b>	19.34.00	<b>Scan Station:</b>	08

<b>Component Code:</b>		AD - IR-SENSOR-FORWARD			
<b>Source Plant:</b>		Z - BREED, MEXICO			

Part/Num Broadcast:	0959	Traceability:	87017		
Date Scanned:	05/08/1998	Time Scanned:	16.54.00	Scan Station:	01

Component Code:	AL - IR-MODULE ASM-I/P				
Source Plant:	I - INLAND				
Part/Num Broadcast:	3051	Traceability:	5126U0518		
Date Scanned:	05/08/1998	Time Scanned:	21.40.00	Scan Station:	07

Component Code:	AS - SENSING DIAGNOSTIC MODULE				
Source Plant:	K - DELCO ELECTRONICS KOKOMO,IN				
Part/Num Broadcast:	9626	Traceability:	28124ENN8		
Date Scanned:	05/11/1998	Time Scanned:	15.23.00	Scan Station:	04

Component Code:	CB - SEQ NUM (FLEX) BODY ASM				
Source Plant:	N/A				
Part/Num Broadcast:	199	Traceability:	2310649		
Date Scanned:	05/02/1998	Time Scanned:	03.07.00	Scan Station:	N/A

Component Code:	CC - SEQ NUM (FLEX) BODY ASM				
Source Plant:	N/A				
Part/Num Broadcast:	198	Traceability:	0880432		
Date Scanned:	05/05/1998	Time Scanned:	05.18.00	Scan Station:	N/A

Component Code:	CE - SEQ NUM (FLEX) PAINT PROCESS				
Source Plant:	N/A				
Part/Num Broadcast:	188	Traceability:	1315987		
Date Scanned:	05/06/1998	Time Scanned:	16.34.00	Scan Station:	N/A

Component Code:	CG - SEQ NUM (FLEX) PAINT PROCESS				
Source Plant:	N/A				
Part/Num Broadcast:	177	Traceability:	1314039		
Date Scanned:	05/07/1998	Time Scanned:	16.55.00	Scan Station:	N/A

Component Code:	CK - SEQ NUM (FLEX) GRN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	166	Traceability:	1331275		

Date Scanned:	05/07/1998	Time Scanned:	17.41.00	Scan Station:	N/A
---------------	------------	---------------	----------	---------------	-----

Component Code:	CM - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	155	Traceability:	1315641		
Date Scanned:	05/07/1998	Time Scanned:	21.13.00	Scan Station:	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	144	Traceability:	1556232		
Date Scanned:	05/08/1998	Time Scanned:	14.00.00	Scan Station:	N/A

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# GM Vehicle Inquiry System

## Delivery Information

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[Help](#)

VIN:	1G4HR52K2WH533929
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### IN-SERVICE INFORMATION

In-Service Information Not On File
------------------------------------

### DELIVERY INFORMATION

Delivery Date:	07/23/1998	Delivery Type:	021 - GMO EMPLOYEE OUT-OF-STOCK/OPTION 2	Delivered Odometer:	21 miles
Delivering Dealer:	BOB HEMBREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603			Delivery Selling Source:	11 - BUICK
				Delivery Site Code:	38450
				Business Associate Code:	112676

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# GM Vehicle Inquiry System

## Dealer Information

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G4HR52K2WH533929
------	-------------------

### INVOICE INFORMATION

Invoice Date:	05/11/1998		
Site Address:	BOB HEMBREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603	Selling Source:	11 - BUICK
		Site Code:	38450
		Business Associate Code:	112676

### SHIP-TO INFORMATION

Ship-To Date:	05/22/1998		
Site Address:	BOB HEMBREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603	Selling Source:	11 - BUICK
		Site Code:	38450
		Business Associate Code:	112676

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NCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

08/02/2002 11:53

VIN: 1G4HR52K2WH533929

OPEN\CLOSED STATUS:

SEL CAMPAIGN STATUS

CODE NUMBER

98068 OWNER COMPLETE

EMISSION LABEL ERROR

REPAIR

DATE

1999/10/11

REPAIR PREV.

DEALER NUMBER

CAMPAIGN

TYPE

EMISSION

INQUIRY COMPLETE

PW:

PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

Date: 8/2/ 2 Time: 11:53:04 AM

Deborah Diehr  
Claims Administrator  
ESIS GM Central Claims

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3412  
Facsimile 313.665.0911  
Deborah.Diehr@Esis.com

July 22, 2002

Attn: Debbie Dobbins, Claim Associate  
Allstate  
Roanoke National Subrogation Claims Center  
3800 Electric Road, Suite 301 - P.O. Box 21169  
Roanoke, VA 24018

Your Insured:	Luther [REDACTED]
Our File Number:	440094
Your Claim Number:	4263279475
Our Client:	General Motors Corporation
Date of Event:	2-20-02

Dear Ms. Dobbins:

We are the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts

and/or invoices for installation of said equipment.

7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices and a copy of the repair records pertaining to the recalls.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your repair estimates and proof of payment (cancelled checks). If this was a total loss, please submit a salvage estimate and your total loss work sheet.
11. Advise of any injuries.
12. Advise if this claimant is the original owner of this vehicle.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Respectfully,

Deborah Diehr  
Claim Administrator  
313.665.3412



**Allstate.**

You're in good hands.

**RECEIVED**

JUL 16 2002

ESIS-GM CLAIMS UNIT

July 12, 2002

*No Invoice  
No LP  
No 1241  
DE #116108*

ESIS/Greg Thrasher  
300 Renaissance Center  
M/C 482 C20 D71  
Detroit MI 48265-3000

RE: Claim #: 4263279475  
Our Insured: Luther [REDACTED]  
Loss Date: 2/20/02  
Amt. of Claim: \$ 4,826.62

440094

Dear Mr. Thrasher:

The above noted subrogation claim has been identified as a product liability loss. In order to facilitate your handling, the information checked below is attached.

- ☒ Complete description of the Incident: Vehicle caught on fire due to recall: Fuel Injection
- ☒ Our statement of defect: Per Above
- ☐ Location of evidence:
- ☒ Manufacturer: Buick
- ☒ Model #: Lesabre 1G4HR52K2WH533929
- ☒ Year: 1998

If you require information not listed above, please advise me promptly. If a tender is made to another manufacturer, please notify me of the name and address of the manufacturer or distributor, as well as the contact person. Otherwise, please acknowledge receipt of this claim and your position regarding payment of our damages within 30 days.

Thank you very much,

*Debbie Dobbins*

Debbie Dobbins, Claim Associate

**Roanoke National Subrogation Claims Center**  
3800 Electric Road, Suite 801, PO Box 21188, Roanoke, VA 24018  
Phone: 1-800-776-2615 or (540) 989-2600 Fax: (540) 989-2640 or (540) 776-3803  
Hours: 8:00 AM - 4:30 PM EST Monday - Friday.

0151

Allstate Insurance Company  
Mechanized Account Reconciliation  
Check Inquiry

Date: 87/12/82  
Time: 11:42:31  
Userid: ANY USER

CHECK NUMBER: [REDACTED]  
CLAIM NUMBER: [REDACTED]  
CHECK AMOUNT: 4,726.62  
ISSUE DATE: 83/13/82  
CHECK STATUS: PAID  
STATUS DATE: 83/19/82

PAYEE ID :  
MCD NUMBER: 426 DLOC: ABM EMPL:  
ACCOUNT: 92 BOFA SWDC CLAIMS ACCT  
SOURCE: 88 UNDEFINED SOURCE  
ISSUE CO.: 18 CASUALTY

-----  
PAYEE NAME: [REDACTED] /BILL SMITH BUICK IN  
PAYEE ADDRESS: [REDACTED]  
PAYEE CITY: [REDACTED]  
PAYEE STATE: AL STAT STATE: 01 ZIP CODE: 35055 -  
COMMENTS: SYSTEM ISSUE  
-----

SELECTION DISPLAYED

Exit Via the CLEAR Key

**Dispatch Cover Sheet**  
Field, Total Loss, Supplement

Claim #: 4263279475 LRS ID: 01 Cor: H Date Assigned: 02/22/02

Field Tech (TLR)		ID	MOD4 chg & MOD6 3/4	
(Circle) Action		Close / Transfer	If Transf. to PRO, Shop ID:	
Initial Service Call	Inspection Date	Gross Estimate Amount		Cancel Assignment? Y (N)
<u>2/22</u>	<u>2/25</u>	<u>4826.62</u>		Reason:
Estimate Date	Settlement Service Call	Phone Total Date		Transfer to T/L? Y (N)
<u>2/25</u>	<u>2/25 / 3/1, 3/13</u>	<u>0</u>		



CLM: 4263279475

**Check Issue Report**

03/13/2002 11:25:09

Insured: [REDACTED]  
Claimant: [REDACTED]

Claim: [REDACTED]  
Policy: [REDACTED]

Payee Type1: Insured / Claimant  
Payee Type2: Vendor, INC.  
Payee Type3:

EIN1/SSN1:  
EIN2/SSN2:  
EIN3/SSN3:

Tax Code1:  
Tax Code2:  
Tax Code3:

Payment For: Services

IRS Reportable:

% of Negligence:

AdjusterID: D340

Check No.: [REDACTED]

Issue Date: 03/13/2002 11:25:03

Total Check Amount: 4,726.62

Company: Allstate

Insurance Company

Line Code: 10 Loss Date: 02/20/2002

Check Stock: Allstate

Policy State: AL

PMCO: 4260

Coverage Code  
HH

Claimant  
01

Close  
X

TRSN  
01

Amount  
4,726.62

Method of Settlement: 01

Payee1: [REDACTED]  
Payee2: BILL SMITH BUICK INC  
Payee3:

Address: [REDACTED]

Release Wording: Payment for COMPREHENSIVE Coverage for  
Loss of 02/20/2002

ALLSTATE INSURANCE COMPANY  
HUNTSVILLE MCO  
7047 OLD MADISON PIKE WESTSUITE 360  
HUNTSVILLE, AL 35806  
(256) 922-1333

CD LOG NO 1776 -0

02-25-02 12:25 PM

ESTIMATE

CLAIM INFORMATION

CLAIM #  
COMPANY  
INSURED  
CLAIMANT

[REDACTED] VE

INSPECTION

TYPE FIELD  
APPRAISER NAME BILL MORTON  
WORK PHONE (256) 922-1333  
ADDRESS P O BOX 5265  
CITY STATE HUNTSVILLE AL  
ZIP 35814-9942

FAX (205) 381-1416  
INSP DATE 03-11-02  
LOCATION SMITH PONT  
CITY STATE CULLMAN AL

OWNER

[REDACTED]

REPAIR

ATTN RANDY  
BILL SMITH PONTIAC/BUICK/GMC  
CULLMAN AL 35055-  
SHOP PHONE (256) 734-4472

SHOP LIC#  
CAR IN  
REPAIR DAYS  
FAX

VEHICLE

1998 BUICK LE SABRE LIMITED 4 DR SEDAN  
6CYL GASOLINE 3.8

OPTIONS

TWO-STAGE - EXTERIOR USER DEFINED  
POWER FRONT SEATS  
HEATED REMOTE CONTROL MIRRORS  
CRUISE CONTROL  
POWER DOOR LOCKS

TWO-STAGE - INTERIOR SURFACES  
ELEC REMOTE CONTROL MIRRORS  
CLIMATE CONTROLLED A/C  
STRG WHEEL MTD RADIO CONTROLS  
ANTI-LOCK BRAKE SYSTEM

BODY COLOR GREEN  
CONDITION GOOD  
LICENSE # 25AV848  
LICENSE STATE AL

MILEAGE 54,124  
VIN 1G4HR52K2WH533929  
CODE S433  
VEH INSP #

REMARKS:

IF A SUPPLEMENT ARISES DURING THE COURSE OF REPAIRS YOU MUST CALL THE  
HOTLINE- 1-800-366-7849 EXT.. 771 FOR APPROVAL. ALL SUPPLEMENTS REQUIRE  
PRIOR APPROVAL, ORIGINAL PARTS INVOICES OR OLD PARTS IN ORDER TO BE HONORED.  
\*\*\*\*\*  
EST IS INCOMPLETE PENDING TEAR DOWN AND DIAGNOSTICS-FIRE

\*\*\*\*\*

## OF CODES:

\* = USER-ENTERED VALUE  
 EC = COMPETITIVE PART  
 TE = PARTL REPL PRICE  
 I = REPAIR  
 N = ADDITIONAL LABOR  
 AA = APPEAR ALLOWANCE

E = REPLACE OEM  
 EU = RECYCLED PART  
 ET = PARTL REPL LABOR  
 L = REFINISH  
 RI = R&I ASSEMBLY  
 RP = RELATED PRIOR

NG = REPLACE NAGS  
 EP = COMPETITIVE PART  
 IT = PARTIAL REPAIR  
 SB = SUBLET  
 P = CHECK  
 UP = UNRELATED PRIOR

OF	GDE	MC DESCRIPTION	MFR. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0086	PAD, INSULATOR HOOD	25651922 GM PART	72.20				INC*2*
E	1163	LAMP, HOOD	25664746 GM PART	12.90				2.0*2*
E	1710	CAP, COOLANT RCVR TAN	25631814 GM PART	4.08*				2*
>>see invoice								
E	0764	TANK, COOLANT RECOVERY	25636828 GM PART	13.52				1.0*2*
>>install and bleed system								
E	0118	MODULE, CRUISE CONTR LT	25140567 GM PART	511.31*				1.0*2
>>per invoice								
E	0781	ALTERNATOR ASSEMBLY	10464076 GM PART	256.82				1.0*2
SB	0781	ALTERNATOR ASSEMBLY	SUBLET	65.00*				2
>>core charge								
E	0774	COVER, ENGINE	24506901 GM PART	38.47				1.0*2
>>replace and clean electrical center behind cover								
E	0815	MANIFOLD, INTAKE	17113136 GM PART	280.80				3.0*2
E	1720	VALVE, ENGINE	17113284 GM PART	187.24*				1.0*2
>>see invoice attached								
E	1726	SENSOR, ENGINE	24507190 GM PART	30.75				1.5*2
E	1728	SENSOR, ENGINE	16249939 GM PART	65.63*				INC*2
>>9359409								
E	1920	SENSOR, ENGINE	10456215 GM PART	110.62*				1.5*2
>>see invoice- 2 sensors-10456215								
E	1694	BOOSTER, BRAKE CYLINDER	18029959 GM PART	234.00*				1.5*2
>>includes bleed and adj abs system								
SB		HAZARDOUS WASTE	SUBLET	3.00*				1
EC		COOLANT	COMPETITIVE PART	21.90*				2
>>12346290								
EC		PLUG WIRE	COMPETITIVE PART	44.61*				1.0*2*
E		EGR VALVE GASKET	REPLACE OEM	3.47*				INC*2*
>>12567275								
E		SENSOR HARNESS	REPLACE OEM	8.46*				INC*2*
>>12171310								
E		UNDERHOOD COMPUTER HAR	REPLACE OEM	680.41*				4.5*2*
>>12187836								
EC		BRAKE FLUID	COMPETITIVE PART	6.37*				INC*2*
E		PRESSURE FUEL LINE	REPLACE OEM	64.86*				3.0*2*
>>25625165								
E		RETURN FUEL LINE	REPLACE OEM	48.59*				INC*2*
>>25625166								
E		FUEL LINE RETAINER	REPLACE OEM	8.60*				INC*2*
>>25623651								
E		OIL PRESSURE ASSY	REPLACE OEM	47.80*				INC*2*
>>25627057								



E	INDICATOR	REPLACE OEM	5.00*	INC*2*
E	>>25630340			
E	INTAKE MANIFOLD GASKET	REPLACE OEM	3.62*	INC*2*
E	>>24506013			
E	SEAL-VAC	REPLACE OEM	3.50*	INC*2*
E	>>24502964			
E	VLAVE KIT UPPER PLENUM	REPLACE OEM	15.42*	INC*2*
E	>>17113515			
I	CLEAN CYCLINDERS AND P REPAIR			1.5*2*
E	>>r&i plugs andclean cy;linders and ports			
E	OXYGEN SENSOR AND PIGT	REPLACE OEM	111.72*	0.5*2*
E	>>25312203			
E	SHIELD RETAINER	REPLACE OEM	19.50*	2
E	>>20064875			
E	SHEILD ENGINE	REPLACE OEM	30.10*	INC*2*
E	>>25535538			
E	SHIELD ENGINE RETAINER	REPLACE OEM	6.00*	INC*2*
EC	>>25535963-10			
EC	FRT WASHER	COMPETITIVE PART	3.60*	INC*2*
EC	>>3069123			
EC	NUT	COMPETITIVE PART	3.60*	INC*2*
EC	>>25535959			
EC	OIL	COMPETITIVE PART	7.10*	0.4*2*
EC	OIL FILTER	COMPETITIVE PART	6.34*	INC*2*
SB	SCAN CODES	SUBLET	29.00*	2
SB	LABOR ON OIL CHANGE	SUBLET	INC*	2

40 ITEMS

# FINAL CALCULATIONS & ENTRIES

## PARTS

GROSS PARTS	\$	2,875.39
OTHER PARTS	\$	93.52
PAINT MATERIAL		

## ADJUSTMENTS

## DISCOUNT

## MARKUP

PARTS TOTAL	\$	2,968.91
TAX ON PARTS ONLY @	\$	237.51

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 58.00			
2-MECH/ELEC	\$ 58.00	23.9	1.5	\$ 1,473.20
3-FRAME	\$ 58.00			
4-REFINISH	\$ 58.00			
5-PAINT	\$ 24.00			

LABOR TOTAL	\$	1,473.20
TAX ON LABOR @	\$	97.00
SUBLET REPAIRS	\$	50.00
TOWING		
STORAGE		

GROSS TOTAL	\$	4,826.62
LESS: DEDUCTIBLE	\$	100.00-

1998 BUICK LE SABRE LIMITED DR. SEDAN  
CLAIM # 4263279475H01 LOG 1776 -0

02-25-02 12:25 PM

TOTAL

\$ 4,726.62

PXN Y/05/00/00/05/03 CUM 05/00/00/05/03 Geocode: 35601 NORTHWEST ALABAMA  
SPPL Yes Geocode: 35806 HUNTSVILLE  
ADP PENPRO W040 ES LOG 1776 -0 03-13-02 10:17:44 REL 4.00 CD 02/02  
COPYRIGHT, AUTOMATIC DATA PROCESSING, INC. 2002

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET 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.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET 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.

-----  
TO ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART, BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR. SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED CONSTRUCTION, IN SOME CASES THE REPAIR SHOP MAY NEED SPECIAL EQUIPMENT TO PROPERLY REPAIR THE CAR. YOU SHOULD DETERMINE IF THE SHOP YOU SELECT TO COMPLETE THE REPAIRS IS PROPERLY EQUIPPED.

PAGE 1

**BILL SMITH**

**Pontiac • Buick • GMC, Inc.**

**Sales - Service - Parts**

1940 Second Avenue N.W.

Cullman, AL 35055

Phone (256) 734-4472

SERVICE ADVISOR CLINTON D BARBEE

21 FEB 02	12 MAR 02		1G4HR52K2WH533929	7391827	T350		12 MAR 02	129981
16:04	14:27	98	BUICK LESABRE	793-1827			01 JAN 98	47 40
54124	54124							

### A CK. DAMAGE DONE BY FIRE

CP REPLACES PRESSURE AND RETURN TUBES  
LINES (FRONT TO REAR)

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	25625165 PIPE	64.86	64.86	<del>64.86</del>	<del>64.86</del>
1	25625165 PIPE	48.59	48.59	<del>48.59</del>	<del>48.59</del>
1	25623651 F-RETAINER	8.60	8.60	<del>8.60</del>	<del>8.60</del>

REPLACED THE LABEL AND PRESSURE SENSORS.

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE	AMOUNT PAID	AMOUNT DUE
1	25630340 INDICATOR	5.00	5.00	5.00	5.00
1	25627000 SWITCH	47.80	47.80	47.80	47.80
1	24502190 SWITCH	30.75	30.75	30.75	30.75

CP: REPLACED LEASE PLUMB AND GASKETS, PCV  
VALVE KIT AND MAP SENSOR.

	VALVE KIT AND MANIFOLD	3.00	172.00	172.00
1	24506013 MANIFOLD	3.62	3.62	3.62
1	24506013 MANIFOLD	3.50	3.50	3.50
1	17113136 MANIFOLD	280.80	280.80	280.80
1	9359404 VALVE KIT	15.42	15.42	15.42
1	17113515 VALVE KIT	15.42	15.42	15.42

CP-100 5 PART DISASSEMBLED CLEAN CYLINDERS AND  
PORTS.

FOR 13-21-1983 11:50 AM 87.00 17.00

DESCRIPTION		TOTALS
	LABOR AMOUNT	
	PARTS AMOUNT	
	GAS, OIL, LUBE	
	SUBLET AMOUNT	
	MISC. CHARGES	
	TOTAL CHARGES	
	LESS INSURANCE	
	SALES TAX	
	PLEASE PAY THIS AMOUNT	

11/15/2011 11:15 AM

The Agency's primary responsibility is to provide information to the public on the state of the economy. The Bureau's primary responsibility is to provide information to the public on the state of the economy. The Bureau's primary responsibility is to provide information to the public on the state of the economy.

### A FILTRATION AGREEMENT

The writer and others have been told that the above is the only way to get the best results. The writer and others have been told that the above is the only way to get the best results. The writer and others have been told that the above is the only way to get the best results.

All Customer Pay parts preceded by a "W" and installed by BILL SMITH Pontiac, Buick, GMC, Inc. carry a lifetime warranty to the original purchaser. A standard charge for shop supplies, materials and expenses related to the handling and disposal of toxic and hazardous materials and waste generated and used in vehicle repair is made on each repair order. The amount of this charge will be 5% of the total labor charge, up to a maximum of \$12.00. This charge represents costs and profits to the motor vehicle repair facility and will appear as a charge on the repair invoice.

[illegible]

## CUSTOMER CASE

PAGE 3

**BILL SMITH**  
**Pontiac - Buick - GMC, Inc.**  
 Sales - Service - Parts  
 1940 Second Avenue N.W.  
 Cullman, AL 35055  
 Phone (256) 734-4472

SERVICE ADVISOR CLINTON D BARBEE

21 FEB 02	12 MAR 02	1G4HR52K2WH533929	7391827	T350	12 MAR 02	129981
16:04	14:27	98 BUICK LESABRE	793-1827		01 JAN 98	47 40
54124	54124					

REPLACED UNDERHOOD INSULATOR				
1	25664746 LAMP ASM-	12.90	12.90	12.90
1	25654901 INSULATOR	12.90	12.90	12.90
CP REPLACED CRUISE SERVO ASSEMBLY				
1	25140567 MODULE	511.31	511.31	511.31
CP REPLACED CRUISE SERVO AND FRETATE				
27	CRC 0.50	29.00	29.00	29.00
1	25312301 LAMP SENSOR ON	111.72	111.72	111.72
CP REPLACED COOLANT JUG AND LID, ADDED				
27	CRC 1.00	58.00	58.00	58.00
1	25618822 BUSHING	4.08	4.08	4.08
1	25631814 CAP	4.08	4.08	4.08
2	72346590 BUSHING	11.95	11.95	11.95
CP R&R ELECTRICAL CENTER, CLEANED AND				
REASSEMBLED, REPLACED COVER AND				
RETAINERS				
1	24506901 SHIELD	38.47	38.47	38.47
15	20064875 RETAINER	1.30	1.30	1.30
CP REPLACED ENGINE COVER				

LABOR AMOUNT	12.90
PARTS AMOUNT	12.90
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	25.80
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	25.80

**STATEMENT OF DECLARATION**  
 The undersigned hereby certifies that all the information furnished to the undersigned is true and correct. The undersigned hereby certifies that all the information furnished to the undersigned is true and correct. The undersigned hereby certifies that all the information furnished to the undersigned is true and correct.

**ARBITRATION AGREEMENT**  
 Customer and dealer have had all claims, disputes, and controversies of every kind or nature that may arise between them concerning any or all of the services performed by the dealer, and have agreed to submit any such claims, disputes, and controversies to arbitration.

All Customer Pay parts preceded by a "W" and installed by BILL SMITH Pontiac, Buick, GMC, Inc. carry a lifetime warranty to the original purchaser. A standard charge for shop supplies, materials and expenses related to the handling and disposal of toxic and hazardous materials and waste generated and used in vehicle repair is made on each repair order. The amount of this charge will be 8% of the total labor charge, up to a maximum of \$12.00. This charge represents costs and profits to the motor vehicle repair facility and will appear as a charge on the repair invoice.

ON BEHALF OF SERVICE CENTER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICE CENTER HAS BEEN INFORMED AT ALL TIMES TO CORRECT, THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRS OR REPLACEMENTS WERE MADE OR WERE CONSIDERED IN ANY WAY WITH ANY WARRANTY, EXPRESS OR IMPLIED, OR ANY OTHER WARRANTY, INCLUDING THE CL AND ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICE CENTER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

DATE: \_\_\_\_\_  
 CUSTOMER SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

PAGE 2

**BILL SMITH**  
**Pontiac - Buick - GMC, Inc.**  
 Sales - Service - Parts  
 1940 Second Avenue N.W.  
 Cullman, AL 35055  
 Phone (256) 734-4472

SERVICE ADVISOR CLINTON D BARBER

DATE	TIME	VEHICLE	ENGINE NO.	TRUCK NO.	PAID NO.	DATE	TIME
21FEB02	12MAR02		1G4HR52K2WH533929	7391827	T350	12MAR02	129981
16:04	14:27	98 BUICK LESABRE	793-1827		01JAN98	47	40
54124	54124						

CP REPLACED EGR VALVE AND GASKET	187.24	187.24	187.24
1 17113284 W-VALVE	3.47	3.47	3.47
CP REPLACED BOTH KNOCK SENSORS AND JUMPER	57.00	57.00	57.00
2 10456215 SENSOR	55.31	55.31	55.31
1 12771311 HARNESS	8.46	8.46	8.46
CP REPLACED UNDERHOOD COMPUTER HARNESS	251.00	251.00	251.00
1 12187836 F-HARNESS	680.41	680.41	680.41
CP REPLACED ABS CYLINDER AND BLEED	234.00	234.00	234.00
ANTILOCK	6.37	6.37	6.37
1 18029759 CYLINDER	234.00	234.00	234.00
CP REPLACED ALTERNATOR	58.00	58.00	58.00
1 10464076 B-GENER REM	256.82	256.82	256.82
CP REPLACED SPARK PLUG WIRES	58.00	58.00	58.00
1 12192048 W-WIRE KIT	44.61	44.61	44.61
CP REPLACED UNDERHOOD LAMP AND BULBS			

LABOR AMOUNT	PARTS AMOUNT	GAS OIL LUBE	SUBLET AMOUNT	MISC. CHARGES	TOTAL CHARGES	LESS INSURANCE	SALES TAX	PLEASE PAY THIS AMOUNT

**STATEMENT OF DECISION**  
 The undersigned hereby certifies that all of the information herein is true and correct to the best of his knowledge. The undersigned hereby certifies that all of the information herein is true and correct to the best of his knowledge. The undersigned hereby certifies that all of the information herein is true and correct to the best of his knowledge.

**ARBITRATION AGREEMENT**  
 I, the undersigned, hereby agree to submit any and all disputes arising out of or in connection with the purchase, sale, lease, or repair of any motor vehicle to the arbitration of the American Arbitration Association. I understand that this agreement is binding on me and my heirs, assigns, and estate.

All Customer Pay parts preceded by a "W" and installed by BILL SMITH Pontiac, Buick, GMC, Inc. carry a lifetime warranty to the original purchaser. A standard charge for shop supplies, materials and expenses related to the handling and disposal of toxic and hazardous materials and waste generated and used in vehicle repair is made on each repair order. The amount of this charge will be 8% of the total labor charge, up to a maximum of \$12.00. This charge represents costs and profits to the motor vehicle repair facility and will appear as a charge on the repair invoice.

IN WITNESS WHEREOF, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE INDICATED. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE INDICATED. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE INDICATED.

FORMED: CUSTOMER SIGNATURE DATE: \_\_\_\_\_

PAGE 4

**BILL SMITH****Pontiac - Buick - GMC, Inc.**

Sales - Service - Parts

1940 Second Avenue N.W.

Cullman, AL 35055

Phone (256) 734-4472

SERVICE ADVISOR **CLINTON D BARBEZ**

21FEB02	12MAR02	1G4ER52K2WE533929	7391827	T350	12MAR02	129981
16:04	14:27	98 BUICK LESABRE	793-1827		01JAN98	47 40
54124	54124					

1 25535538 SHIELD-EN	30.10	30.10	
1 3069123 F-WASHER	3.60	3.60	
LOF LUBE, OIL, & FILTER			
1 25010792 OIL FLTR	6.34	5.00	
27 CRC 0.50		29.00	
CRC		7.10	
40 CRC 0.00		0.00	
CRC		50.00	

\*\* PRE-INVOICE \*\*

LABOR AMOUNT	1486.85
PARTS AMOUNT	3025.47
GAS, OIL, LUBE	7.10
SUBLET AMOUNT	50.00
MISC. CHARGES	0.00
TOTAL CHARGES	4569.42
LESS INSURANCE	0.00
SALES TAX	257.17
PLEASE PAY THIS AMOUNT	4826.59

## STATEMENT OF DOLLARS

The following statement represents all of the monetary value reported to the state of Alabama. This does not include any other charges or fees, including any legal services or any other charges for a customer's purpose. After subject parties and signatures may occur, please to confirm for a new liability in connection with the state of this statement.

## APPROPRIATION AGREEMENT

Customer hereby agrees that all of the charges, amounts, or percentages of work and parts that are listed herein are provided for the registration for and payment of the state of Alabama. The customer agrees to pay the state of Alabama for the amount of the charges, amounts, or percentages of work and parts that are listed herein. The customer agrees to pay the state of Alabama for the amount of the charges, amounts, or percentages of work and parts that are listed herein. The customer agrees to pay the state of Alabama for the amount of the charges, amounts, or percentages of work and parts that are listed herein.

X

All Customer Pay parts preceded by a "W" and installed by BILL SMITH Pontiac, Buick, GMC, Inc. carry a lifetime warranty to the original purchaser. A standard charge for shop supplies, materials and expense related to the handling and disposal of toxic and hazardous materials and waste generated and used in vehicle repair is made on each repair order. The amount of this charge will be 8% of the total labor charge, up to a maximum of \$12.00. This charge represents costs and profits to the motor vehicle repair facility and will appear as a charge on the repair invoice.

ON BEHALF OF SERVICE CENTER I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND HAVE FOUND IT TO BE TRUE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND HAVE FOUND IT TO BE TRUE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND HAVE FOUND IT TO BE TRUE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND HAVE FOUND IT TO BE TRUE AND CORRECT.

CUSTOMER COPY

DATE

## GM Vehicle Inquiry System Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) -  
[Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G4HR52K2WH533929
------	-------------------

### VEHICLE INFORMATION

Merchandising Model:	4HR69 - 1998 LESABRE LIMITED SEDAN	Warranty Start Date:	07/23/1998				
BARS Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	BOB HEMBREE MOTOR COMPANY, INC. PO BOX 47 GUNTERSVILLE, AL 35976-0047 (256) 582-5603	Selling Source:	11 - BUICK				
		Site Code:	38450				
		Business Associate Code:	112676				
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
98068	EMISSION LABEL ERROR	N/A	Open

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	07/23/1998	21 miles	7/23/2001	36021 miles
72/100 SHEET METAL RUST-THROUGH	07/23/1998	21 miles	7/23/2004	100021 miles
36/36 CORROSION	07/23/1998	21 miles	7/23/2001	36021 miles
96/80 PCM/CC EMISSIONS	07/23/1998	21 miles	7/23/2006	80021 miles
36/36 FEDERAL EMISSIONS	07/23/1998	21 miles	7/23/2001	36021 miles

### CLAIM HISTORY

R.O.	R.O.	Odometer
------	------	----------

<https://www.autopartners.net/apps/gmvis/cgi-bin/gx.cgi/AppLogic+GMVIS.SelectVin>

2/27/02



## Office of Defects Investigation Recall Database

Call the Auto Safety Hotline toll free at 1-888-DASH-2-DOT to report safety defects or to obtain information on cars, trucks, child seats, highway or traffic safety.

Report Date: February 27, 2002 07:50:08 PM

**NOTE:** Click the checkboxes in the first column then **SUBMIT** at the bottom to order more research on those records.

### Search for records on

Year: 1996

Make: BUICK

Model: LESABRE

Component: FUEL:FUEL  
INJECTION:ELECTRICAL

## Recalls

☐  
Click  
to order  
research.  
Submit  
below.

**NHTSA CAMPAIGN ID Number:** 96V116000  
**Component:** FUEL:FUEL INJECTION:ELECTRICAL  
**Manufacturer:** GENERAL MOTORS CORP.

Year: 1996

Make:  
BUICK

Model: LESABRE

Recall Date:  
07/08/1996

Type of Report: Vehicle

Potential Number of Units Affected: 275811

Manufactured: 07/1995 - 05/1996

Defect Summary:



A BACKFIRE DURING ENGINE STARTING CAN CAUSE  
BREAKAGE OF THE UPPER INTAKE MANIFOLD.

**Consequence Summary:**

THIS CONDITION CAN CAUSE A NO-START CONDITION  
AND POSSIBLY AN ENGINE COMPARTMENT FIRE.

**Corrective Summary:**

DEALERS WILL UPDATE THE POWERTRAIN CONTROL  
MODULE PROGRAMMING. UNTIL THE CAMPAIGN REPAIR  
IS MADE, THE VEHICLE HOOD SHOULD BE SHUT  
WHENEVER STARTING THE VEHICLE TO REDUCE THE  
CHANCE OF PERSONAL INJURY.

[New Search](#)

[Return to Safety Problems and Issues](#)



[Home](#) | [General Info](#) | [Cars](#) | [People](#) | [Hot](#) | [New](#) | [Site Map](#) | [Search](#) | [Tools](#)

[Send mail to the Web Master](#)

Jenny Paris  
Claim Administrator  
ESIS/GM Central Claims Unit

M/C: 482 C20 D71  
P.O. Box 300  
Detroit, MI 48265-3000

440528  
**ESIS**  
An Insurance Services Company

October 15, 2002

Attn: Barbara Edens  
State Farm Insurance Co.  
185 North Randall Rd., Suite S  
Batavia, IL 60510-9470

RE: Your Insured: Sylvia [REDACTED]  
Your File: 13 7617 596 VIP  
Date of Loss: 1/25/02  
Our Claim: 440528  
Our Client: General Motors Corporation

Dear Ms. Edens:

This correspondence is in regards to the above captioned claim.

A review of this matter has been completed. As we discussed previously, we are prepared to offer \$10,500.00 to settle this claim. Should you choose to accept this offer, please sign the attached release. Upon my receipt of the signed and **notarized** release, I will have the settlement payment released immediately.

If I do not hear from you within 30 days, I will assume that you are not interested in settling this claim.

Thank you for your attention in this regard.

Sincerely,

Jenny Paris

RELEASE OF ALL CLAIMS

File No: 8213-259-440528jp

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, being of lawful age, for the sole consideration of Ten Thousand Five Hundred Dollars (\$10,500.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, Jerry Gleason Chevrolet, Inc. and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 25<sup>th</sup> of January, 2002 at or near Chicago, IL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releaseses deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law. "

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 2002.

CAUTION: READ BEFORE SIGNING

_____	X _____	LS
Witness		
_____	X _____	LS
Witness		

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }-SS

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_  
acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Notary Public

## State Farm Insurance Companies



October 15, 2002

Claim Office  
185 North Randall Road - Suite 3  
Bolingbrook, Illinois 60440-8470  
Phone: (630) 405-3000  
FAX# (630) 405-5058

ESIS/GM CLAIMS  
Renaissance Center  
Mail Code 482C20D711  
PO Box 300  
Detroit, MI 48265-3000  
Attention: Jenny Paris

OCT 21 2002

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

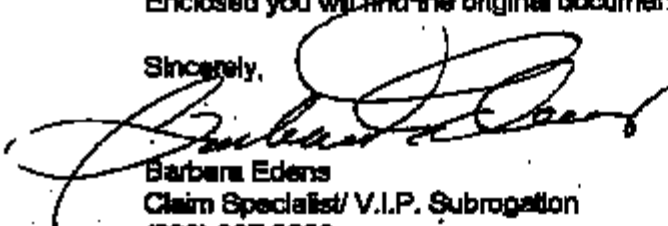
Our Claim Number: 13 7817 596 VIP  
Our Insured: Sylvia [REDACTED]  
Date of Loss: 1/25/02

Your File: 440528 ✓

Dear Jenny:

Enclosed you will find the original document of the signed notarized release faxed to you 10/15/02.

Sincerely,

  
Barbara Edens  
Claim Specialist/ V.I.P. Subrogation  
(630) 627 8550  
FAX (630) 627 5674  
State Farm Mutual Insurance Co

RELEASE OF ALL CLAIMS

File No: 8213-258-440028b

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, being of lawful age, for the sole consideration of Ten Thousand Five Hundred Dollars (\$10,500.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge E218/General Motors Corporation, Jerry Gleason Chevrolet, Inc. and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 25<sup>th</sup> of January, 2002 at or near Chicago, IL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 15 day of October, 2002.

CAUTION: READ BEFORE SIGNING

Witness

Witness

STATE OF

ILLINOIS

COUNTY OF

KANE

)-88

On the 15 day of Oct, 2002, before me personally appeared Barbara Edens

to me known to be the person(s) named herein and who executed the foregoing Release and SHE

acknowledged to me that SHE voluntarily executed the same.

My term expires March, 2003.

Christine Downes  
Notary Public



Barbara Edens LS  
X STATE FARM INSURANCE LS  
188 N RANDOLPH RD  
BATAVIA, IL 60510  
ATTENTION Barbara Edens  
V. L. P. - SUBROGATION

RELEASE OF ALL CLAIMS

File No: 0213-253-440520p

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, being of lawful age, for the sole consideration of Ten Thousand Five Hundred Dollars (\$10,500.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ~~State Farm~~ General Motors Corporation, Jerry Olsson Chevrolet, Inc. and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 25<sup>th</sup> of January, 2002 at or near Chicago, IL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are, contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 15 day of October, 2002.

CAUTION: READ BEFORE SIGNING

Witness

Witness

STATE OF

COUNTY OF

On the 15 day of Oct, 2002, before me personally appeared BARBARA EDENS

to me known to be the person(s) named herein and who executed the foregoing Release and SHE

acknowledged to me that -SHE- voluntarily executed the same.

My term expires March, 2003.

Notary Public



Oct 15 02 02:28p

Barbara Edens

830621874

P. 4

# State Farm Insurance Companies



October 15, 2002

Claim Office  
188 North Randall Road - Suite 3  
Battavia, Illinois 60510-8470  
Phone: (830) 406-8000  
FAX: (830) 406-8098

## ESIS/GM CLAIMS

Renaissance Center

Mail Code 482C20D711

PO Box 300

Detroit, MI 48265-3000

Attention: Jenny Paris

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

Our Claim Number: 13 7517 596 VIP

Our insured: [REDACTED]

Date of Loss: 1/25/02

Your File: 440528

Dear Jenny:

Enclosed you will find the original document of the signed notarized release faxed to you 10/15/02.

Sincerely,

Barbara Edens

Claim Specialist V.I.P. Subrogation

(830) 827 8550

FAX (830) 827 5874

State Farm Mutual Insurance Co

Jenny Paris  
Claim Administrator  
ESIS/GM Central Claims Unit

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3413  
Facsimile 313.665.0911  
Jenny.Paris@Esis.com  
7389

September 16, 2002

Attn: Barbara Edens  
State Farm Insurance Co.  
185 North Randall Rd., Suite S  
Batavia, IL 60510-9470

Your Claim Number: 13 7617 596 VIP  
Eals File Number: 440528  
Date of Event: 1/25/02  
Your Insured: [REDACTED]  
Our Client: General Motors Corporation

Dear Ms. Edens:

Please be advised, I have had this file referred for technical evaluation. Upon the conclusion of this evaluation, I will contact you with our position in this matter.

Thank you for your time and cooperation.

Sincerely,

Jenny Paris



# State Farm Insurance Companies



August 22, 2002

Claim Office  
185 North Randall Road - Suite 8  
Batavia, Illinois 60510-9470  
Phone: (830) 406-8000  
FAX: (830) 406-5033

RECEIVED

SEP 11 2002

ESIS-GM CLAIMS UNIT

ESIS/GM CLAIMS  
Renaissance Center  
Mail Code 482C20D711  
PO Box 300  
Detroit, MI 48266-3000  
Attention: Jenny Parls  
CERTIFIED MAIL- RETURN RECEIPT REQUESTED

Our Claim Number: 13 7617 596 VIP  
Our Insured: [REDACTED]  
Date of Loss: 1/25/02  
Amount of Loss: \$21,357.50  
Vehicle: 2000 Chevy Impala  
VIN: 2G1WHSSKXY9302528  
Mileage: 9,000  
Loss Location: Chicago, IL  
Your File: 440528

Dear Jenny:

Enclosed please find the Chicago Fire report missing from our August 6<sup>th</sup> letter with attachments.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara Edens".

Barbara Edens  
Claim Specialist/V.I.P. Subrogation  
(830) 601-1000  
FAX (830) 601-5874  
State Farm Mutual Insurance Co

72

E-117

CHICAGO FIRE INCIDENT  
REPORTING SYSTEMFill in This Report  
in your own words

A	10	DAY OF WEEK Sunday Monday Tuesday Wednesday Thursday Friday Saturday																																																																																													
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COMPLETE FOR ALL  
ACCIDENTSCOMPLETE FOR ALL  
FIRE INCIDENTSCOMPLETE FOR ALL  
STRUCTURE FIRE

**Narrative/Comments:**

[illegible]

## AMBULANCE ASSIST

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

## Type of Emergency Response per C.A.D. Center

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Medical   | <input type="checkbox"/> Drug O.D.       |
| <input type="checkbox"/> Trauma    | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> O.B.      | <input type="checkbox"/> School          |
| <input type="checkbox"/> Psych     | <input type="checkbox"/> C.T.A.          |
| <input type="checkbox"/> Cardiac   | <input type="checkbox"/> Pediatric       |
| <input type="checkbox"/> Vehicular | <input type="checkbox"/> Fire            |
| <input type="checkbox"/> Gunshot   | <input type="checkbox"/> Special Duty    |
| <input type="checkbox"/> Stabbing  | <input type="checkbox"/> Other (Specify) |

### Condition of Patient on Arrival

- |  |  |
|--|--|
| <input type="checkbox"/> Conscious     | <input type="checkbox"/> Laceration      |
| <input type="checkbox"/> Unconscious   | <input type="checkbox"/> Burn            |
| <input type="checkbox"/> Breathing     | <input type="checkbox"/> Abrasions       |
| <input type="checkbox"/> Not Breathing | <input type="checkbox"/> Gunshot Victim  |
| <input type="checkbox"/> Bleeding      | <input type="checkbox"/> Stabbing Victim |
| <input type="checkbox"/> Fracture      | <input type="checkbox"/> O.D. Victim     |

Body Part Affected \_\_\_\_\_

**Chief Complaint of Patient**

### Treatment Rostered

- ☐ C.P.R.
- ☐ Bandaging
- ☐ Hemorrhage Control
- ☐ Splinting
- ☐ Cold Application
- ☐ Extrication
- ☐ Psych First Aid
- ☐ O.E. Delivery

### Respiratory Treatment

- ☐ Oxygen
- ☐ AMBU Bag
- ☐ Oral Airway
- ☐ Pocket Mask
- ☐ Robert Shaw

### Outcome of Run

- ☐ Cancelled (Specify) \_\_\_\_\_
- ☐ Could Not Find \_\_\_\_\_
- ☐ C.P.D. Transport \_\_\_\_\_
- ☐ Stand By Only \_\_\_\_\_
- ☐ Other (Specify) \_\_\_\_\_

**Patient Released**

To Ambulance  
# \_\_\_\_\_  
Ambulance  
LR # \_\_\_\_\_

# State Farm Insurance Companies



August 8, 2002

Claim Office  
186 North Randall Road - Suite 5  
Bensenville, Illinois 60510-9470  
Phone: (830) 406-5000  
FAX: (830) 406-5036

ESIS/GM CLAIMS  
Renaissance Center  
Mail Code 482C20D711  
PO Box 300  
Detroit, MI 48265-3000  
Attention: Jenny Paris  
**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

Our Claim Number: 13 7617 596 VIP  
Our Insured: [REDACTED]  
Date of Loss: 1/25/02  
Amount of Loss: \$21,357.50  
Vehicle: 2000 Chevy Impala  
VIN: 2G1WHSSKXY9302528  
Mileage: 9,000  
Loss Location: Chicago, IL  
Your File: 440528

**RECEIVED**  
AUG 15 2002  
ESIS-GM CLAIMS UNIT

Dear Jenny:

Enclosed please find the documents requested. I am still waiting for a copy of the Chicago fire report but will forward it when received.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Barbara Edens', written over a horizontal line.

Barbara Edens  
Claim Specialist/ V.I.P. Subrogation  
(830) 627 8550  
FAX (830) 627 5674  
State Farm Mutual Insurance Co

February 22, 2002

IN RE: State Farm Claim No. 13-7617-596  
H&A File No. 02-0346VF  
[REDACTED]

HERNDON  
ASSOCIATES

Investigators/ Consultants

36135 Schoolcraft  
Livonia, Michigan 48150  
Fax: 734-591-0140

1 800 961-2909  
walt@herndon-assoc.com  
dan@herndon-assoc.com

P.O. Box 27  
Boysie City, Michigan 49712  
231 562-5543

Licensed in Michigan,  
Ohio, Illinois and Arizona

www.herndon-assoc.com

### PREDICATION:

This report is predicated upon the request of Mr. John Kesler, State Farm Claims Investigator, Vehicle Investigation Program, to conduct an investigation into Sylvia Hall, with special reference to the fire loss of a 2000 Chevrolet, Impala.

### INSPECTION:

On February 7, 2002 at 2:00 p.m., Investigators Walt Herndon and Devin Jordan arrived at Insurance Auto Auction, in Markham, Illinois, to conduct an investigation into the fire loss of a 2000 Chevrolet, Impala.

Once at the scene, a close inspection provided the following information:

### SEE ENCLOSED INVESTIGATION REPORT

Prior to leaving the scene, several 35mm color photographs were taken and are enclosed.

### ORIGIN AND CAUSE INVESTIGATION:

On February 7, 2002 at 2:00 p.m., Investigators Walt Herndon and Devin Jordan arrived at Insurance Auto Auction in Markham, Illinois to conduct an origin and cause investigation into the fire loss of a 2000 Chevrolet, Impala, beige in color, Vehicle Identification Number 2G1WH55KXY9302528. Upon arriving at the facility, the vehicle is located and identified by its Vehicle Identification Number found in the area of the windshield and dash, as well as the federal manufacturer's label on the driver's door. Initial observations reveal evidence of blistering to the painted surface of the hood, closest the bulkhead, extending upward and outward. The examination further reveals smoke staining along the edges of both fenders and grille area.

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[REDACTED]

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The examination is now focused to the remainder of the painted surface of the vehicle, where there is no evidence of any direct fire impingement.

The examination is now focused to the fuel tank, fill tube and fuel cap, which are intact with no evidence of any fuel leakage. The examination of the underside of the vehicle reveals no evidence of any fire damage.

Entry is now gained into the passenger compartment, where there is an aftermarket alarm system, the dashboard kickplate is pulled down, the alarm system and wiring is examined, and there is no evidence of any fire damage. At this time, the investigation is focused to the windshield, where there is an oil change label, indicating the next date of service as February 15, 2002 at 11,844 miles. After completing an examination of the passenger compartment, no evidence of any fire origin could be found.

The investigation is now focused to the engine compartment, whereupon gaining entry, there is evidence where a fire has originated in the upper portion rear of the engine, extending upward and outward from that location. The investigation of the fluid levels revealed the oil is overfull, transmission fluid is full, brake fluid drained during the course of the fire, power steering full and radiator low and fire damaged.

The investigation is now focused to the battery, battery cables and power distribution center found on the right or passenger side engine compartment and there is evidence of exposure fire damage, however, no evidence of any fire origin.

The examination is now focused to the alternator, and there is evidence of fire damage to the wiring at the alternator, however, upon tracing the wiring, the insulation becomes intact. The investigation further reveals combustibles still present on the rear of the alternator, and at this time, no evidence of any fire origin could be found.

The investigation is now focused to the front of the engine, where the spark plug wires, spark plug boots, cooling fans and plastic covering the cooling fans reveals some evidence of heat exposure damage, however, no evidence of any fire origin. The examination of the left or driver's side of the engine compartment reveals plastics are intact, rubber hoses are still present, and at this time, no evidence of any fire origin could be found.

The investigation is now focused to the aftermarket wiring, which travels through the bulkhead, by the shock tower on the left or driver's side, and upon tracing same, there is evidence of

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electrical faulting. Upon tracing the remaining wires that travel over to the right or passenger side, and there is evidence of a bracket for an aftermarket alarm siren.

The investigation is now focused to the upper portion of the engine, where the plastic intake is partially consumed, and the fuel lines that travel to the fuel rail have been consumed.

At this time, after completing the above inspection and examination, it was the opinion of both investigators that the fire originated within the upper portion of the engine, and at this time, the investigation continues.

#### **AUTOMOBILE CLAIM SERVICE RECORD:**

A review of the automobile claim service record indicates claim number 13-7617-596. The named insured is [REDACTED] Illinois. The date, time and location of the fire is January 25, 2002 at 12:40 p.m. at 1247 N. Central, Chicago, Illinois. Under facts, it indicates insured got in vehicle and turned the ignition on vehicle and heard a big boom, the vehicle kind of like exploded and the front of the vehicle was on fire. The insured had the fire department put out the fire.

#### **NICB VINASSIST:**

A review of the NICB Vinassist indicates that the 2000 Chevrolet, Impala LS is equipped with a 3.8 liter, V6, multiport fuel injected engine and was assembled in Oshawa I, Ontario, Canada.

#### **NATIONAL HIGHWAY TRAFFIC & SAFETY ADMINISTRATION:**

A search of the National Highway Traffic and Safety Administration, Recall Database, produced three recalls pertaining to 2000 Chevrolet, Impalas. A review of the recalls revealed none pertained to the fire in question.

A further search was conducted of the National Highway Traffic and Safety Administration, Defect Investigations Database, which produced one record pertaining to 2000 Chevrolet, Impalas. A review of the investigation pertained to inadvertent engine stalling.

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[REDACTED]

February 22, 2002

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### ALLDATA SYSTEM:

A search of the Alldata System produced two recalls and a number of Technical Service Bulletins pertaining to 2000 Chevrolet, Impalas, equipped with 3.8 liter engines. A review of the recall and Technical Service Bulletins did not reveal any pertained to the fire in question.

A further search of the Alldata System produced a recall pertaining to the fuel intake manifold, involving Buicks, Oldsmobiles and Pontiacs varying in 1996 and 1997. The recall specifically pertained to the fuel/carburetor/manifold/intake. This involved passenger vehicles equipped with a 3.8 liter, V6 engine. According to the recall, a backfire during engine starting can cause breakage of the upper intake manifold. This condition can cause a no start condition and possibly an engine compartment fire. Dealers will update the power control module programming. Until the campaign repair is made, the vehicle hood should be shut whenever starting the vehicle to reduce the chance of personal injury. Although this particular recall does not pertain to 2000 Chevrolet, Impalas, it does pertain to vehicles in 1996 and 1997, equipped with a 3.8 liter, V6 engine.

### INTERVIEW [REDACTED]

On February 11, 2002 at 3:00 p.m., Investigator Robert Persyn conducted an interview with [REDACTED] who is the title holder, named insured and primary driver of the vehicle in question. Ms. Hall indicates that she was alone in the vehicle at the time of the discovery of the fire. When questioned regarding any complaints or problems with the vehicle, she indicated it would not always start.

The fire was discovered on January 25, 2002 at about 12:40 p.m., the weather conditions were clear and approximately 50 degree Fahrenheit. The location of the fire was under the carport at 1247 N. Central in Chicago. Subsequently, the insured and a neighbor contacted 911 and the Chicago Fire Department responded in under five minutes and extinguished a fire involving the 2000 Chevrolet, Impala. The vehicle in question is equipped with a 3.8 liter engine and was purchased new from Jerry Gleason in Forest Park, Illinois. The vehicle was purchased in June of 2000, and at the time of the purchase, there was a three year, 36,000 mile warranty in effect and no extended warranty had been obtained as of yet. Further questioning revealed that no warranty service has been performed on the vehicle and no service work, other than routine maintenance.



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[REDACTED]

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At the time of the discovery of the fire, the fuel tank was full and it was learned that the dealership checks the fluid levels during routine maintenance. When questioned regarding the last person to have entered the engine compartment, the insured stated that the dealer, in November of 2001, for a 9,000 mile routine maintenance check-up.

Oil changes are secured every 3,000 miles and are done at the dealership, and in between oil changes, she does not have to add any other fluids.

When questioned regarding any mechanical or electrical problems with the vehicle, the insured indicated that the vehicle would not always start, she would have to retry the vehicle to start it. Further, the insured would have to wait a few minutes before the vehicle would start.

When questioned regarding any electrical problems with the vehicle, the insured indicated she has had none. When questioned regarding having the vehicle serviced pertaining to the no start condition, she stated that she was in the dealership for the 9,000 mile check-up in November of 2001, told the dealer, who stated it was the gas she was using, advised her to switch to a lower octane, as she was using Amoco midgrade. She changed to the lower octane and it did not correct the problem.

Mileage at the time of the purchase was new, mileage at the time of the loss was a little over 9,000 miles.

Since ownership of the vehicle, the insured has not received any recall notices, campaigns or correspondence from the manufacturer. Further questioning revealed that no accessories have been added to the vehicle, there is no nonfactory wiring on the vehicle.

When questioned regarding whether the vehicle is equipped with an alarm system, the insured indicated it has a factory alarm system and there is no cellular telephone.

Since ownership of the vehicle, it has not been involved in an accident, and it was learned that at the time of the fire, the vehicle had last been driven on Tuesday, with the fire occurring on Friday. The vehicle had been parked for three days, and on Tuesday, it had only been driven no more than three to four miles. The insured went on to state that all accessories worked at the time the vehicle was last driven. Just prior to the discovery of the fire, she did not observe any fluid leaks, did not experience any operability problems, no warning lights were illuminated, she did not detect any odors, however, heard what she classifies as a "boom".

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H&A File No. 02-0346VF  
[REDACTED]

February 22, 2002  
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The smoke was first observed emanating both sides of the wheel wells; out of the engine compartment, and the fire was first observed in the cracks of the hood and fenders. The hood was closed and remained closed until the fire department arrived. All doors were closed and all windows were up.

In a short scenario, the insured stated she went to start the car, heard a boom, sounded like a backfire, then observed smoke coming from both sides of her vehicle from under the wheel wells. The fire department arrived, the flames were coming out the cracks of both sides of the hood. No one photographed the vehicle at the fire scene and the firemen did not indicate any probable cause regarding the fire. The insured states she has no idea as to the cause of the fire.

As a result of the fire, no other vehicles or property was damaged, no other fire investigators have contacted the insured, and no items were removed from the vehicle at the fire scene.

#### CONCLUSION:

Having completed an examination of the vehicle, conducted research pertaining to the vehicle in question, reviewed an interview with the insured, and based upon all of the information known at the time of the preparation of this report, it is the opinion of both Investigators that the fire was accidental in nature. It is further the opinion of both Investigators that the fire originated within the intake manifold, where a backfire occurred, igniting the fuel vapors with the fire extending, causing the damage present. The fire is deemed to be an accidental fire.

It should be noted that although there is no current Technical Service Bulletin or recall pertaining to the backfire condition, a recall did exist in 1996 and on some 1997 Buicks, Oldsmobiles and Pontiacs, equipped with 3.8 liter engines.

It should further be noted that the vehicle is an original owner, no modifications to the vehicle, all equipment is factory equipment. At this time, a current warranty exists with the vehicle and at the time of the fire, the expressed warranty was in effect.

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[REDACTED]

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At this time, all requests for services have been completed, we are closing our file and forwarding our report and photographs for your review.

*Walter O. Hemdon, Jr.*

Walter O. Hemdon, Jr.

*Devin C. Jordan*

Devin C. Jordan

WOH/jam



1. A close-up view of the Federal Manufacturers Label identifying the 2000 Chevrolet, Impala.

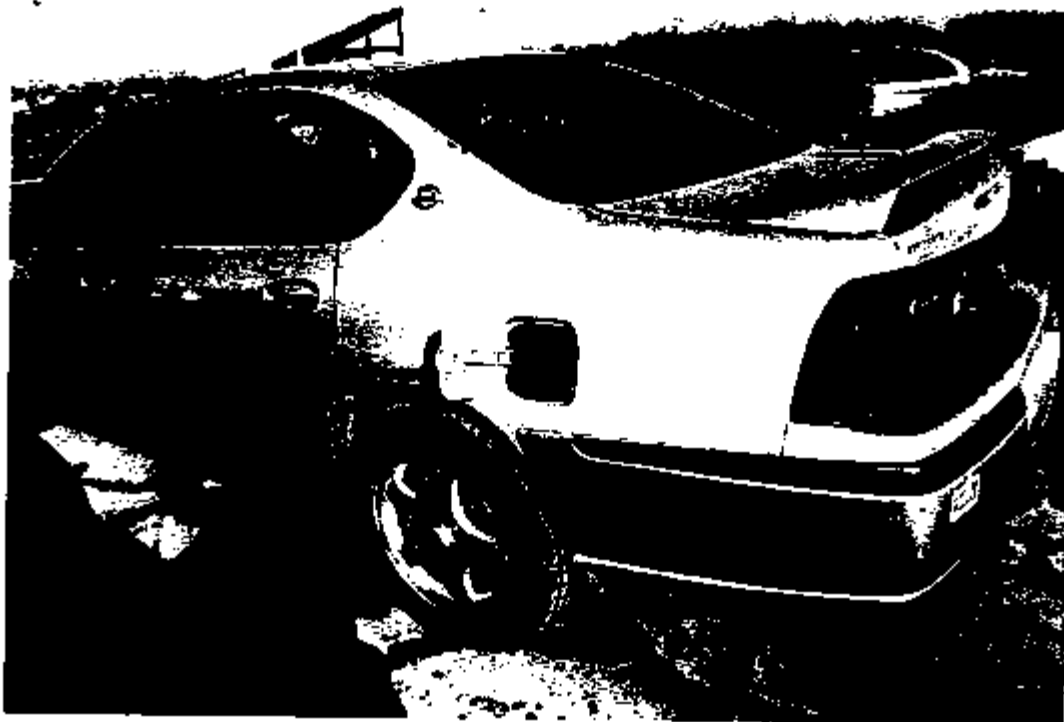
2. An overall view of the front of the vehicle.





3. A view of the driver's side from the left front.

4. A view of the left rear and a view of fuel cap intact.





5. An overall view of the rear.

6. A view of the passenger's side from the right rear.

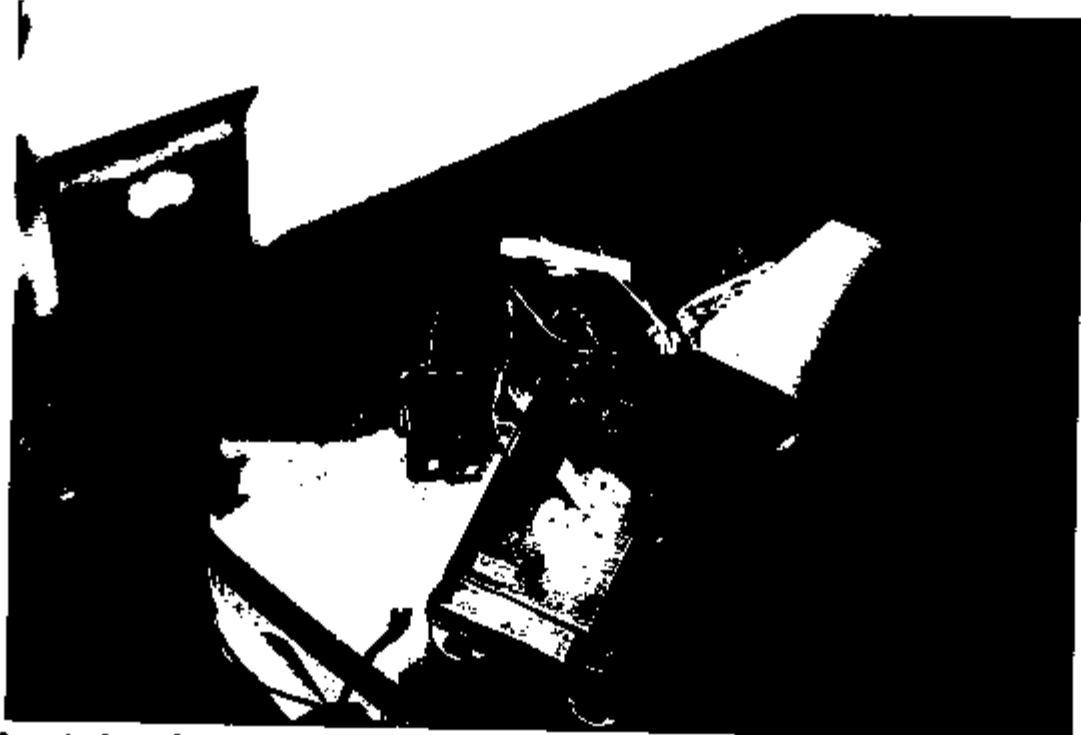




7. A view of the right front.

8. A view of the driver door panel and front passenger compartment.





9. A view of aftermarket wiring within the passenger compartment with no evidence of any fire damage.

10. A view of an oil change sticker from Valvoline indicating the next service due February 15, 2002 or at the mileage of 11,844 miles.



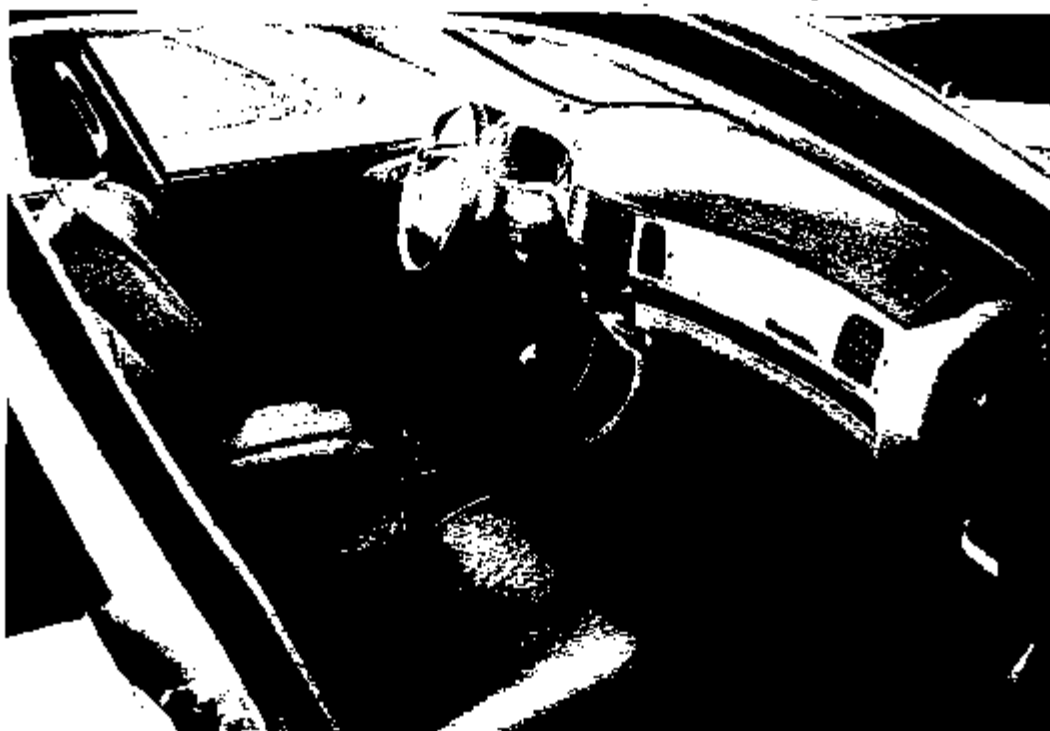




11. A view of the rear passenger compartment from the driver's side.

12. A view of the rear passenger compartment from the passenger's side.





13. A view of the front passenger compartment from the passenger's side.

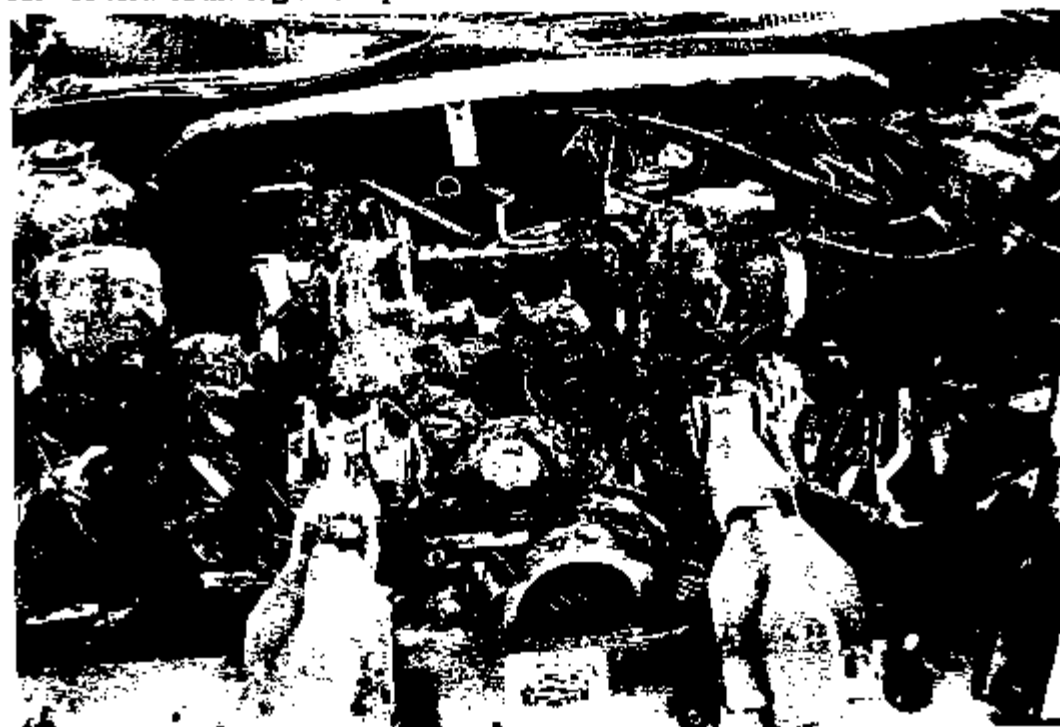
14. A view of fire damage to the painted surface of the hood, the burn pattern closest the bulkhead in the center.

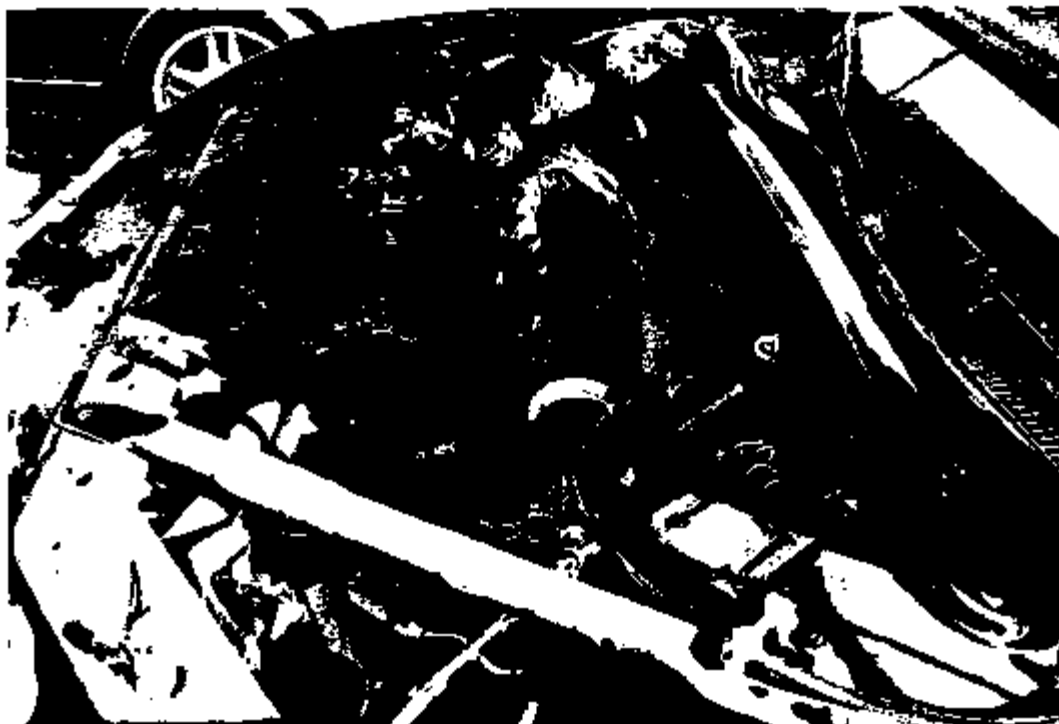




15. A view of fire damage to the underside painted surface of the hood depicting the burn pattern.

16. A view of the engine compartment seen from the front.





17. A view of the engine compartment seen from the driver's side.

18. A view of the engine compartment seen from the passenger's side.





19. A view of the spark plug boots in the front of the engine and the plastic sheathing, which covers two of the spark plug boots intact.

20. A view of aftermarket wiring which travels through the bulkhead from the left rear of the engine compartment over to the right or passenger's side of the engine compartment.





21. A view of aftermarket wiring with evidence of electrical faulting and arcing onto the accelerator cable.

22. A view of electrical faulting to the aftermarket wiring.





23. Another view of the aftermarket wire, which is arced in two.

24. A view of the aftermarket wiring which travels over to the right or passenger's side where charred wiring insulation is present.



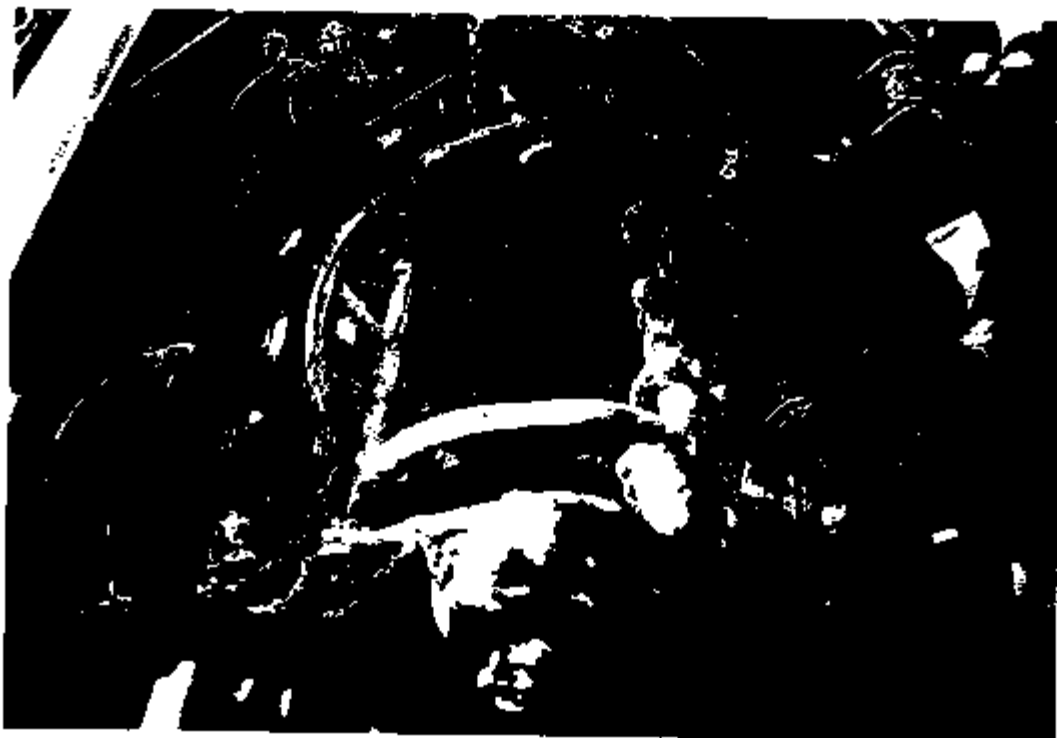


25. A view of an aftermarket alarm siren mount where the aftermarket wiring is located.

26. A view of fire damage to the top of the engine as seen from the front.







27. A view of partial consumption of the combustible intake as seen from the passenger's side.

28. A view of extensive fire damage to the top of the engine causing partial consumption of the intake.





29. A view of the rear fuel rail depicting the fuel line connection with combustor section traveling to same consumed.

30. A view of the fuel line connection in the front fuel rail with the combustor section traveling to same consumed.



Created Payment  
Cln: 13-7617-606    Ins: HALL, SYLVIA    Pol: 1106-287-13    S3539E50  
DOL: 01-25-02

Payment no: 101366169J    Total: 537.00    Issued: 02-18-02  
Payment status: PAID 02-21-02    Chgd by:    BMAP:  
Authorized by: Egan, Chris    Consol pymt: N  
Entered by: Egan, Chris    EFT pymt: N  
Billing ref:    Repl no:    Begin bill: - -  
Bill amt:    Adj code:    End bill: - -

Remarks:

Payee:

St & TIN: -

COL 1 to 1 of 1

COL	Amount	Pay Code	Reporting Party
311 COMP	537.00	1	Named Insured(s)

Created Payment 83539E50  
Cln: 13-7817-596 Ins: HALL, SYLVIA Pol: 1106-287-13 DOL: 01-25-02  
Payment no: 101366170J Total: 20,080.50 Issued: 02-18-02  
Payment status: PAID 02-28-02 Chgd by: BMAP:  
Authorized by: Egan, Chris Consol pymt: N  
Entered by: Egan, Chris Repl no: EFT pymt: N  
Billing ref: Bill amt: Begin bill: - -  
Adj code: End bill: - -

Remarks:

Payee:

St & TIN: -

COL 1 to 1 of 1

COL	Amount	Pay Code	Reporting Party
311 COMP	20,080.50	3	Named Insured(s)

20,080.50 G MHC  
537.00 Clint  
240.00 Enterprise  
500.00 ded  

---

21,357.50  
- 4,000.00 sub  

---

17,357.50

Created Payment  
CLM: 13-7617-596    Ins: HALL, SYLVIA    Pol: 1106-287-13    83599E50  
DOL: 01-25-02

Payment no: 101988786K    Total: 240.00    Issued: 04-09-02  
Payment status: PAID 04-11-02    Chgd by:    BMAP:  
Authorized by: Rosas, Susanna    Repl no:    Consol pymt: Y  
Entered by: Rosas, Susanna    Bill amt: 240.00    EFT pymt: Y  
Billing ref: D743595-1509    Adj code:    Begin bill: 02-11-02  
End bill:

Remarks:  
D743595

Payee:



St & TIN: 13-451298227

COL 1 to 1 of 1

COL	Amount	Pay Code	Reporting Party
501 RENT	240.00	1	Named Insured(s)

13-17  
State Farm Insurance Companies

July 18, 2002

Claim Office  
185 North Randall Road - Suite  
Batavia, Illinois 60810-9470  
Phone: (815) 406-6000  
FAX: (815) 406-6098

Insurance Auto Auctions  
18425 Crawford Ave  
Markham, IL 60428  
Attention: Ron Hanzel

Our Claim Number: 13 7817 586VIP  
Our Insured: Sylvia [REDACTED]  
Vehicle: 2000 Chevy Impala  
Stock Number: 2003896

RECEIVED IN  
JUL 25 2002  
BETTING  
SUBROGATION

Dear Ron:

- > Please fax a breakdown of all charges incurred to date.
- > Please provide me with a written salvage quote for the above vehicle by completing the lower portion of this letter. Please sign where indicated and fax the completed salvage quote information back to me as soon as possible.
- > Please note the salvage quote should be based on visual inspection of the burned vehicle as it may be used as a protection bid when the salvage is released for sale.

Sincerely,

Barbara Edens  
Claim Specialist VIP/SUBROGATION  
(830) 627 8560  
(830) 627 5674 FAX

ADV CHARGE		LAA CHARGE	
TOW	2500	TOW	52.00
STORAGE	810.00	STORAGE	222.50
TOTAL	1305.00	TOTAL	274.50

SALVAGE QUOTE: \$ 4,000

x Ron W. Hanzel  
Signature of person providing salvage quote

7-19-02  
DATE

### PRE-LOSS CONDITION

INTERIOR:		(Explain if other than average condition for year, make and model vehicle)			Above Avg	Avg	Below Avg
Seats:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpets:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dash:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Headliner:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXTERIOR:		(Explain if other than average condition for year, make and model vehicle)					
Sheet Metal:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paint:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trim:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MECHANICAL:		(Explain if other than average condition for year, make and model vehicle)					
Engine:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission:	_____		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIOR DAMAGE:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Estimate Written:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Amount _____
OVERALL CONDITION:		<input type="checkbox"/> Above Avg.	<input checked="" type="checkbox"/> Avg.	<input type="checkbox"/> Below Avg.	VONPASECKY RON		01/29/02
Salvage Will Be:		<input type="checkbox"/> Rebuilt	<input checked="" type="checkbox"/> Sold for parts	<input type="checkbox"/> Scrapped	INSPECTED BY _____		DATE _____

**TOTAL LOSS SETTLEMENT**

method used to determine base price: (Check one) ☐ Computerized Evaluation ☐ Comparable Vehicles ☐ Book Value

Vendor Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Did you pay the computerized evaluation amount? ☐ Yes ☐ No If no, explain: \_\_\_\_\_

Adjusted Amount

Source & Telephone Number	Quote By	Date	Make & Model	Available	Price
1.					
2.					
3.					

Vehicle number(s) used to determine base price: ☐ 1. ☐ 2. ☐ 3.

Explain any adjustments for difference in mileage, equipment condition, prior damage, etc. \_\_\_\_\_

Adjusted Amount

Book(s) used: \_\_\_\_\_ Basic Book Price \_\_\_\_\_  
 List additions or deductions for equipment, mileage, etc., and prior damage: \_\_\_\_\_  
 Adjusted Amount \_\_\_\_\_  
 Did you pay this amount? ☐ Yes ☐ No If No, explain \_\_\_\_\_

Base Price	\$ 19,345.00	Salvage Disposition	Purchaser	Remarks
Tax	+ 1092.10			
Fees	+ 50.00	Date Sold		
Actual Cash Value	= 21,175.00	Date Receipts Received		
Owner Retained Salvage	-	High Salvage Bid	\$	
Deductible	- 500.00	Towing Expense	-	Disposition of Title:
Ownerholder Payoff	- 20,080.00	Storage Expense	-	
Amount Paid Owner	\$ 57,245.00	Miscellaneous Expense	-	
Amount Settled		Net Salvage Return	\$	Date:
CLAIM REP. SIGNATURE				

## VEHICLE INSPECTION REPORT / TOTAL LOSS SETTLEMENT REPORT

Claim Number 13-7617-59601	Claim Representative EGAN, FOREST PARK, IL CSO	Claim Unit [REDACTED]
[REDACTED]		Date Reported [REDACTED]
[REDACTED]		Storage Per Day \$35.00
Type of Loss COMPREHENSIVE		

## VEHICLE DESCRIPTION

Vehicle Description 2000 Chevrolet Impala LS 4D Sed	License Plate Number [REDACTED]	Expiration Date [REDACTED]	Body [REDACTED]
VIN 2G1WH56KXY9302528	Exterior Color GOLD	Interior Color TAN	
Drive Train 3.8L Inj 6 Cyl AO	Tires GOODYEAR	P226/60R16	
Mileage 11,844 9000	<input checked="" type="checkbox"/> Steel Belts <input checked="" type="checkbox"/> Radial <input type="checkbox"/> VSW	% of Wear LF 0 LR 0 RF 0 RR 0 SP 0	

## EQUIPMENT / ACCESSORIES

RECORD / BODY STYLE / TRIM 4-Door 270.00 95 tow 175 35/25TH	CONVENIENCE OPTIONS Alloy Wheels Special Wheels / Covers Air Conditioning Tilt Steering Wheel Cruise Control Delugger Rear Leather Seats Spoiler Center Console Power Remote Mirror Special Wheels Driver Side Air Bag	POWER OPTIONS Anti-Lock Brake System Power Steering Power Brakes Power Windows Power Door Locks Power Seats Power Seat (Passenger) Automatic Transmission Disc Brakes Front Wheel Drive
ROOF OPTIONS 200 3895		ELECTRONIC OPTIONS AM / FM Stereo Cassette Tape Player Compact Disc Player Heated seats Stereo in the steering wheel compass

Use this space to explain or describe Equipment/Accessories listed above and/or list and describe additional Equipment/Accessories.



```

      1/28/82 22:13:07 pm
      13-7617-82601
      Estimate Version: 0
      Committed
      Profile ID: FULLNETCH/EL FAIRA
  
```

State Farm Insurance Co.  
2623 N. Addison St., Chicago, IL 60618  
(773) 878-3800  
Fax: (773) 878-3613

FOR ANY QUESTIONS REGARDING THIS SERVICE PLEASE CONTACT THE INDICATED CLAIM REPRESENTATIVE.

Damage Indicated by **NOT** VISIBLE

**Claim Rep: BRAN FOUNTAIN PARK, IL CHD**

**опубликован в журнале**

Date of Last: 1/25/02

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**Page 1**

**Page 203**

**Product Code:**

**Table 1**

**Product:**  
**Manufacturer:**

**CLAIMANT:**

2014年12月10日

\_\_\_\_\_

**Telephone:**

Type of Issue: COMPREHENSIVE  
Arrival Date:

U.S. DEPARTMENT OF JUSTICE 15-7817-35443

Michael Bayless: 916497

Description:	1980 Chevrolet Impala 20
body style:	40 mod
VIN:	2G1WD880X79302810
License:	2951408 FL
DOB/AGE:	A

Vehicle Production Date: /  
Drive Train: 4.0L I4 4 cyl AC  
Mileage: 11,848  
Search Order: 00780

Colors

**Appendix 1**

Anti-Lock Brake Sys. (ABS), Alarm/Alley Wheels, Special Wheels/Covers, Air Conditioning, Power Steering, Power Brakes, Power Windows, Power Door Locks, Power Seats, Power Passenger Seat, Tilt Steering Wheel, Cruise Control, Electric Defogger, AM-FM Stereo, AM-FM Stereo Cassette, Compact Disc Player - Single, Leather Seats, Automatic Transmission, Spoiler, Center Console, Power Remote Mirror, Disc Brakes, Steel Wheel Drive, Power Antenna, 4-Door, Special Wheels, Driver Side Air Bag

\*\*\*\*\*  
 PRINTED ON: 1/29/02 12:11:04 19-7617-49481

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**Mittwoch 14.10.2015**

**Disparate Version:**

728 12.8 Copyright (C) 1994 - 2000 Mitchell International

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Page 1 of 5

Date: 1/29/02 12:13:57 pm  
 Estimate ID: 12-7617-33601  
 Estimate Version: 0  
 Submitted:  
 Profile ID: FULLERTON/EL FAHA

Line	Qty	Label	Line Item	Part Type/ Part Number	Cost	Unit	Weight
1	1	234001	ADD'L CRST	ADD'L CRST	0.00	0.00	0.00

\* - Additional Study

**APPLICANT INFORMATION SECTION**

## First Round

## Discussion

WEAPONS TO FIELD EXPERTISE, RATHER THAN FROM THE CHARGE OFFICER OF  
DISTRICTED. VEHICLE UPON TOTAL LOSS. WORK, SERVICE, SPECIAL, ALL  
WEAPONS, AND WITH CONSTRUCTION & EQUIPMENT TO IDENTIFY. FROM YOUR  
LOW COMPLAINT.

[illegible]

Parts Adjust	0.00
Class Adjustments	0.00
Total Replacement Parts Amount	0.00
IV. Adjustments	Amount
Insurance Deductible	569.00

Labor Summary	0.0	0.00
---------------	-----	------

Additional Costs	
Variable Costs	

ESTIMATE SERIAL NUMBER: 1/29/02 12:13:05 13-7617-89801

Mitchell Data Version: JAX 01 A Copyright (C) 1994 - 2000 Mitchell International  
 Estimate Version: 4.7.007 All Rights Reserved

Page 2 of 4

Date: 1/29/02 12:13:07 pm  
 Estimate ID: 13-7617-89801  
 Estimate Version: 0  
 Committed  
 Profile ID: FULLERTON/EL FAIR

Sales Tax	0.750	0.00
-----------	-------	------

Intercept	0.00
Appearance Allowance	0.00

Subtotal of Adjustments Exceeds Gross Total

Non-Taxable Costs	55.00
-------------------	-------

Total Additional Costs	55.00
------------------------	-------

Customer Responsibility	55.00
-------------------------	-------

I. Total Labor	0.00
II. Total Replacement Parts	0.00
III. Total Additional Costs	55.00
Grand Total:	55.00
IV. Total Adjustments:	55.00
Total Total:	0.00

Point(s) of Impact  
 13 Non-Million (N)

Alternate ID:  
 Address:  
 Telephone:  
 Fax Phone:

Body Shop: FULLERTON/EL FAIR - 56-210444

Address: 1415 N. MILWAUKEE

CHICAGO, IL 60641

Telephone: (773) 862-0985

Fax Phone: (773) 862-2115

State Lic. No:

Inspection Site: FULLERTON AUTO

Address:

Inspection Date: 1/29/02

ESTIMATE SERIAL NUMBER: 1/29/02 12:13:05 13-7617-89801

Mitchell Data Version: JAX 01 A Copyright (C) 1994 - 2000 Mitchell International  
 Estimate Version: 4.7.007 All Rights Reserved

Page 3 of 4

Date: 1/29/02 12:13:07 pm  
 Estimate ID: 13-7617-89801  
 Estimate Version: 0  
 Committed  
 Profile ID: FULLERTON/EL FAIR

NOTICE: REGARDING TO THIS SERVICE AND SERVICE PROVIDER'S SERVICE  
 PROVIDER IS RESPONSIBLE FOR THE SERVICE.

ILLINOIS LAW PROVIDES THAT VEHICLE OWNERS MUST BE  
 LICENSED IN ILLINOIS WITH RESIDENCE IN THE  
 ILLINOIS VEHICLE CODE.

Thank you for allowing us to be of service. Please visit our website  
[www.statefarm.com](http://www.statefarm.com) or contact your local State Farm agent for  
 more information about the following State Farm insurance and  
 financial products:

Homeowners Insurance  
 Life Insurance  
 Health Insurance  
 Banking Products

Auto Insurance  
 Long Term Care Insurance  
 Commercial Fire Insurance  
 Mutual Funds

ESTIMATE SERIAL NUMBER: 1/28/02 11:12:00 13-7017-89401  
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UltraData Version: 4.7.007 All rights reserved

Page 4 of 4



# Rental Invoice

Rental Agreement

0743585 - 1509

Description	Rate	Amount
15 DAYS	28.99	434.85
MPEA TAX		26.09
SALES TAXX	5.00	21.74

Date Out  
1/28/02

Date In  
2/11/02

Renter

Home Phone

DOB  
10/28/51

Additional Driver

Name

NO OTHER DRIVER PERMITTED

Age

Driver License

State

Expires

TOTAL CHARGES

482.68

LESS AMOUNT RECEIVED

242.68

AMOUNT DUE

240.00

Color  
BEIGE

Model  
01 CAMR

License No. 01B70

Color

HALL\* SYLVIA\*

Date of Loss  
1/28/02

Type of Loss  
INSURED

Type of Car  
IMPALA

Repair Shop  
NEED FROM SH

Billing Inquiry Call

Fed Tax ID #

708-524-8008

49-1298227

Billing Information

Thank You For Choosing Enterprise

ENTERPRISE RENT-A-CAR...  
NAMED AS 1999 FORTUNE MAGAZINE  
"100 BEST COMPANIES" TO WORK FOR!

Please Return This Portion with Remittance

Remit to:

AMOUNT DUE

240.00

Paid by:

STATE FARM-FOREST PARK (BENNYN)  
ATTN: Egan-Christie  
1045 S DES PLAINES AVE  
FOREST PARK IL 60130

Customer #  
STF1506

Rental Agreement  
0743585

Amount  
240.00

GPOR  
1509

02/12

IN 04:26PM 2/11/02  
OUT 12:18PM 1/20/02

CALENDAR DAY

QNTY 1  
QNTY # CXL870  
LIC# J884360  
MODEL CASH  
COLOR BRIG  
IN 20594  
OUT 20436

RENTAL AGREEMENT  
D743295  
PAGE 1 OF 1

001

SUMMARY OF CHARGES

MILES  
NO CHARGE

15 DAYS 0 28.99 434.05

STATE FARM-FOREST PARK (IL) 111  
ATTN: Susan\*Chile\*  
1045 S ILL PLATERS AVE  
FOREST PARK IL  
708-209-2381 60130

ADDITIONAL DRIVER  
NO OTHER DRIVER PERMITTED

MPRA TAX 25.09  
SALES TAX 5.00 21.74

CLAIM INFO  
POL/CLAIM/PO#

137617896  
INSURED  
HALL\* SYLVIA\*

LOSS DATE 1/28/02  
TRFPT ACCIDENT 1

TYPE CAR  
INPAID

SHIP NEED FROM SH  
PHONE 9  
NAME

PERMISSION TO LEAVE STATE  
YES NO X

CUSTOMER SIGNATURE ON FILE

PAYMENT INFORMATION  
AMOUNT PD BY TYPE DATE AUTH  
100.00 CASH SALE 1/28/02  
100.00 MC SALE 2/05/02 006105  
43.40 MC SALE 2/11/02 006154

TOTAL CHARGES 452.48  
DEPOSIT REFUND 242.48

BILL TO CURT STY1808 240.00

OPENED BY #2634E ANDERSON L WEAVER  
CLOSED BY #4599A GERALD M POTTS

CLOSED TICKET PAYMENT INFO



Claim Number

13-7617-586

**AFFIDAVIT OF VEHICLE FIRE** (All Questions Must Be Completed in Ink)

1. Name of

Address

Date of Birth 10-28-51

Marital Status: ☐ Married ☒ Single

No. of Dependents 0

Social Security No.

(Optional)

Driver's License No.

Occupation Analyst

Employer

Address

2. Date of Fire

January 25, 2002

Time 12:45

☐ A.M. ☒ P.M.

Make of Vehicle

Chevy

Year 2000

Model Impala

Body Type 4 door

Vehicle ID #

2G1WH55KX49302528

License Plate #

[REDACTED]

State

IL

Certificate of Title #

If none, why?

Number of cylinders

H.P. or C.I. or Liter

Odometer reading 9,300

Was vehicle locked?

☒ Yes

☐ No

Were windows rolled up?

☒ Yes

☐ No

When did you last see your vehicle?

Date January 25

Time 12:45

☐ A.M. ☒ P.M.

Specific location where vehicle burned

Back yard / 1247 N. Central Ave

Reason vehicle was left at this location

Parked

Name and address of person who left auto at this location

[REDACTED]

Their driver's license no.

When was the fire discovered? Date

January 25, 2002

Time 12:45

☐ A.M. ☒ P.M.

Who made the discovery?

[REDACTED]

When was fire reported to fire department? Date

January 25

Time 12:48

☐ A.M. ☒ P.M.

Name and Location of Fire Station

Describe fire (where, color of smoke, cause):

White smoke, yellow flames under hood

Was vehicle being driven?

☐ Yes

☒ No

Describe exactly what happened prior to noticing smoke

or fire (electrical or mechanical malfunction):

Started car, it made noise And then I saw sm.

Were you carrying a container of flammable liquid in the vehicle at the time of fire?

☐ Yes

☒ No

If yes, give type of liquid

amount

size and

type of container

location of container at time of fire

Has vehicle been damaged during the past three years? ☐ Yes ☒ No If so, give location \_\_\_\_\_

\_\_\_\_\_, type of damage \_\_\_\_\_, amount of damage \$ \_\_\_\_\_, and date \_\_\_\_\_

Were repairs made? ☐ Yes ☒ No ☐ Partial If so, were they completed? ☐ Yes ☐ No

Who made the repairs? \_\_\_\_\_

Name and address of insurance company who paid claim damages, if any: \_\_\_\_\_

Any other claims in the last three years on this or any other auto? ☐ Yes ☒ No

Any other vehicles in your household? ☐ Yes ☐ No

Name of insurance company and agent on other vehicles \_\_\_\_\_

Your prior insurance company and agent \_\_\_\_\_

Any homeowners claims within the past 6 months with State Farm? ☐ Yes ☒ No

With any other carrier? \_\_\_\_\_

3. Vehicle Equipment (Check if vehicle had any of the following)

<input type="checkbox"/> Radio AM	<input checked="" type="checkbox"/> Power Steer.	<input checked="" type="checkbox"/> Vinyl Roof	<input checked="" type="checkbox"/> Cruise Control	Tires:	Transmission:
<input checked="" type="checkbox"/> AM/FM	<input checked="" type="checkbox"/> Power Brakes	<input type="checkbox"/> Tinted Glass		<input type="checkbox"/> W/W	<input type="checkbox"/> Automatic
<input checked="" type="checkbox"/> Stereo	<input checked="" type="checkbox"/> Power Locks	<input type="checkbox"/> Mag Wheels		<input type="checkbox"/> Radial	<input type="checkbox"/> Standard
<input checked="" type="checkbox"/> Tape Deck	<input checked="" type="checkbox"/> Power Windows	<input type="checkbox"/> T-Tops		<input type="checkbox"/> Special	<input type="checkbox"/> Console
<input checked="" type="checkbox"/> Air Cond.	<input checked="" type="checkbox"/> Power Seats	<input checked="" type="checkbox"/> Tilt Steering Wheel			
<input type="checkbox"/> Other: <u>heated seats, control of music on steering wheel,</u>					
<input type="checkbox"/> CB Radio	Type _____	Cost \$ _____	Date Installed _____		

Purchased From: \_\_\_\_\_

4. Vehicle Condition

Paint	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Transmission	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Engine	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Body	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Other distinguishing features: (dents, dacles, trailer hitch, interior, etc.) \_\_\_\_\_

Name and address of service station/garage: Jerry Gleason - 7401 W. Roosevelt Rd, Forest Park 6013

Who performs routine maintenance service? Jerry Gleason Date last serviced \_\_\_\_\_

Who performs State MV inspection? \_\_\_\_\_ Date last inspected \_\_\_\_\_



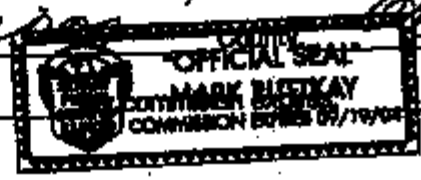
9. Date car purchased 06/05/00 ☒ New ☐ Used Purchase price \$ 27,821.69  
Trade-in \_\_\_\_\_ Allowance \_\_\_\_\_  
Seller Dealer/Individual Name and Address Jeep, Glendon, 7901 W Roosevelt Rd, Forest Park, GA 30030  
How did you learn the car was for sale? \_\_\_\_\_  
How was the car paid for? ☐ Cash ☐ Check  
If financed, name and address of finance company GMAC  
Account # \_\_\_\_\_ Balance Due \$ 20,321.00 Loan Terms 498.07 Months 60  
Date of last loan payment made 01/15/02  
Is account past due? ☒ Yes ☐ No How long? 1 1/2 mo  
Are keys in your possession? ☐ Yes ☒ No Ignition key # \_\_\_\_\_ Trunk key # \_\_\_\_\_  
Do you have other theft insurance? ☐ Yes ☒ No Policy # \_\_\_\_\_  
Name of insurance company \_\_\_\_\_  
Was this a rebuilt wreck? ☐ Yes ☒ No If yes, name of rebuilder \_\_\_\_\_  
Was it a recovered theft? ☐ Yes ☒ No If yes, date of theft \_\_\_\_\_

7. Amount for which you are making claim \$ PAY OFF OF CAR

8. Are the answers you have given true to the best of your knowledge and belief? ☒ Yes ☐ No

Witness \_\_\_\_\_ Policyholder [Redacted]  
Address \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME this 05 day of February, 2002  
in Chicago, Illinois  
Notary Public [Signature]  
TO BE SIGNED BY ALL ONLY



GENERAL OFFENSE  
CASE REPORT  
CHICAGO POLICE

1. OFFENSE INCIDENT - PRIMARY CLASSIFICATION

1A. OFF. CODE

2. SECONDARY CLASSIFICATION

3. I.D. NO.

DAMAGE TO PERSONAL PROPERTY 5090 FIRE

HH - 147506

4. NUMBER OF OCCURRENCES NO. 124718	5. STREET CENTRAL	6. DATE OF OCCURRENCE - YEAR 25 JAN 02	7. TIME 1235	8. DATE OF OCCURRENCE - TIME 25 JAN 02 1255	9. DATE OF OCCURRENCE - YEAR 2532	10. DATE OF OCCURRENCE - TIME 3535
11. TYPE OF LOCATION OR PREMISES WHERE OFFENSE OCCURRED (GIVE NAME OF LOCATION IF APPLICABLE) RESIDENCE - REAR CARPORT		12. LOCATION CODE 330	13. DATE OF ARRIVAL - TIME 25 JAN 02 1255			

All information, descriptions and statements in this entire report are given under penalty of perjury unless indicated otherwise.

14. NAME LAST-FIRST-MIDDLE [REDACTED]	15. IDENTITY VERIFIER [REDACTED]	16. HOME ADDRESS (INC., OFF., STREET, APT. NO.) [REDACTED]	17. SEX-MALE-AGE CODE M 150	18. HOME PHONE [REDACTED]	19. BUSINESS PHONE [REDACTED]	20. TIME AVAILABLE [REDACTED]	21. OCCUPATION [REDACTED]	22. RACE [REDACTED]	23. VEC REL. C [REDACTED]
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24. PARTNER/RELATIVE, IF APPLICABLE [REDACTED]	25. PLACE SUBJECT [REDACTED]	26. PLACE-RELATIVE 400000-000000 [REDACTED]	27. PLACE-RELATIVE 400000-000000 [REDACTED]	28. PLACE-RELATIVE 400000-000000 [REDACTED]	29. PLACE-RELATIVE 400000-000000 [REDACTED]	30. PLACE-RELATIVE 400000-000000 [REDACTED]
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31. 1. DISCOVERED 2. WITNESSED 3. REPORTED OFFENSE [REDACTED]	32. [REDACTED]	33. [REDACTED]	34. [REDACTED]	35. [REDACTED]	36. [REDACTED]	37. [REDACTED]	38. [REDACTED]	39. [REDACTED]	40. [REDACTED]
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41. OFFENSE NAME (OR DESCRIBE CLOTHING, ETC.) [REDACTED]	42. HOME ADDRESS [REDACTED]	43. SEX-MALE-AGE CODE [REDACTED]	44. SEX-MALE-AGE CODE [REDACTED]	45. SEX-MALE-AGE CODE [REDACTED]	46. SEX-MALE-AGE CODE [REDACTED]	47. SEX-MALE-AGE CODE [REDACTED]	48. SEX-MALE-AGE CODE [REDACTED]	49. SEX-MALE-AGE CODE [REDACTED]	50. SEX-MALE-AGE CODE [REDACTED]
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51. DISCRETE/REASON <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	52. FIREARM FEATURES <input type="checkbox"/> 11. CHARGE/WEAPON <input type="checkbox"/> 12. BULLET TYPE <input type="checkbox"/> 13. BULLET WEIGHT <input type="checkbox"/> 14. BULLET COLOR <input type="checkbox"/> 15. BULLET LENGTH <input type="checkbox"/> 16. BULLET DIAMETER <input type="checkbox"/> 17. BULLET WEIGHT <input type="checkbox"/> 18. BULLET COLOR <input type="checkbox"/> 19. BULLET LENGTH <input type="checkbox"/> 20. BULLET DIAMETER	53. POINT/ENTRY <input type="checkbox"/> 21. FRONT DOOR <input type="checkbox"/> 22. REAR DOOR <input type="checkbox"/> 23. WINDOW <input type="checkbox"/> 24. ROOF <input type="checkbox"/> 25. FLOOR <input type="checkbox"/> 26. SIDE DOOR <input type="checkbox"/> 27. OTHER <input type="checkbox"/> 28. DATA	54. POINT/ENTRY <input type="checkbox"/> 29. FRONT DOOR <input type="checkbox"/> 30. REAR DOOR <input type="checkbox"/> 31. WINDOW <input type="checkbox"/> 32. ROOF <input type="checkbox"/> 33. FLOOR <input type="checkbox"/> 34. SIDE DOOR <input type="checkbox"/> 35. OTHER <input type="checkbox"/> 36. DATA	55. BURGLAR ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	56. BURGLAR ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	57. IF RESIDENCE, WHERE THERE OCCUPANTS <input type="checkbox"/> YES <input type="checkbox"/> NO	58. IF RESIDENCE, WHERE THERE OCCUPANTS <input type="checkbox"/> YES <input type="checkbox"/> NO	59. IF RESIDENCE, WHERE THERE OCCUPANTS <input type="checkbox"/> YES <input type="checkbox"/> NO	60. IF RESIDENCE, WHERE THERE OCCUPANTS <input type="checkbox"/> YES <input type="checkbox"/> NO
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61. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	62. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	63. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	64. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	65. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	66. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	67. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	68. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	69. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	70. DISCRETE PROPERTY IS REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO
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71. NARRATIVE [REDACTED]	72. NARRATIVE [REDACTED]	73. NARRATIVE [REDACTED]	74. NARRATIVE [REDACTED]	75. NARRATIVE [REDACTED]	76. NARRATIVE [REDACTED]	77. NARRATIVE [REDACTED]	78. NARRATIVE [REDACTED]	79. NARRATIVE [REDACTED]	80. NARRATIVE [REDACTED]
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27 JUN 2002 05:51

~~BOMB & ARSON~~

34702

DATE OF VISIT

I HAVE RECEIVED THIS MESSAGE  
AND BY MY SIGNATURE INDICATE  
THAT IT IS ACCURATE.

## FOR USE BY MEMBERS OF HYATTGATEWAY SERVICES ONLY

REPORTING SOURCE - <input checked="" type="checkbox"/> A SUBJECT <input type="checkbox"/> B OTHER <input type="checkbox"/> C OTHER		REV. CODE	SOURCE IDENT NO. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0		METHOD ACQUIRED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	LIST NO. <b>603</b>	OFFENSE ADDRESS <b>STANFORD</b>	DATE RECEIVED <b>11/21/82</b>	REV. STAFF NO. <b>2104</b>	INVESTIGATIVE FILE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	RESEARCHED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
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**UNITED STATES DISTRICT COURT**

**TRANS-200 BY COMBAT UNIT**

CLARK NO. | DATE DAY-MO-YR

APPROVED BY - SIGNATURE

STAR NO.: - I DWTN H0AT-ND-VLS

000 IMPALA LS SEDAN  
 3U LIGHT DRIFTWOOD METALLIC /V6G  
 73 LIGHT OAK LEATHER ACCENT  
 ORDER NO. CFXRVC/TRE STOCK NO.  
 VIN 1WH55 KX Y9302528

CHEVROLET MOTOR DIVISION  
 GENERAL MOTORS CORPORATION  
 100 RENAISSANCE CENTER  
 DETROIT MI 48243-1001  
 VEHICLE INVOICE 1AD44155868  
 \*\*\*\*\*13\*112238

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
WH19 IMPALA LS SEDAN	22590.00	20669.85	INVOICE 03/03/00
R9 LEATHER ACCENT BUCKET SEATS	625.00	556.25	SHIPPED 03/03/00
E9 FEDERAL EMISSIONS	N/C	N/C	EXP I/T 03/16/00
36 3.8L V6 ENGINE	N/C	N/C	INT COM 03/16/00
X0 4-SPEED AUTOMATIC TRANSMISSION	N/C	N/C	PRC EFF 03/03/00
FP0 AM/FM STEREO W/CD & CASSETTE (REPLACES STD/OPT PKG RADIO)	223.00	198.47	KEYS 8432A 8432A
01 COMFORT SEATING PAC INCL: 6-WAY POWER PASSENGER SEAT HEATED PASSENGER AND DRIVER	425.00	378.25	WFP-S QTR OPT-1
8B IMPALA LS PREFERRED EQUIPMENT	517.00	460.13	BANK: GMAC - 154
GROUP INCLUDES: *DRIVER INFORMATION CENTER *UNIVERSAL GARAGE OPENER *ALARM SYSTEM *ELECTROCHROMIC INSIDE REAR VIEW MIRROR *STEERING WHEEL RADIO CONTROLS			CHG-TO 11-223
			SHIP WT: 3400
			HP: 34.7
			GMS: 22091.55
			DAN: IMP07
			MEMO 1219.00

TOTAL MODEL & OPTIONS	24380.00	22262.95	ACT 231	22091.55
DESTINATION CHARGE	560.00	560.00	H/B 261	731.40
DEALER CO-OP ADVERTISING		243.80	ADV 261	243.80

TOTAL	24940.00	23066.75	PAY 310	23066.75
MEMO: TOTAL LESS HOLDBACK AND APPROX WHOLESALE FINANCE CREDIT		21996.50		

\*\*\*\*\*  
 INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER  
 REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO  
 DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.  
 \*\*\*\*\*  
 THIS MOTOR VEHICLE IS SUBJECT TO A SECURITY INTEREST HELD BY GMAC.

2. FRANK, L.L.C.

REMIT TO GMAC NO. 154  
 VIN 2G1WH55KXY9302528  
 \$ 23066.75 INV 1AD44155868  
 DUE 03/16/00 DEALER 11-223

# GM Vehicle Inquiry System

## Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	ZG1WH59KXY9302528
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### VEHICLE INFORMATION

Merchandising Model:	1999-2000 LS SEDAN 4 PUERTAS		Warranty Start Date:	06/05/2000			
BAES Order Type:	SI - RETAIL - STOCK						
Delivering Dealer:	HERRY HILSON CHEVROLET, INC. 101 W ROOSEVELT RD ROBERT PARK, IL 60430-2526 (708) 711-2580		Selling Source:	13 - CHEVROLET			
			Site Code:	11240			
			Business Associate Code:	115239			
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Pass

### CAMPAIGN ELIGIBILITY

Vehicle Has No Current Record Of Outstanding Campaigns.
---

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
26/16000 BUMPER TO BUMPER NO DEDUCTIBLE	06/05/2000	25 miles	6/5/2003	26425 miles
72/100000 STREET MILES DRIVE THROUGH	06/05/2000	25 miles	6/5/2006	100025 miles
36/36000 STREET MILES POWER WINDOW	06/05/2000	25 miles	6/5/2003	36025 miles
36/36000 POWER LOCKS	06/05/2000	25 miles	6/5/2003	36025 miles
36/36000 FEDERAL EMISSIONS	06/05/2000	25 miles	6/5/2003	36025 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
03/03/2000	903528	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

### CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.
--

# Gm Vehicle Inquiry System

## Claim History

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G4W122141902122
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### CLAIM HISTORY

Report Order Date:		03/07/2000	Report Order Number:		902122	Customer Reading:		03/07/2000	
Report Order	12/28/2000				Selling Office:		12/28/2000		
	12/28/2000				Site Code:		12/28/2000		
	12/28/2000				Market Code:		12/28/2000		
Order Date	Order No	Case	Type	Order Description	Order	Order Code	Order Code	Order Code	Order Code
03/07/2000	45	01	1	2000 NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	N/A	N/A

### CHECK HISTORY

Vehicle Has No Associated Check History
---

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# GMI Vehicle Inquiry System

## Vehicle Build

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

Help

VEN:	2G1WE551KXY9302528
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### VEHICLE BUILD

Merchandise Model:	1WH19 - 2000 LS SEDAN 4 DOOR		
Gross Vehicle Weight Rating:	2019 kg (4452 lb)	Order Number:	CPMVC
Build Date:	03/03/2000	Build Plant:	ZYVW - GM CANADA OSHAWA #1 ASSEMBLY

### OPTION CODES

AG2 - SIX-WAY POWER PASSENGER SEAT	AR9 - CUSTOM CLOTH BUCKET SEATS
AL9 - REMOTE KEYLESS ENTRY	AW6 - INFLATABLE DRV AND PASS FRT
CE - DUAL CONTROL HVAC AIR	BD6 - LT SENSITIVE DRV MIRROR W/DUAL
DE5 - POWER HEATED OUTSIDE MIRRORS	DK6 - OVERHEAD CONSOLE
DL5 - ROADSIDE SERVICE INFORMATION	D55 - CONSOLE
EE2 - SUSPENSION SYSTEM LIFT HANDLING	FES - FEDERAL EMISSIONS
EE5 - TRANSMISSION 4.05 RATIO	FX - TRIM INTERIOR DESIGN - AR9
EE6 - DRIVER WEIGHT DEPENDENT	JL9 - BRAKE SYSTEM, FRT & RR DISC
EE7 - 6-WAY POWER SEAT	K43 - GENERATOR 162 AMP
EE8 - 4.0L V6 ENGINE	ME0 - 4 SPD. AUTO. TRANS. W/POWERDRIVE
EE9 - TRANSMISSION, AUTOMATIC 4-SPEED	NE2 - EMISSION SYSTEM, FEDERAL TIER 1
NPS - BLACK LEATHER WRAPPED STEERING	OSH - OSHAWA PLANT #1
PT6 - FORGED POLISHED ALUMINUM WHEELS	QNX - P225/60 R16 B/W TOURING TIRES
UAG - THEFT DETERRANT ALARM SYSTEM	UG1 - UNIVERSAL GARAGE OPENER
UHS - INST. COOL TEMP, TACH, ODOM	UK3 - CONTROLS
UP8 - 60W AMPM STEREO W/SEEK/SCAN	UQ3 - SPEAKER SYSTEM PERFORMANCE
USE - DRIVER INFO CENTER, INCL. ALARM	U77 - ANTENNA RR WINDOW
VTD - OWNER MANUAL	VK3 - FRONT LICENSE PLATE MOUNT
VW3 - BUMPER, FRONT AND REAR 5MPH	V73 - STATEMENT OF VEHICLE CERT. U.S.
WE1 - 6-WAY POWER PASSENGER SEAT	LAY - STOCK ORDERS PROC OPTION
EE8 - TRACKER 2DR MFG 02	33U - LIGHT DRIFTWOOD METALLIC

6RM - FRONT SPRING	571 - LIGHT OAK INTERIOR TRIM
693 - LIGHT OAK LEATHER ACCENT	72M - FRONT SPRING
813 - REAR SPRING	90E - REAR SPRING

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# GM Vehicle Inquiry System

## Vehicle Component

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[Help](#)

VIN:	2G1WH33KXK9302528
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### Vehicle Component

Component Code:	10 - ENGINE ASSEMBLY				
Source Plant:	E - ECK FILING, MICHIGAN				
Part/Type Description:	272	Traceability:	0071361		
Date Scanned:	03/02/2000	Time Scanned:	16:28:00	Scan Station:	03

Component Code:	35 - STEERING COLUMN - AIR SYSTEM				
Source Plant:	E - NAGANAW DIVISION, NAGANAW, MI				
Part/Type Description:	812H	Traceability:	R10280610		
Date Scanned:	03/02/2000	Time Scanned:	11:25:15	Scan Station:	03

Component Code:	51 - TRANSMISSION				
Source Plant:	E - ECK FILING, MICHIGAN				
Part/Type Description:	100H	Traceability:	10000000		
Date Scanned:	03/02/2000	Time Scanned:	15:40:00	Scan Station:	03

Component Code:	61 - FRONT HILL ASSEMBLY				
Source Plant:	E - ECK FILING, MICHIGAN				
Part/Type Description:	W18	Traceability:	051050197		
Date Scanned:	03/02/2000	Time Scanned:	19:01:00	Scan Station:	03

Component Code:	74				
Source Plant:	E				
Part/Type Description:	4515	Traceability:	000470546		
Date Scanned:	03/02/2000	Time Scanned:	19:03:00	Scan Station:	03

Component Code:	85 - ELECTRONIC CONTROL MODULE (ECM)				
Source Plant:	E				

Part/Num Broadcast:	7440	Traceability:	80056NEA
Date Scanned:	03/03/2000	Time Scanned:	22.08.00
Scan Station:	03		

Component Code:	AH - IR-MODULE ASM-INFLATOR		
Source Plant:	Q - RIMIR MATAMORS MEXICO		
Part/Num Broadcast:	5678	Traceability:	9SMTAQR
Date Scanned:	03/03/2000	Time Scanned:	11.45.00
Scan Station:	03		

Component Code:	AH - IR-SENSOR ASM-LEFT		
Source Plant:	K - DELCO ELECTRONICS SINGAPORE		
Part/Num Broadcast:	9051	Traceability:	22PLZ
Date Scanned:	03/03/2000	Time Scanned:	14.33.00
Scan Station:	03		

Component Code:	AL - IR-MODULE ASM-LP		
Source Plant:	1		
Part/Num Broadcast:	5083	Traceability:	4055W0164
Date Scanned:	03/03/2000	Time Scanned:	13.49.00
Scan Station:	03		

Component Code:	AQ - LH SIDE IMPACT AIRBAG MODULE		
Source Plant:	A - BREED BOONTON, NJ		
Part/Num Broadcast:	N/A	Traceability:	Q17A01206
Date Scanned:	03/03/2000	Time Scanned:	13.48.00
Scan Station:	03		

Component Code:	AS - SENSING DIAGNOSTIC MODULE		
Source Plant:	K - DELCO ELECTRONICS KOKOMO, IN		
Part/Num Broadcast:	3030	Traceability:	10059747D
Date Scanned:	03/03/2000	Time Scanned:	22.08.00
Scan Station:	03		

Component Code:	CA - SBQ NUM (FLEX) BODY ASM		
Source Plant:	O		
Part/Num Broadcast:	ZZ	Traceability:	1400182
Date Scanned:	03/02/2000	Time Scanned:	10.26.00
Scan Station:	03		

Component Code:	CB - SEQ NUM (FLEX) BODY ASM		
Source Plant:	N/A		
Part/Num Broadcast:	1ZZ	Traceability:	1400182

Date Scanned:	02/26/2000	Time Scanned:	03:32:00	Scan Station:	N/A
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Component Code:	CF - SEQ NUM (FLEX) PAINT PROCESS				
Source Plant:	N/A				
Part/Num Broadcast:	1PP	Traceability:	1336663		
Date Scanned:	03/02/2000	Time Scanned:	12:55:00	Scan Station:	N/A

Component Code:	CK - SEQ NUM (FLEX) GEN ASM				
Source Plant:	D				
Part/Num Broadcast:	GA	Traceability:	1361279		
Date Scanned:	03/03/2000	Time Scanned:	11:38:00	Scan Station:	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	IGA	Traceability:	1361279		
Date Scanned:	03/03/2000	Time Scanned:	11:38:00	Scan Station:	N/A

Component Code:	CZ - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	N/A	Traceability:	162813		
Date Scanned:	03/04/2000	Time Scanned:	01:57:00	Scan Station:	N/A

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# GMI Vehicle Inquiry System

## Delivery Information

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[Help](#)

VIN:	2G1WE55KXY9302528
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### IN-SERVICE INFORMATION

In-Service Information Not On File
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### DELIVERY INFORMATION

Delivery Date:	05/03/2000	Delivery Type:	FIC - RETAIL/INDIVIDUAL	Delivered Odometer:	25 miles
Delivering Dealer:	HERREY-GERSON CHEVROLET, INC. 1901 W ROOSEVELT RD PERIST PARK, IL 60130-2526 (708) 771-2600	Delivery Selling Source:	13 - CHEVROLET	Delivery Site Code:	11740
		Business Associate Code:	113239		

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# GM Vehicle Inquiry System

## Dealer Information

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[Help](#)

VIN:	2G1WH55KXY9502528
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### INVOICE INFORMATION

Invoice Date:	03/03/2000	Invoice Source:	13 - CHEVROLET
Site Address:	Z FRANK LLC 6000 N WESTERN AVE CHICAGO, IL 60659-4175 (773) 465-2000	Site Code:	11223
		Business Associate Code:	113156

### SHIP-TO INFORMATION

Ship-To Date:	N/A	Ship-To Source:	13 - CHEVROLET
Ship Address:	Z FRANK LLC 6000 N WESTERN AVE CHICAGO, IL 60659-4175 (773) 465-2000	Ship Code:	11223
		Business Associate Code:	113156

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INCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

09/12/2002 13:18

VIN: 2G1WH55KXY930Z528

OPEN\CLOSED STATUS:

SEL CAMPAIGN STATUS  
CODE NUMBER

REPAIR  
DATE

REPAIR PREV.  
DEALER NUMBER

CAMPAIGN  
TYPE

NO CAMPAIGNS CURRENTLY AFFECTING THIS VEHICLE

PW:

PF 10 MANT 11 VECF 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

Date: 9/12/ 2 Time: 01:18:21 PM

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3415  
Facsimile 313.665.0911  
Jenny.Paris@eis.com

July 30, 2002

Attn: Barbara Edens  
State Farm Insurance Co.  
185 North Randall Rd., Suite S  
Batavia, IL 60510-9470

Your Insured: [REDACTED]  
Our File Number: 440528  
Your Claim Number: 13 7617 596 VIP  
Our Client: General Motors Corporation  
Date of Event: 1/25/02

Dear Ms. Edens:

We are the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.

7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your repair estimates and proof of payment (cancelled checks). If this was a total loss, please submit a salvage estimate and your total loss work sheet.
11. Advise of any injuries.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Respectfully,

Jenny Paris



# State Farm Insurance Companies



July 18, 2002

*No Omne  
No LP  
No 12/11  
P 4-25-02*

Claim Office  
185 North Randall Road - Suite 8  
Batavia, Illinois 60510-9470  
Phone: (630) 408-8000  
FAX# (630) 408-8038

ESIS/GM CLAIMS  
Renaissance Center  
Mail Code 482C20D711  
PO Box 300  
Detroit, MI 48265-3000  
Attention: Mariann Spella or Jenny Paris  
**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

**RECEIVED**

**JUL 25 2002**

**ESIS-GM CLAIMS UNIT**

Our Claim Number: 13 7617 598 VIP  
Our Insured: [REDACTED]  
Date of Loss: 1/25/02  
Amount of Loss: \$21,357.50  
Vehicle: 2000 Chevy Impala  
VIN: 2G1WHSSK0Y8302528 ✓  
Mileage: 9,000  
Loss Location: Chicago, IL  
Your File: unknown

*440528*

Dear Mariann or Jenny:

The above vehicle was involved in a fire loss. Damage to the vehicle resulted in a loss the amount of \$21,357.50.

Our investigation indicates: Brief Facts: The insured went to start the car, heard a boom, sounded like a backfire, then saw smoke coming from both sides of her vehicle from under the wheel wells.

Cause of Loss: the fire originated within the intake manifold, where a backfire occurred igniting the fuel vapors.

Please accept this letter as notice of a subrogation claim in the amount stated above.

The vehicle is being held at a secured off-site location and is available for inspection by appointment only. The vehicle is being held at a secured off-site location and is available for inspection by appointment only. If you wish an inspection of the vehicle, please contact me to arrange an appointment or you may have your inspector contact John Kessler, our investigator directly at (630) 408-5061 to schedule the appointment. *There is no authorization to inspect this vehicle outside the presence of the State Farm representative.*

Sincerely,

*[Signature]*  
Barbara Edens  
Claim Specialist/ V.I.P. Subrogation  
(630) 627 8550  
FAX (630) 627 5674

# State Farm Insurance Companies



Claim Office  
166 North Randall Road - Suite 8  
Batesville, Illinois 60510-9470  
Phone: (830) 408-5000  
FAX# (830) 408-5038

*In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.*

Jenny Paris  
Claims Administrator  
ESIS-GM CLAIMS

441204  
**ESIS**

An Insurance Services Company

October 24, 2002

Attn: Karen Sobek  
Indiana Insurance Co.  
P.O. Box 6063  
Indianapolis, IN 46206-6063

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3413  
Facsimile 313.665.0911  
Jenny.Paris@Esis.com

Your File: 201234850 (ksm)  
Your Insured: Jeffrey [REDACTED]  
Our File Number: 441204  
Our Client: General Motors Corporation  
Date of Event: 7/3/02

Dear Ms. Sobek:

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date in support of your subrogation claim. However, our file reflects that we have not been provided with your specific technical documentation, which supports your theory of liability as being that of General Motors Corporation.

My initial correspondence of 8/15/02, which was sent to you, requested specific information, which would enable us to perform our evaluation. Unless I hear from you or we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file.

Thank you for your time and attention in this regard.

Sincerely,

Jenny Paris

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-9000  
Telephone 313.665-3415  
Facsimile 313.665.0911  
Jenny.Paris@esis.com

August 15, 2002

Attn: Karen Sobek  
Indiana Insurance Co.  
P.O. Box 6063  
Indianapolis, IN 46206-6063

Your Insured:	Jeffrey [REDACTED]
Our File Number:	441204
Your Claim Number:	201234850 (krm)
Our Client:	General Motors Corporation
Date of Event:	7/3/02

Dear Ms. Sobek:

We are the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.

7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Advise of any injuries.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Respectfully,

Jenny Paris



**Indiana  
Insurance™**

Member of Liberty Mutual Group

August 5, 2002

Pontiac  
P.O. Box 33172  
Detroit, MI 48232-5172

350 East 96th Street  
Indianapolis, IN 46240  
317-581-8000

Address Reply To:  
P.O. Box 6063  
Indianapolis, IN 46206-6063

*Handwritten:*  
No Omni  
No CP  
No 12/11  
No 8/7/02

RE: Our Insured: Jeffrey/Angela [REDACTED]  
Our File No: 201234850 (ksm)  
Campaign Nos: 96V116000  
97-C-02  
Reference No: 1-21756491  
Incident Date: 7/3/2002  
Loss Amount: \$1,857.08

AUG 07 2002

EDIC ON CLAIMS UNIT

*Handwritten:* 441204

Please be advised that I have taken over the subrogation portion of the above captioned accident for further handling. Please direct all future correspondence to my attention.

Under the terms of his/her insurance policy with our company, we made a payment and are now subrogated to his/her right of recovery. Since our investigation indicates your company is responsible for this incident, due to your company's negligence for not properly notifying our client of the recall for the 3.8L (vin K) upper intake manifold fracture. The damages sustained were a direct result of the engine backfiring. We are requesting reimbursement of this amount. Attached is documentary support of our claim.

We have made the following payments for which we expect reimbursement:

Insured: Property Damage: \$1,857.08

Please provide written acknowledgment of our subrogation lien, so we can properly update our file and pursue our claim accordingly.

Thank you and we await our proceeds.

Indiana Insurance Company  
The Midwestern Indemnity Company  
Peerless Insurance Company

Consolidated Insurance Company  
Mid-American Fire & Casualty Company  
The Netherlands Insurance Company

Sincerely,

  
Karen Sobek

Sr. Claims Representative  
Central Recovery Unit  
(888) 386-5097



# Office of Defects Investigation

## Recall Database

Call the Auto Safety Hotline toll free at 1-888-DASH-2-DOT to report safety defects or to obtain information on cars, trucks, child seats, highway or traffic safety.

Report Date: July 30, 2002 01:38:44 PM

**NOTE:** Click the checkboxes in the first column then **SUBMIT** at the bottom to order more research on those records.

### Search for records on

Year: 1996  
Make: PONTIAC  
Model: BONNEVILLE  
Component: FUEL:FUEL  
INJECTION:ELECTRICAL

*Same Engine*

## Recalls

☐ Check to order research. Submit below.

**NHTSA CAMPAIGN ID Number:** 96V116000  
**Component:** FUEL:FUEL INJECTION:ELECTRICAL  
**Manufacturer:** GENERAL MOTORS CORP.

**Year:**  
1996

**Make:**  
PONTIAC

**Model:**  
BONNEVILLE

**Recall Date:**  
07/08/1996

**Type of Report:** Vehicle

**Potential Number of Units Affected:** 275811  
**Manufactured:** 07/1995 - 05/1996

#### Defect Summary:

A BACKFIRE DURING ENGINE STARTING CAN CAUSE



# **BREAKAGE OF THE UPPER INTAKE MANIFOLD:-**

## **Consequence Summary:**

**THIS CONDITION CAN CAUSE A NO-START CONDITION AND POSSIBLY AN ENGINE COMPARTMENT FIRE.**

## **Corrective Summary:**

**DEALERS WILL UPDATE THE POWERTRAIN CONTROL MODULE PROGRAMMING. UNTIL THE CAMPAIGN REPAIR IS MADE, THE VEHICLE HOOD SHOULD BE SHUT WHENEVER STARTING THE VEHICLE TO REDUCE THE CHANCE OF PERSONAL INJURY.**

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# Campaign Bulletin

FILED: 07-02-02  
DATE: 07-02-02



## PRODUCT RECALL CAMPAIGN

### PRODUCT SAFETY CAMPAIGN

**SUBJECT: 97-C-02 - UPPER INTAKE MANIFOLD FRACTURE**

**MODELS: CERTAIN 1998 PONTIAC BONNEVILLE, OLDSMOBILE NINETY EIGHT, EIGHTY EIGHT, BUICK PARK AVENUE, LESABRE, RIVIERA, REGAL, (C H G W MODELS) AND 1997 BUICK LESABRE (H MODEL) EQUIPPED WITH 3.8L ENGINE (RPO L36 VIN K)**

The Highway Safety Act, as amended, provides that each vehicle which is subject to a recall campaign of this type must be adequately repaired within a reasonable time after the customer has tendered it for repair. A failure to repair within sixty (60) days after tender of a vehicle is prima facie evidence of failure to repair within a reasonable time.

If the condition is not adequately repaired within a reasonable time, the customer may be entitled to an identical or reasonably equivalent vehicle at no charge or to a refund of the purchase price less a reasonable allowance for depreciation.

To avoid having to provide these burdensome solutions, every effort must be made to promptly schedule an appointment with each customer and to repair their vehicle as soon as possible. As you will see in reading the attached copy of the divisional letter that is being sent to customers, the customers are being instructed to contact the appropriate Customer Assistance Center if their dealer does not remedy the condition within five (5) days of the mutually agreed upon service date. If the condition is not remedied within a reasonable time, they are instructed on how to contact the National Highway Traffic Safety Administration.

### DEFECT INVOLVED

General Motors has decided that a defect which relates to motor vehicle safety exists in certain 1998 Pontiac Bonneville, Oldsmobile Ninety Eight and Eighty Eight, Buick Park Avenue, Lesabre, Riviera, Regal, and 1997 Buick Lesabre model vehicles equipped with a 3.8L V6 engine (RPO L36 VIN K). These vehicles may exhibit, under a certain set of complex conditions, a backfire during engine starting.

**DEFECT INVOLVED: CONK**

that can cause breakage of the upper intake manifold. This can cause a no start condition and possibly an engine compartment fire. Also, if a person was in the immediate vicinity of the intake manifold when the hood was open, and this backfire condition occurred, it could result in personal injury.

To correct this condition, dealers are to refresh the vehicle PCM with new programming software. Until the campaign repair is made, it is suggested that the vehicle hood be shut whenever starting the vehicle to reduce the chance of personal injury.

**VEHICLES INVOLVED**

Involved are certain 1996 Pontiac Bonneville, Oldsmobile Ninety Eight, and Eighty Eight; Buick Park Avenue, LeSabre, Riviera, and Regal; and 1997 Buick LeSabre model vehicles equipped with a 3.8L engine (RPO L36, VIN K) and built within the following VIN breakpoints:

YEAR	DIVISION	MODEL	PLANT	PLANT CODE	FROM	THROUGH
1996	PONTIAC	Bonneville	Orion	"4"	SOP	T4242479
1996	PONTIAC	Bonneville	Buick City	"H"	SOP	TH215935
1996	OLDS	Ninety Eight	Orion	"4"	SOP	T4312677
1996	OLDS	Eighty Eight	Orion	"4"	SOP	T4847606
1996	BUICK	Park Ave	Buick City	"H"	SOP	TH638916
1996	BUICK	LeSabre	Buick City	"H"	SOP	TH454186
1996	BUICK	Riviera	Orion	"4"	SOP	TA714125
1996	BUICK	Regal	Oshawa	"1"	SOP	AT1473360
1997	BUICK	LeSabre	Buick City	"H"	SOP	AVH444313

**NOTICE:** Dealers should confirm vehicle eligibility through VISS (Vehicle Information Service System) prior to beginning campaign repairs. (Not all vehicles within the above breakpoints may be involved)

Involved vehicles have been identified by Vehicle Identification Number. Computer listings containing the complete Vehicle Identification Number, customer name and address data have been prepared, and are being furnished to involved dealers with the campaign bulletin. The customer name and address data furnished will enable dealers to follow-up with customers involved in this campaign. Any dealer not utilizing a computer listing with the campaign bulletin has no involved customers currently assigned.

These dealer listings may contain customer names and addresses obtained from State Motor Vehicle Registration Records. The use of such motor vehicle registration data for any other purpose is a violation of law in several states.

**CAMPAIGN IDENTIFICATION LABEL**

Each vehicle corrected in accordance with the instructions outlined in this Product Campaign Bulletin will require a "Campaign Identification Label". Each label provides a space to include the campaign number and the five (5) digit dealer code of the dealer performing the campaign service. This information may be inserted with a typewriter or a ball point pen.



Each "Campaign Identification Label" is to be located on the radiator core support in an area which will be visible when the vehicle is brought in by the customer for periodic servicing. When installing the new Campaign Identification Label, be sure to install the clear protective covering. Additional Campaign Identification Labels can be obtained from VIS-PAC Incorporated by calling 1-800-289-5100 (Monday-Friday, 8:00 a.m. to 4:30 p.m. EST). Ask for Item Number S-1015 when ordering.

Apply the "Campaign Identification Label" only on a clean, dry surface.

**CLAIM INFORMATION**

Submit a Product Campaign Claim with the information indicated below.

REPAIR PERFORMED	PART COUNT	FAILED PART NO.	PARTS ALLOW	CC-FC	LABOR OP	LABOR HOURS
PROM Reprogramming Flash EPROM	0	N/A	N/A	MA-86	V8843	0.4

For Campaign Administrative Allowance, add 0.1 hours to the Labor Hours.

Refer to the General Motors Corporation Claims Processing Manual for details on Product Campaign Claim Submission.



**CUSTOMER NOTIFICATION**

Customers will be notified of this campaign on their vehicle by General Motors (see copy of divisional customer letter included with this bulletin).

**DEALER CAMPAIGN RESPONSIBILITY**

All unsold new vehicles in dealers' possession and subject to this campaign must be held and inspected/repared per the service procedure of this campaign bulletin before customers take possession of these vehicles.

Dealers are to service all vehicles subject to this campaign at no charge to customers, regardless of mileage, age of vehicle, or ownership, from this time forward.

Customers who have recently purchased vehicles sold from your vehicle inventory and for which there is no customer information indicated on the dealer listing are to be contacted by the dealer. Arrangements are to be made to make the required correction according to the instructions contained in this bulletin. This could be done by mailing to such customers a copy of the appropriate divisional customer letter accompanying this bulletin. Campaign follow-up cards should not be used for this purpose, since the customer may not as yet have received the notification letter.

In summary, whenever a vehicle subject to this campaign enters your vehicle inventory, or is in your dealership for service in the future, please take the steps necessary to be sure the campaign correction has been made before selling or releasing the vehicle.

**SERVICE PROCEDURE**

**IMPORTANT:** A 1996 Techline CD ROM titled Disc 11 (May 31, 1996) or later software will be required to properly program all vehicles. Refer to Service Information Bulletin 53-65-08 filed in Section 6E for information on programming and the Techline Customer Support Center help line. As indicated in that bulletin, a Tech 2 will be required to program the 1997 LeSabres.

1. Prep vehicle for Powertrain Control Module reprogramming.
2. Flash PCM/EE PROM using the 11 CD ROM or later software matching the vehicle. Refer to up-to-date Techline equipment user instructions.
3. Install GM Campaign Bulletin Item 1.1.1.

**VEHICLES INVOLVED AGENT**

Accordingly, you are urged to limit the use of this filing to the follow-up necessary to complete this campaign.

**PARTS INFORMATION**

A new flash program has been released to address the conditions mentioned above. The cumulative calibrations for all carlines and years affected by this campaign will be included and available from Service Technology Group on the TFI Techline CD ROM release on May 31, 1998. The following tracking table shows the individual carline calibration update number and initial CD ROM number.

Do not attempt to order the calibration number from GMSPD. They are programmed into the vehicles PCM via a Techline Tool Device.

Model Year	Carline	Axle Ratio	Emissions	Calibrate No.	CD ROM No.	CD ROM Release Date
96	C (O.B.)	2.84	Nationwide	16234094	9	5/2/96
96	C (O.B.)	2.84	Unleaded Export	16238494	9	5/2/96
96	C (B)	3.08	Nationwide	16234104	9	5/2/96
96	C (B)	3.08	Unleaded Export (Europe)	16238444	9	5/2/96
96	C (B)	3.08	Unleaded Export	16238454	9	5/2/96
96	G (B)	3.05	Nationwide	16234114	8	4/1/96
96	G (B)	3.05	Unleaded Export	16238464	8	4/1/96
96	H (P.O.B.)	2.84	Nationwide	16241234	9	5/2/96
96	H (P.O.B.)	2.84	Unleaded Export	16238474	9	5/2/96
96	H (P.B.)	3.08	Leaded Export	16238484	9	5/2/96
96	H (B)	3.08	Nationwide	16234144	11	5/31/96
96	H (B)	3.08	Unleaded Export	16238494	11	5/31/96
96	H (P.O.)	3.08	Nationwide	16234154	9	5/2/96
96	H (P.O.)	3.08	Unleaded Export	16238504	9	5/2/96
96	W (B)	3.08	Nationwide	16240644	9	5/2/96
96	W (B)	3.08	Unleaded Export	16240654	9	5/2/96
97	H (B)	2.84	Nationwide	16242704	10	5/8/98
97	H (B)	2.84	Unleaded Export	16242714	10	5/8/98
97	H (B)	3.08	Nationwide	16242724	10	5/8/98
97	H (B)	3.08	Unleaded Export	16242734	10	5/8/98



GENERAL MOTORS

1000 North Zeeb Road  
Warren, Michigan 48090-1300  
1-800-4-A-BUICK

#### **DEFECT CORRECTION**

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

**SAFETY RECALL FOR:** General Motors has decided that a defect which relates to motor vehicle safety exists in the vehicle engine control system of certain 1998 Buick Park Avenue, LaSabre, Riviera, and Regal and 1997 LaSabre model vehicles equipped with a 3.8L V6 engine (RPO L36). These vehicles may exhibit under a certain set of complex conditions, a backfire during engine starting that can cause breakage of the upper intake manifold. This can cause a no-start condition and possibly an engine compartment fire. Also, if a person was in the immediate vicinity of the intake manifold when the hood was open, and this backfire occurred, it could result in personal injury.

**ACTION SERVICE FREE OF CHARGE:** To prevent this condition from occurring, your Buick dealer will update the vehicle Powertrain Control Module with new programming software. Of course, this service will be performed at no cost to you.

**PRECAUTIONS TO TAKE WHEN STARTING YOUR VEHICLE UNTIL CORRECTIONS ARE MADE:** Although the likelihood of this condition occurring is very low, we suggest that the vehicle hood be shut whenever starting your vehicle. If possible, start your vehicle only in an open area.

**HOW LONG WILL REPAIR TAKE?** Please ask your dealer if you wish an estimate of the total time needed to schedule, process and return your vehicle. Included in this time would be about thirty (30) minutes for a technician to perform the work required.

**CONTACTING YOUR BUICK DEALER:** Please contact your dealer as soon as possible to arrange a service date and courtesy transportation, if required. Instructions for making this correction have been sent to your dealer and no parts are required for this correction. Your Buick dealer is best equipped to provide services to promptly correct your vehicle. However, if you take your vehicle to your dealer on the agreed service date, and they do not remedy this condition on that date or within five (5) days, we recommend you contact the Buick Customer Relation Center (1-800-821-7390). Deaf/hearing impaired or speech impaired persons with telecommunications devices for the deaf (TDD/TTY) may call 1-800-821-BUICK.

GENERAL MOTORS AMERICAN  
MOTOR CARS



If you are still not satisfied that we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, D.C. 20590 or call 1-800-424-9393 (Washington D.C. residents use 202-366-0123).

**COURTESY TRANSPORTATION:** Courtesy transportation includes various features such as shuttle service. Please refer to your Owners Manual and your dealer for details on courtesy transportation.

**CUSTOMER REPLY CARD:** The enclosed customer reply card identifies your vehicle. Presentation of this card to your dealer will assist in making the necessary correction in the shortest possible time. If you no longer own this vehicle, please let us know by completing the postage paid reply card and returning it to us.

We are sorry to cause this inconvenience, however, we have taken this action in the interest of your safety and continued satisfaction with our products.

Bulck Motor Division  
GENERAL MOTORS CORPORATION

enclosure

07C-02



LH03

CHECK DISPLAY

PRESS FUNCTION KEY TO CONTINUE

CHK NBR 1002275449 CHK RQ NBR 3237241 STATUS ISSUED  
ISSUE DT 07/18/2002 HONOR DATE TAX ID 34-4411098  
CASE NBR 201234850 CHK AMT 1223.43 CHK REQ AMT 1223.43

PAID TO JEFFERY GIBBONS AND  
HITTLE PONTIAC-CADILLAC-GMC I  
4780 HOGFATH RD  
GREENVILLE OH 45331 8728  
MAIL TO HITTLE PONTIAC-CADILLAC-GMC I  
1270 SWEITZER ST

GREENVILLE OH 45331

REMARKS ATTACHMENT N  
CHECK COMPREHENSIVE LOSS 97 PONTIAC GRAND PRIX

PAYMENT FROM THRU DUE 07/17/2002  
INVOICE NBR RECEIVED

PROD 08/05/2002  
INQUIRY

COMMAND==>

ENTER F1=HELP F3=EXIT F4=RET F7=BKWD F8=FWD F10=RMRKS F11=FEATRS F12=CANCEL

LH03

CHECK DISPLAY

PRESS FUNCTION KEY TO CONTINUE

CHK NBR 1002290704 CHK RQ NBR 3259532 STATUS ISSUED  
ISSUE DT 07/31/2002 HONOR DATE TAX ID 34-4411098  
CASE NBR 201234850 CHK AMT 226.78 CHK REQ AMT 226.78

PAID TO HITTLE PONTIAC-CADILLAC-GMC I  
1270 SWEITZER ST  
GREENVILLE OH 45331

MAIL TO HITTLE PONTIAC-CADILLAC-GMC I  
1270 SWEITZER ST

GREENVILLE OH 45331

REMARKS  
CHECK ATTACHMENT N

PAYMENT FROM THRU DUE 07/30/2002  
INVOICE NBR RECEIVED

PROD 08/05/2002  
INQUIRY

COMMAND-->

ENTER F1-HELP F3-EXIT F4=RET F7=BKWD F8=FWD F10-RMRKS F11=FEATRS F12=CANCEL

LH03

CHECK DISPLAY

PRESS FUNCTION KEY TO CONTINUE

CHK NBR 1002290703 CHK RQ NBR 3259523 STATUS ISSUED  
ISSUE DT 07/31/2002 HONOR DATE TAX ID 34-1892250  
CASE NBR 201234850 CHK AMT 406.87 CHK REQ AMT 406.87  
PAID TO U-SAVE AUTO RENTAL  
PO BOX 70  
GREENVILLE OH 45331

MAIL TO U-SAVE AUTO RENTAL  
PO BOX 70

GREENVILLE OH 45331

REMARKS ATTACHMENT N  
CHECK

PAYMENT FROM THRU DUE 07/30/2002  
INVOICE NBR M 1085 RECEIVED

PROD 08/05/2002  
INQUIRY

COMMAND==>

ENTER F1-HELP F3-EXIT F4-RET F7=BKWD F8=FWD F10-RMRKS F11-FEATRS F12=CANCEL

INSURANCE CO: INDIANA

ADJUSTER: DAVID LEE

AKA FILE # D22214-32

INSURANCE CO. # 201284850

AGENT:

INSURED  
JEFFREY GIBSON

CLAIMANT

REPORT RECEIVED 07-08-02	REPORT ESTIMATED 07-08-02	DATE OF LOSS 07-08-02	SUSPECTED VEHICLE 07-08-02	DATE OF AP 07-10-02	DATE AP CALLED IN 07-10-02	DATE CLOSED 07-17-02
REPAIR			INSPECTED AT: HTTLE PONTIAC			
REPAIRER'S ESTIMATE			TOTAL LOSS			
AKA APPRAISAL			A.C.V. EVALUATION			
AGREED PRICE AMOUNT			SALES TAX			
ADDITIONAL CHARGES			FEES			
GROSS LOSS			GROSS LOSS			
DEDUCTIBLE			DEDUCTIBLE			
SETTERMENT			LOSS PAYMENT			
TOTAL DEDUCTIONS			LESS ESTIMATED NET SALVAGE			
NET LOSS			ESTIMATED NET LOSS			

I have completed a damage appraisal for \$1223.43. An agreed price was obtained with Httle Pontiac and a copy has been submitted to them. This vehicle had no visible old damages. Cameragraph was considered but not used (parts needed not sold as separate LKQ). The shop has a \$50.00 tow bill which is included in my appraisal. The repairs will take approx 2 days to complete after shop receives parts. There are no visible additional damages. The damages were caused by a backfire of the engine. I am enclosing a copy of a GM product recall campaign which describes this type of problem. While the 1997 Pontiac Grand Prix is not listed on this recall (known because of name on this model) it is the same engine (3500 V6) with the same I/O engine designation in the VIN number. If I can be of any further assistance please notify me.

THANK YOU  
JEFF BEARS

**AUTOMOTIVE & EQUIPMENT APPRAISAL**  
**AUTOMOTIVE & EQUIPMENT APPRAISAL**  
8500 POE AVE SUITE# 330  
DAYTON, OH 45414

(937)284-0600 Fax: (937)264-0224

Written by: JEFF SEARS # 07/17/2002 07:37 AM

For: INDIANA -  
Adjuster: DAVID LEE #

**ESTIMATE OF RECORD**

Insured: [REDACTED]  
Owner: [REDACTED]  
Address: [REDACTED] 45931  
Day: [REDACTED]

Claim #D82214-32  
Policy # [REDACTED]  
Date of Loss: 07/03/2002  
Type of Loss: Comprehensive  
Point of Impact: 24. Engine Burn

Inspect HITLE PONTIAC  
Location: GREENVILLE, OH

Business: (937)548-1147  
REPAIR\_SHOP

Repair  
Facility: HITLE PONTIAC  
1270 DAYTON RD  
GREENVILLE, OH 45831

Business: (937)548-1147  
Days to Repair  
License # 34-4411098

1997 PONT GRAND PRIX GT 6-3.8L-FI 4D SED RED Int:

VIN: 1G2WP52K0VF206476 Lic: AH 79 VP OH Prod Date: Odometer: 84105

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Tinted Glass
Traction Control	Fog Lamps	Clear Coat Paint
Power Steering	Power Brakes	Power Windows
Power Locks	Power Mirrors	AM Radio
FM Radio	Stereo	Search/Seek
CD Player	Anti-Lock Brakes (4)	Driver Air Bag
Passenger Air Bag	4 Wheel Disc Brakes	Cloth Seats
Bucket Seats	Automatic Transmission	Overdrive

NO.	OP.	DESCRIPTION	QTY	EST. PRICE	LABOR	PAINT
1#	Repl	TOP ENGINE COVER	1	50.00		
2#	Repl	UPPER MANIFOLD	1	295.58		
3#	Repl	FUEL RAIL	1	282.48		
4#	Repl	FUEL INJECTORS	1.	114.98		
5#	Repl	MAP SENSOR	1	67.54		
6#	Repl	PCV KIT	1	15.42		
7#	Repl	PLUG WIRES	1	49.68		
8#	Repl	PURGE TUBE	1	3.68		
9#	Repl	EVAPORATOR SWITCH	1	3.68		
10#	Repl	INJECTOR CONNECTOR	1	17.84		
11#	Repl	MISC HOSES AND CLIPS	1	50.00		
12#		SHOP SUPPLIES	1	5.13		

ESTIMATE OF RECORD  
1997 PONT GRAND PRIX GT 6-3.8L-FI 4D SED RED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
13#		LABOR TO INSTALL PARTS	1		3.8 M	
14		OTHER CHARGES				
15#		Towing	1	50.00		
Subtotals ==>				886.01	3.8	0.0
Parts						936.01
Mechanical Labor						3.8 hrs @ \$ 45.00/hr 171.00
Other Charges						50.00
SUBTOTAL						\$ 1157.01
Sales Tax						\$ 1107.01 @ 6.0000% 66.42
TOTAL COST OF REPAIRS						\$ 1223.43
ADJUSTMENTS:						
Deductible						0.00
TOTAL ADJUSTMENTS						\$ 0.00
NET COST OF REPAIRS						\$ 1223.43

\*\*\*\*\*NO ADDITIONS WITHOUT PRIOR APPROVAL\*\*\*\*\*

HIGH STRENGTH STEEL MUST BE WELDED ONLY WITH A MIG WELDER

\*\*\*\*\*THIS IS NOT AN AUTHORIZATION TO REPAIR\*\*\*\*\*

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Estimate based on MOTOR CRAIN ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DRIFTBY Database Date 5/2002 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKR, Qual Repl Parts, RCT, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Round sign (\$) items indicate manual entries.

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07/25/2002 at 09:16 PM  
87295

File ID: 4328

AUTOMOTIVE & EQUIPMENT APPRAISAL  
 AUTOMOTIVE & EQUIPMENT APPRAISAL  
 5500 POE AVE SUITE# 230  
 DAYTON, OH 45414  
 (937)284-0800 Ext: (937)284-0224  
 Written by: JEFF SEARS # 07/25/2002 09:16 PM

For: INDIANA -  
 Adjuster: DAVID LEE #

## SUPPLEMENT OF RECORD 1 WITH SUMMARY

Insured:  
 Owner:  
 Address:

Day:

Claim #082214-32  
 Policy #  
 Date of Loss: 07/03/2002  
 Type of Loss: Comprehensive  
 Point of Impact: 24. Engine Burn

Inspect HITLE PONTIAC  
 Location: GREENVILLE, OH

Business: (937)648-1147  
 REPAIR SHOP

Repair  
 Facility: HITLE PONTIAC  
 1270 DAYTON RD  
 GREENVILLE, OH 45331

Business: (937)548-1147  
 Days to Repair  
 License # 34-4411008

1997 PONT GRAND PRIZ GT 6-3.0L-V6 4D STD RED Int:  
 VIN: 1G8WPS8K0VP206476 Lic: AH 79 VP OH Prod Date:

Odometer: 84103

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Tinted Glass
Tranition Control	Fog Lamps	Clear Coat Paint
Power Steering	Power Brakes	Power Windows
Power Locks	Power Mirrors	AM Radio
FM Radio	Stereo	Search/Sock
CD Player	Anti-Lock Brakes (4)	Driver Air Bag
Passenger Air Bag	4 Wheel Disc Brakes	Cloth Seats
Bucket Seats	Automatic Transmission	Overdrive

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#	Repl	TOP ENGINE COVER	1	50.00		
2#	Repl	UPPER MANIFOLD	1	295.53		
3#	Repl	FUEL RAIL	1	262.48		
4#	Repl	FUEL INJECTORS	1	114.98		
5#	Repl	MAP SENSOR	1	87.54		
6#	Repl	PCV KIT	1	15.42		
7#	Repl	PLUG WIRES	1	40.88		
8#	Repl	PURGE TUNE	1	3.88		
9#	Repl	EVAPORATOR SWITCH	1	3.88		
10#	Repl	INJECTOR CONNECTOR	1	17.84		
11#	Repl	NYSC HOSES AND CLIPS	1	50.00		
12#		SHOP SUPPLIES	1	5.13		

07/25/2002 at 08:16 PM  
37295

File ID: 4328

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
1997 PONTIAC GRAND PRIX GT 6-3.8L-P1 4D SED RED Int:

NO.	OP.	DESCRIPTION	QTY	EST. PRICE	LABOR	PAINT
13#		LABOR TO INSTALL PARTS	1		3.8 M	
14#	S01 Repl	ECR	1	187.24	0.5 M	
15#	S01 Repl	ECR VALVE	1	4.80		
16		OTHER CHARGES				
17#		Towing	1	50.00		
Subtotals ==>				1177.45	4.3	0.0

Parts		1127.45
Mechanical Labor	4.3 hrs @ \$ 45.00/hr	193.50
Other Charges		50.00

SUBTOTAL		\$ 1370.95
Sales Tax	\$ 1320.85 @ 6.0000%	79.26

TOTAL COST OF REPAIRS		\$ 1450.21
-----------------------	--	------------

ADJUSTMENTS:		
Deductible		0.00

TOTAL ADJUSTMENTS		\$ 0.00
NET COST OF REPAIRS		\$ 1450.21

\*\*\*\*\*NO ADDITIONS WITHOUT PRIOR APPROVAL\*\*\*\*\*

HIGH STRENGTH STEEL MUST BE WELDED ONLY WITH A MIG WELDER

\*\*\*\*\*THIS IS NOT AN AUTHORIZATION TO REPAIR\*\*\*\*\*

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Estimate based on MOTOR CLAIM ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ELINDET Database Data 5/1992 and the parts selected are OEM-parts manufactured by the vehicle's original Equipment Manufacturer. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recen. Recored parts are described as Recored. MOTOR Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (\$) items indicate manual entries.

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07/25/2002 at 09:18 PM  
37205

File ID: 4328

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
1987 PONTIAC GRAND PRIX GT 6-3.8L-FI 4D SED RED Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
ADDED ITEMS							
14# 801	Repl HTR		1	187.24		0.5 M	
15# 801	Repl HTR VALVE		1	4.20			
Subtotals =>				191.44		0.5	0.0

Parts		191.44
Mechanical Labor	0.5 hrs @ \$ 45.00/hr	22.50
SUBTOTAL		\$ 213.94
Sales Tax	\$ 213.94 @ 6.0000%	12.84
TOTAL SUPPLEMENT AMOUNT		\$ 226.78
NET COST OF SUPPLEMENT		\$ 226.78

Estimate 1223.43 JEFF BEARS  
 Supplement \$1 226.78 JEFF BEARS

TOTAL ADJUSTMENTS \$ 0.00  
 NET COST OF REPAIRS \$ 1450.21

Workfile Total \$ 1450.21

\*\*\*\*\*NO ADDITIONS WITHOUT PRIOR APPROVAL\*\*\*\*\*

HIGH STRENGTH STEEL MUST BE WELDED ONLY WITH A MIG WELDER

\*\*\*\*\*THIS IS NOT AN AUTHORIZATION TO REPAIR\*\*\*\*\*

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A  
 FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A  
 FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Estimate based on MOTOR CRANE ESTIMATING GUIDE. Unless otherwise noted all items are derived from  
 the Guide BRIFBY Database Data 6/2001 and the parts selected are OEM-parts manufactured by the  
 vehicle's Original Equipment Manufacturer. Asterisk (\*) or Double Asterisk (\*\*) indicates that the  
 parts and/or labor information provided by MOTOR may have been modified or may have come from an  
 alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AN  
 or Qual Repl Parts. Used parts are described as LER, Qual Repl Parts, ECT, or USED. Reconditioned  
 parts are described as Recon. Recored parts are described as Rocco. MAKE Part Numbers and Prices  
 are provided from National Auto Glass Specifications, Inc. Round sign (\$) items indicate manual  
 entry.

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**9006**

Jul. 24 2002 09:38AM EST

REG-MA52/KO-VF706776 8Y/10597 Rptd. Guss

7-24-52  
SJB

**TRIMM**  
**CASH**  
**CREDIT**  
**CASH**  
**CHARGE**

[illegible][illegible]

ALL  
FBI

**SHOW LINE CODE (A-R) RELATING ALL PARTS TO I.F.C.**

CRIME	DATE	FIFTY FID	CR	INVESTIGATION	DEE
	1	17113201		640	10720
	1	25537643		File Value	920

[illegible]

Mr. J. J. J.	
Mr. J. J. J.	

P.N.	DESCRIPTION	QTY	INSTRUCTIONS	RECD	TR. LABEL
			EGR VALVE STUCK ARMED VALVE STUCK RGR ARMED VALVE REPLACE EEC VALVE AND GASKET  REPLACE FUEL RAIL SHOCK VALVE		7250

CUSTOMER LABOR CHARGES ARE BASED  
ON A RATE OF \$\_\_\_\_\_ PER HOUR.

**53461**

[illegible]

	CITY OF CHICAGO
	LOCAL CHAMBER OF COMMERCE
	CITY OF CHICAGO, ILLINOIS

It is the only time you can eliminate the entire cost of the entire system of a single or double, a single will be important for security, especially in getting the system up. One thing will be that you will be able to get the system up and running.

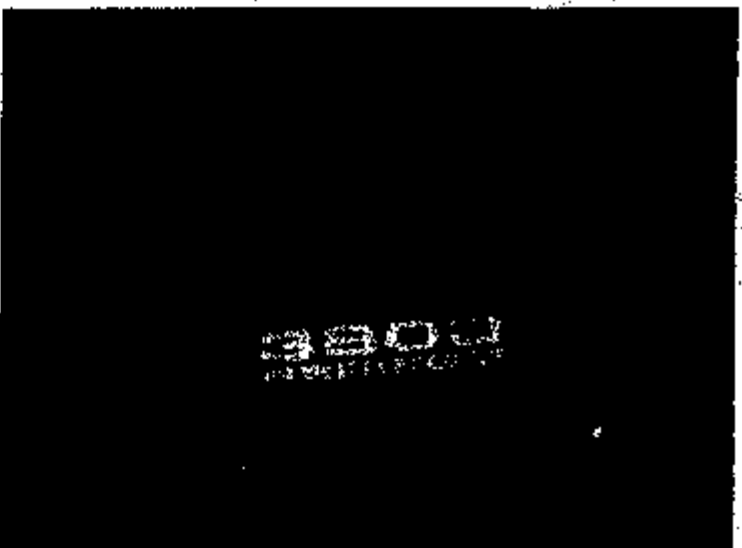
**DISCLAIMER OF WARRANTIES**  
The seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and makes no claim or endorsement any other person or source for its quality, its safety, its construction or its use only of said products.

**WORLDWIDE**

RECEIVED 07-26-2002 07:24AM PRIORITY

TO: JENNIFER TAYLOR-OLSON

03/24/02 WED 09:19 [TX/RX NO 54351]



# Bill-To Invoice

U-SAVE AUTO RENTAL  
MAIN BRANCH  
P.O. BOX 78  
GREENVILLE, OH 45331  
PH: 937-318-7388  
FAX:

Date: 07/23/2002

Invoice Date: 07/23/2002

GIBBONS, ANGELA  
4780 HOOPATH RD

GREENVILLE, OH 45331

(937)-847-1820

Policy #:

Claim #: 801234850

Date Of Loss:

PO Number:

RO Number:

Agreement Number: MAIN-1588

INDIANA INSURANCE  
ATTN: DAVID LEE  
8281 TRI-RIDGE BLVD.

LOVELAND, OH 45140  
(502)-436-8800  
Company Number: 113

Vehicle Number	Vehicle Type
2014	2014 HYUNDAI ACCENT

18	Day(s) @	\$23.89	=	\$429.84
0	Day(s) @	\$0.00	=	\$0.00
0	Day(s) @	\$0.00	=	\$0.00
0	Day(s) @	\$0.00	=	\$0.00

Vehicle Plate  
CFE8480

Date Rented

07/09/2002 01:30 PM

Date Returned

07/23/2002 02:44 PM

0	Day(s) @	\$0.00	=	\$0.00
0	Weekend @	\$0.00	=	\$0.00
0	Week(s) @	\$0.00	=	\$0.00
0	Month(s) @	\$0.00	=	\$0.00

Rental Period: 16 day(s)

## STATEMENT OF CHARGES

Rate Charge: \$363.84  
MKM Charge: \$0.00  
Late Charge: \$0.00  
Surcharge Charge: \$0.00  
Fuel Charge: \$0.00  
Damage Waiver: \$0.00  
Personal Insurance: \$0.00  
Liability Insurance: \$0.00  
Additional Driver: \$0.00  
Under Age: \$0.00  
Out of Area: \$0.00  
Foreign Drop: \$0.00  
Other Charges: \$0.00

Interest Charge: \$0.00  
Subtotal: \$363.84  
SALES TAX: \$23.03  
SALES TAX: \$0.00  
SALES TAX: \$0.00  
SALES TAX: \$0.00  
SALES TAX: \$0.00

Total Charges: \$406.87

Company Authorized: \$406.87  
Company Payments: \$0.00

Net Due From Company: \$406.87

Tax ID: 34-1892260

Please Make Check Payable To and Remit To:

U-SAVE AUTO RENTAL  
P.O. BOX 78

GREENVILLE, OH 45331

## DUE UPON RECEIPT

Agreement Number: MAIN-1588  
GIBBONS, ANGELA

Please Pay This Amount: \$406.87

RECEIVED 07-23-2002 02:10PM FROM-9378471087

TO-INDIANA INSURANCE CL PAGE: 801

*PC*  
*portal*

1997 GRAND PRIX GT SEDAN  
81U PAINT, BRIGHT RED /V6G  
12B TRIM, GRAPHITE CLOTH  
ORDER NO. N27462/ 2 STOCK NO.  
1G2 WP52 K0 VF206476

PONTIAC DIVISION  
GENERAL MOTOR CORPORATION  
ONE PONTIAC PLAZA  
PONTIAC MI 48340-2952  
VEHICLE INVOICE 2AD14763559  
\*\*\*\*\*16\*092748

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
2WP69 GRAND PRIX GT SEDAN	19809.00	18125.24	INVOICE 07/18/96
B19 CUSTOM INTERIOR GROUP WITH FULL OVERHEAD CONSOLE, REAR SEAT PASS THROUGH, LUGGAGE COMPARTMENT NET	160.00	142.40	SHIPPED 07/18/96 EXP I/T 07/28/96 INT COM 07/29/96 PRC EFF 07/17/96
DB1 SPOILER, REAR DECK LID	175.00	155.75	KEYS 5V62 ....
FE9 FEDERAL EMISSIONS	0.00	0.00	WFP-F QTR OPT-1
L36 3.8 LITER 3800 SERIES II V-6	0.00	0.00	BANK: GMAC - 099
MX0 TRANSMISSION, 4-SPEED AUTOMATIC	0.00	0.00	CHG-TO 09-274
R7N P. C. N.	0.00	16.50	
TR9 PREMIUM LIGHTING PACKAGE ILLUMINATED VISOR MIRRORS, FRT DOOR COURTESY LAMPS, REAR READING LAMPS ASSIST GRIPS, ELECTROCHROMIC REAR VIEW MIRROR	214.00	190.46	SHIP WT: 3376 HP: 34.7 DAN: P0003 MEMO 1081.15
UP3 RADIO, AM/FM STEREO W/COMPACT DISC PLAYER, GRAPHIC EQUALIZER 8-SPEAKER PREMIUM SOUND SYSTEM	250.00	222.50	
UV6 EYECUE HEAD-UP DISPLAY	250.00	222.50	
1SB OPTION GROUP - 1SB * DEFOGGER, ELEC REAR WINDOW * STEERING WHEEL W/ RADIO CTRLS * POWER SEAT DRIVER, 6-WAY * REAR WINDOW ANTENNA * REMOTE KEYLESS ENTRY	765.00	680.85	
12B TRIM, GRAPHITE CLOTH	0.00	0.00	
81U PAINT, BRIGHT RED	0.00	0.00	

TOTAL MODEL & OPTIONS	21623.00	19756.20	ACT 231	19657.51
DESTINATION CHARGE	550.00	550.00	H/B 261	648.69
DEALER ADVERTISING		108.12	ADV 65A	108.12

TOTAL	22173.00	20414.32	PAY 310	20414.32
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\*\*\*\*\*

MEMO: TOTAL LESS HOLDBACK AND  
APPROX WHOLESALE FINANCE CREDIT 19468.49

THIS INVOICE MAY NOT REFLECT THE DEALER'S ULTIMATE VEHICLE COST IN VIEW  
OF MANUFACTURER REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, WHOLESALE  
FINANCE CREDIT, ETC.  
THIS MOTOR VEHICLE IS SUBJECT TO A SECURITY INTEREST HELD BY GMAC.

HITTLE PONTIAC CADILLAC GMC TRUCK, I

REMIT TO GMAC NO. 099
VIN 1G2WP52K0VF206476
\$ 20414.32 INV 2AD14763559
DUE 07/29/96 DEALER 09-274

# GM Vehicle Inquiry System

## Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

[Help](#)

VIN:	1G32WP52K0VF206476
------	--------------------

### VEHICLE INFORMATION

Merchandising Model:	2WP69 - 1997 GRAND PRIX GT SEDAN		Warranty Start Date:	08/27/1996			
BARB Order Type:	TD - RETAIL STOCK						
Delivering Dealer:	HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 196 GREENVILLE, OR 97331-0296 (503) 548-1147		Selling Source:	16 - PONTIAC			
			Sale Code:	09274			
			Business Associate Code:	115947			
Service Contract:	No	Branded Title:	No	Warranty Block:	No	FDI Status:	Fail

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
2322	WINDSHIELD WIPERS INOPERATIVE/INCORRECT RATE	N/A	Claim

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Mileage	End Date	End Mileage
36 MONTH/50,000 MILE WARRANTY - NO DEDUCTIBLE	08/27/1996	26 miles	8/27/1999	36026 miles
72 MONTH/100,000 MILE WARRANTY - NO DEDUCTIBLE	08/27/1996	26 miles	8/27/2002	100026 miles
96 MONTH/150,000 MILE WARRANTY - NO DEDUCTIBLE	08/27/1996	26 miles	8/27/2004	150026 miles
96 MONTH/150,000 MILE WARRANTY - NO DEDUCTIBLE	08/27/1996	26 miles	8/27/2004	150026 miles
36 MONTH/50,000 MILE WARRANTY - NO DEDUCTIBLE	08/27/1996	26 miles	8/27/1999	36026 miles

### CLAIM HISTORY

R.D. Date	R.D. Number	Type	Repair Operation	Odometer Reading
08/21/2000	04989	#	V0516 - 1997 BK PN 19" INSTL WIPER MOTOR CRANK ARM DEFLECTOR	62371 miles
08/18/1999	04850	#	N0250 - RT COMPO REAR LAMP RPL	35842 miles
02/17/1999	027880	#	N0251 - LT COMPO REAR LAMP RPL	34037 miles
09/22/1997	025774	#	C0800 - CONTACT CORD IN RPL	25300 miles
09/11/1997	023846	#	H7030 - STEERING ARM RPL	24045 miles
05/20/1996	016886	#	N0251 - LT COMPO REAR LAMP RPL	5045 miles
03/03/1996	013275	#	N6035 - ABS WIPER MOTOR CRANK	8582 miles
01/23/1996	012552	#	N0277 - FOG LAMP RPL	5541 miles
08/02/1995	010547	F	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

#### CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

# GM Vehicle Inquiry System

## Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G2WF52K8VE206476
------	-------------------

### CLAIM HISTORY

Repair Order Date:	05/21/2000	Repair Order Number:	049491	Odometer Reading:	62371 miles				
Served By:	BATTLE PONTIAC BUICK GMC CADILLAC INC. PO BOX 296 GREENVILLE OH 45331-0296 (615) 548-1147			Selling Source:	16 - PONTIAC				
				Site Code:	00274				
				Business Associate Code:	115947				
Cycle Date	Cycle No.	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/27/2000	77	01	#	INSTL 12V BK FN "W" INSTL MOTOR CRANK ARM DEFLECTOR	12594832 - ARM	N/A	N/A	\$70.26	N

Repair Order Date:		05/19/1999		Repair Order Number:		024501		Odometer Reading:		35882 miles	
Served By:		BATTLE PONTIAC BUICK GMC CADILLAC PO BOX 296 GREENVILLE, OH 45331-0296 (615) 548-1147				Selling Source:		16 - PONTIAC			
						Site Code:		00274			
						Business Associate Code:		115947			
Cycle Date	Cycle No.	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
06/13/1999	80	01	#	REPLAC COMPO HEADLAMP RFL		16528025		N/A	N/A	\$157.30	N

Repair Order Date:		02/17/1999		Repair Order Number:		027800		Odometer Reading:		34827 miles	
Served By:	BATTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (615) 548-1147					Selling Source:			16 - PONTIAC		
						Site Code:			00274		
						Business Associate Code:			115947		
Cycle Date	Cycle No.	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/22/1999	831	01	#	R0251 - LT COMPO HEADLAMP RFL		16525625 - HEADLAMP		N/A	N/A	\$195.69	N

Repair Order Date:	05/21/1997	Repair Order Number:	024314	Odometer Reading:	22305 miles
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Served By:	HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147				Selling Source:		16 - PONTIAC		
					Site Code:		09274		
					Business Associate Code:		115947		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
10/07/1997	740	01	#	C3800 - CONTACT COIL IN RPL	26034978	N/A	N/A	\$173.92	N

Repair Order Date:		09/11/1997		Repair Order Number:		023946		Odometer Reading:		24644 miles	
Served By:		HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147				Selling Source:		16 - PONTIAC			
						Site Code:		09274			
						Business Associate Code:		115947			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
09/30/1997	739	01	#	E7020 - STERLING WHEEL RPL		16756820 - WHEEL		N/A	N/A	3384.84	N

Repair Order Date:		11/20/1996		Repair Order Number:		016696		Odometer Reading:		6255 miles	
Served By:	HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147					Selling Source:		16 - PONTIAC			
						Site Code:		09274			
						Business Associate Code:		115947			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
12/08/1996	649	01	#	N0251 - LT COMPO HDLAMP RPL		16525025 - HEADLAMP		N/A	N/A	\$194.48	N

Repair Order Date:		10/23/1996		Repair Order Number:		015957		Odometer Reading:		1842 miles	
Served By:	HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147					Selling Source:		16 - PONTIAC			
						Site Code:		09274			
						Business Associate Code:		115947			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
11/17/1996	646	01	#	N6035 - ABS WIRING/CONN RBP		12048074 - TERMINAL		B	N/A	\$32.91	N
11/10/1996	645	02	#	N0227 - FOG LAMP AIM		N/A		N/A	N/A	\$7.90	N

Repair Order Date:		08/02/1996		Repair Order Number:		013947		Odometer Reading:		9 miles	
--------------------	--	------------	--	----------------------	--	--------	--	-------------------	--	---------	--

Served By:	LITTLE PONTIAC BUCK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147			Selling Source:	16-PONTIAC				
				Site Code:	49274				
				Business Associate Code:	135947				
Cycle Date	Cycle No	Case	Type	Customer Operation	Part	Auth Code	Person Code	Eligible	Comments
89/01/1996	535	01	I	27000 - NEW VEHICLE INSPECTION ATTENDANCE	N/A	N/A	N/A	558.75	N

#### CHECK HISTORY

Vehicle Has No Associated Check History.
--

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# GM Vehicle Inquiry System

## Vehicle Build

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G2WP52K0VF206476
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### VEHICLE BUILD

Merchandise Model:	2WP69 - 1997 GRAND PRIX GT SEDAN		
Gross Vehicle Weight Rating:	2010 kg (4492 lb)	Order Number:	N7293
Build Date:	07/17/1996	Build Plant:	INFD - FAIRFAX

### OPTION CODES

AAA	AG1 - DRIVER 6WAY POWER
AK3 - SEAT INFLATABLE DRIVER & PASS	AP9 - CONVENIENCE
AR9 - FRT BKT BELT	AT5 - CTR FLDG
ALB - REMOTE ENTRY	AB9 - LCK REM CONT ELEC RELEASE
BA9 - EXTER DOOR HANDLE	BR9 - DTR CTRM
B2 - EXTER MIRR FRT REVEAL COLORE	B01 - EXTER MIRR STEER WINDOW REVEAL
B7 - EXTER MIRR FRT REVEAL COLORE	CA1 - EXTER MIRR REVEAL
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CA99 - EXTER MIRR REVEAL	CA100 - EXTER MIRR REVEAL



# GM Vehicle Inquiry System

## Vehicle Component

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G2WF52K0VF286476
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### Vehicle Component

Vehicle Component Information Does Not Exist For This Vehicle.
--

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# GM Vehicle Inquiry System

## Delivery Information

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G2WP52K0VF206476
------	-------------------

### IN-SERVICE INFORMATION

In-Service Information Not On File
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### DELIVERY INFORMATION

Delivery Date:	08/27/1996	Delivery Type:	010 - RETAIL/INDIVIDUAL	Delivered Odometer:	26 miles
Delivering Dealer:	HYTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45631-0296 (937) 548-1147			Delivery Selling Source:	16 - PONTIAC
				Delivery Site Code:	09274
				Business Associate Code:	115947

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# GM Vehicle Inquiry System

## Dealer Information

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G2WP52K0VF206476
------	-------------------

### INVOICE INFORMATION

Invoice Date:	07/18/1996		
Site Address:	HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147	Selling Source:	16 - PONTIAC
		Site Code:	09274
		Business Associate Code:	115947

### SHIP-TO INFORMATION

Ship-To Date:	08/02/1996		
Ship Address:	HITTLE PONTIAC BUICK GMC CADILLAC, INC. PO BOX 296 GREENVILLE, OH 45331-0296 (937) 548-1147	Selling Source:	16 - PONTIAC
		Site Code:	09274
		Business Associate Code:	115947

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NCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

08/23/2002 13:40

VIN: 1G2WP52K0VF206476

OPEN\CLOSED STATUS:

SEL	CAMPAIGN STATUS	REPAIR	REPAIR PREV.	CAMPAIGN
CODE NUMBER		DATE	DEALER NUMBER	TYPE
99091	DEALER REPAIRED	2000/06/21	09274	SAFETY
WINDSHIELD WIPERS INOPERATIVE/INCORRECT PARK				

INQUIRY COMPLETE

PW:

PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

Date: 8/23/ 2 Time: 01:40:57 PM



Service Company

300 Renaissance Center  
482-C20-D71  
Detroit, MI 48265-3000

800.888.0164 tel  
313.665.0911 fax

**RECEIVED**

DEC 17 2002

ESIS-GM CLAIMS UNIT

Diane R. Evans  
ESIS/GM Property Damage Unit  
diane.evans@esis.com

November 11, 2002

**RECEIVED**

NOV 14 02

**KEY OFFICE 200**

The Hartford  
ATTN: Ms. Delores A. Thomas, Claim Representative  
PO BOX 946001  
Maitland, FL 32794-6001

YOUR INSURED: Robert [REDACTED]  
David [REDACTED]  
YOUR CLAIM NUMBER: YCE MD 92287 [REDACTED]  
YCE MD 63426 [REDACTED]  
OUR CLAIM NUMBER: 441814 [REDACTED]  
440938 [REDACTED]  
OUR CLIENT: General Motors Corporation

Dear Ms. Thomas:

I am in receipt of your letter dated November 6, 2002, and I understand your position regarding both of these matters. I also recognize your effort and your desire to resolve those matters for your settlement demands, and neither of us believe in unnecessary litigation, however, once again I reiterate our position that it be taking into consideration our initial settlement offers for both of these claims are in current dollars and the need for future legal activity and litigation expenses will be avoided.

I did discuss the matter with our client, and did receive authority to offer an additional payment of \$250.00 each for both of these claims. If this is acceptable, please make arrangements to have the enclosed Release of all Claim(s) signed, dated, notarized and returned to my attention, and a draft will be forwarded promptly.

Sincerely,

*Diane R. Evans*  
Diane R. Evans

Cc: File

**RELEASE OF ALL CLAIMS**

**FILE NO:** 8213-259-441814

**KNOW ALL MEN BY THESE PRESENTS:**

That the Undersigned, being of lawful age, for the sole consideration of Eight thousand seven hundred fifty dollars and no/100 (\$8,750.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge **ESIS/General Motors Corporation**, and Wiele Motor Company and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 28<sup>th</sup> Day of May 2002, at or near Tampa Florida.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 11<sup>th</sup> day of December, 2002

**CAUTION: READ BEFORE SIGNING**

[Redacted Signature Area]

15

DARLENE HAMPTON  
Notary Public, State of Florida  
My Comm. Exp. Feb. 22, 2003  
Comm. No. CG011509

*[Handwritten Signature]*

State of Florida  
County of Dade

On the 11<sup>th</sup> day of December, 2003, before me personally appeared

[Redacted] to me known to be the  
person(s) named herein and who executed the foregoing Release and she acknowledged  
to me that she voluntarily executed the same.

My term expires Feb 22, 2003

[Signature]  
Notary Public

DARLENE HAMPTON  
Notary Public, State of Florida  
My comm. exp. Feb. 22, 2003  
Comm. No. 00811509

acc Services Company

300 Renaissance Center  
482-C20-071  
Detroit, MI 48265-3100800.688.0164 tel  
313.665.0911 faxDiane R. Evans  
EHS/GM Property Damage Unit  
diane.evans@gm.com

November 11, 2002

RECEIVED

NOV 14 02

KEY OFFICE 200

The Hartford  
ATTN: Ms. Delores A. Thomas, Claim Representative  
PO BOX 946001  
Maitland, FL 32794-6001

YOUR INSURED:

YOUR CLAIM NUMBER:

OUR CLAIM NUMBER:

OUR CLIENT:

General Motors Corporation

Dear Ms. Thomas:

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Sincerely,

  
Diane R. Evans

Cc: File

**RELEASE OF ALL CLAIMS**

FILE NO: 8213-259-441814

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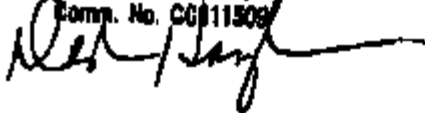
THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 11<sup>th</sup> day of December, 2002

**CAUTION: READ BEFORE SIGNING**



DARLENE HAMPTON  
Notary Public, State of Florida  
At: exp. exp. Feb. 22, 2003  
Comm. No. CC011509



State of FloridaCounty of OrangeOn the 11<sup>th</sup> day of December, 2003, before me personally appeared

\_\_\_\_\_ to me known to be the  
person(s) named herein and who executed the foregoing Release and she acknowledged  
to me that she voluntarily executed the same.

My term expires Feb 22, 2003

Notary Public

Darlene Hampton  
DARLENE HAMPTON  
Notary Public, State of Florida  
My comm. exp. Feb. 22, 2003  
Comm. No. 00811509

# ESIS

An Insurance Services Company

300 Renaissance Center  
482-C20-071  
Detroit, MI 48265-3000

800.888.0164 tel  
313.655.0911 fax

Diane R. Evans  
ESIS/GM Property Damage Unit  
diane.evans@esis.com

November 11, 2002

The Hartford  
ATTN: Ms. Delores A. Thomas, Claim Representative  
PO BOX 946001  
Maitland, FL 32794-6001

YOUR INSURED:

YOUR CLAIM NUMBER:

OUR CLAIM NUMBER:

OUR CLIENT:

General Motors Corporation

Dear Ms. Thomas:

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Diane R. Evans

Cc: File

**RELEASE OF ALL CLAIMS**

**FILE NO:** - 8213-259-441814

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**THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.**

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**CAUTION: READ BEFORE SIGNING**

\_\_\_\_\_  
WITNESS \_\_\_\_\_ LS

\_\_\_\_\_  
\_\_\_\_\_ LS



State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_ to me known to be the  
person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged  
to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



11/06/2002

DIANE EVANS  
300 RENAISSANCE CENTER, MC 482C20D71  
DETROIT  
MI 48265-3000

Claim Number: YCE MD 92287  
Insured Name: [REDACTED]  
Date of Loss: 05/28/2002  
Amount of Loss: \$13,038.00  
Location of Loss: Jacksonville, FL  
Our Account No: SUB417183  
Third Party: General Motors  
Your File Number: 441814

Dear Ms. Evans:

Thank you for your offer of 75% of our damages in the above referenced claim.

While I can appreciate your efforts to eliminate the costs of litigation in this matter, I would also ask you to consider the cost our company has already incurred in properly paying the damages of this loss to our insured, Roberta Warren, in addition to our diligence in investigating this claim to determine the actual cause of the loss. Based on our findings, it is apparent that your company bears responsibility for the damages due to a malfunction in the manifold system which we feel we would be able to prove in trial. Although we believe that GE is 100% liable for the incident, in the interest of time and other legal fees we are willing to settle this claim at 90%.

Please contact me back to further discuss or you may send the check in the amount of \$8,825.60 to The Hartford.

Sincerely,

Delores A. Thomas  
Claim Representative  
The Hartford

800-824-1732 x3143

Orlando Central Recovery Office  
P.O. Box 940011  
Maitland, FL 32794-6001  
Telephone 407 825 5000  
Toll Free 800 824 1732  
Facsimile 407 825 3908

# ESIS

An Insurance Services Company

300 Renaissance Center  
MAIL CODE 482-C20-D71  
Detroit, MI 48265-9000

313.665.3395 tel/  
313.665.0911 fax

Diane R. Evans  
ESIS/GM Product Liability Unit  
Diane.evans@esis.com

November 6, 2002

The Hartford Insurance Company  
ATTN: Ms. Delores Thomas  
PO BOX 946001  
Maitland, FL 32794-6001

Your Insured: [REDACTED]  
Your File Number: YCE MD 92287  
Esis File Number: 441814  
Our Client: General Motors Inc.  
Date of Incident: 5/28/02

Dear Ms. Thomas:

This correspondence is in regards to your subrogation claim concerning your insured.

A review of this matter has been completed and I have noted my figures for settlement on the following pages. Please note I am prepared to offer \$8,500.00 (approximately 75% of the damages) to resolve this matter.

If this offer is acceptable, please sign and date the **notarized** release, and upon receipt of the same, I will have the settlement payment released immediately.

Thank you for your attention in this regard.

Sincerely,

Diane R. Evans

Cc: File

**RELEASE OF ALL CLAIMS**

**FILE NO:** 8213-259-441814

**KNOW ALL MEN BY THESE PRESENTS:**

That the Undersigned, being of lawful age, for the sole consideration of Eight Thousand Five Hundred dollars and 00/100 (\$8,500.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge **ESIS/General Motors Corporation**, Wiele Motor Company and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the 28<sup>th</sup> day of May 2002, at or near Tampa, FL.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**CAUTION: READ BEFORE SIGNING**

\_\_\_\_\_  
WITNESS \_\_\_\_\_ LS

\_\_\_\_\_  
\_\_\_\_\_ LS

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_ to me known to be the  
person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged  
to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



## Status: SAFEGUARD PROGRAM

View Notes

Lot# 4363282

Assignment Entered | Inventory Information | Billing Summary | Vehicle Title | Critical Dates | Sale Information  
 Invoice Display for Lot # 4363282 | Salvage Transmittal | New Search



Click thumbnail to see a full-size image in a new browser window.

## Assignment Entered

Lot#: 4363282 X

Desc.: 06 OLDS REGENCY WHITE

Loss Date: 5/28/02

Loss Type: B

Damage: CN

Adjuster: EILEEN MACALUSO

Broker: HARTFORD INSURANCE

P.O. BOX 30773

TAMPA, FL 33630

Insured: ROBERTO WARREN

Policy#:

Facility: JACKSONVILLE (Yard: 42)

Assignment: 6/5/02 15:47:28 ET

Picked Up: 6/7/02

VIN#: 1G3HC52K2W4852408

Seller Loss Code:

Seller Ref#:

Phone#: (800) 837-5410 EXT. 81014

Owner: ROBERTO WARREN

Chain# YCEMB02287

## Inventory Information



Has Keys: N

VIN Plate: Y

Engine: Y

Transmission: Y

Number of Plates: 0

Personal Plates: N

License Number: NONE

License Expiration:

Row Location: 20

## Billing Summary



Total Advances: .00

Current Charges: .00

Seller Payments: .00

High Bid Amount: .00

Proceeds: .00

DUE COPART: .00

## Vehicle Title

Copart Seller Access - Lot Display



ACV: 11200.00  
Repair Cost: 7498.00  
Original Title:  
\*Original Title Type:  
Original Title State:  
Sale Title:  
\*Sale Title Type:  
Sale Title State:  
Odometer: 0  
\*Odometer Brand:  
Minimum Bid: .00

Critical Dates



Date of Loss: 6/28/02	Cart Received: 0/0/00
Date of Recovery: 0/0/00	Last Seller Invoice: 10/1/02
Assignment: 6/5/02	Seller Settlement: 0/0/00
Cleared for Pickup: 6/5/02	Proceeds Out: 0/0/00
Cleared for Charges: 6/5/02	Sale: 0/0/00
Picked Up: 6/7/02	Buyer Invoice: 0/0/00
Original Title rec'd: 0/0/00	Buyer Final Paid: 0/0/00
Transfer Title rec'd: 0/0/00	NICE Reported date: 0/0/00
Submitted to DMV: 0/0/00	Pickup Hold Action: 0/0/00
Title reject: 0/0/00	Hold for Sale Action: 12/4/02

Sale Information



Sold to:	Phone:
Sale Amount: .00	Sale Date: 00/00/00
ACV: .00	Item #: 012
Return:	Cart #:

[HOME](#) | [Seller Snapshot](#) | [Lot Display](#) | [On Sale Now](#) | [Auction Calendar](#)  
[ProQuote](#) | [Assignment Entry](#) | [Invoice Display](#) | [Sold Via Internet](#) | [Help/FAQ](#)  
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**1998 OLDSMOBILE REGENCY**  
**1G3HC52K2W4852406**

Repair: \$7,490.00  
ACV: \$11,800.00 63.47%  
Damage: BURN - ENGINE  
City, State: ATLANTIC BCH, FL  
Zip Code: 32233

No data available.

[HOME](#) | [Seller Snapshot](#) | [Lot Display](#) | [On Sale Now](#) | [Auction Calendar](#)  
[ProQuote](#) | [Assignment Entry](#) | [Invoice Display](#) | [Sold Via Internet](#) | [Help/FAQ](#)  
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ACV - \$11,800. -  
Average Qte - \$2006. -  
Low Qte - \$1416. -

<http://www.copart.com/cgi-bin/seller/access/proquote/quote.dtw/findquote>

11/4/02

NOV 04 2002 15:52

013 296 5829

PAGE 07

\*\* TOTAL PAGE 07 \*\*





October 16, 2002

CRYSTAL DAVIS

ESIS

300 Renaissance Center, Mc 482c20d71

Detroit, Mi 48265-3000

441814  
DIANE EVANS

OCT 23 2002

Account No. : SUB417183  
Claim Number: YCE MD 92287  
Insured: Roberta [REDACTED]  
Your Insured: General Motors  
Date of Loss: 05/28/02  
Amount of loss: \$13,038.00  
Your Claim : 1-24888882

Dear CRYSTAL DAVIS :

We previously sent our notice letter and documents supporting our claim. We have, however, received no payments nor advice as to what else may be needed for proper consideration. Please advise when we can expect your settlement check.

If you have any questions, please contact the undersigned.

Sincerely,

*Delores A. Thomas*

Delores Thomas

(407) 875-3000 , Ext. 3143

Delores.Thomas@thehartford.com

Orlando Central Recovery Office  
P.O. Box 946001  
Maitland, FL 32794-6001  
Telephone 407 875 5000  
Toll Free 800 834 1732  
Facsimile 407 875 3908

# ESIS

An Insurance Services Company

300 Renaissance Center  
482-020-071  
Detroit, MI 48286-3000

800.888.0154 tel  
313.665.0911 fax

Diane R. Evans  
Property Damage Unit  
diane.evans@esis.com

October 18, 2002

The Hartford Insurance Company  
ATTN: Ms. Delores Thomas,  
PO BOX 946001  
Maitland, FL 32794-6001

OUR CLAIM NUMBER: 441814  
YOUR FILE NUMBER: YCE MD 92287  
CASE CAPTION: Roberta [REDACTED]  
DATE OF LOSS: 5/28/02

Dear Ms Thomas:

I am writing to you on behalf of General Motors Corporation, who has authorized my employer, ESIS Inc, a Risk Management Services Company to act in the capacity of third party administrator with reference to this claim. I have been assigned to handle this file, and after reviewing the information you had submitted, I still need the following information in order to process this claim:

1. Color copies of the photos obtained by the expert. It is suggested that you not send the originals, as I cannot guarantee they cannot be returned.
2. A transcribed copy of the vehicle operator's recorded statement of events. This should include events prior to and immediately following the incident.
3. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
4. Advise if the subject vehicle was ever involved in any prior accidents. If so, please advise as to when this loss(s) occurred, and the extent of the damages and repairs completed.
5. Advise of the present location of the subject vehicle.
6. Please provide a salvage bid.

Please note that you have the obligation and the responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their post-event condition for so long as it is intended to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Please forward this information as soon as possible so that a product analysis can be performed. Please call me if you have any further questions.

Sincerely,

Diane R. Evans

Cc: File

Diane R. Evans  
Property Damage Unit  
diane.evans@gm.com

October 14, 2002

The Hartford  
ATTN: Ms. Delores Thomas  
PO BOX 946001  
Maitland, FL 32794-6001

Your File Number: YCE MD 92287  
Your Insured: Roberta [REDACTED]  
Our File Number: 441814  
Our Client: General Motors Corporation  
Date of Event: 5/28/02

Dear Ms. Thomas:

We are the third-party administrators on behalf of General Motors Corporation for matters involving allegations of product liability.

We have received your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Provide a copy of your expert report, which states the cause and origin of the alleged defect and the theory of liability of how and why this is General Motor's responsibility. Please include color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.

5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any recall notices for the subject vehicle? If so, please provide copies of the notices, and also advise if the owner followed through with said repairs.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide damage estimates and/or appraisals for the subject vehicle. If the vehicle was a total loss, then provide your total loss worksheet.
11. Provide copies of your proof of payment.
12. Advise of the present location of the subject vehicle.
13. Provide the alleged defective part for nondestructive testing. The part will be returned in the condition it is received in.
14. Provide proofs of the transmission and engine oil levels, if applicable.
15. Provide a salvage bid for the vehicle.

Please provide this information by December 5, 2002. As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, We will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their post-event condition for as long as you intend to pursue a claim and/or cause of action. We will be unable to determine if

a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Diane R. Evans  
C: File



D. EVANS  
441814

October 01, 2002

CRYSTAL DAVIS  
ESIS

300 Renaissance Center, Mc 482c20d71  
Detroit, Mi 48265

RECEIVED

OCT 10 2002

ESIS-GM CLAIMS UNIT

Account No. : SUB417183  
Claim Number: YCE MD 92287  
Insured: Roberts [REDACTED]  
Your Insured: General Motors  
Date of Loss: 05/28/02  
Amount of loss: \$13,038.00  
Your Claim : 1-24888882

Dear CRYSTAL DAVIS :

We previously sent our notice letter and documents supporting our claim. We have, however, received no payments nor advice as to what else may be needed for proper consideration. Please advise when we can expect your settlement check.

If you have any questions, please contact the undersigned.

Sincerely,

*Delores A. Thomas*

Delores Thomas  
Hartford Insurance Co. of Midwest  
(407) 875-5000, Ext. 3143  
Delores.Thomas@thehartford.com

Orlando Central Recovery Office  
P.O. Box 946001  
Maitland, FL 32794-6001  
Telephone 407 875 5000  
Toll Free 800 824 1732  
Fax 407 875 3908



September 09, 2002

*Diane*  
*441814*

*441814*

ESIS  
300 Renaissance Center, Mc 482c20d71  
Detroit, Mi 48265

Your Insured:	General Motors
Address:	Product Allegation
	Tampa, FL 33607
Your Reference No:	1-24888882
Our Insured:	Roberta [REDACTED]
Our Claim Number:	YCE MD 92287
Key Claim Number:	YCE MD 92287
Date of Loss:	05/28/02
Location of Loss:	JACKSONVILLE FL
Amount of Loss:	\$13,038.00
Our Account No:	SUB417183

SEP 10 2002

Dear CRYSTAL DAVIS ,

Enclosed for your perusal are copies of our supporting documentation which would evidence our subrogation demand in the amount of \$13,038.00. Our investigation reveals that your insured was negligent in the operation of his vehicle, thus we are seeking recovery of our subrogation claim.

Therefore, we are requesting that you please review the enclosed documents and advise us as to your position on settlement of our claim.

Very truly yours,

*Delores A. Thomas*

Delores Thomas  
Central Recovery Office  
Hartford Insurance Co. of Midwest  
(407) 875-3143, Ext.

ORLANDO CENTRAL  
RECOVERY OFFICE  
PO BOX 946001  
MAITLAND, FL 32794-6001  
Telephone 407 875 5000  
Toll Free 800 824 1732  
Facsimile 407 875 3908



# ESIS

An Insurance Services Company

300 Renaissance Center  
482-C20-D71  
Detroit, MI 48265-3000

800.888.0164 tel/  
313.665.0911 fax

Diane R. Evans  
Property Damage Unit  
diane.evans@esis.com

August 30, 2002

The Hartford  
ATTN: Ms. Eileen Macaluso, Claim Representative  
PO BOX 30773  
Tampa, FL 33630-3773

Your File Number: PA 690045  
Your Insured: Roberta [REDACTED]  
Our File Number: 441814  
Our Client: General Motors Corporation  
Date of Event: 5/28/2002

Dear Ms. Macaluso:

This letter will serve to acknowledge receipt of your correspondence dated August 30, 2002 regarding the above matter. You have advised that your insured's 1998 Oldsmobile Regency experienced a fire causing damage on May 28, 2002. You have also invited General Motors to participate in an inspection of this vehicle.

We are not interested in attending an inspection of the vehicle at this time. We would, however, request that any inspection completed be fully documented by video and photographs.

In the event the decision is made to pursue subrogation against GM, please forward the following technical documentation by November 5, 2002 as this will be required for evaluation purposes.

1. A copy of the expert report advising of what specifically caused the occurrence and how this occurrence was the responsibility of a GM product defect, and ~~color copies~~ of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.

5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment, which may have been installed, on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modification, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive a recall notice for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If so, identify the nature and extent of the damages and repairs completed.
10. Provide damage estimates and/or appraisals for the subject vehicle. If the vehicle was a total loss, then provide your total loss worksheet.
11. Provide copies of your proof of payment.
12. Advise of the present location of the subject vehicle.
13. Be able, if necessary, provide the alleged defective part for nondestructive testing. The part will be returned in the condition it is received in.

**Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as they intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.**

If you have any questions, please call me at the number above.

Sincerely,

Diane R. Evans

Cc: File

Page 2/2

August 20, 2002

*No Dimin  
No LP  
No Bill  
No Station*

**NOTICE OF POTENTIAL CLAIM**



**ESIS GM CENTRAL CLAIM  
300 RENAISSANCE CENTER  
MAIL CODE 482C20D71  
DETROIT, MI 48265-3000**

Ref: Insured: Roberta [REDACTED]  
Claim Number: PA 690045  
Date OF Loss: 05/28/2002  
Vehicle: 1998 Oldsmobile Regency  
VIN: 1G3HC52K2W4852406 ✓

**To Whom It May Concern:**

The Hartford Insurance Company may have a subrogation claim against your company in the following incident:

Circumstances: Our insured's vehicle is a total loss due to a fire on the above date of loss. The fire occurred when a person started the vehicle. The fire was a result of an upper manifold over-pressurization. The over-pressure caused the upper manifold to fracture, subsequently damaging the fuel rail.

This letter is to officially place your company and/or your insurance carrier on notice regarding this potential exposure and to inform you of further inspection by a cause and origin expert or a mechanical engineer.

The vehicle mentioned above is located at the following address for your inspection:

Co-part  
450 Hammond Blvd.  
Jacksonville, FL 32220  
1-904-781-3141 LOT# 4353262

Please feel free to contact me at 1-800-637-5410 ext. 61014 for additional details in reference to this claim.

Sincerely,  
Eileen Macaluso  
Claim Representative

Southeast Personal Lines  
Claim Service Center  
2502 Rocky Point Drive  
Suite 400  
P.O. Box 30773  
Tampa, FL 33630-3773  
Telephone 813 286 8243  
Toll Free 1 800 637 5410

**PRODUCT ALLEGATION RESOLUTION  
PRELIMINARY INSPECTION  
FIRE**

(page 1 of 2)

Division: OLDSMOBILE	Ref# S1-24888882	Document ID	Date Recd: 8/22/02
VIN: 1G3HC52K2W4052406	Claimant's name		

Division:	Ref#	Document ID	(page 1 of 2)
VIN:	Claimant's Name (LAST, First)		

Inspected By: R. S. WAGNER

Organization: SPX/EAA

Phone: 903-744-3624 x

Inspection Date: 8/22/02 At Copart, Inc.  
Insurance Salvage Lot, Jacksonville, FL

Mileage at inspection: 52,000  
OWN. Est. no power to odometer

**I INSPECTION SUMMARY**

inspection reveals upper intake manifold almost totally burned away. Burned paint on hood immediately above the intake manifold appears to indicate this was the area of most intense heat. The metal fuel rails on either side of the manifold are intact but the flexible fuel lines are burned away. This vehicle is not, by VIN or model year, included in Campaign UPPER INTAKE MANIFOLD FRACTURE 97-C-02.  
Type Non Collision ☒ Collision ☐

Fire Origin Engine Compartment ☒ Underdash, Other Interior, Trunk ☐ Unknown ☐ Other ☐ specify

Component: Engine

**II INTERVIEW - VEHICLE HISTORY**

1. Name, address, and phone number of person being interviewed

2. Vehicle modifications or after-market equipment? (e.g., radio, phone, CB, tires, wheels, trailer hitch/wiring, trailer brake controller, hydraulic lines, alarm system, etc.) NONE

If this vehicle is used for trailering, describe trailering usage (height and front shape of trailer, weight, percent of time or miles that trailer is towed, etc.): NOT A TRAILER

3. Prior collision damage? (date, description, etc.) NO

4. Describe existing vehicle conditions at the time of the incident (e.g. warning lights "On", engine miss, etc) :  
PARKED FOR 1 WEEK AND JUST STARTED.

5. Repairs outside of warranty (what, when, by whom?): Claimant reports no problems since purchased used.

6. Other vehicle history information (from person being interviewed or GM Warranty History): NONE

7. Last maintenance (date, description, by whom?): LUBE, OIL, FILTER. OWNER CANNOT REMEMBER

**III INTERVIEW - INCIDENT DETAILS**

: Mr. Adam Koth, employee of Ace Valet Parking, Jacksonville Int. Airport, 904-741-4888 reports that when an attempt was made to start the car to get it ready for the incoming air traveler (Warren) there was an immediate bang under the hood followed by smoke and fire from under the hood. The fire dept. was called.

**III A BEFORE THE FIRE**

This section covers vehicle usage the day of the fire. **PARKED FOR A WEEK**

If being driven, describe: vehicle speed: 0 mph, drive length 0 h 0 min, distance 0 miles, and type of drive (e.g. city traffic, highway, long grades, etc.).

If parked, how long was it parked? ONE WEEK Was the ignition off YES or was the engine running ☐ ? Describe drive prior to parking: drive length 0 h min, distance 0 miles, and type of drive (e.g. city traffic, highway, long grades, etc.). VEHICLE SAT FOR A WEEK. WHEN AN ATTEMPT WAS MADE TO START IT THERE WAS A LOUD BANG AND FIRE.

If vehicle is a truck, or a car trailering cargo at the time of the incident, estimated total weight of cargo and trailer: lb, Load description: Load location: Height and description of front shape of trailer: NOT TRAILERING

Weather conditions: Approx. ambient temperature UNK°F. General conditions (dry, rain, wind, etc.): DRY

### IN B AT THE FIRST INDICATION OF A PROBLEM

Ignition switch position (off, on, start, accessory): START Engine running? (Y/N) N

Unusual odors? (Y/N) Describe: UNKNOWN

Smoke? (from where, color, intensity, etc.) UNDER HOOD - GRAY/BLACK

Any warning lights "On", high/low gauge readings, or messages displayed? (Y/N) Describe: ALL ON - STILL IN SELF TEST.

Any apparent malfunction? (Y/N) Y If yes, describe: LOUD BANG UNDER HOOD

Position of HVAC controls (off, automatic, A/C, heater, windshield defroster, windshield defogger, rear window defogger, rear A/C, etc.) OFF, Blower setting , Temperature setting

Mark an "X" before all electrical systems/devices which were "On" immediately prior to the incident:

Cruise Control	Windshield Wipers	2 Way/Communication Radio
Traction Control Switch "On"	Driver Seat Heater	Power Window Controls
Low Beam Headlights	Passenger Seat Heater	Power Mirror Controls
High Beam Headlights	Auxiliary Power Outlet	Power Seat Controls
Fog Lamps	Radio, Built-In Tape/CD Player	Power Sun Roof Controls
Turn Signal	Auxiliary CD Player	Cigar Lighter
Hazard Flashers	Telephone	HVAC
Map Lights, Ft Rr	CB Radio	Other

ON Other Interior Lights

If any of the above were cycled, describe:

Was anyone smoking? (Y/N) N How long since someone last smoked in the vehicle? UNK

### III C DURING THE FIRE

Time and distance between first indication of a problem and start of fire. IMMEDIATE

Time between start of fire and other significant events. Describe: NO OTHER SIGNIFICANT EVENT.

Time (24 hr) 2029 when fire was over or put out.

Describe initial location, color and intensity of smoke and flame. DISPERSED WHEN FIRE DEPT GOT HOOD OPEN

Any warning lights "On", highlow gauge readings, or messages displayed? (Y/N) NO Describe:

Any malfunction? (Y/N) UNKNOWN if yes, describe:

What did you do after you realized something was wrong? Turn Engine Off? (Y/N) , Open Hood? (Y/N) ,  
Other? (Y/N) Describe: CALLED FIRE DEPT.

When you left vehicle: Ignition switch position (off, on, accessory): OFF Windows open? (Y/N) N, Doors open?  
(Y/N) N Describe:

Any other comments that have not been covered? NONE

#### IV VEHICLE INSPECTION

The vehicle inspection documents the physical evidence via color photographs and written observations. It is important to also document what does not appear to be related to the fire. This is necessary because fire cause determination often involves the process of elimination. By recording your observations in the following section, you will be following a methodical inspection format.

THE ACCOMPANYING PHOTOS SHOW THAT DAMAGE TO THIS VEHICLE IS CONFINED TO UNDER THE HOOD AND UP THE INSIDE OF THE WINDSHIELD THROUGH THE AIR INTAKE TO THE HEADLINING. DUE TO THE NATURE OF THIS EVENT IE: COLD ENGINE NOT RUN FOR A WEEK AND IMMEDIATENESS OF FIRE AFTER START UP ATTEMPT THE ITEMS INCLUDED IN THIS SECTION APPEAR TO BE IRRELEVANT.

Take color photographs of the following:

##### A. Exterior:

Front  
Right side  
Rear  
Trunk area  
Decklid outer panel  
Decklid inner panel  
Option label  
VIN  
Left side  
Hood outer panel  
Hood inner panel ..  
Roof  
Fuel filler "Lead Free" restrictor in place? (Y/N) Describe:  
Location of fuel filler cap (or evidence of remains):

Comments:

##### B. Interior:

Door interior panels: LF, LR, RF, RR, Rear Door(s)  
Instrument panel & odometer: Overall, Ignition key and steering, Left, Right, Console, Ashtray  
Floor: Left, Right, Rear  
Seats: LF, RF, Rear Seats  
List all driver electrical controls which are in the "On" position (include Ignition):  
Position of windows (If glass is missing, do further inspection):

Comments:

##### C. Underhood:

Engine compartment  
Radiator, front & rear  
Coolant recovery bottle  
Engine coolant lines/hoses, connections  
Heater lines/hoses, connections/clamps (include those to throttle body)  
TB/injector rail/carburetor, all fuel lines/hoses, filter, connections  
Engine block (note precise location of cracks, holes, etc.):

Engine: dipstick, oil cooler lines/connections, filter, oil pan  
Transmission: dipstick, oil cooler lines/connections, oil pan  
Master cylinder and brake fluid reservoir  
Brake lines and hoses  
ABS/TCS Modulator  
Power steering lines/hoses, connections/clamps, pump  
Exhaust system (e.g. intact, rusted, modified, out of position, clearance, etc.): \_\_\_\_  
Other:

Comments:

**D. Fluids (comments only):**

For the following fluids, comment on the fluid level, smell (burned?), feel (gritty?), color (dark?), and apparent condition (normal, particles, etc.):

Engine coolant:

Engine oil:

Transmission fluid:

Power steering fluid:

Brake fluid:

**E. Underbody:**

Underbody & exhaust (include hangers):  
Catalytic converter (any discoloration or swelling?):  
Scrapes or impact damage on the following:  
Fuel tank  
Fuel filler lines  
Tires/Wheels

Comments:

**F. Electrical:**

Generator & attached wiring  
Battery & attached cables  
Cooling fans  
Fuses (identify all open or not proper size):  
Relay centers  
Wiring insulation at fuse blocks  
Fusible links (identify all open):  
Spark plug wiring and boot condition:  
Modules: ABS/TCS, ECM, other

Comments:

**G. General Observations (Take photographs if applicable):**

Photograph and comment on the item which is alleged to be the origin/cause/source of the fire: NO SPECIFIC ALLEGATION HAS BEEN MADE.

Photograph and comment on the item/area which is the apparent origin of the fire: THE UPPER INTAKE MANIFOLD IS DESTROYED UNDER CONDITIONS APPARENTLY IDENTICAL TO THOSE OUTLINED IN A PREVIOUS PRODUCT RECALL CAMPAIGN

Anything on vehicle which is after-market: NO

Anything on vehicle which is a modification: NO

Anything on vehicle which is unusual, or out-of-place, etc.: NO

Other relevant information: NONE

**H. Vehicle Contents:**

Photograph damage to contents in the claimant's vehicle relating to the allegation. Comment on the nature and extent of damage: NONE

<b>V SITE INSPECTION (if applicable)</b>
--

Take pictures of the site and enter comments below. If a structure was involved, or if it appears the operating environment was a contributing factor or cause, take pictures as necessary. Examples: building electrical, gas cans, water heaters or other flame or spark source, tall grass, dry leaves, ruts indicating vehicle was stuck, etc. If significant other property damage occurred due to the fire, take pictures of the damage and make notes as necessary. Comments: NOT APPLICABLE



**PRELIMINARY PAR INSPECTION  
FIELD PHOTOGRAPHIC NOTES**

(page 1 of 1)

Division: OLDSMOBILE	Roll: 81-2488882	Document ID:	Date Saved: 8/22/82
VIN: 1G3HC62K2N4852408	Claimant's Name (LAST, First)		

Division:	Roll:	Document ID:	(page 1 of 1)
VIN:	Claimant's Name (LAST, First)		

Inspector R. S. WAGNER

Number of Rolls 1

Roll Number 1

- | <u>Neg.#</u> | <u>Description</u>  |
|--------------|---|
| 0.           | <u>FILE IDENTIFIER</u>  |
| 1.           | <u>Door label - VIN plate covered and not distinguishable</u>   |
| 2.           | <u>Exterior of hood showing most intense "hot spot" directly over intake manifold.</u>                                  |
| 3.- 5.       | <u>Engine compartment -fuel rails remaining with intake manifold destroyed.</u>   |
| 6.           | <u>Interior fire damage to w/shield and front of headlining. Remaining leather interior undamaged except for smoke.</u> |
| 7.- 8.       | <u>Exterior condition of vehicle.</u>   |

51-2488888

**JACKSONVILLE FIRE AND RESCUE DEPARTMENT  
FIRE INCIDENT REPORT**

Date: 05/28/02 Disposition:  
Incident No: 045418 Original Signal: 25VH  
Company: B16 Actual Signal: 25VH  
Exposure: 00 Number of Exposures: 00

Received Time: 19:42  
Dispatched Time: 19:43  
Completion Time: 20:29

Property Name:  
Address of fire:  
Occupant Name:  
Owner Name:  
Owner Address: 1615 AIRPORT RD

Fire Zone: 6660  
Apt:  
Phone:  
Phone: Zip: 32218

Incident Type: VEHICLE FIRE  
Action Taken: EXTINGUISHMENT  
Complex: NO COMPLEX  
Fixed Property Use: UNCOVERED PARKING AREA  
Mobile Property Type: AUTOMOBILE  
Year: 94 Make: REGENCY  
Serial No: 1G3HC52K2W4852406

Model: OLDSMOBILE  
State: FL Lic. Number: US3NKL

Number of personnel at scene: 4 Fire Service Injuries: Fatalities:  
Civilian Injuries: Fatalities:

**ALL IGNITIONS**

Area of fire origin: ENGINE AREA, RUNNING GEAR, WHEEL AREA OF TRANSP. EQUIP.  
Level of fire origin: GRADE TO 9 FT.  
Termination stage: TERMINATION IN OR AFTER FLAME STAGE  
Equipment involved in ignition: VEHICLE  
Type of material ignited: PLASTIC, INSUFF. INFO  
Form of material ignited: ELECTRICAL WIRE  
Form of heat ignition: HEAT FROM IMPROPERLY OPERATING EQUIPMENT  
Ignition Factor: INCENDIARY, NOT DURING CIVIL DISTURBANCE.  
Equipment involved in ignition: Year: Make:  
Model: Serial No: Voltage:

**FOR STRUCTURE FIRE**

Structure Type: NOT A STRUCTURE  
Construction Type:  
Construction Method:  
Extent of Damage: Flame: NOT A STRUCTURE FIRE  
Smoke: NOT A STRUCTURE FIRE  
Water: NOT A STRUCTURE FIRE  
Fire Control: NOT A STRUCTURE FIRE

Detector performance:  
Sprinkler performance:  
Type of material generating most flame:  
Avenue of flame travel:  
Type of material generating most smoke:  
Avenue of smoke travel:

LOSS INVOLVED	Structure	Est. value:	Est. loss:
	Contents	Est. value:	Est. loss:
	Vehicle	Est. value: 5000	Est. loss: 5000

**PROPERTY INSURED? UNKNOWN**

Insurance Company: UNKNOWN  
Address:

Remarks: VEHICLE FIRE  
FIRE STARTED IN ENGINE COMPARTMENT  
VALEL ADAM KOTH STATED SOMEONE WAS STARTING AUTO WHEN THEY HEARD EXPLOSION  
SOUND FROM ENGINE THEN SAW SMOKE FIRE EXTINGUISHED ENG 16 ROMEO.

Officer in charge: PRICE, ANTHONY C  
Prepared by: PRICE, ANTHONY C

Date: 05/28/02  
Date: 05/28/02

Received on 08/22/02 from the  
Records Section : Jacksonville Fire and Rescue Department  
107 North Market Street, Jacksonville, FL 32202  
Ph: (904)630-2465 Fax: (904)630-2451

Service Information

Page 1 of 6

&lt; Back

Forward &gt;

Document ID # 226067

Print

## CAMPAIGN: UPPER INTAKE MANIFOLD FRACTURE #97-C-02

744.6447

### PRODUCT SAFETY CAMPAIGN

**SUBJECT: 97-C-02 - UPPER INTAKE MANIFOLD FRACTURE**

**MODELS: CERTAIN 1996 PONTIAC BONNEVILLE, 1996 OLDSMOBILE NINETY EIGHT, EIGHTY EIGHT 1996 BUICK PARK AVENUE, LESABRE, RIVIERA, REGAL; (C,H,G,W MODELS) 1997 BUICK LESABRE (H MODEL) EQUIPPED WITH 3.8L ENGINE (RPO L36, VIN K)**

The Highway Safety Act, as amended, provides that each vehicle which is subject to a recall campaign of this type must be adequately repaired within a reasonable time after the customer has tendered it for repair. A failure to repair within sixty (60) days after tender of a vehicle is prima facie evidence of failure to repair within a reasonable time.

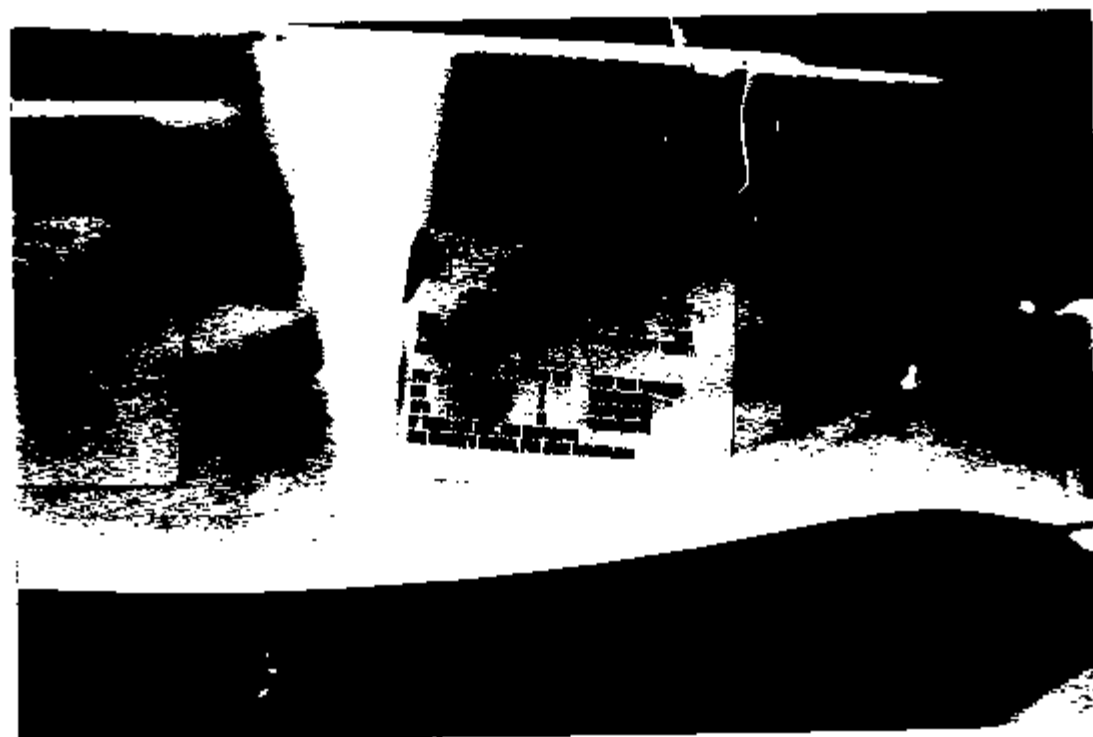
If the condition is not adequately repaired within a reasonable time, the customer may be entitled to an identical or reasonably equivalent vehicle at no charge or to a refund of the purchase price less a reasonable allowance for depreciation.

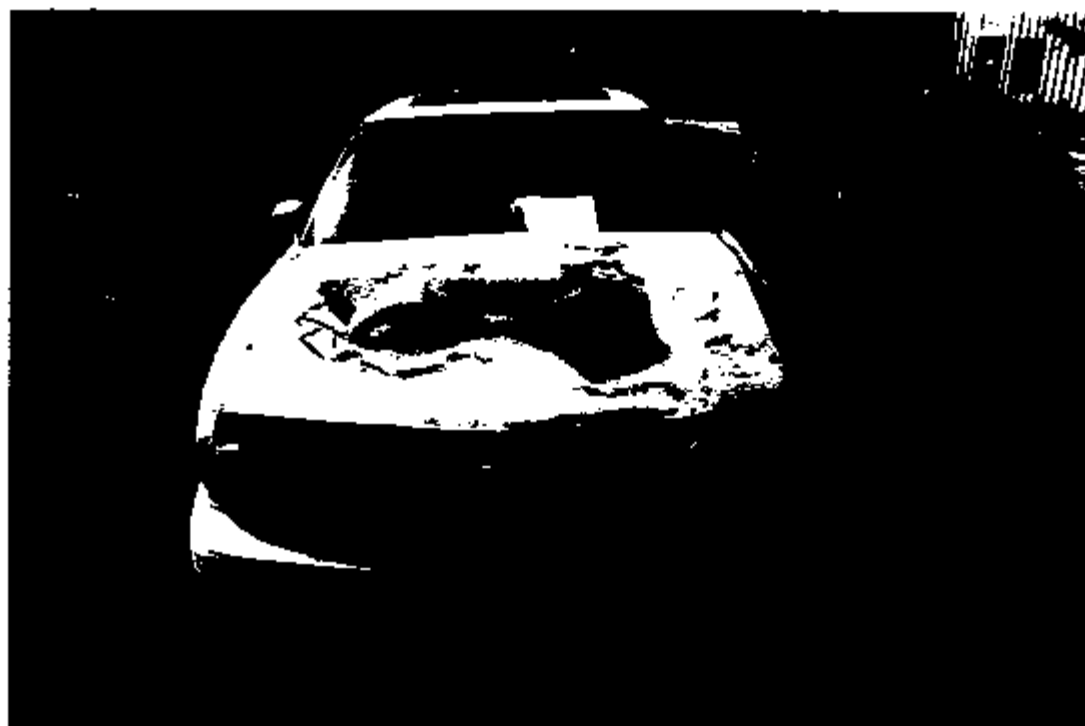
To avoid having to provide these burdensome solutions, every effort must be made to promptly schedule an appointment with each customer and to repair their vehicle as soon as possible. As you will see in reading the attached copy of the divisional letter that is being sent to customers, the customers are being instructed to contact the appropriate Customer Assistance Center if their dealer does not remedy the condition within five (5) days of the mutually agreed upon service date. If the condition is not remedied within a reasonable time, they are instructed on how to contact the National Highway Traffic Safety Administration.

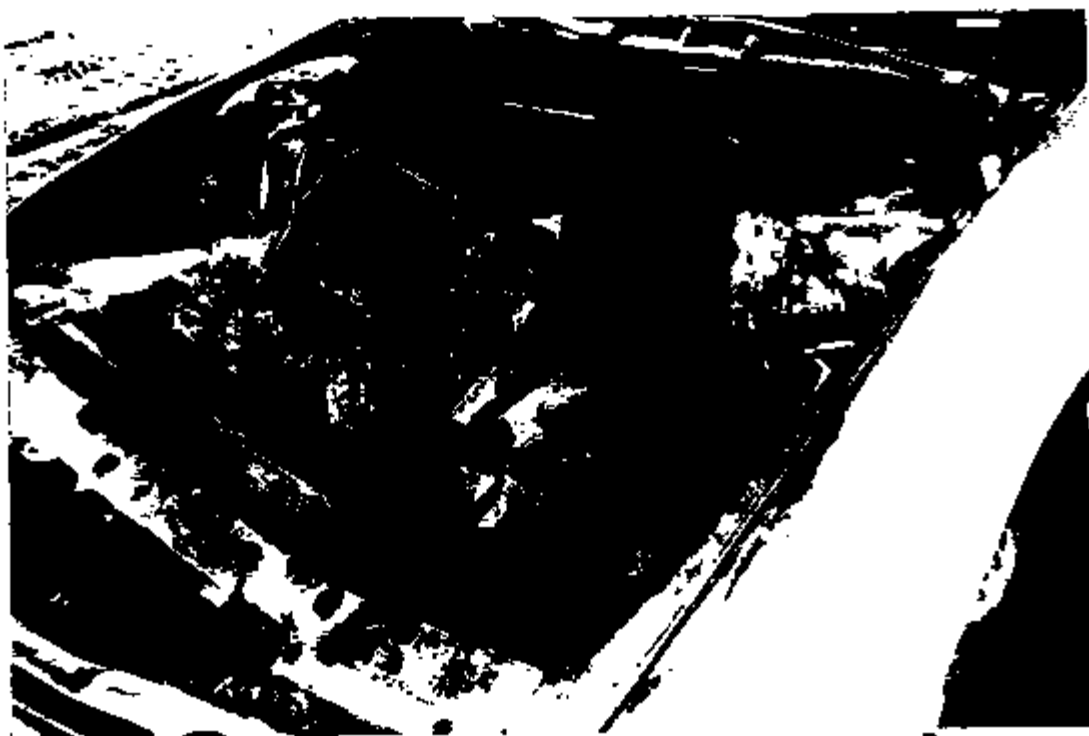
### DEFECT INVOLVED

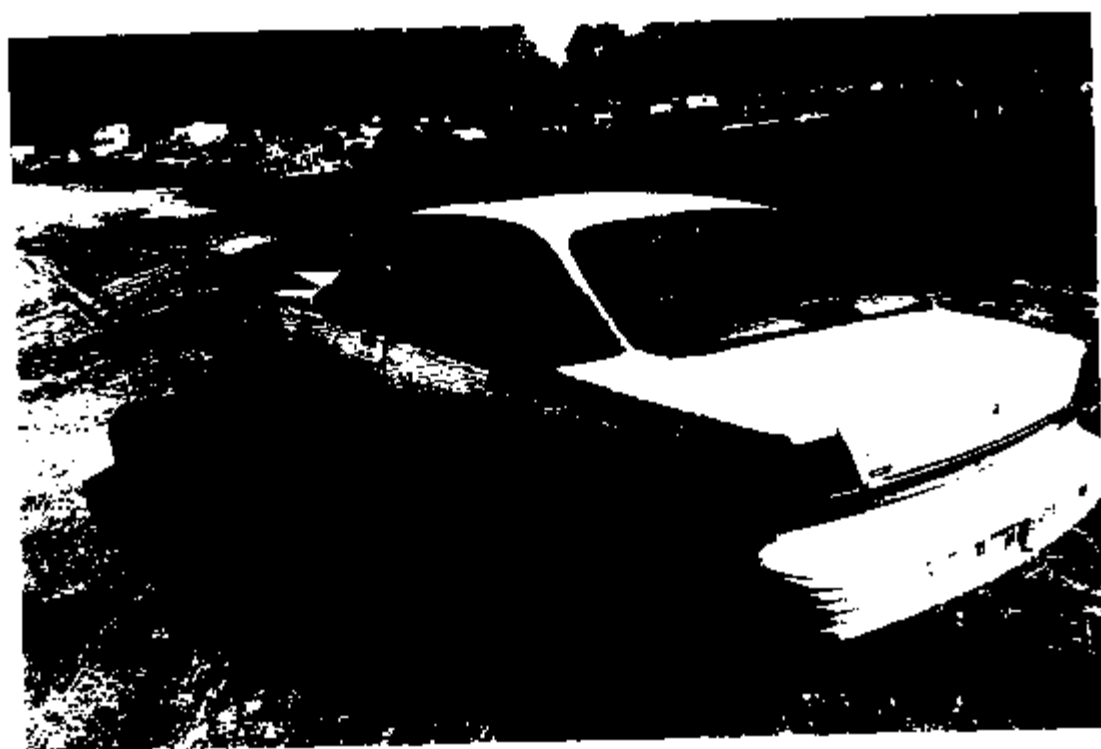
General Motors has decided that a defect which relates to motor vehicle safety exists in certain 1996 Pontiac Bonneville; Oldsmobile Ninety Eight and Eighty Eight; Buick Park Avenue, LeSabre, Riviera, Regal; and 1997 Buick LeSabre model vehicles equipped with a 3.8L V6 engine (RPO L36, VIN K). These vehicles may exhibit, under a certain set of complex conditions, a backfire during engine starting that can cause breakage of the upper intake manifold. This can cause a no-start condition and possibly an engine compartment fire. Also, if a person was in the immediate vicinity of the intake manifold when the hood was open, and this backfire condition occurred, it could result in personal injury.

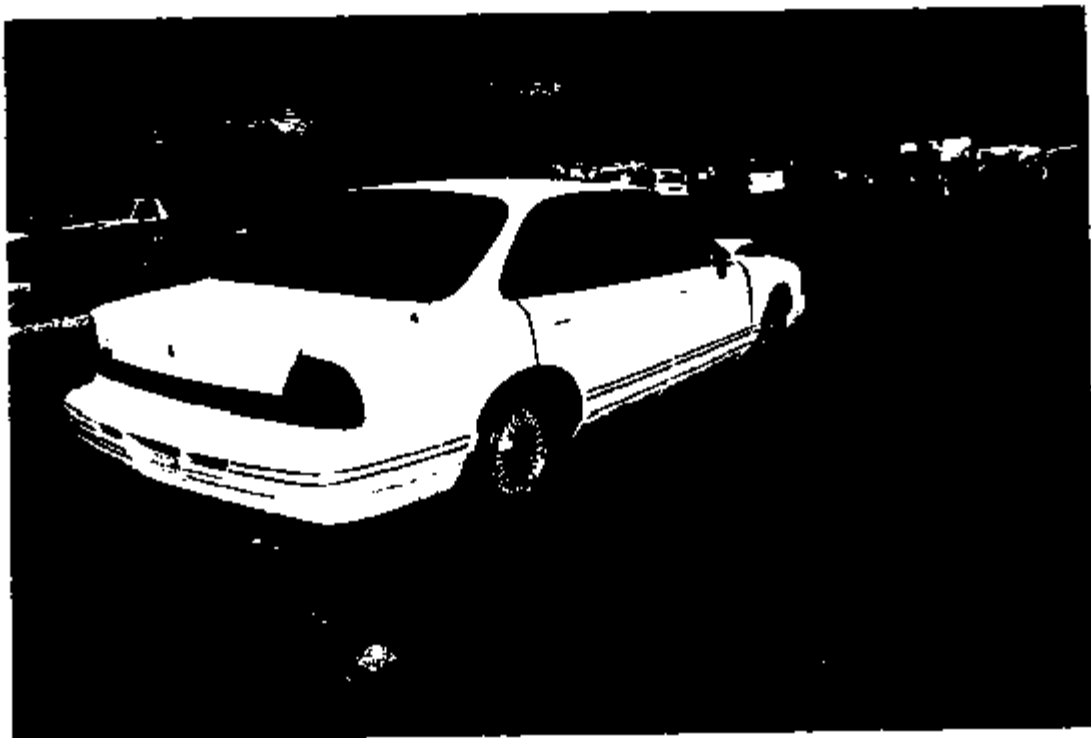
To correct this condition, dealers are to reflash the vehicle PCM with new programming software. Until the campaign repair is made, it is suggested that the vehicle hood be shut whenever starting the vehicle.











Notes:

000181







1998 REGENCY SEDAN  
16U BRIGHT WHITE /V60  
176 GRAY LEATHER  
ORDER NO. 80V397/SAS STOCK NO.  
1G3 HC52 K2 W4852406

OLDSMOBILE DIVISION  
GENERAL MOTORS CORPORATION  
920 TOWNSEND STREET  
LANSING MI 48921-0001  
VEHICLE INVOICE 3AD12789407

\*\*\*\*\*UW\*\*\*\*\*15\*132145

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - SOLD
3HC69 REGENCY SEDAN	28395.00	25981.43	INVOICE 03/17/98
CF5 ELECTRIC SLIDING GLASS SUNROOF	995.00	885.55	SHIPPED 03/17/98
FE9 FEDERAL EMISSION EQUIPMENT	0.00	0.00	EXP I/T 03/27/98
L36 3800 SERIES II V6 ENGINE	0.00	0.00	INT COM 03/27/98
1SA *** OTHER CONTENT INCLUDED ***	0.00	0.00	PRC EFF 03/17/98

\*KEYLESS REMOTE LOCK CONTROL  
WITH ILLUMINATED ENTRY/EXIT  
SYS AND RETAINED ACCESSORY PWR

KEYS 48K5 10M4  
WFP-S QTR OPT-1  
BANK: GMAC - 038  
CHG-TO 13-214

\*TILT STEERING WHEEL WITH TOUCH  
CONTROLS FOR AUDIO & AIR COND

SHIP WT: 3480

\*REAR SEAT CENTER FOLDING ARM  
REST WITH DUAL CUP HOLDERS

HP: 34.7

\*INSIDE ELECTROCHROMIC MIRROR  
INCLUDES A COMPASS

MEMO 1469.50

\*OUTSIDE DRIVER MIRROR IS  
ELECTROCHROMIC AND HEATED

\*(3) PASSENGER ASSIST HANDLES

\*REMINDER PKG-LOW COOLANT, FUEL,  
OIL, WASHER FLUID AND TEMP

\*POWER TRUNK LID LOCK RELEASE

\*DELUXE TRUNK TRIM & CARGO NET

\*DR/PASS LIGHTED VISOR MIRRORS  
WITH AUXILIARY SUNSHADES

\*FRONT/REAR CARPETED FLOOR MATS

\*FRONT DOOR & SEAT MAP POCKETS

\*SOFT RAY SIDE GLASS & EZ KOOL  
WINDSHIELD & REAR GLASS

	N/C	N/C
16U BRIGHT WHITE	0.00	0.00
176 GRAY LEATHER	0.00	0.00

TOTAL MODEL & OPTIONS	29390.00	26866.98	ACT 231	26590.28
DESTINATION CHARGE	605.00	605.00	H/B 261	881.70

TOTAL	29995.00	27471.98	PAY 310	27471.98
-------	----------	----------	---------	----------

MEMO: TOTAL LESS HOLDBACK AND  
APPROX WHOLESALE FINANCE CREDIT 26164.35

\*\*\*\*\*  
INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER  
REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO  
DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.  
\*\*\*\*\*

THIS MOTOR VEHICLE IS SUBJECT TO A SECURITY INTEREST HELD BY GMAC.

WIELE MOTOR CO.

REMIT TO GMAC NO. 038  
VIN 1G3HC52K2W4852406  
\$ 27471.98 INV 3AD12789407  
DUE 03/27/98 DEALER 13-214

# GM Vehicle Inquiry System

## Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

[Help](#)

VIN:	1G3HC52K2W4852406
------	-------------------

### VEHICLE INFORMATION

Merchandising Model:	3HC69 - 1998 REGENCY SEDAN			Warranty Start Date:	03/30/1998		
HARS Order Type	60 - RETAIL - SOLD						
Delivering Dealer :	WIBLE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA. 52738-0071 (319) 728-2236				Selling Source:	15 - OLDSMOBILE	
					Site Code:	13214	
					Business Associate Code:	113317	
Service Contracts:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Prod

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
98068	EMISSION LABEL ERROR	N/A	Closed

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	03/30/1998	8 miles	3/30/2001	36008 miles
72/100000 SHEET METAL RUST-THROUGH	03/30/1998	8 miles	3/30/2004	100088 miles
36/36000 SHEET METAL CORROSION	03/30/1998	8 miles	3/30/2001	36008 miles
96/80000 PCM/CC EMISSIONS	03/30/1998	8 miles	3/30/2006	80008 miles
36/36000 FEDERAL EMISSIONS	03/30/1998	8 miles	3/30/2001	36008 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
10/15/1999	012495	#	E3857 - B/F S/ASORB STRT RP	35391 miles
04/01/1999	010986	#	C3240 - R/F DR HNDL R&R/RPL	26058 miles
04/01/1999	010986	#	L1020 - FUEL TANK CAP RPL	26058 miles
04/01/1999	010986	#	R0480 - COMP POWER ASSY RPL	26058 miles
12/29/1998	010397	#	R1220 - CRUISE CONTROL - REPLACE	18492 miles
12/29/1998	010397	#	N2411 - SEAT ADJ SWITCH RPL	18492 miles
03/17/1998	A52406	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

#### CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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# GM Vehicle Inquiry System

## Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G3EC52K2W4852406
------	-------------------

### CLAIM HISTORY

Repair Order Date:		10/15/1999		Repair Order Number:		012495		Odometer Reading:		35391 miles	
Serviced By:	WIBLE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236					Selling Source:		15 - OLDSMOBILE			
						Site Code:		13214			
						Business Associate Code:		113317			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
10/22/1999	6	01	#	E3857 - B/T S/ASORB STRT RP		22113667 - STRUT ASM		N/A	N/A	\$307.33	N

Repair Order Date:		04/01/1999		Repair Order Number:		010986		Odometer Reading:		26058 miles	
Serviced By:	WIBLE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236					Selling Source:			15 - OLDSMOBILE		
						Site Code:			13214		
						Business Associate Code:			113317		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
05/03/1999	955	01	#	C3240 - R/F DR HNDL R&R/RPL		25606420 - RETAINER-		N/A	N/A	\$30.43	N
05/03/1999	955	02	#	L1020 - FUEL TANK CAP RPL		22612809 - CAP		N/A	N/A	\$22.98	N
05/03/1999	955	03	#	R0480 - COMP POWER ASSY RPL		22138200 - ANTENNA A		N/A	N/A	\$109.85	N

Repair Order Date:		12/29/1998	Repair Order Number:		010397	Odometer Reading:		18492 miles	
Serviced By:	WIBLE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236				Selling Source:		15 - OLDSMOBILE		
					Site Code:		13214		
					Business Associate Code:		113317		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/18/1999	925	01	#	R1220 - CRUISE CONTROL - REPLACE	25140567 - MODULE	N/A	N/A	\$323.16	N
01/18/1999	925	02	#	N2411 - SEAT ADJ SWITCH RPL	25633142 - SWITCH AS	N/A	N/A	\$71.59	N

Repair Order Date:		03/17/1998		Repair Order Number:		A52406		Odometer Reading:		6 miles	
Serviced By:	WIELE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236					Selling Source:		15 - OLDSMOBILE			
						Site Code:		13214			
						Business Associate Code:		113317			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
03/19/1998	838	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE		N/A		N/A	N/A	\$68.80	N

#### CHECK HISTORY

Vehicle Has No Associated Check History.
--

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# GM Vehicle Inquiry System

## Vehicle Build

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1G3HC52K2W4852406
------	-------------------

### VEHICLE BUILD

Merchandising Model:	3HC69 - 1998 REGENCY SEDAN		
Gross Vehicle Weight Rating:	N/A	Order Number:	N/A
Build Date:	03/17/1998	Build Plant:	1W4H - ORION ASSEMBLY

### OPTION CODES

AK5	AL2 - SEAT, POWER LUMBAR
AQ7 - FRT SPLIT, 3 PASS, 6 WAY ADJ, R	A43 - SEAT ADJUSTER, MIRROR, POWER, D
CF5 - SUN, GLASS, SLIDING, ELEC	CJ2 - AIR CONDITIONER FRT, AUTO TEMP
CS7 - FORCED AIR	DA0 - FRT SEAT, STORAGE
DD0 - LH & RH, REMOTE CONTROL, ELECTR	DE7 - MIRROR - INSIDE REARVIEW,
FE1 - SOFT RIDE	FE9 - FEDERAL EMISSIONS
FQ3 - TRANSAXLE FINAL DRIVE 2.86	G67 - ELECT LEVEL CONTROL
IC6 - INTERIOR DESIGN (C6)	IM4 - ANTI-LOCK BRAKE SYSTEM
KG9 - 140 AMP	L36 - 3.8 LITRE V6 MPI
MN3 - 4 SPD AUTO TRANS 4T65-E	MX0 - 4-SPEED AUTOMATIC TRANSMISSION
NP2 - EMISSION SYSTEM, FEDERAL TIER 1	NP5 - STEERING WHEEL- LEATHER WRAPPED
NW9 - ELECTRONIC	ORN - ORION, MI, USA
PH6 - ALUMINUM WHEELS	QGZ - TIRES - P205/70R-15" ALL SEASON
R9R - SALES ITEM NO. 92	R9S - SALES ITEM NO. 93
R9Z - SALES ITEM NO. 100	UH8 - INSTRUMENT CLUSTER
UK3 - STEERING WHEEL, ACCESSORY	UP0 - AM/FM STEREO, SEEK/SCAN, AUTO R
US7 - POWER ANTENNA	UV5 - SERVICE REMINDER
UW6 - 6, CUSTOM	VH9 - OWNER INFO MAN
VK3 - FRT MOUNTING PKG	VM3 - CONSUMER, CONTAINS BPR IMP STAN
Y73 - USA/CANADA	WJ7 - INTERIOR *LEATHER* (TO BE USED
1SA - OPTION 01	1SZ - OPTION PACKAGE
16U - BRIGHT WHITE	17I - MED GRAY (I) (97)
17E - MEDIUM GRAY (E) (97)	6F1 - COMBUSTED CRT STUB (47 D)

770 - MEDIUM GRAY LEATHER	080 - COMPUTER SEL SUSP (080)
7KJ - COMPUTER SEL SUSP (7KJ)	8KY - COMPUTER SEL SUSP (8KY)
9XY - COMPUTER SEL SUSP (9XY)	

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# GM Vehicle Inquiry System

## Vehicle Component

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Help

VIN:	1G3HCS2K2W4852406
------	-------------------

### Vehicle Component

Component Code:	10 - ENGINE ASSEMBLY				
Source Plant:	B - BOC FLINT, MICHIGAN				
Part/Num Broadcast:	BDY	Traceability:	0167198		
Date Scanned:	03/16/1998	Time Scanned:	21.21.00	Scan Station:	04

Component Code:	35 - STEERING COLUMN - SIR SYSTEM				
Source Plant:	S - SAGINAW DIVISION SAGINAW, MI				
Part/Num Broadcast:	KHS	Traceability:	YY1260528		
Date Scanned:	03/16/1998	Time Scanned:	11.55.00	Scan Station:	03

Component Code:	61 - TRANSMISSION				
Source Plant:	W - HYDRAMATIC WARREN, MICHIGAN				
Part/Num Broadcast:	8YFB	Traceability:	7490		
Date Scanned:	03/16/1998	Time Scanned:	22.03.00	Scan Station:	04

Component Code:	86 - ELECTRONIC CONTROL MODULE (ECM)				
Source Plant:	M - DELCO ELECTRONICS MILWAUKEE, WISCONSIN				
Part/Num Broadcast:	1334	Traceability:	38068ZND5		
Date Scanned:	03/17/1998	Time Scanned:	07.55.00	Scan Station:	01

Component Code:	AB - IR-MODULE ASM-INFLATOR				
Source Plant:	I - INLAND				
Part/Num Broadcast:	3170	Traceability:	2SAAB10		
Date Scanned:	03/16/1998	Time Scanned:	11.55.00	Scan Station:	03

Component Code:	AD - IR-SENSOR-FORWARD				
Source Plant:	Z - BREED, MEXICO				

Part/Num Broadcast:	0959	Traceability:	F34945		
Date Scanned:	03/17/1998	Time Scanned:	00.06.00	Scan Station:	08

Component Code:	AL - IR-MODULE ASM-I/P				
Source Plant:	I - INLAND				
Part/Num Broadcast:	3057	Traceability:	5061U0112		
Date Scanned:	03/16/1998	Time Scanned:	17.08.00	Scan Station:	02

Component Code:	AS - SENSING DIAGNOSTIC MODULE				
Source Plant:	K - DELCO ELECTRONICS KOKOMO, IN				
Part/Num Broadcast:	9626	Traceability:	38064DJ7X		
Date Scanned:	03/17/1998	Time Scanned:	07.55.00	Scan Station:	03

Component Code:	CB - SEQ NUM (FLEX) BODY ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1ZZ	Traceability:	1640568		
Date Scanned:	03/06/1998	Time Scanned:	03.02.00	Scan Station:	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1PP	Traceability:	1191254		
Date Scanned:	03/16/1998	Time Scanned:	10.53.00	Scan Station:	N/A

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# GM Vehicle Inquiry System

## Delivery Information

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[Help](#)

VIN:	1G3HC52K2W4852406
------	-------------------

### IN-SERVICE INFORMATION

In-Service Date:	03/30/1998	In-Service Type:	N/A
------------------	------------	------------------	-----

### DELIVERY INFORMATION

Delivery Date:	03/30/1998	Delivery Type:	010 - RETAIL/INDIVIDUAL	Delivered Odometer:	8 miles
Delivering Dealer:	WHILE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236	Delivery Selling Source:		15 - OLDSMOBILE	
		Delivery Site Code:		13214	
		Business Associate Code:		113317	

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# GM Vehicle Inquiry System

## Dealer Information

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HC52K2W4852406
------	-------------------

### INVOICE INFORMATION

Invoice Date:	03/17/1998		
Site Address:	WIELE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, LA 52738-0071 (319) 728-2236	Selling Source:	15 - OLDSMOBILE
		Site Code:	13214
		Business Associate Code:	113317

### SHIP-TO INFORMATION

Ship-To Date:	03/28/1998		
Site Address:	WIELE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, LA 52738-0071 (319) 728-2236	Selling Source:	15 - OLDSMOBILE
		Site Code:	13214
		Business Associate Code:	113317

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# GM Vehicle Inquiry System

## Dealer Information

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HC52K2W4852405
------	-------------------

### INVOICE INFORMATION

Invoice Date:	03/17/1998		
Site Address:	WIELE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236	Selling Source:	15 - OLDSMOBILE
		Site Code:	13214
		Business Associate Code:	113317

### SHIP-TO INFORMATION

Ship-To Date:	03/28/1998		
Site Address:	WIELE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236	Selling Source:	15 - OLDSMOBILE
		Site Code:	13214
		Business Associate Code:	113317

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INCMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

09/09/2002 12:21

VIN: 1G3HC52K2W4852406

OPEN\CLOSED STATUS:

SEL CAMPAIGN STATUS

REPAIR

REPAIR PREV.

CAMPAIGN

CODE NUMBER

DATE

DEALER NUMBER

TYPE

98068 MANUAL COMPLETE

2001/04/27

EMISSION

EMISSION LABEL ERROR

INQUIRY COMPLETE

PW:

PF 10 MANT 11 VECP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

Date: 9/9/ 2 Time: 12:21:03 PM

Ref No.	1-24888882	Ref No.		BRC Type	PAR	Bus. Unit	BRC
Site		Site				Area	PAR
Last Name	[REDACTED]	First Name	Roberts	Approval	Not Initialed	Sub-Area	Initials PAR- Thermal Event
		Con Acct			Engine - Manifold Gasket (Intake / Exhaust)	Safety	Yes
Involved Dealer		Phone		Priority	Medium	Updated	10/2/02 2:38:50 PM
	1G3HC52K2W4852408	Licence #	OLD82MOBILE		Open		KDAVIS
	Eighty Eight	Warr. Start	03/30/1998	Sub-Status	Satisfied	Opened	5/16/02 2:19:17 PM
	Oldsmobile	Mileage	52000		1998	Closed	
Customer Description	THIS IS A PAR FILE. PLEASE REFER ALL CALLS TO KRYSTEL DAVIS-GRANT/FAR/65130.			Abstract	Engine-THERMAL		

# Pre-PAR

Insurance Agent	6/10/02 12:00:00 AM	Venue	Ernest
Jacksonville Airport in Jacksonville, FL	Cust left veh at airport while on vacation; Valet attendant tried to start veh and veh blew; veh started smoking and afterwards the fire started		
	Dry	unknown	
0	engine area damage	Macaluso	Elsen
N	Component engine blow	Insurance Agency	Hartford Insurance
1	Covert 450 Hammond Bld Jacksonville FL 32240 904-781-3141 toll 4963262	unknown	8006375410ext81014
unknown		veh has been totaled	

# PAR Detail

			Y
Thermal	7/19/02		Est Repair Cost

		Last Service			Inspection Date/Time		8/22/02 9:01:00 AM			
Personal					3rd Party Inspector		Inspection Type		Thermal Event	
10/07/02	KDAVIS	Inbound Voice Mail	Service Request Update	Done	DELORES THOMAS, HARTFORD INSURANCE 800-824-1732 EXT 3143	CRM RECEIVED MESSAGE FROM DELORES THOMAS, HARTFORD INSURANCE. SHE STATED SHE MAILED SUBROGATION PAPER TO DETROIT (ESIS). KRYSTEL DAVIS-GRANT/PAR/58130.				
10/07/02	KDAVIS	BRC PAR	ESIS- Insurance Involvement	Done	FORWARDING FILE TO ESIS	CRM FORWARDING FILE TO ESIS. SUBROGATION DOC WERE MAILED TO ESIS. KRYSTEL DAVIS-GRANT/PAR/58130.				
10/07/02	KDAVIS	Research		Done	CASE SCAN-NO OTHER FILES					
10/07/02	KDAVIS	Outbound Call Third Party	Left Message	Done	LEFT MESSAGE	CRM LEFT MESSAGE FOR DELORES THOMAS, HARTFORD INS. TO RETURN CALL IF SHE NEEDS FURTHER ASSISTANCE. KRYSTEL DAVIS-GRANT/PAR/58130.				
10/07/02	KDAVIS	Inbound Voice Mail	Service Request Update	Done	HARTFORD INSURANCE COMPANY/DELORES THOMAS/800-824-1732 EXT 3143	CRM RECEIVED MESSAGE 10/2/02 FROM DELORES THOMAS WHARTFORD INS. SHE WAS CALLING TO INQUIRE ABOUT SUBROGATION DEMAND SENT 9/9/02				
						CRM RECEIVED MESSAGE FROM DELORES THOMAS, HARTFORD INS. CLAIM # 417188. KRYSTEL DAVIS-GRANT/PAR/58130.				
10/02/02	KDAVIS	Inbound Voice Mail	Service Request Update	Done	HARTFORD INSURANCE COMPANY	CRM RECEIVED MESSAGE FROM DELORES THOMAS 800-824-1732 EXT 3143 CALLING FOR STATUS OF SUBROGATION DEMAND SENT 8/8/02. KRYSTEL DAVIS-GRANT/PAR/58130.				
09/06/02	KDAVIS	SR Closed - Satisfied		Done	Service Request has been Closed Satisfied.					
09/06/02	KDAVIS	BRC PAR	Close-No Offer to Repair/Rep	Done	BUSINESS SUMMARY	CRM REVIEWED FILE. CRM CONTACT CUST AND CONFIRMED FACTS. CUST AUTHORIZED INSPECTION. CRM RECEIVED AND REVIEWED INSPECTION W/CONSULTANT & TM. CRM MADE NO OFFERS TO REPAIR/REPURCHASE. CRM CLOSING FILE. KRYSTEL DAVIS-GRANT/PAR/58130.				
09/06/02	KDAVIS	BRC PAR	GM Decision-Decline	Done	DECISION	CRM ADVISED CUST NO ASSISTANCE WILL BE GIVEN. KRYSTEL DAVIS-GRANT/PAR/58130.				
09/06/02	KDAVIS	Manager Review		Done	CRM REVIEWED FILE W/CONSULTANT.	SEE CONFIDENTIAL COMMENTS	CRM REVIEWED FILE W/CONSULTANT. HE ADVISE ASSISTANCE SHOULD BE GIVEN.			
							CRM REVIEWED W/ TM G. DEPALMA BECAUSE CUST HAS SETTLE W/INSURANCE NO FURTHER ASSISTANCE WILL BE GIVEN. HE ADVISED TO INFORM CUST NO MANUFACTURING -			



CONCERN. KRYSTEL  
DAVIS-GRANT/PAR58130.

06/28/02	KDAVIS	Outbound Correspondence	Rejected	Done	Correspondence Rejected - Inspection completed before letter approval.	
06/28/02	KDAVIS	BRC PAR	Inspection Received	Done	EAA	
06/27/02	KDAVIS	Inbound White Mail		Done	BRC PAR Scanned: 2002-06-27-09.10.00.000000, MSXDocNum: STP3D&BS32	
06/16/02	RICHKEY	Ownership Changed		Done	Service Request Ownership has changed FROM: RICHKEY TO: KDAVIS	
06/16/02	CARRM	Submit for Approval	Letter (Now Goodwill)	Done	PAR INSPECTION LETTER	Letter Rejected - Inspection completed before letter approval.
06/16/02	BRCLTRQ	Submit for Approval	Letter (Now Goodwill)	Done	PAR INSPECTION LETTER	
06/16/02	KDAVIS	Notify CRM		Done	please assume SR	
06/16/02	KDAVIS	Correspondence		Done	Credited:BRCPAR_PA0002, SR#1-24888882	
06/16/02	KDAVIS	Inbound Call Third Party	Service Request Update	Done	INSURANCE COMPANY	IRENE ALSO REQUESTED ADDRESS TO SEND CLAIM INFORMATION. CRM PROVIDED HER WEBS CONTACT. KRYSTEL DAVIS-GRANT/PAR58130.
06/16/02	KDAVIS	BRC PAR	Inspection- EAA- Thermal	Done	EAA	
06/16/02	KDAVIS	Inbound Call Third Party	Service Request Update	Done	HARTFORD INSURANCE/800-637-5410 EXT 61014	CRM CALL FROM IRENE MACALUSO, HARTFORD INSURANCE. SHE PROVIDED THE LOCATION OF THE VEHICLE.
					CO PARTS*884-781-3141*450 HAMMOND BLVD, JACKSONVILLE, FL 32220 * LOT # 4333282	
					CRM ADVISED CUST CALL WAS RETURNED AND THE LOCATION OF THE VEHICLE WAS PROVIDED. CRM ADVISED CUST WOULD CONTACT WHEN INSPECTION RECEIVED. KRYSTEL DAVIS-GRANT/PAR58130.	
06/16/02	KDAVIS	Inbound Voice Mail	Service Request Update	Done	CUST INSURANCE	CRM RECEIVED MESSAGE FROM IRENE, HARTFORD INSURANCE/800-637-5410 EXT 61014 REPA580048.
					CRM RETURNED CALL AND LEFT MESSAGE TO RETURN CALL	
					CRM SPOKE W/CUST TO ADVISE OF CALL. CRM ADVISED CUST SHE WOULD NEED TO PROVIDE TO LOCATION OF THE VEHICLE IF SHE WAS SEEKING AN INSPECTION. CUST STATES SHE WOULD CALL AND RETURN CALL. KRYSTEL DAVIS-GRANT/PAR58130.	
06/16/02	KDAVIS	BRC PAR	Initial Contact-	Done	INITIAL	DESCRIPTION OF INCIDENT

Phone

CUST STATES SHE DOESNT KNOW WHAT HAPPEN BECAUSE SHE WAS NOT THERE. CUST STATES SHE LEFT HER VEHICLE @ AGE VALET WHILE SHE ON ON VAC OUT WEST. CUST STATES SHE WAS INFORMED WHEN THEY STARTED THE VEHICLE TO BRING TO HER THE ENGINE THERMAL OCCURED. CUST STATED THE VEHICLE WAS RUNNING FINE THE WEEK BEFORE. CUST STATES SHE WAS INFORMED BY HER INSURANCE COMPANAY THERE WAS A FACTORY DEFECT. CUST REALLY DIDNT CLARIFY WHAT SHE WAS SEEKING. SHE JUST INDICATED SHE WAS WITHOUT A VEHICLE AND HAD TO GET ANOTHER ONE. CUST STATES SHE SETTLE WHER INSURANCE COMPANY. CUST STATES THE VEHICLE WAS PURCHASED A YEAR AGO FROM BOBBY'S IMPORT CARS. CRM ADVISED CUST THE VEHICLE COULD BE INSPECTED FOR INFORMATIONAL PURPOSE. CRM ADVISED CUST SHE WOULD NEED TO PROVIDE THE LOCATION OF THE VEHICLE. KRYSTEL DAVIS-GRANT/PA/58130.

08/18/02	KDAVIS	BRC PAR	Case Assigned	Done	ASSIGNED PAR CASE TO KRYSTEL DAVIS-GRANT/58130
08/18/02	BETHEA	Escalation	Initial PAR	Done	Pre-Par form
08/16/02	RICHKEY	Inbound Call Third Party	Complex Request	Done	engine fire

PAR RECEIVED AND ACCEPTED PRE PAR FORM. LEONARD BETHEA/PA/58110

Caller, Elton Macaluso, Hartford Insurance Co states veh has manufacturer defect; trying to find where to send claim; cause and origin report done on veh and found fire was result of upper manifold to fracture; fire occurred when starting veh; found fire over pressure caused manifold to fracture damaging fuel rail causing the fire; occurred 8-10-02; veh totaled

Caller seeking address to submit claim

Crm advised caller that par rep will be contacting cust within 24-48 business hours

Caller requesting a call back from par rep in order to submit claim

Caller # (800) 637-6410 xmd81014

Keyonna Richardson/cac/lpa

J74

No Symptoms Indicated

Engine - Manifold Gasket (Intake / Exhaust)

# GM Vehicle Inquiry System

## Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G3HC52K2W4852406
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### VEHICLE INFORMATION

Merchandising Model:	3HC69 - 1998 REGENCY SEDAN		Warranty Start Date:		03/30/1998		
BARS Order Type	60 - RETAIL - SOLD						
Delivering Dealer :	WIELE MOTOR CO. PO BOX 71 COLUMBUS JUNCTION, IA 52738-0071 (319) 728-2236		Selling Source:		15 - OLDSMOBILE		
			Site Code:		13214		
			Business Associate Code:		113317		
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
98068	EMISSION LABEL ERROR	N/A	Closed

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	03/30/1998	8 miles	3/30/2001	36008 miles
72/100000 SHEET METAL RUST-THROUGH	03/30/1998	8 miles	3/30/2004	100008 miles
36/36000 SHEET METAL CORROSION	03/30/1998	8 miles	3/30/2001	36008 miles
96/80000 PCM/CC EMISSIONS	03/30/1998	8 miles	3/30/2006	80008 miles
36/36000 FEDERAL EMISSIONS	03/30/1998	8 miles	3/30/2001	36008 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
10/15/1999	012495	#	E3857 - B/F S/ASORB STRT RP	35391 miles
04/01/1999	010986	#	C3240 - R/F DR HNDL R&R/RPL	26058 miles
04/01/1999	010986	#	L1020 - FUEL TANK CAP RPL	26058 miles
04/01/1999	010986	#	R0480 - COMP POWER ASSY RPL	26058 miles
12/29/1998	010397	#	R1220 - CRUISE CONTROL - REPLACE	18492 miles

12/29/1998	010397	#	N2411 - SEAT ADJ SWITCH RPL	18492 miles
03/17/1998	A52406	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

**CHECK HISTORY INFORMATION**

Vehicle Has No Associated Check History Information.

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VIN: 1G3EC52K2W4652406

	Insurer Description	VINGuard Analysis
Year	1998	1998
Make	Oldsmobile	Oldsmobile
Model	Regency	Regency
	HCS	HCS
Body style	4d Sed	4d Sed
Engine	6-3.8l-Fi	6-3.8l-Fi
Trans	Automatic Transmission	
	Overdrive	
Restraints	AIR BAGS (DRIVER+PASS.)	Air Bags (Driver+Pass.)
Odometer	UNKNOWN	

This vehicle was assembled in ORION, MI

----- VINGuard VIN Vehicle History -----

VINGuard has decoded this VIN without any errors.

\*\*\*\*\*  
\* WARNING - VINGuard has detected prior event(s) in this vehicle's history. \*  
\* Please review the information detailed below. \*  
\*\*\*\*\*

ISO Vehicle History:

Number of times reported to ISO: 1 ISO's file number: H0073487913  
Activity reported: Collision Estimate 07/31/2001  
Insurance company: Progressive Insurance Companies Phone:  
Claim number: 01-6853284-01 Coverage: Comprehensive  
Point of impact: Mileage: 0044954  
ISO notified: 08/01/2001

Collision History Information:

Collision incident reported by Progressive  
on 08/01/2001 Claim # 01-6853284-01 in Jacksonville Beach, FL  
Repair estimate: \$0 Miles: 44,954 Damage Location: Flood

500 274, 465  
Don't assume

904.

Valuation request: 29311576 (continued) 1998 OLDS REGENCY

----- VINGuard VIN Vehicle History (continued) -----

Previous Vehicle Sale Information:

This vehicle inspected by CCC on 03/14/2000 Miles: 42,274  
Location: Astro Lincoln Mercury, in Gulfport, MS

Vehicle Title Information:

This vehicle was reported with an ODOMETER READING from the Department  
of Motor Vehicles of: 43,277 in Atlantic Beach, FL on 08/31/2001

This vehicle was reported with an ODOMETER READING from the Department  
of Motor Vehicles of: 43,277 in Atlantic Beach, FL on 05/01/2001

This vehicle was reported with an ODOMETER READING from the Department  
of Motor Vehicles of: 00,008 in Muscatine, IA on 04/22/1998

## ESTIMATE OF RECORD

WRITTEN BY: JIMMY MILONAS # 05/31/2002 08:22 PM  
ADJUSTER: EILEEN MACALUSO #

INSURED: [REDACTED] CLAIM #0029218041-YCEMD92287  
OWNER: [REDACTED] POLICY #  
ADDRESS: [REDACTED] #186 DATE OF LOSS: 05/26/2002 AT 12:00 AM  
[REDACTED] 32233-0000 TYPE OF LOSS: COMPREHENSIVE  
OTHER: POINT OF IMPACT: 15. TOTAL LOSS  
DAY: [REDACTED]

INSPECT 1615 AIRPORT ROAD  
LOCATION: ACE VALET PARKING SERVICE  
JACKSONVILLE, FL

DAY: (904) 741-4888X0000  
OTHER

REPAIR  
FACILITY:

DAYS TO REPAIR  
LICENSE #

1998 OLDS REGENCY 6-3.8L-FI 4D SED WHITE INT:  
VIN: 1G9HC52K2W4852406 LIC: U53 NKL FL PROD DATE: 03/1998 ODOMETER: UNK  
AIR CONDITIONING REAR DEFOGGER TILT WHEEL  
CRUISE CONTROL INTERMITTENT WIPERS AUTO LEVEL  
CLIMATE CONTROL KEYLESS ENTRY BODY SIDE MOLDINGS  
DUAL MIRRORS ROOF CONSOLE TRACTION CONTROL  
CLEAR COAT PAINT POWER STEERING POWER BRAKES  
POWER WINDOWS POWER LOCKS POWER DRIVER SEAT  
POWER PASSENGER SEAT POWER ANTENNA POWER MIRRORS  
POWER TRUNK/TAILGATE AM RADIO FM RADIO  
STEREO CASSETTE SEARCH/SEEK  
CD PLAYER ANTI-LOCK BRAKES (4) DRIVER AIR BAG  
PASSENGER AIR BAG LEATHER SEATS SPLIT BENCH SEATS  
AUTOMATIC TRANSMISSION OVERDRIVE ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PA	INT
1		RECYCLED ASSEMBLIES						
2*	REPL	LKQ SHEET METAL +25%	1	2250.00*		9.5	10.0	
3		AIM HEADLAMPS				0.5		
4		AC SERVICE				M 1.4		
5		REFW EDGES					1.0	
6		REFW UNDERSIDE HOOD					1.7	
7#	RPR	COMPL INR STRUCT				8.0	3.2	
8		ELECTRICAL						
9**	REPL	A/M BATTERY 84 MONTH 78A-84	1	79.95*	M	0.3		
10		ENGINE / TRANSAXLE						
11*	REPL	LKQ R&I ENGINE/TRANS +25%	1	937.50*	M	12.0*	M	

05/31/2002 AT 08:23 PM  
27193

0029218041-YCEMD92287

ESTIMATE OF RECOR D  
1998 OLDS REGENCY 6-3.8L-FI 4D SED WHITE INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
12#	REPL	LXQ ENGINE ELEC. WIRING +25%	1	625.00		8.0	M
13#	SUBL	FRONT SEAT COVERS +25%	1	562.50	X		
14#	SUBL	CLEAN INTERIOR	1	225.00			
SUBTOTALS ==>				4679.95		39.7	15.9

PARTS			4117.45
BODY LABOR	19.7 HRS	@ \$ 34.00/HR	669.80
PAINT LABOR	15.9 HRS	@ \$ 34.00/HR	540.60
MECHANICAL LABOR	20.0 HRS	@ \$ 65.00/HR	1300.00
PAINT SUPPLIES			300.00
SUBLET/MISC.			562.50

SUBTOTAL			\$ 7490.35
SALES TAX	TIER 1 \$ 5000.00	@ 7.0000%	350.00
SALES TAX	TIER 2 \$ 1927.85	@ 6.0000%	115.67
TOTAL COST OF REPAIRS			\$ 7956.02

ADJUSTMENTS:			
DEDUCTIBLE			0.00
TOTAL ADJUSTMENTS			\$ 0.00
NET COST OF REPAIRS			\$ 7956.02

THIS IS NOT AN AUTHORIZATION TO REPAIR.  
PRESENT THIS ESTIMATE TO THE REPAIR FACILITY OF YOUR CHOICE.  
REPAIRS MUST BE AUTHORIZED BY THE OWNER.  
THE HARTFORD INSURANCE GROUP WILL NOT HONOR SUPPLEMENTS WITHOUT A  
REINSPECTION OR PRIOR APPROVAL.

WARNING, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE  
COMPANY OR OTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING FALSE  
INFORMATION, CONCERNING ANY FACT MATERIAL THERE TO IS COMMITTING A FRAUDULENT  
ACT, WHICH IS A CRIME.

**\*\*CCC MAILBOX STATUS MSG -**

- DATE/TIME ASSIGN SENT TO MAILBOX: 05/29/2002 12:02:04  
 - DATE/TIME ASSIGN RTRV FR MAILBOX:  
 - DATE/TIME COMPL ASSIGN RETURNED:

**\*\*CCC MAILBOX STATUS MSG -**

- DATE/TIME ASSIGN SENT TO MAILBOX: 05/29/2002 12:02:04  
 - DATE/TIME ASSIGN RTRV FR MAILBOX: 05/29/2002 16:54:45  
 - DATE/TIME COMPL ASSIGN RETURNED:

**\*\*CCC TOTAL LOSS VAL - LOSS DT: 05/28/2002 VAL DT: 06/01/2002**

- VEH: 98 OLDS, REGENCY, 4D SED,  
 - VIN: 1G3HC52K2W4852406 ODOMETER: 000000 COND: AVG-PRIV,  
 - ADJUSTS: 0.00 VAL TOT: 11800.00 NET: 11800.00  
 - VAL TYP: REAL STEEL LOSS TYP: COLLISION

CCC

**The Hartford  
 Market Valuation Report**

Report Reference Number: 29311576  
 Claim reference: 0029218041-YCEND92287  
 Loss Incident Date: 05/28/2002  
 Insured: Warren  
 Policy Number: 55PHF613731

Adjuster: Macaluso  
 Valuation Date: 06/01/2002  
 Owner: Roberta Warren  
 Appraiser: MILONAS

**Introduction**

The Hartford has conducted an appraisal of your 1998 Oldsmobile Regency 4 door Sedan located in Atlantic Beach, FL. The appraisal information was then used to conduct research in your local market to determine the local market value of your car. This Market Valuation Report details the results of that research. It contains the following sections:

**Section Title:**

-----  
 Vehicle Valuation Summary  
 VINGuard Vehicle Identification  
 VINGuard VIN Vehicle History  
 Local Market Definition  
 Valuation Methodology  
 Vehicle Condition  
 Local Market Comparable Vehicles  
 Salvage Title Threshold  
 Vehicle Model Information  
 NHTSA Vehicle Recall  
 Appraisal and Valuation Notes

**Section Contents:**

-----  
 Market Valuation with components  
 Vehicle configuration information  
 Vehicle history research  
 Local market basis  
 Method used to evaluate the vehicle  
 Vehicle's pre-accident condition  
 Comparable vehicles located in market  
 Salvage title threshold amount  
 Characteristics of the loss vehicle type  
 NHTSA recall notices  
 Log notes for this file

Valuation request: 29311576 (continued) 1998 OLDS REGENCY

**----- Vehicle Valuation Summary -----**

DESCRIPTION	OPTION	LOCAL MARKET VALUE
Base value **		\$ 11,800.00
Odometer		+ 0.00
Vehicle equipment:		
STD	AT - Automatic Transmission	INCLUDED



STD	OD - Overdrive	INCLUDED
STD	TX - Traction Control	INCLUDED
STD	PS - Power Steering	INCLUDED
STD	PB - Power Brakes	INCLUDED
STD	PW - Power Windows	INCLUDED
STD	PL - Power Locks	INCLUDED
STD	SP - Power Driver Seat	INCLUDED
STD	PC - Power Passenger Seat	INCLUDED
STD	PA - Power Antenna	INCLUDED
STD	PM - Power Mirrors	INCLUDED
STD	PT - Power Trunk/Tailgate	INCLUDED
STD	AC - Air Conditioning	INCLUDED
STD	RD - Rear Defogger	INCLUDED
STD	TW - Tilt Wheel	INCLUDED
STD	CC - Cruise Control	INCLUDED
STD	LS - Leather Seats	INCLUDED
STD	AL - Auto Level	INCLUDED
STD	DM - Dual Mirrors	INCLUDED
STD	KE - Keyless Entry	INCLUDED
STD	AM - AM Radio	INCLUDED
STD	FM - FM Radio	INCLUDED
STD	ST - Stereo	INCLUDED
STD	CA - Cassette	INCLUDED
STD	SE - Search/Seek	INCLUDED
STD	CD - Compact Disc Player	INCLUDED
STD	AW - Aluminum/Alloy Wheels	INCLUDED
STD	BN - Body Side Moldings	INCLUDED
STD	IW - Intermittent Wipers	INCLUDED
STD	AG - Air Bag	INCLUDED
STD	RG - Passenger Air Bag	INCLUDED
STD	AB - Anti-Lock Brakes (4)	INCLUDED

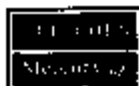
CCC Valuation Amount	\$ 11,800.00
Condition adjustment amount	+ 0.00
Actual Cash Value	<u>\$ 11,800.00</u>
Pre-tax amount	<u>\$ 11,800.00</u>
Adjusted vehicle valuation amount	<u>\$ 11,800.00</u>

\*\* The base value is the local market value of a vehicle of the same year, make, and model as the loss vehicle, including average mileage.

Valuation request: 29311576 (continued) 1998 OLDS REGENCY

----- Vehicle Valuation Summary (continued) -----  
 and all standard (STD) and predominant (FREDO) options. As such, the vehicle equipment listing reflects proper deductions for all standard or predominant option(s) which are not present on the loss vehicle. In cases where a standard or predominant option is superseded by a replacement or upgrade, a corresponding addition will appear for the option which supersedes the standard/predominant option.

----- Vanguard Vehicle Identification -----



# ASTRO

—Lincoln-Mercury, Inc.—

No. 11264

3329

(984)241-3251

PHONE 854-4458 8022 HWY 48 P.O. BOX 380 -  
GULFPORT, MISS. 39502

## CAR INVOICE

Stock No. P1862

Salesman

63/31/2881

Sold To

Address

FL 32233

NEW OR USED	MAKE OF CAR	MODEL	YEAR	BODY STYLE	SERIAL NUMBER	COLOR	KEY
USED	OLDSMOBILE	98 REGENT	1998	4DR	1G3HC32F2W4852486	WHITE	

TRADE

Base Price of Unit

16990.00

Used Car Allowance 8922.24

Balance Owed 3868.44

Net Trade Allowance 5853.88 TRD1MILES 58778

Balance Owed To: N/A

Make Used Car BUICK Type REGAL Year 1995

Stock No. P1862A Motor No. 264MB32LX51453277

License No. N/A Title No.

Total Car and Accessories	16990.00
Sales Tax	583.72
Administration & Notary	293.70
Title Fee	N/A
GRAND TOTAL	17873.42
Net Trade In Allowance	5853.88
Deposit	N/A
Cash on Delivery	N/A
Balance Due	12021.62
ASTRO LINCOLN-MERCURY, INC.	

Title Fee N/A

Balance In 60 Months at 388.88 Beginning 04/30/2001

Finance Company FORD MOTOR CREDIT COMPANY

Insurance Company

CUSTOMER COPY



**RECEIVED**

**JUL 19 2002**

Rimkus Consulting Group, Inc.  
101 S. Hoover Blvd., Suite 101  
Tampa, Florida 33609  
(813) 289-3080 Telephone  
(813) 289-5440 Facsimile

## **Report of Findings**

**VEHICLE**  
**FIRE CAUSE AND ORIGIN**  
**Claim No: PA690045**

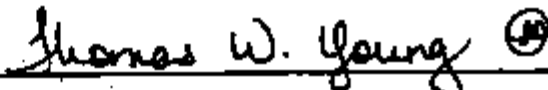
**RCG File No: 130393**

**Prepared For:**

**HARTFORD INSURANCE COMPANY**  
**POST OFFICE BOX 30773**  
**TAMPA, FLORIDA 33630**

**Attention:**

**MS. EILEEN MACALUSO**

  
Thomas W. Young, A.S., C.F.E.I.  
Fire Consultant

  
John H. McCullough, Jr.  
Fire Division Manager

July 17, 2002

## **Section I INTRODUCTION**

A fire occurred within the motor compartment of a 1998 Oldsmobile Regency (Vehicle Identification Number 1G3HC52K2W4852406). The fire was contained to the motor compartment.

Ms. Eileen Macaluso, of Hartford Insurance Company, retained Rimkus Consulting Group, Inc., on June 10, 2002, to inspect the fire-damaged vehicle for the purpose of determining the cause and origin of the fire. Mr. Thomas W. Young, A.S., C.F.E.I., Fire Consultant, conducted that inspection and related work.

This report was prepared for the exclusive use of Hartford Insurance Company, and is not intended for any other purpose. Our report is based on the information available to us at this time (July 17, 2002) as described in **Section IV, BASIS OF REPORT**. Should additional information become available, we reserve the right to determine the impact, if any, of the new information on our opinions and conclusions, and to revise our opinions and conclusions if necessary and warranted by the discovery of additional information.

## **Section II CONCLUSIONS**

1. The fire was accidental in nature.
2. The fire was a result of an upper manifold over-pressurization.
3. The fire occurred when a person(s) attempted to start the vehicle.
4. The over-pressure caused the upper manifold to fracture, subsequently damaging the fuel rail.

### **Section III DISCUSSION**

Upon our initial exterior inspection of the vehicle, we observed no damage to the rear 3/4 of the vehicle. The vehicle was a 4-door sedan, white in color, with a sunroof (Florida license plate U53 NKL).

The front portion of the vehicle sustained finish damage at the center of the hood. Smoke damage was noted at the design opening around the perimeter of the hood.

We noted incipient stage of meltdown to the front grille. In addition, we observed prying damage on the driver side of the hood. This damage was apparently caused by firefighters during fire suppression activities. We also observed incipient windshield failure near the wiper cradle, which allowed heat and smoke to enter into the passenger compartment. The migration of heat and smoke into the passenger compartment caused headliner damage and moderate smoke damage.

The motor compartment inspection revealed a distinct area of origin at the center of the engine specific to the upper intake manifold. The peripheral components were damaged by radiant heat. The alternator and related components were intact. All connections were securely fastened and no outward indications of damage were noted.

The fuel levels appeared in normal range. We noted the oil cap and its retainer had been dislodged from the valve cover closest to the front grille. There was no fire damage to the oil cap. The oil cap was located on the lower cross member.

We located the PCV valve still in its original position. The neoprene hose and cap to the PCV was consumed by fire.

During a closer examination of the upper intake manifold, we described the damage as a failure of the component and subsequent fire. The portion of the manifold nearest the firewall displayed an irregular burn pattern indicative of an initial fracture. The fire,

which originated in the upper intake manifold area, damaged adjacent plastics and combustibles.

It is our opinion based on physical and observable evidence, and an effective burn pattern analysis that the fire was accidental in nature. The fire was a result of an improper fuel/air mixture and ignition sequence, which caused an internal over-pressure within the upper intake manifold. The over-pressurization caused the manifold to fracture, which subsequently damaged the fuel rail causing the available fuel to ignite.

In a review of ALLDATA information relating to this vehicle, Technical Service Bulletin 99-06-04-053 entitled "Fuel Trim", states that learned valve Power Control Module (PCM) reprogramming may have been a contributing factor to the fire causation. The PCM allows or directs a proper fuel air mixture to enter the upper manifold. The inappropriate mixture of the same could cause an unwanted mechanical event of this nature to occur.

**Section V**  
**ATTACHMENT A**

**Photographs**

Photographs taken during our inspection that are not included in this report are retained in our files and are available to you upon request.



**Photograph 1**  
*Front view of vehicle.*



**Photograph 2**  
*Rear driver side quarter view.*



**Photograph 3**  
*Motor compartment damage.*



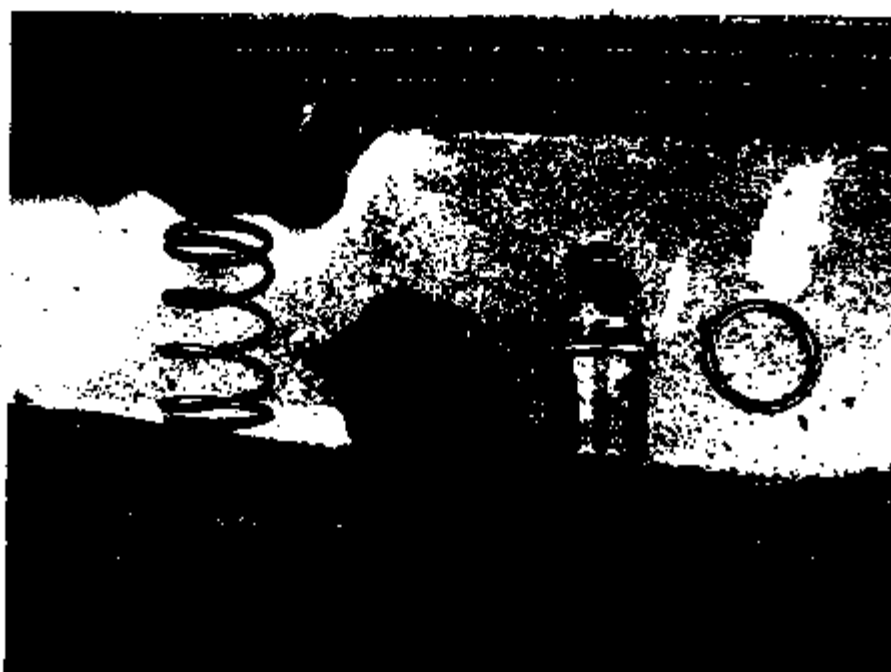
**Photograph 4**  
*Oil cap removed from within the frame.*



**Photograph 5**  
*Entire oil cap and retainer dislodged.*



**Photograph 6**  
*PCV valve and related parts recovered.*



**Photograph 7**

*Close view of upper manifold failure.*



**Photograph 8**

*Fire damage originating at manifold.*



**Photograph 9**  
*Wide view of area of origin.*





**THOMAS W. YOUNG, A.S., C.F.E.I.  
FIRE CONSULTANT**

Mr. Young has an Associates Degree in Fire Science and has been employed by the St. Petersburg, Florida Fire and Rescue for 27 years. In that capacity he has been involved in many different emergency service positions including Fire Fighter, Driver Engineer, Station/Line Officer, Public Information Officer, Community Affairs Director, and Deputy Fire Marshal.

Mr. Young has completed and maintained State certifications as Fire Inspector, Fire Officer, and Basic Fire Instructor. He has completed numerous educational seminars and continuing educational courses.

Mr. Young supervised the cause and origin efforts for the St. Petersburg Fire and Rescue for over 10 years. He supervised the Arson Task Force Operations during civil unrest that involved 200 fires. He has given expert testimony in court cases and has testified before the Grand Jury. He has also been involved in special projects such as juvenile fire setters in an educational intervention program that he developed.

Mr. Young has been recognized for his achievements by being the recipient of awards that include, Fire Officer of the Year, and The State of Florida's Public Educator of the Year.

**EDUCATIONAL AND PROFESSIONAL ASSOCIATIONS**

A.S. - Fire Science Junior College, St. Petersburg, Florida, 1999  
National Fire Academy  
Florida Fire Marshals Association  
Florida Advisory Committee on Arson Prevention Member  
Pinellas Arson C.o.o.p.  
Fire Findings Laboratories/ Gas and Electric Appliance Fires, 2001  
Certified Fire and Explosion Investigator N.A.F.I. Certification  
National Fire Protection Association Member

**EMPLOYMENT HISTORY**

2000 - Present  
1974 - 2000

Rimkus Consulting Group, Inc.  
St. Petersburg Fire & Rescue

HOUSTON DALLAS/FT. WORTH MC ALLEN SAN ANTONIO CORPUS CHRISTI AUSTIN NEW ORLEANS  
ATLANTA CHICAGO TAMPA FT. LAUDERDALE ORLANDO LAS VEGAS DENVER PHOENIX ZURICH



**JOHN H. McCULLOUGH, JR., B.A., R.A.  
FIRE DIVISION MANAGER**

Mr. McCullough is a 1972 graduate of Texas Tech University with a bachelor of architecture degree. Currently he is registered as an architect in the states of Texas, Oklahoma, Louisiana, Arkansas, Mississippi, Alabama, Florida, Georgia, South Carolina, North Carolina, New Mexico, Arizona, Nevada, Utah, and Colorado. He holds a certificate with the National Council of Architectural Registration Council and is registered as an interior designer in the state of Texas.

Mr. McCullough has extensive experience in the planning, design, management and execution of diversified projects in both the United States and the Middle East. He has been responsible for the design, construction documentation and construction supervision of multi-million dollar commercial, education, and medical facilities. He has many years of experience providing architectural services for property management companies.

As field manager of catastrophic response team working natural disasters such as hurricanes and tornadoes, Mr. McCullough has analyzed both commercial and residential buildings to determine cause and extent of damage. He has worked with other team members in determining methods and cost of repairs.

Mr. McCullough is experienced in analyzing facilities for compliance with government and industry requirements and personal safety aspects. He has been involved in construction defect claim analysis, construction claims analysis, failure analysis, and slip and fall analysis.

Utilizing his architectural background and fire science training, Mr. McCullough has become a certified fire and explosion investigator with more than ten years of fire science experience. As founder of JM & Associates, he has successfully investigated more than 200 fire cases including residential, commercial, industrial and high-rise with extensive experience in LPG-related fires. He has also served as an active fire fighter and fire marshal for the Klein Volunteer Fire Department.

**EDUCATION AND PROFESSIONAL ASSOCIATIONS**

B.A. - Architecture - Texas Tech University, 1972

Registered Professional Architect - Texas, Louisiana, Mississippi, South Carolina, Georgia, Alabama, Florida, North Carolina, Oklahoma, New Mexico, Arizona, Nevada, Utah, Colorado, Arkansas

Certified Fire and Explosion Investigator

Certified as Expert in Arson Investigation - National Association of Investigative Specialists

Certified Hazardous Waste Worker Health and Safety Training (HAZMAT)

Licensed Private Investigator - Texas, Florida

Member of: National Council Architecture Review Board, 1975

National Association of Fire Investigators

International Association of Arson Investigators Inc.

National Association of Investigative Specialists

Southern Building Code Congress International

Klein Volunteer Fire Department - Fire Marshal (Active Fire Fighter)

HOUSTON DALLAS/FT. WORTH MCALLEN SAN ANTONIO CORPUS CHRISTI AUSTIN NEW ORLEANS  
ATLANTA CHICAGO TAMPA FT. LAUDERDALE ORLANDO LAS VEGAS DENVER PHOENIX ZÜRICH

**JACKSONVILLE FIRE AND RESCUE DEPARTMENT  
FIRE INCIDENT REPORT**

Date: 05/28/02 Disposition:  
Incident No: 045418 Original Signal: 25VH  
Company: 816 Actual Signal: 25VH  
Exposure: 00 Number of Exposures: 00

Received Time: 19:42  
Dispatched Time: 19:43  
Completion Time: 20:29

Property Name: ACE VALET PARKING  
Address of fire: 1615 AIRPORT RD  
Occupant Name: KOTH ADAM  
Owner Name: ACE VALET  
Owner Address: 1615 AIRPORT RD

Fire Zone: 6660  
Apt: Zip: 32218  
Phone: (904) 741-4888  
Fax: (904) 741-4888

**RECEIVED**  
**JUL 05 2002**

Incident Type: VEHICLE FIRE  
Action Taken: EXTINGUISHMENT  
Complex: NO COMPLEX  
Fixed Property Use: UNCOVERED PARKING AREA  
Mobile Property Type: AUTOMOBILE  
Year: 94 Make: REGENCY  
Serial No: 1G3HC52K2W4852406

Model: OLDSMOBILE  
State: FL Lic. Number: U53NKL

Number of personnel at scene: 4 Fire Service Injuries: Fatalities:  
Civilian Injuries: Fatalities:

**ALL IGNITIONS**

Area of fire origin: ENGINE AREA, RUNNING GEAR, WHEEL AREA OF TRANSP. EQUIP.  
Level of fire origin: GRADE TO 9 FT.  
Termination stage: TERMINATION IN OR AFTER FLAME STAGE  
Equipment involved in ignition: VEHICLE  
Type of material ignited: PLASTIC, INSUFF. INFO  
Form of material ignited: ELECTRICAL WIRE  
Form of heat ignition: HEAT FROM IMPROPERLY OPERATING EQUIPMENT  
Ignition Factor: INCENDIARY, NOT DURING CIVIL DISTURBANCE.  
Equipment involved in ignition: Year: Make:  
Model: Serial No: Voltage:

**FOR STRUCTURE FIRE**

Structure Type: NOT A STRUCTURE  
Construction Type:  
Construction Method:  
Extent of Damage: Flame: NOT A STRUCTURE FIRE  
Smoke: NOT A STRUCTURE FIRE  
Water: NOT A STRUCTURE FIRE  
Fire Control: NOT A STRUCTURE FIRE

Detector performance:  
Sprinkler performance:  
Type of material generating most flame:  
Avenue of flame travel:  
Type of material generating most smoke:  
Avenue of smoke travel:

<b>LOSS INVOLVED</b>	Structure	Est. value:	Est. loss:
	Contents	Est. value:	Est. loss:
	Vehicle	Est. value: 5000	Est. loss: 5000

**PROPERTY INSURED? UNKNOWN**

Insurance Company: UNKNOWN  
Address:

Remarks: VEHICLE FIRE  
FIRE STARTED IN ENGINE COMPARTMENT  
VALET ADAM KOTH STATED SOMEONE WAS STARTING AUTO WHEN THEY HEARD EXPLOSION  
SOUND FROM ENGINE THEN SAW SMOKE FIRE EXTINGUISHED ENG 16 ROMEO.

Officer in charge: PRICE, ANTHONY C  
Prepared by: PRICE, ANTHONY C

Date: 05/28/02  
Date: 05/28/02

Received on 06/04/02 from the  
Records Section - Jacksonville Fire and Rescue Department  
107 North Market Street, Jacksonville, FL 32202  
Ph: (904) 630-2463 Fax: (904) 630-2431



# Rental Invoice

Rental Agreement

D440750 -- 43AP

Description	Rate	Amount
24 DAYS	27.99	671.76
SURCHARG		49.20
SALES TAXX	7.00	56.93
AP/ACC		84.59
VLF RECV		7.88

RECEIVED  
JUN 28 2002

PAID  
JUL 02 2002

TOTAL CHARGES 870.16  
LESS AMOUNT RECEIVED 390.16

AMOUNT DUE..... 480.00

DOB  
7/02/27

Additional Driver

Name  
NO OTHER DRIVER PERMITTED  
Age Driver License State Expires

Color AMAZON #P.O. #  
Model 02 WINP Unit # J05668  
Color SILVER License No. V25HCP Date of Loss 5/28/02 Type of Loss INSURED  
Model 02 IMFA Unit # J05447 Type of Car OLDS REGEN Repair Shop TOTAL LOSS\*\*

Billing Inquiry Call 904-741-6890 Fed Tax ID # 59-1684426  
Billing Information

Thank You For Choosing Enterprise

PICK ENTERPRISE- WE'LL PICK YOU UP  
DIAL 1-800-RENT-A-CAR FOR A LOCATION  
NEAR YOU!

Please Return This Portion with Remittance

Remit to:

AMOUNT DUE..... 480.00

Paid by:  
HARTFORD INS-TAMPA  
ATTN: MACALUSO-EILEEN  
P. O. BOX 38778  
TAMPA FL 33630

06/22

Customer Rental Agreement RT-2001 D440750 480.00 43AP

Total loss breakdown sheet

CLAIM #: SUB417183

Vehicle: 98 Olds Regency

ACV:	
TAX:	
MISC:	
SUB TOTAL:	\$12,558.00
SALVAGE:	
SUB TOTAL:	\$12,558.00
RENTAL:	
TOTAL:	\$13,038.00
DED:	

**ESIS**

An Insurance Services Company

300 Renaissance Center  
482-C20-071  
Detroit, MI 48265-3000

442539  
313.665.3415 tel/  
313.665.0911 fax

Janice Lapinski  
Property Damage Unit  
Janice.Lapinski@esis.com

January 6, 2003

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

Your Claimant: [REDACTED]  
Your File Number: 25-5674-024  
Esis File Number: 442539  
Our Client: General Motors Corporation  
Date of Incident: July 11, 2002

Dear Mr. Moehl;

This correspondence is in regards to your subrogation claim concerning your insured.

Enclosed is a release, could you please sign, date, and have this notarized and returned to my attention, and payment will be forwarded immediately.

Thank you for your attention in this regard.

Sincerely,

Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

RELEASE OF PROPERTY DAMAGE CLAIM

File No: 8213-259-442539

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of State Farm Insurance Company a/s/ [REDACTED], being of lawful age, for the sole consideration of Three Thousand, Six hundred, fifty-six dollars 90/100 (\$3,656.90) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about July 11, 2002 at or near Marceline, MO.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releaseses deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

CAUTION: READ BEFORE SIGNING

_____	X _____	LS
Witness		
_____	X _____	LS
Witness		

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }-SS

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_  
acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Notary Public



## State Farm Insurance Companies®

Home Office: Bloomington, Illinois  
Offices Central: Bloomington, Illinois

FACSIMILE COVER SHEET

CARATULA DE FAX

BUSINESS  
EMPRESARIALDate: 1-14-03  
Fecha:TO: [Redacted]  
A: [Redacted]Office/Address: ESIS  
Oficina/Dirección:

Telephone Number:

Número de teléfono: ( )

Total Pages Transmitted (including cover sheet)

Total de Páginas Enviadas (incluyendo la carátula): 3

FAX Number:

No. de fax:

Claim Number:

No. Reclamo:

442539

Insured:

Asegurado:

The information contained in this facsimile message is intended for the sole use of the individual(s) named above. If you are not an intended recipient listed above, you are hereby notified that any disclosure, duplication, or distribution of this information or the taking of any action in reliance on the contents of this transmission, without the express written consent of the sender, is **STRICTLY PROHIBITED**. If you have received this transmission in error, please notify us immediately by telephone, so we can arrange for the return of this material at no cost to you.

La información contenida en el mensaje de este fax es para uso exclusivo de la(s) persona(s) nombrada(s) más arriba. Si usted no es una de esas personas, se le notifica que cualquier divulgación, duplicación o distribución de esta información o el tomar cualquier acción basada en los contenidos de esta transmisión, sin el expreso consentimiento por escrito del remitente, está **ESTRICTAMENTE PROHIBIDO**. Si usted recibió esta transmisión por error, por favor notifiquenos inmediatamente por teléfono para que nos pueda devolver este material sin cargo de su parte.

FROM: Daron Mackl  
DE:

Office/Address/Location:

Oficina/Dirección/Lugar:

Telephone Number:

Número de teléfono: (888) 759-0298

FAX Number:

No. de Fax: (573) 499-3070

Message:

Mensaje:

Please see attached

release

Thanks

Daron

mjh

**ESIS**

An Insurance Services Company

300 Renaissance Center  
482-C20-071  
Detroit, MI 48265-3000313.665.3415 fax  
313.665.0911 fax

SUBROGATION

JAN 13 2003

Janice Lapinski  
Property Damage Unit  
Janice.lapinski@esis.com

January 6, 2003

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

Your Claimant: [REDACTED]  
Your File Number: 25-5674-024 P  
Ests File Number: 442539  
Our Client: General Motors Corporation  
Date of Incident: July 11, 2002


Dear Mr. Moehl:

This correspondence is in regards to your subrogation claim concerning your insured.

Enclosed is a release, could you please sign, date, and have this notarized and returned to my attention, and payment will be forwarded immediately.

Thank you for your attention in this regard.

Sincerely,

  
Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

## RELEASE OF PROPERTY DAMAGE CLAIM

No: 8213-259-442539

## KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of State Farm Insurance Company a/s/o [redacted], being of lawful age, for the sole consideration of Three Thousand, Six hundred, fifty-six dollars 90/100 (\$3,656.90) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, and him, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about July 11, 2002 at or near Marceline, MO.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 13 day of January, 2003.

CAUTION: READ BEFORE SIGNING

Witness

Witness

STATE OF Missouri )  
COUNTY OF Cooper )-SS

On the 14th day of January, 2003, before me personally appeared Marion Moehl

to me known to be the person(s) named herein and who executed the foregoing Release and  
acknowledged to me that Marion Moehl voluntarily executed the same.

My term expires 11-06, 2005, Martha J. Howell  
Notary Public



# ESIS

An Insurance Services Company

300 Renaissance Center  
482-C20-071  
Detroit, MI 48265-3000

313.665.3415 tel  
313.665.0911 fax

JAN 13 2003

Janice Lapinski  
Property Damage Unit  
Janice.lapinski@esis.com

January 6, 2003

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

RECEIVED

JAN 21 2003

ESIS-GM CLAIMS UNIT

Your Claimant: [REDACTED]  
Your File Number: 25-5674-024  
Esis File Number: 442539  
Our Client: General Motors Corporation  
Date of Incident: July 11, 2002

Dear Mr. Moehl;

This correspondence is in regards to your subrogation claim concerning your insured.

Enclosed is a release, could you please sign, date, and have this notarized and returned to my attention, and payment will be forwarded immediately.

Thank you for your attention in this regard.

Sincerely,



Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

NIF JAN 20 2003



RELEASE OF PROPERTY DAMAGE CLAIM

File No: 8213-259-442539

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of State Farm Insurance Company a/s/o [redacted] being of lawful age, for the sole consideration of Three Thousand, Six hundred, fifty-six dollars 90/100 (\$3,656.90) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about July 11, 2002 at or near Marcelline, MO.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

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THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 13 day of January, 2003.

CAUTION: READ BEFORE SIGNING

Witness

Witness

[Signature] LS  
X \_\_\_\_\_ LS

STATE OF Missouri }  
COUNTY OF Cooper } SS

On the 14<sup>th</sup> day of January, 2003, before me personally appeared Klaron Maehl

to me known to be the person(s) named herein and who executed the foregoing Release and acknowledged to me that Klaron Maehl voluntarily executed the same.

My term expires 11-06, 2005.

Martha J. Howell  
Notary Public



**ESIS**

An Insurance Services Company

300 Renaissance Center  
482-020-073  
Detroit, MI 48265-3000313.665.3415 tel/  
313.665.0911 fax

SUBROGATION

JAN 13 2003

Janice Lapinski  
Property Damage Unit  
Janice.lapinski@esis.com

January 6, 2003

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

Your Claimant: [REDACTED]  
Your File Number: 25-5674-024 P  
Esis File Number: 442539  
Our Client: General Motors Corporation  
Date of Incident: July 11, 2002

Dear Mr. Moehl;

This correspondence is in regards to your subrogation claim concerning your insured.

Enclosed is a release, could you please sign, date, and have this notarized and returned to my attention, and payment will be forwarded immediately.

Thank you for your attention in this regard.

Sincerely,

  
Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

## RELEASE OF PROPERTY DAMAGE CLAIM

File No: 6213-259-442539

## KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of State Farm Insurance Company s/o [REDACTED], being of lawful age, for the sole consideration of Three Thousand, Six hundred, fifty-six dollars 90/100 (\$3,656.90) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge EBN/General Motors Corporation, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about July 11, 2002 at or near Marceline, MO.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 13 day of January, 2003.

CAUTION: READ BEFORE SIGNING

Witness

Witness

STATE OF Missouri }  
COUNTY OF Cooper }-ss

On the 13<sup>th</sup> day of January, 2003, before me personally appeared Marion Marshall

to me known to be the person(s) named herein and who executed the foregoing Release and

acknowledged to me that Marion Marshall voluntarily executed the same.

My term expires 11-06, 2005.

Martha J. Howell  
Notary Public



② ASAP 001



## State Farm Insurance Companies

Home Offices: Bloomington, Illinois  
Offices Centrales: Bloomington, Illinois

FACSIMILE COVER SHEET

CARATULA DE FAX

BUSINESS  
EMPRESARIALDate: 1-14-03  
Fecha:TO: Janice Lapinski  
A:Office/Address: ESIS  
Oficina/Dirección:

Telephone Number:

Número de teléfono: ( )

Total Pages Transmitted (including cover sheet)

Total de Páginas Enviadas (incluyendo la carátula): 3

FAX Number:

No. de fax: (313) 465-0911

Claim Number:

No. Reclamo: 442539

Insured:

Asegurado:

The information contained in this facsimile message is intended for the sole use of the individual(s) named above. If you are not an intended recipient listed above, you are hereby notified that any disclosure, duplication, or distribution of this information or the taking of any action in reliance on the contents of this transmission, without the express written consent of the sender, is STRICTLY PROHIBITED. If you have received this transmission in error, please notify us immediately by telephone, so we can arrange for the return of this material at no cost to you.

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FROM:

DE: Daron - Moeckl

Office/Address/Location:

Oficina/Dirección/Lugar:

Telephone Number:

Número de teléfono: (800) 759-0298

FAX Number:

No. de Fax: (573) 499-3070

Message:

Mensaje:

Please see attached

release

Thanks

Daron

mjh

**ESIS**

An Insurance Services Company

300 Renaissance Center  
482-C20-D71  
Detroit, MI 48265-3000

313.665.3415 tel/  
313.665.0911 fax

Janice Lapinski  
Property Damage Unit  
Janice.lapinski@esis.com

January 6, 2003

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

Your Claimant: [REDACTED]  
Your File Number: 25-5674-024  
Esis File Number: 442539  
Our Client: General Motors Corporation  
Date of Incident: July 11, 2002

Dear Mr. Moehl;

This correspondence is in regards to your subrogation claim concerning your insured.

Enclosed is a release, could you please sign, date, and have this notarized and returned to my attention, and payment will be forwarded immediately.

Thank you for your attention in this regard.

Sincerely,

Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

RELEASE OF PROPERTY DAMAGE CLAIM

File No: 8213-259-442539

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, a representative of State Farm Insurance Company a/s/o [REDACTED] being of lawful age, for the sole consideration of Three Thousand, Six hundred, fifty-six dollars 90/100 (\$3,656.90) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge ESIS/General Motors Corporation, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about July 11, 2002 at or near Marceline, MO.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**CAUTION: READ BEFORE SIGNING**

_____	X _____	LS
Witness		
_____	X _____	LS
Witness		

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ }-SS

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_  
acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Notary Public

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 G20 D71  
Detroit, MI 48265-8000313.665-3415 tel  
313.665-0911 faxSUBROGATION  
janice.lapinski@esis.com  
NOV 08 2002Janice Lapinski  
Claims Administrator

November 1, 2002

Daron Moehl  
State Farm Insurance  
P.O. Box 6037  
Columbia, MO 65205

*Daron*

YOUR FILE NUMBER: 25-5674-024P  
CLAIMANT: [REDACTED]  
OUR FILE NUMBER: 442539  
OUR CLIENT: GENERAL MOTORS CORPORATION  
DATE OF LOSS: July 11, 2002

Dear Mr. Moehl:

We have received and reviewed your recent correspondence. There is still information requested that has not yet been received. Listed below are the supporting documents that we still need to evaluate this claim.

- Maintenance History. Detailed repair orders from dealership *← Already sent*
- Statement from the owner *← Already sent*
- Police/Fire Report *← None written*
- Salvage Estimate *← Vehicle was repaired*

I will hold my file open until December 1, 2002. If at that time nothing further is received, and I have not heard back from you, I will assume you are not interested in pursuing this claim and will close my file. If you wish to discuss, I may be reached at 313.665.3415.

Sincerely,

*Janice Lapinski*  
Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

UNPRO



## State Farm Insurance Companies\*

Home Office: Bloomington, Illinois  
Oficinas Centrales: Bloomington, IllinoisFACSIMILE COVER SHEET  
CARATULA DE FAXBUSINESS  
EMPRESARIAL

Date:

Fecha:

11/8/02

TO:

A:

Janice Lepinski

Office/Address:

Oficina/Dirección:

Telephone Number:

Número de teléfono: ( )

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FAX Number:

No. de fax: (313) 665-0911

Claim Number:

No. Reclamo:

Insured:

Asegurado:

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FROM:

DE:

Dara Muhl

Office/Address/Location:

Oficina/Dirección/Lugar:

Telephone Number:

Número de teléfono: (888) 759-0298

FAX Number:

No. de Fax: ( )

Message:

Mensaje:

Your file #442539



# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 G20 071  
Detroit, MI 48265-3000

313 666-3416 tel/  
313 665-0911 fax

janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

November 1, 2002

Darrin Moehl  
State Farm Insurance  
P.O. Box 6037  
Columbia, MO 65205

YOUR FILE NUMBER: 25-5674-024P  
CLAIMANT: [REDACTED]  
OUR FILE NUMBER: 442539  
OUR CLIENT: GENERAL MOTORS CORPORATION  
DATE OF LOSS: July 11, 2002

Dear Mr. Moehl;

We have received and reviewed your recent correspondence. There is still information requested that has not yet been received. Listed below are the supporting documents that we still need to evaluate this claim.

- Maintenance History. Detailed repair orders from dealership
- Statement from the owner.
- Police/Fire Report.
- Salvage Estimate.

I will hold my file open until December 1, 2002. If at that time nothing further is received, and I have not heard back from you, I will assume you are not interested in pursuing this claim and will close my file. If you wish to discuss, I may be reached at 313.665.3415.

Sincerely,

Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313 665-3415 tel/  
313 665-0911 fax

janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

OCT 02 2002

September 20, 2002

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

**RECEIVED**

OCT 25 2002

**ESIS-QM CLAIMS UNIT**

Your file number: 25-5674-024 P  
Your insured: ~~XXXXXXXXXX~~  
Our client: General Motors Corporation  
Our file number: 442539  
Date of Loss: July 11, 2002

Daron

Dear Mr. Moehl:

Thank you for your recent correspondence. Your correspondence alleges that your insured's vehicle sustained property damage as a result of a manufacturer's product defect. However we are still in need of some information that was not included in your last packet. Please provide me with:

- Color copies of photos. Our engineers cannot read black and white copies.
- Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed.
- A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
- A copy of the police/fire report.

As soon as information is received we can further evaluate your claim. If you have any questions please contact me.

Respectfully,

*Janice Lapinski*  
Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

2002-20-2002

**tfs** **Technical Forensic Services**

---

**TFS Case #1662**

**Claim #25-5674-024**

**tfs**

**Technical Forensic Services L.L.C.**

11609 NE 115th Street  
Liberty, MO 64066  
Office - 816-781-5302  
Fax - 816-792-4057

TFS Case #1862  
Claim #25-5874-024

8/16/02

State Farm  
P. O. Box 877  
Columbia MO 65205

DOL 7-24-02  
VIN #1G2WJ52K1YF288353  
2000 Pontiac Grand Prix  
Insured: R. Brent [REDACTED]

Attn: Mark Miller

**COMPONENT FAILURE ANALYSIS**

**\*\*\*\*\* SUMMARY OF FINDINGS \*\*\*\*\***

After examination of the vehicle, we find: 1. The engine fire/explosion was accidental in nature 2. The engine fire/explosion was due to the ignition of fuel/air within the plastic intake manifold. 3. The fire/explosion was a result of an electronic fuel/ignition timing malfunction. 4. The damage to the engine (locked up) was a result of the fire/explosion and subsequent water entry, and was not a result of a mechanical failure. 5. The evidence/damage in this case is consistent with the defect described in NHTSA recall # 96V116000.

\*\*\*\*\*

The inspection was conducted at  
Cupp Chevrolet in Marceline, MO.  
and the TFS facility

Burn damage patterns indicated that  
the fire started in, and was confined  
to, the vehicle engine compartment.



TFS Case #1862  
Claim #25-5874-024

AUG 20 2002

The inspection revealed that the most severe fire damage was at the top and rear of the engine at the plastic intake manifold. The fire had damaged the adjacent wire harness and plastic parts.



A close examination of the engine revealed that the plastic intake manifold had been split apart by internal explosion/pressure. The edges of the crack were burned/melted. This type of outward breakage of the manifold cannot occur with a fire on the outer surface of the engine such as a fuel leak. The evidence clearly indicates a backfire or fuel/air detonation inside of the manifold.

AUG 20 2002

Two malfunctions can cause the fuel/air mix to detonate (backfire) inside of the intake manifold. The first is a mechanical valve train failure that allows fuel/air ignition while an intake valve is open. Typically this is due to timing chain/belt slippage resulting in a bent or open/burned intake valve. Secondly, an ignition/fuel control computer or programming malfunction may also result in fuel detonation within the intake manifold. The inspection revealed that the engine was locked up and could not be rotated by hand.

The engine was removed by Cupp Chevrolet and delivered to TFS. A disassembly/inspection was performed to determine if the engine lock up was the mechanical cause of the manifold damage or a result of the detonation/fire.



The engine disassembly revealed non-emulsified water and a heavy rust build-up in the cylinder heads and cylinders. No damaged valves or timing chain malfunction was found.



The engine lock up was due to the water/rust in the cylinders and on the valves. Non-emulsified water is un-mixed water/oil. This evidence indicates that the water/contaminant was introduced post fire. The non-emulsified water is a result/residue from fire suppression or exposure.



AUG 20 2002

## CONCLUSION

The evidence in this case reveals no mechanical/timing malfunction that would have caused the backfire and subsequent manifold damage. The backfire/damage is a result of an ignition/fuel control computer or programming malfunction, which allowed a fuel/air mixture to be ignited within the manifold. The plastic intake manifold is not capable of withstanding an internal detonation.



The evidence/damage in this case is consistent with the defect described in NHTSA recall # 96V116000. The recall describes a backfire on starting resulting in a broken intake manifold and possible fire. (See attachment)

MICHAEL E. HEARROLD, MFE  
Master Forensic Examiner  
Society of Automotive Forensic Examiners  
Founding Member, Board Member

*"The evidence is being stored by TFS as a 'standard'. This standard will kept for the customer for one year at \$85. Approaching One year, TFS will mail or FAX a "keep-don't-keep" check sheet to the customer requesting the customer's wishes for disposal or storage. Lacking direction from "keep-don't-keep" sheets, we will continue evidence storage and the customer will be charged at the rate of \$85 per year.*

**tfs**

Technical Forensic Services L.L.C.

TFS-1@worldnet.att.net

11609 NE 115th Street, Liberty, MO 64068 Office - 816-781-5302 Fax - 816-782-4057

**CASE #1662**

Attn: Mark Miller  
State Farm  
P. O. Box 877  
Columbia MO 65205

Claim # 26-8674-024 DOL 7-24-02  
Insured: R. Brent [REDACTED]  
2000 Pontiac Grand Prix  
VIN #1G2WJ52K1YF288363

**OIL FILTER ANALYSIS**

RECOVERED BY TFS ON: 8-12-02  
PROVIDED BY CLIENT ON:



Filter Type- Pentzoll

**Ferrous**

IRON (FE)

CHROME (CR)

MANGANESE (MN)

Slight

Moderate

Heavy

Excessive

Cylinder wall/piston ring/camshaft/valves/rocker arms

**Non-ferrous**

(Microscopy)

ALUMINUM (AL)

COPPER (CU)

LEAD (PB)

SILICA (SI)

Bearing/piston/ cylinder head material SLIGHT

Bearing backing/ bushings/thrust bearing

Bearing material SLIGHT

Dirt - Air filter/oil filter cap ingestion

**FUEL SOOT (carbon)**

Cold enrichment - Engine misfire  
Fuel, electrical or blow-by problems

N

POLYMERS  
Overheated oil

Water/coolant

Y

Condensation/fire suppression  
Internal coolant leak

N

Oil/coolant emulsion  
(Mixed from engine running)

Sugar/other  
Contaminant

N

**Summary of findings:**

Engine wear condition based on ferrous deposits (cylinder and piston ring material) is SLIGHT. No significant non-ferrous deposits (aluminum/lead bearing material) were found within the filter. Carbon is SLIGHT indicating no ignition, fuel or blow-by problems. No sugar/other contaminant was found within the filter.

*M. E. Hearrold*  
M. E. HEARROLD, MFE  
Master Forensic Examiner  
Society of Automotive Forensic Examiners  
Founding Member, Board Member

"The other half of this filter is being stored by TFS as a 'standard'. This standard will be kept for the customer for 90 days at no charge. Approaching 90 days, TFS will mail or FAX a 'keep-don't-keep' check sheet to the customer requesting the customer's wishes for disposal or storage. 30 days after 90 days free storage, all evidence being held will be compared to requests for storage. Lacking direction from 'keep-don't-keep' sheets, we will continue storage and the customer will be charged at the rate of \$40 per year."





# Office of Defects Investigation Recall Database

AUG 20 2002

Call the **Auto Safety Hotline** toll free at 1-888-DASH-2-DOT to report safety defects or to obtain information on cars, trucks, child seats, highway or traffic safety.

Report Date: July 19, 2002 04:18:24 PM

**NOTE:** Click the checkboxes in the first column to order more research on those records.

*Search Recall Campaigns Database by  
NHTSA Campaign ID Number: 96V116000*

## Recalls

☐ Check to  
order  
research.  
Select  
below.

**NHTSA CAMPAIGN ID Number:** 96V116000  
**Component:** FUEL:FUEL INJECTION:ELECTRICAL  
**Manufacturer:** GENERAL MOTORS CORP.

Year: 1996 ,  
1996 , 1996 ,  
1996 , 1996 ,  
1996 , 1996 ,  
1997

**Make:**  
BUICK

**Model:** LESABRE , PARK  
AVENUE , REGAL ,  
RIVIERA , 88 , 98 ,  
BONNEVILLE , LESABRE

**Recall Date:**  
07/08/1996

**Type of Report:** Vehicle

**Potential Number of Units Affected:** 275811

**Defect Summary:**

A BACKFIRE DURING ENGINE STARTING CAN CAUSE

AUG 20 2002

**BREAKAGE OF THE UPPER INTAKE MANIFOLD.****Consequence Summary:**

THIS CONDITION CAN CAUSE A NO-START CONDITION AND POSSIBLY AN ENGINE COMPARTMENT FIRE.

**Corrective Summary:**

DEALERS WILL UPDATE THE POWERTRAIN CONTROL MODULE PROGRAMMING. UNTIL THE CAMPAIGN REPAIR IS MADE, THE VEHICLE HOOD SHOULD BE SHUT WHENEVER STARTING THE VEHICLE TO REDUCE THE CHANCE OF PERSONAL INJURY.

[Submit](#)[New Search](#)[Return to Safety Problems and Issues](#)[Home](#) | [General Info](#) | [Cars](#) | [People](#) | [Hot](#) | [New](#) | [Site Map](#) | [Search](#) | [Tools](#)[Send mail to the Web Master](#)

AUG 20 2002

TFS Case # 1682  
Claim #26-5674-024

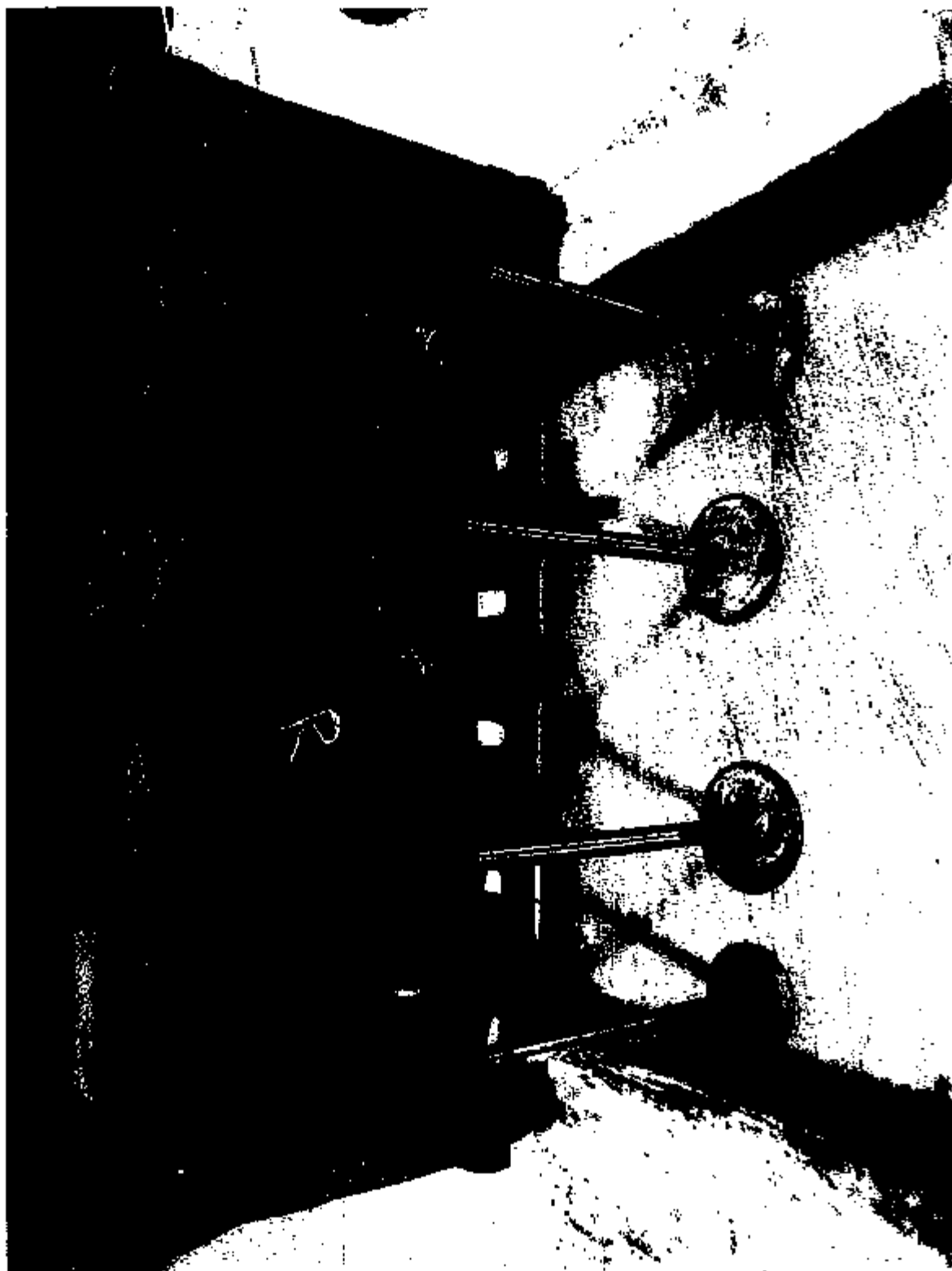
Intake manifold damage



AUG 20 2002

TFS Case # 1662  
Claim #25-5574-024

Rust build-up inside engine



AUG 20 2002



1682F.jpg



1682FLT.jpg



1682NF.jpg



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7/24/02



P7240002.JPG  
7/24/02



P7240003.JPG  
7/24/02



P7240004.JPG  
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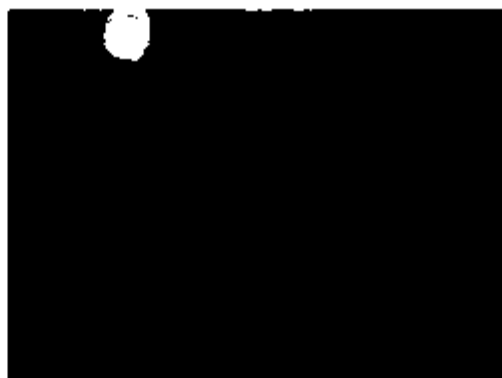


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AUG 20 2002



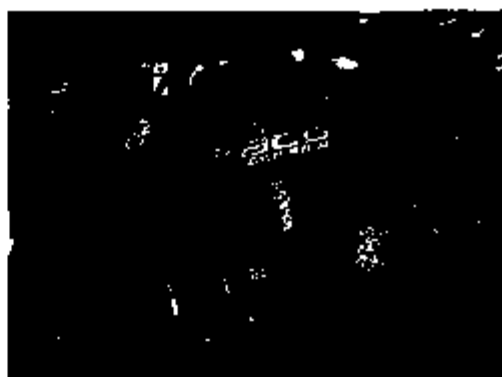
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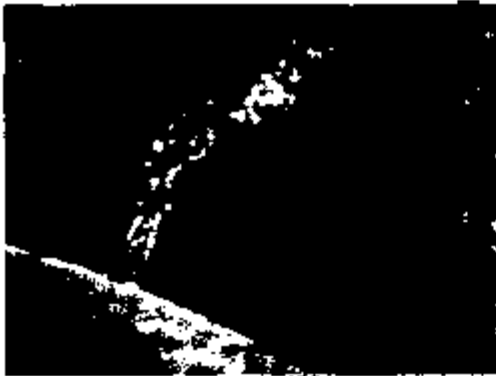
AUG 20 2002



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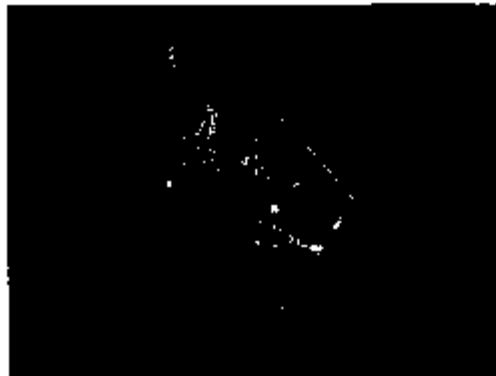
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AUDIO LOG



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8/10/02



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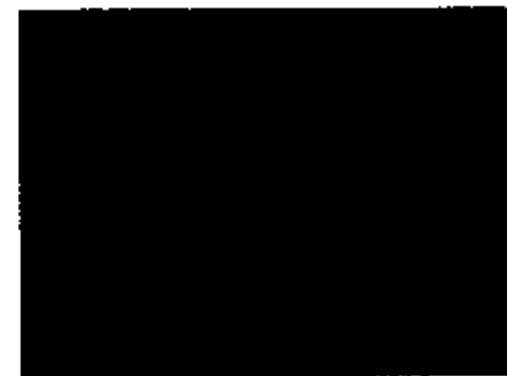
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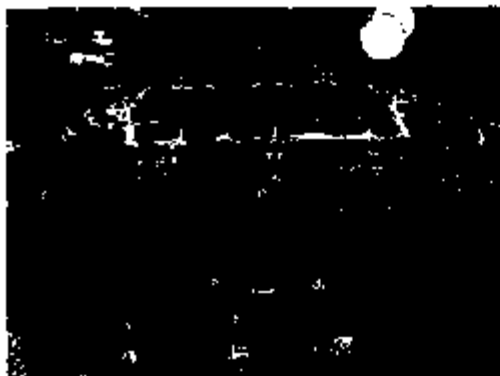
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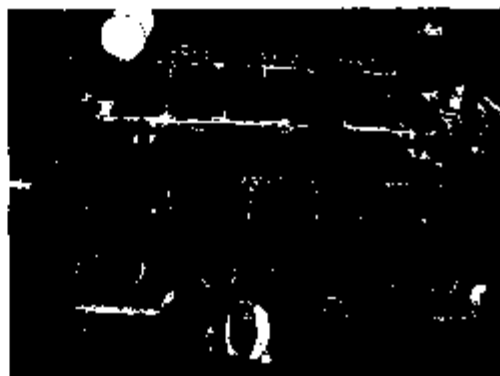
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Aug 20 2002



P8100022.JPG  
8/10/02

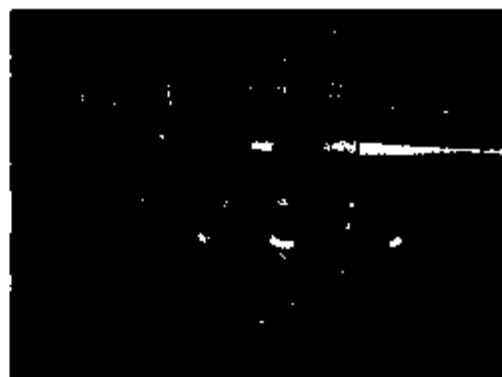


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8/10/02

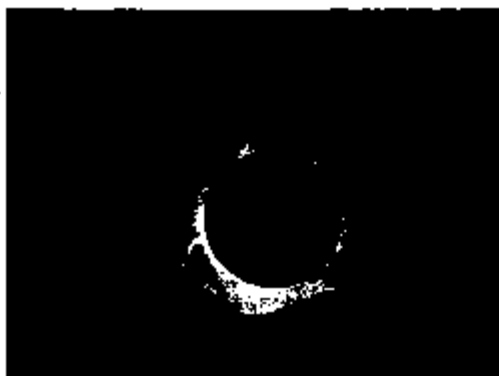
AUG 20 2002



P8100024.JPG  
8/10/02



P8100025.JPG  
8/10/02



P8110001.JPG  
8/11/02



P8110002.JPG  
8/11/02



P8110003.JPG  
8/11/02



P8110004.JPG  
8/11/02

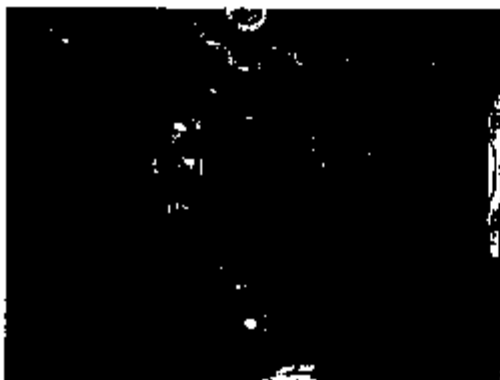
AUG 20 2002



P8110005.JPG  
8/11/02



P8110006.JPG  
8/11/02



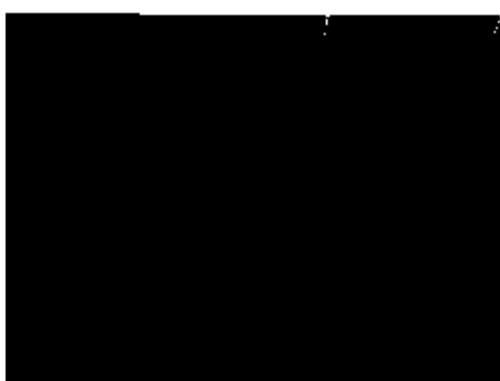
P8110007.JPG  
8/11/02



P8120001.JPG  
8/12/02



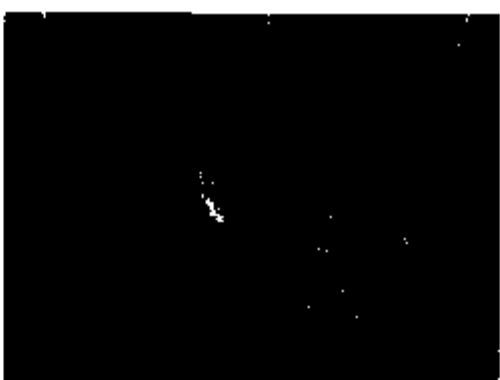
P8120002.JPG  
8/12/02



P8120003.JPG  
8/12/02



P8120004.JPG  
8/12/02



P8120005.JPG  
8/12/02

2000 GRAND PRIX SE SEDAN  
17U PAINT, SILVERMIST METALLIC /V6G  
12B TRIM, GRAPHITE CLOTH  
ORDER NO. CGZSJG/PDR STOCK NO.  
1G2 WJ52 K1 YF288353

PONTIAC/GMC DIVISION  
GENERAL MOTORS CORPORATION  
100 RENAISSANCE CENTER  
DETROIT MI 48243-1001  
VEHICLE INVOICE 20D13459548  
\*\*\*\*\*16\*140468

MODEL & FACTORY OPTIONS	MSRP	INV AMT	FLEET
2WJ69 GRAND PRIX SE SEDAN	19935.00	17642.48	INVOICE 03/29/00
BQ0 FLT-NATIONAL CAR RENTAL	0.00	0.00	SHIPPED 03/29/00
L36 3.8 LITER 3800 SERIES II V-6	415.00	356.90	EXP I/T 04/14/00
MX0 TRANSMISSION, 4-SPEED AUTOMATIC	0.00	0.00	INT COM 04/21/00
NG1 NORTHEAST STATES EMISSIONS	N/C	N/C	PRC EFF 12/01/99
PY0 WHEELS, 16" ALUMINUM SILVER CROSSLACE	295.00	253.70	KEYS S247C S247C WFP-S QTR OPT-1
QNX P225/60R16 BSW STL TOURING	160.00	137.60	FAN: 000809746
R6M NEW JERSEY COST SURCHARGE	0.00	54.00	BANK: NATIONSBANK
R6U CREDIT IN LIEU OF FUEL	0.00	15.42	CHG-TO 14-046
U1C RADIO, AM/FM STEREO W/ COMPACT DISC PLAYER, SEEK/SCAN, 6-SPEAKER SOUND SYSTEM (REPLACES STD/OPT PKG RADIO)	140.00	120.40	SHIP-TO 75-927 NATIONAL CAR RENT NEWARK NJ
VN9 FLT-NATIONAL DLY RENT/100% REP	0.00	0.00	SHIP WT: 3328
1SC OPTION PACKAGE - 1SC	1285.00	1105.10	HP: 34.7
* DECKLID RELEASE, REMOTE CNTRL			CUST PO NUMBER: 00063752
* CRUISE CONTROL, RESUME SPEED			DAN: N3752
* OVERHEAD CONSOLE			MEMO 1111.50
* REAR SEAT PASS THRU			
* STEERING WHEEL, LEATHER WRAPPED W/ RADIO CONTROLS			
* POWER SEAT, DRIVER 6-WAY			
* TRUNK CARGO NET			
* SECURITY PACKAGE (INCLUDES REMOTE KEYLESS ENTRY/THEFT DETERRENT SYSTEM)			
* REAR DECK LID SPOILER			

TOTAL MODEL & OPTIONS 22230.00 19654.76 ACT 231 20214.76  
DESTINATION CHARGE 560.00 560.00

TOTAL 22790.00 20214.76 PAY 310 20214.76

\*\*\*\*\*  
INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER  
REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO  
DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.  
\*\*\*\*\*

MEMINGTON B-C-P-G/NATIONAL CAR

# GM Vehicle Inquiry System

## Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G2WJ52K1YF288353
------	-------------------

### VEHICLE INFORMATION

Merchandising Model:	2WJ69 - 2000 UN AUTOMOVIL PONTIAC GRAND PRIX	Warranty Start Date:	04/28/2000
BARS Order Type	50 - FLEET		
Delivering Dealer :	N/A	Selling Source:	N/A
		Site Code:	N/A
		Business Associate Code:	N/A
Service Contract:	No	Branded Title:	No
Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Vehicle Has No Current Record Of Outstanding Campaigns.

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	04/28/2000	0 miles	4/28/2003	36000 miles
72/100000 SHEET METAL RUST-THROUGH	04/28/2000	0 miles	4/28/2006	100000 miles
36/36000 SHEET METAL CORROSION	04/28/2000	0 miles	4/28/2003	36000 miles
96/80000 PCM/CC EMISSIONS	04/28/2000	0 miles	4/28/2008	80000 miles
36/36000 FEDERAL EMISSIONS	04/28/2000	0 miles	4/28/2003	36000 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
03/21/2002	047130	B	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	41055 miles
03/21/2002	047130	#	Z7911 - COURTESY TRANSPORTATION-SHUTTLE (2 WAY)	41055 miles
01/28/2002	045795	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	38170 miles
01/11/2002	045420	#	J5560 - DFI REGULATOR RPL	38166 miles
09/26/2000	P99572	#	N6602 - CHARGING/STARTING/ENERGY STORAGE	18774 miles
03/29/2000	A88353	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

### CHECK HISTORY INFORMATION

09/27/2002 10:51 AM

Vehicle Has No Associated Check History Information.

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09/27/2002 10:51 AM



# GM Vehicle Inquiry System

## Claim History

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN:	1G2WJ52K1YF288353
------	-------------------

### CLAIM HISTORY

Repair Order Date:		03/21/2002		Repair Order Number:		047130		Odometer Reading:		41055 miles	
Serviced By:	BENTZ MOTORS PO BOX 449 MACON, MO 63552-0449 (660) 385-3195					Selling Source:		16 - PONTIAC			
						Site Code:		12166			
						Business Associate Code:		163867			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part	Auth Code	Person Code	Line Total	Comments	
04/12/2002	264	01	B	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE		25325702 - MODULE	B	N/A	\$383.46	N	
04/02/2002	261	02	#	Z7911 - COURTESY TRANSPORTATION-SHUTTLE (2 WAY)		N/A	A	N/A	\$5.00	N	

Repair Order Date:		01/28/2002		Repair Order Number:		045795		Odometer Reading:		38170 miles	
Serviced By:	BENTZ MOTORS PO BOX 449 MACON, MO 63552-0449 (660) 385-3195					Selling Source:		16 - PONTIAC			
						Site Code:		12166			
						Business Associate Code:		163867			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/08/2002	246	01	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE		25325702 - MODULE		BA	N/A	\$383.46	N

Repair Order Date:		01/11/2002		Repair Order Number:		045420		Odometer Reading:		38166 miles	
Serviced By:	BENTZ MOTORS PO BOX 449 MACON, MO 63552-0449 (660) 385-3195					Selling Source:		16 - PONTIAC			
						Site Code:		12166			
						Business Associate Code:		163867			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
01/22/2002	241	01	#	J5560 - DFI REGULATOR RPL		24506988 - REGULATOR		A	N/A	\$90.17	N

09/27/2002 10:51 AM

Repair Order Date:		09/26/2000		Repair Order Number:		P99572		Odometer Reading:		18774 miles	
Serviced By:	NATIONAL CAR RENTAL PO BOX 8701 BWI AIRPORT BALTIMORE, MD 21240-0701 (301) 859-8860.					Selling Source:		16 - PONTIAC			
						Site Code:		71073			
						Business Associate Code:		126887			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part	Auth Code	Person Code	Line Total	Comments	
11/24/2000	120	01	#	N6602 - CHARGING/STARTING/ENERGY STORAGE		N/A	N/A	N/A	\$23.75	N	

Repair Order Date:		03/29/2000		Repair Order Number:		A88353		Odometer Reading:		0 miles	
Serviced By:	NATIONAL CAR RENTAL 95-10 DITMARS BLVD EAST ELMHURST, NY 11369-1297 (718) 803-4136					Selling Source:		16 - PONTIAC			
						Site Code:		71309			
						Business Associate Code:		124764			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
04/04/2000	53	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE		N/A		N/A	N/A	\$61.92	N

#### CHECK HISTORY

Vehicle Has No Associated Check History.

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09/27/2002 10:51 AM

# GM Vehicle Inquiry System

## Vehicle Build

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[Help](#)

VIN:	1G2WJ52K1YF288353
------	-------------------

### VEHICLE BUILD

Merchandising Model:	2WJ69 - 2000 UN AUTOMOVIL PONTIAC GRAND PRIX		
Gross Vehicle Weight Rating:	1984 kg (4375 lb)	Order Number:	CGZSJG
Build Date:	03/29/2000	Build Plant:	1YFW - FAIRFAX

### OPTION CODES

AAA - * DRIVER AND PASSENGER AIRBAGS	AG1 - POWER SEAT, DRIVER 6-WAY
AK5 - DUAL FRONTAL AIR BAGS	AP9 - CONVENIENCE NET
AR9 - SEATS, LEATHER BUCKET	AT5 - REAR CENTER FOLDING SEAT
AU0 - REMOTE KEYLESS ENTRY	A90 - DECK LID RELEASE, POWER REMOTE
BQ0 - FLT-NATIONAL CAR RENTAL	C60 - AIR CONDITIONING, CUSTOM
DG7 - MIRRORS, LH & RH POWER	DE6 - OVERHEAD CONSOLE
DL5 - DECAL ROADSIDE SERVICE	DB1 - SPOILER-REAR DECK LID
FA1 - FAIRFAX ASM FLT	FE1 - SUSPENSION SYSTEM, SOFT
FLT - FLT-FLEET ORDERS	FR9 - AXLE RATIO 3.29
IPB - TRIM INTERIOR DESIGN	IL9 - BRAKES, POWER ANTI-LOCK
K34 - CRUISE CONTROL, RESUME SPEED	K68 - GENERATOR 105 AMP
L36 - 3.8 LITER 3800 SERIES II V-6	MX0 - TRANSMISSION, 4-SPEED AUTOMATIC
M15 - AUTO	NC8 - EMISSION SYSTEM, CALIFORNIA ULEV
NG1 - NORTHEAST EMISSIONS	NP5 - STEERING WHEEL, LEATHER WRAPPED
PY0 - WHEELS, 16" ALUMINUM	QNX - P225/60R16 BSW STL TOURING
R6M - NEW JERSEY COST SURCHARGE	R6U - CREDIT IN LIEU OF FUEL
R7K - REAR SEAT PASS THROUGH	R7X - SECURITY PACKAGE
UA6 - THEFT DETERRENT SYSTEM	UHS - CLUSTER-COOL TEMP, TRIP ODOM,
UK3 - STEERING WHEEL W/RADIO CONTROLS	UW6 - FULL RANGE 6-SPEAKER SYSTEM
U1C - AND THEFTLOCK	U77 - REAR WINDOW ANTENNA
VK3 - LICENSE PLATE BRACKET, FRONT	VM3 - BUMPER STD IMPACT 5 MPH FRT & RR
VN9 - FLT-NATIONAL DLY RENT/100% REP	VY7 - KNOB-SHIFTER LEVER, LEATHER
V71 - VEHICLE CERTIFICATION U.S.	1SC - * REAR SEAT PASS THRU

09/27/2002 10:51 AM

12B - TRIM, GRAPHITE CLOTH	12I - TRIM, GRAPHITE
15P - WHEEL COLOR-SILVER	17U - EXTERIOR PAINT, SILVERMIST
6JT - COMPONENT FRT LH COMPUT SEL SUS	7JT - COMPONENT FRT RH COMPUT SEL SUS
8FY - COMPONENT FRT LH COMPUT SEL SUS	9FY - COMPONENT FRT LH COMPUT SEL SUS

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# GM Vehicle Inquiry System

## Vehicle Component

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[Help](#)

VIN:	1G2WJ52K1YF288353
------	-------------------

### Vehicle Component

Component Code:	10 - ENGINE ASSEMBLY				
Source Plant:	B - BOC FLINT, MICHIGAN				
Part/Num Broadcast:	BKT		Traceability:	0032318	
Date Scanned:	03/29/2000	Time Scanned:	14.19.00	Scan Station:	02

Component Code:	35 - STEERING COLUMN - SIR SYSTEM				
Source Plant:	S - SAGINAW DIVISION SAGINAW, MI				
Part/Num Broadcast:	SKY		Traceability:	8F2910800	
Date Scanned:	03/29/2000	Time Scanned:	11.51.00	Scan Station:	08

Component Code:	61 - TRANSMISSION				
Source Plant:	W - HYDRAMATIC WARREN, MICHIGAN				
Part/Num Broadcast:	0BRB		Traceability:	5AYY	
Date Scanned:	03/29/2000	Time Scanned:	14.16.00	Scan Station:	03

Component Code:	86 - ELECTRONIC CONTROL MODULE (ECM)				
Source Plant:	M - DELCO ELECTRONICS MILWAUKEE, WISCONSIN				
Part/Num Broadcast:	DFTF		Traceability:	80085TJ4N	
Date Scanned:	03/29/2000	Time Scanned:	19.00.00	Scan Station:	05

Component Code:	AB - IR-MODULE ASM-INFLATOR				
Source Plant:	I - INLAND				
Part/Num Broadcast:	2765		Traceability:	SUG33PK	
Date Scanned:	03/29/2000	Time Scanned:	11.56.00	Scan Station:	06

Component Code:	AL - IR-MODULE ASM-IP				
Source Plant:	I - INLAND				

09/27/2002 10:51 AM

Part/Num Broadcast:		5736	Traceability:		SUGE1V8
Date Scanned:	03/29/2000	Time Scanned:	11.39.00	Scan Station:	07

Component Code:		AS - SENSING DIAGNOSTIC MODULE			
Source Plant:		K - DELCO ELECTRONICS KOKOMO,IN			
Part/Num Broadcast:		9991	Traceability:		20082CLIG
Date Scanned:	03/29/2000	Time Scanned:	20.32.00	Scan Station:	09

Component Code:		CB - SEQ NUM (FLEX) BODY ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1CZ	Traceability:		1291310
Date Scanned:	03/23/2000	Time Scanned:	05.02.00	Scan Station:	N/A

Component Code:		CP - SBQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1AG	Traceability:		1269692
Date Scanned:	03/29/2000	Time Scanned:	09.42.00	Scan Station:	N/A

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09/27/2002 10:51 AM

# GM Vehicle Inquiry System

## Delivery Information

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VIN:	1G2WJ52K1YF288353
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### IN-SERVICE INFORMATION

In-Service Information Not On File
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### DELIVERY INFORMATION

Delivery Information Not On File
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09/27/2002 10:52 AM

# GM Vehicle Inquiry System

## Dealer Information

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[Help](#)

VIN:	1G2WJ52K1YF288353
------	-------------------

### INVOICE INFORMATION

Invoice Date:	03/29/2000		
Site Address:	FLEMINGTON B-C-P-G/NATIONAL CAR 8600 PINES BLVD PEMBROKE PINES, FL 33024-6534	Selling Source:	16 - PONTIAC
		Site Code:	14046
		Business Associate Code:	118034

### SHIP-TO INFORMATION

Ship-To Date:	N/A		
Site Address:	NATIONAL CAR RENTAL 15 STOCKTON STREET NEWARK, NJ 07105-3012	Selling Source:	16 - PONTIAC
		Site Code:	75927
		Business Associate Code:	143663

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09/27/2002 10:52 AM



VINCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

10/07/2002 12:03

VIN: 1G2WJ52K1YF288353

OPEN\CLOSED STATUS:

SEL CAMPAIGN STATUS  
CODE NUMBER

REPAIR  
DATE

REPAIR PREV.  
DEALER NUMBER

CAMPAIGN  
TYPE

NO CAMPAIGNS CURRENTLY AFFECTING THIS VEHICLE

PW:

PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT  
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313-665-3415 tel/  
313-665-0911 fax

janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

September 20, 2002

State Farm Insurance  
Attn: Daron Moehl  
P.O. Box 6037  
Columbia, MO 65205

Your file number: 25-5674-024  
Your insured: R.B. Engenhard  
Our client: General Motors Corporation  
Our file number: 442539  
Date of Loss: July 11, 2002

Dear Mr. Moehl:

Thank you for your recent correspondence. Your correspondence alleges that your insured's vehicle sustained property damage as a result of a manufacturer's product defect. However we are still in need of some information that was not included in your last packet. Please provide me with:

- Color copies of photos. Our engineers cannot read black and white copies.
- Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed.
- A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
- A copy of the police/fire report.

As soon as information is received we can further evaluate your claim. If you have any questions please contact me.

Respectfully,

Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

# State Farm Insurance Companies



September 9, 2002

Esis/Gm Claims

P.O. Box 300, Mail Code 482C20D71  
Detroit, MI 48265-0300

P.O. Box 5037 (Correspondence)  
P.O. Box 5031 (Payments)  
Columbia, MO 65205

HOURS: M-F 7:00 a.m. - 6:30 p.m.

**RECEIVED**

**SEP 12 2002**

**ESIS-GM CLAIMS UNIT**

RE: Claim Number: 25-5674-024  
Date of Loss: July 11, 2002  
Our Insured: R B. [REDACTED] d

Dear Sirs:

This State Farm insured 2000 Pontiac Grand Prix VIN #1G2WJ52K1YF288353 was involved in a claim with our insured in the amount of \$5,837.11, which includes our insured's deductible.

Our investigation revealed the cause of the fire was due to computer programming which allowed the plastic intake manifold to flood with fuel/vapors and then ignite. Enclosed is documentation of State Farm's claim. The evidence is being held for your inspection as needed.

Please consider this letter as our demand to General Motors for reimbursement of \$5,837.11.

Sincerely,

*Daron Moehl*

Daron Moehl  
Claim Specialist  
(888) 759-0298

State Farm Mutual Automobile Insurance Company

STATE FARM MUTUAL INSURANCE COMPANY (R)  
MISSOURI AUTOMOBILE ESTIMATICS  
CENTRAL ZONE

FAX SUPPLEMENT REQUESTS TO (314) 542-4206 OR (800) 318-6738

CD LOG NO 135 -1

SUPPLEMENT S1

07-12-02 9:03 AM  
08-08-02 4:52 PM

CLAIM INFORMATION

CLAIM # 25-5674-02401  
COMPANY STATE FARM  
FAX  
INSURED  
CLAIMANT

POLICY #  
CLAIM REP MILLER, MARK  
WORK PH#  
LOSS DATE 07-11-02  
LOSS TYPE COMPREHENSIVE

INSPECTION

TYPE FIELD  
PRIMARY POI NON-COLLISION  
APPRAISER NAME LARRY HUSTEAD  
WORK PHONE (660) 646-4266  
ADDRESS 801 ADAM RD  
CITY STATE CHILLICOTHE  
ZIP 64601-

SECOND POI

FAX (660) 646-5917  
INSP DATE 07-12-02  
LOCATION 619 SANTA FE  
CITY STATE MARCELINE

MO

OWNER

ENGELHARD, R  
C/O LINDA LINEBAUGH 123  
MARCELINE MO 64658-1025

WORK# (816) 234-0292  
HOME# (660) 376-3061

REPAIR

ATTN BOB CUPP  
CUPP CHEVROLET  
301 NORTH KANSAS  
MARCELINE MO 64658-  
SHOP PHONE (660) 376-3154

SHOP LIC# 25  
CAR IN  
CAR OUT  
REPAIR DAYS  
FAX (660) 376-2437

VEHICLE

2000 PONTIAC GRAND PRIX SE 4 DR SEDAN  
6CYL GASOLINE 3.8

OPTIONS

TWO-STAGE - EXTERIOR SURFACES  
HEATED BACK GLASS WITH ANTENNA  
FLOOR SHIFT  
TRACTION CONTROL SYSTEM

DRIVER POWER SEAT  
REAR SPOILER  
CRUISE CONTROL

BODY COLOR SILVER  
CONDITION  
LICENSE # 232 LKA  
LICENSE STATE MO

MILEAGE 47,046  
VIN 1G2WJ52K1YF288353  
CODE W326  
VEH INSP #

REMARKS:

SUPPLEMENTED FOR LH BY LH 8-08-02

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = ** QUALITY REPL PART	UC = RECONDITIONED PRT	UM = REMAN/REBUILT PRT
EU = QLTY RECYCLED PART	EP = ** QUALITY REPL PART	PC = PXN RECONDITIONED
PM = PXN REMAN/REBUILT	TE = PARTL REPL PRICE	ET = PARTL REPL LABOR
IT = PARTIAL REPAIR	I = REPAIR	L = REFINISH
BR = BLEND REFINISH	TT = TWO-TONE	CG = CHIPGUARD
SE = SUBLET	N = ADDITIONAL OPERATION	RI = R&I ASSEMBLY

2000 PONTIAC GRAND PRIX SE 4 DR SEDAN  
CLAIM # 25-5674-02401 LOG 135 -1

07-12-02 9:03 AM  
S1 08-08-02 4:52 PM

P - CHECK

RP - RELATED PRIOR

UP - UNRELATED PRIOR

OP	GDE	MC	DESCRIPTION	MFR. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0368		PAD, INSULATOR HOOD	10419334 GM PART	52.68			0.5	1
N	0977		A/C EVACUATE & RECHAR	ADDITIONAL OPERAT	15.81*		S1	1.4	2
EU	0775		ENGINE ASSEMBLY	QLTY RECYCLED PAR	1,100.00* +25			8.5	2
>>QRP PARTS LITTLE ROBERTS, 800-762-0316 PRICE INCLUDES CLEANUP									
>>QUOTE #151 COMES WITH ENGINE WIRING HARNESS									
E	0780	01	FILTER, ENGINE OIL	25010792 GM PART	5.29*		S1	0.3	2
E			DEK COOL	REPLACE OEM	30.00*		S1		1
E			ENGINE OIL	REPLACE OEM	9.75*		S1		1
SB			ADDITIONAL LABOR	SUBLET	425.00*		S1		1
E			PCM REM	REPLACE OEM	269.61*		S1		1
E			RELAY A	REPLACE OEM	16.69*		S1		1
E			3 SPLICE	REPLACE OEM	7.35*		S1		1
E			WIRE	REPLACE OEM	16.42*		S1		1
E			HARNESS	REPLACE OEM	12.67*		S1		1
E			9 CONNECTORS	REPLACE OEM	4.77*		S1		1
E			WIRING HARNESS	REPLACE OEM	325.00*		S1		1
E			SEAL 1647558	REPLACE OEM	12.60*		S1		1
E			SEAL WA 2724577	REPLACE OEM	8.33*		S1		1
E			CAP 10291660	REPLACE OEM	3.58*		S1		1
E			HOSE 10403408	REPLACE OEM	21.44*		S1		1
E			HOSE 10403409	REPLACE OEM	11.76*		S1		1
E			ORIFICE 10411717	REPLACE OEM	12.27*		S1		1
E			INSUL-H 10419334	REPLACE OEM	52.68*		S1		1
E			RESERVO 10423219	REPLACE OEM	29.00*		S1		1
E			PIPE 10427605	REPLACE OEM	83.62*		S1		1
E			PIPE 10442772	REPLACE OEM	67.44*		S1		1
E			SENSOR 10456215	REPLACE OEM	110.62*		S1		1
E			GEN R 10464448	REPLACE OEM	209.79*		S1		1
E			FLUID 12377967	REPLACE OEM	6.70*		S1		1
E			GASKET 12565634	REPLACE OEM	6.23*		S1		1
E			COVER 12565634	REPLACE OEM	4.72*		S1		1
E			COVER 15404324	REPLACE OEM	4.72*		S1		1
E			CYLINDER 18026277	REPLACE OEM	277.00*		S1		1
E			SEAL B24502375	REPLACE OEM	18.46*		S1		1
E			SEAL DR 24502846	REPLACE OEM	1.39*		S1		1
E			SENSOR 25312203	REPLACE OEM	111.72*		S1		1
E			SEAL O 25537068	REPLACE OEM	0.81*		S1		1
E			UPPER INTAKE COVER	REPLACE OEM	30.00*		S1		1
SB			RETURN TO KC	SUBLET	75.00*		S1		1
SB			CORE	SUBLET	175.00*		S1		1
SB			CORE AMOUNT	SUBLET	50.00*		S1		1

39 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # / PRICE

FINAL CALCULATIONS & ENTRIES  
PARTS

GROSS PARTS	\$ 1,835.11
OTHER PARTS	\$ 1,115.81
PAINT MATERIAL	

ADJUSTMENTS  
LINE ITEMS

DISCOUNT

MARKUP  
\$ 275.00

2000 PONTIAC GRAND PRIX SE 4 DR SEDAN  
CLAIM # 25-5674-02401 LOG 135

-1

07-12-02 9:03 AM  
S1 08-08-02 4:52 PM

PARTS TOTAL \$ 3,225.92  
TAX ON PARTS & MATERIAL @ 6.725% \$ 216.94

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 40.00	0.5		\$ 20.00
2-MECH/ELEC	\$ 40.00	8.8	1.4	\$ 408.00
3-FRAME	\$ 50.00			
4-REFINISH	\$ 40.00			
5-PAINT	\$ 26.00			

LABOR TOTAL \$ 428.00  
TAX ON LABOR @  
SUBLET REPAIRS \$ 725.00  
TOWING  
STORAGE

GROSS TOTAL \$ 4,595.86  
LESS: DEDUCTIBLE NONE-

NET TOTAL \$ 4,595.86

LESS: PREVIOUS NET TOTAL \$ 1,928.96-

NET SUPPLEMENT TOTAL \$ 2,666.90

PKN Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE: 64601 BUMPER RAD A/C  
ADP PENPRO W0405 S1 LOG135 -1 08-08-02 17:43:17 REL 4.05 SW06/02 DT07/02

(C) 1993 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE CRASH PARTS  
SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE.  
WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE PARTS  
MANUFACTURER OR DISTRIBUTOR RATHER THAN BY THE MANUFACTURER OF YOUR VEHICLE.

-----  
"NOTICE - REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC  
WELDING EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER"  
CAUTION FAILING TO PRESENT THIS ESTIMATE TO THE REPAIRER GARAGE BEFORE REPAIRS  
MAY RESULT IN ADDITIONAL EXPENSE TO YOU.  
THIS ESTIMATE MAY CONTAIN QUALITY REPLACEMENT PARTS NOT MADE BY THE ORIGINAL  
EQUIPMENT MANUFACTURER. THIS IS NOT AN AUTHORIZATION TO REPAIR. ALL  
SUPPLEMENTS REQUIRE PRIOR APPROVAL BY A STATE FARM CLAIM REPRESENTATIVE.

\*\*\* SUPPLEMENT RECONCILIATION \*\*\*

=====

CD LOG NO 135

-1

SUPPLEMENT S1

CLAIM # 25-5674-02401

INSURED

OWNER

VEHICLE

2000 PONTIAC GRAND PRIX SE 4 DR SEDAN

POLICY #

INSP DATE

APPRAISER

07-12-02

LARRY HUSTEAD

ADDED LINES

GDE	PART	OPERATION	PRICE	AJ%	B%	LABOR	RATE
0977	A/C EVACUATE & RECHARG	ADDITIONAL OPERA	S1	15.81*		1.4	ME
	ADDITIONAL LABOR	SUBLET	S1	425.00*			
	PCM REM	REPLACE OEM	S1	269.61*			
	CORE	SUBLET	S1	175.00*			
	RELAY A	REPLACE OEM	S1	16.69*			
	3 SPLICE	REPLACE OEM	S1	7.35*			
	WIRE	REPLACE OEM	S1	16.42*			
	HARNESS	REPLACE OEM	S1	12.67*			
	9 CONNECTORS	REPLACE OEM	S1	4.77*			
	WIRING HARNESS	REPLACE OEM	S1	325.00*			
	SEAL 1647558	REPLACE OEM	S1	12.60*			
	SEAL WA 2724577	REPLACE OEM	S1	8.33*			
	CAP 10291660	REPLACE OEM	S1	3.58*			
	HOSE 10403408	REPLACE OEM	S1	21.44*			
	HOSE 10403409	REPLACE OEM	S1	11.78*			
	ORIFICE 10411717	REPLACE OEM	S1	12.27*			
	INSUL-H 10419334	REPLACE OEM	S1	52.68*			
	RESERVO 10423219	REPLACE OEM	S1	29.00*			
	PIPE 10427605	REPLACE OEM	S1	83.62*			
	PIPE 10442772	REPLACE OEM	S1	67.44*			
	SENSOR 10456215	REPLACE OEM	S1	110.62*			
	GEN R 10464448	REPLACE OEM	S1	209.79*			
	CORE AMOUNT	SUBLET	S1	50.00*			
	FLUID 12377967	REPLACE OEM	S1	6.70*			
	GASKET 12565634	REPLACE OEM	S1	6.23*			
	COVER 12565634	REPLACE OEM	S1	4.72*			
	COVER 15404324	REPLACE OEM	S1	4.72*			
	CYLINDER 18026277	REPLACE OEM	S1	277.00*			
	SEAL B24502375	REPLACE OEM	S1	18.46*			
	SEAL DR 24502846	REPLACE OEM	S1	1.39*			
	SENSOR 25312203	REPLACE OEM	S1	111.72*			
	SEAL O 25537068	REPLACE OEM	S1	0.81*			
	UPPER INTAKE COVER	REPLACE OEM	S1	30.00*			
	RETURN TO KC	SUBLET	S1	75.00*			

CHANGED LINES

GDE	PART	OPERATION	PRICE	AJ%	B%	LABOR	RATE
0780	FILTER, ENGINE OIL	REPLACE OEM	S1	5.29*		0.3	ME
				4.17		0.3	ME
	DEX COOL	REPLACE OEM	S1	30.00*			
				18.00*			
	ENGINE OIL	REPLACE OEM	S1	9.75*			
				9.00*			

CALCULATION CHANGES

	FROM	TO	DIFFERENCE
GROSS PARTS	83.85	1,835.11	1,751.26+
OTHER PARTS	1,100.00	1,115.81	15.81+
TAX ON PARTS & MATERIAL	6.725% 98.11	6.725% 216.94	118.83+
ME. - MECH/ELEC	40.00 352.00	40.00 408.00	56.00+

2000 PONTIAC GRAND PRIX SE 4 DR SEDAN  
CLAIM # 25-5674-02401

CD LOG NO 135 -1  
SUPPLEMENT 81

SUBLET REPAIRS

725.00 725.00+

SUPP 1 NET TOTAL

2,666.90+

SUMMARY	NET TOTAL	DATE	TIME	APPRAISER
ORIG EST	1,928.96	07-12-02	9:03 AM	LARRY HUSTEAD
SUPP 1	2,666.90	08-08-02	4:52 PM	LARRY HUSTEAD





RBZ0006Z  
date: 09-10-02

page: 1

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

## AUTO PAYMENTS BY COL

policy number

date of loss

07-11-02

R B

COL 312

C denotes consolidated payment

S denotes EFT payment

P denotes previous data

COL 312 indemnity: 5,557.11 dir rcv: 0.00 expensg: 0.00

payment number	payee	amount	status	COL	pay cd	ran	reporting party
	TECHNICAL FOREN	961.25	O/S	312	3		Named Insu
	CUPP CHEVROLET	2,666.90	PAID	312	3		Named Insu
	R B. ENGELHARD	1,928.96	PAID	312	1		Named Insu



RBZ0006Z  
date: 09-10-02

page: 1

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

## AUTO PAYMENTS BY COL

policy number

R B

07-11-02

COL 501

C denotes consolidated payment

E denotes EFT payment

P denotes previous data

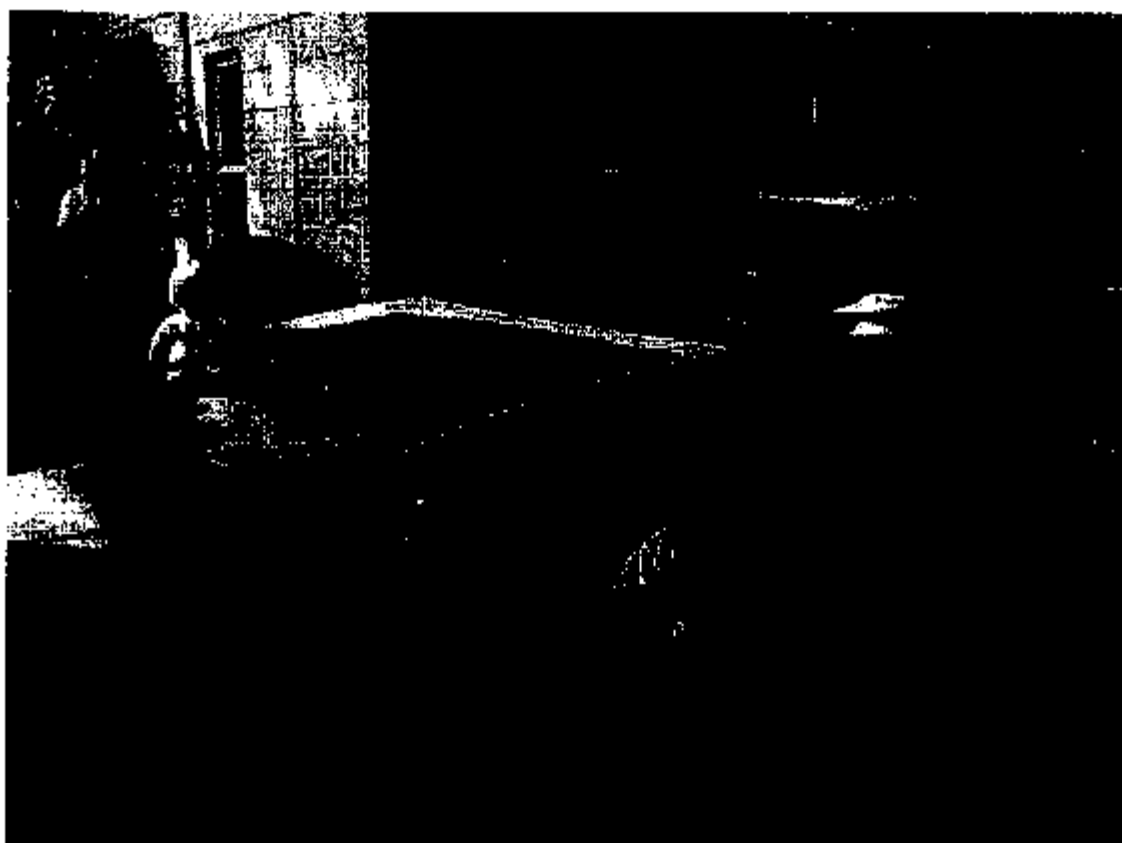
COL: 501 indemnity: 280.00 dir conv: 0.00 expense: 0.00

amount	status	COL	pay cd	ren	reporting party
280.00	O/S	501	1		Named Insu









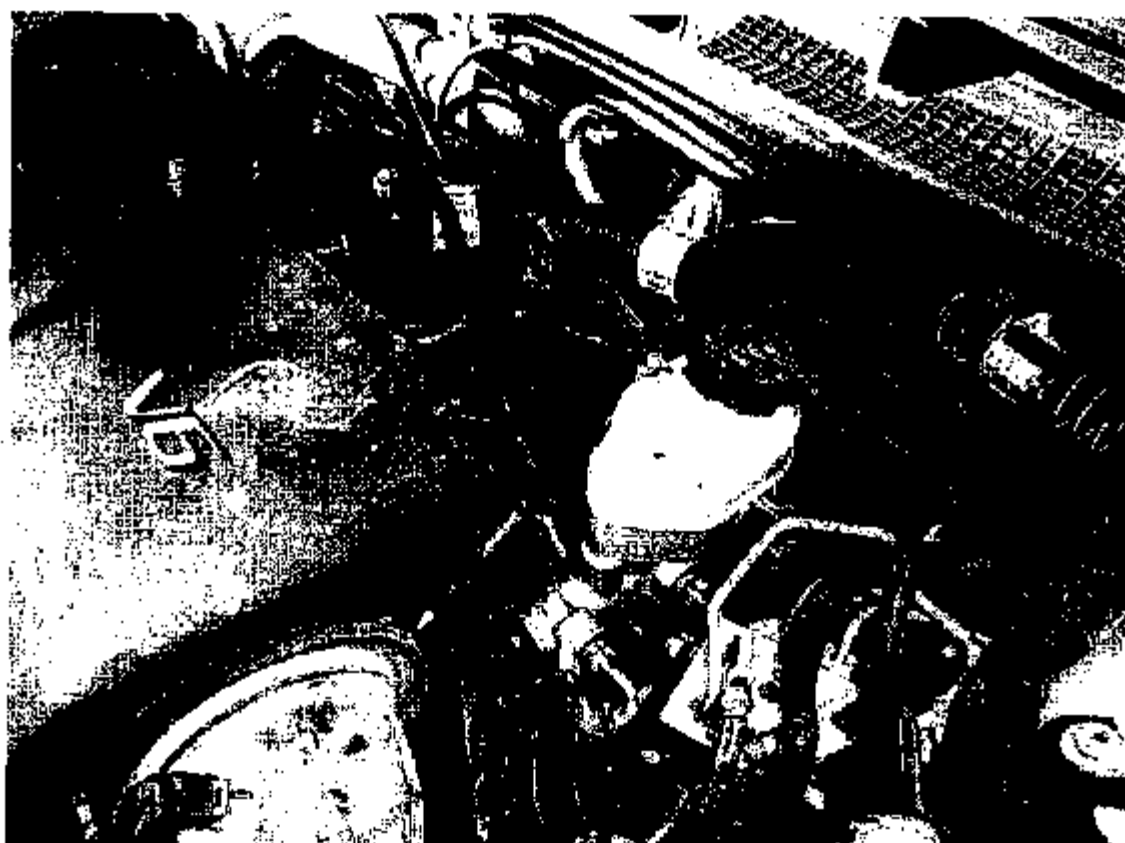












# State Farm Insurance Companies®



July 25, 2002

*No name  
No LP  
No 1241*

Columbia Service Center  
1000 West Nifong  
Building 3, Suite 100  
Columbia, MO 65203

ESIS/GM Claims  
Renaissance Center  
P.O. Box 300  
Mail Code 482C20D71  
Detroit, MI 48265-0300

RE: Claim Number: 25-5874-024  
Date of Loss: July 11, 2002  
Our Insured: Brent [REDACTED]  
2000 Pontiac Grand Prix  
VIN: 1G2WJ52K1YF288353

**RECEIVED**  
**JUL 29 2002**  
**ESIS-GM CLAIMS UN**

Dear ESIS/GM Claims:

The identified vehicle is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced an engine compartment fire.

State Farm® would like to give you an opportunity to inspect the engine and give you advance notice of our potential subrogation claim. Please contact me at (573) 256-3551 to set up a time for your inspection.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Miller'.

Mark Miller  
Senior Claim Representative  
State Farm Mutual Automobile Insurance Company  
(573) 256-3551

MM/034/0724043.r1

# ESIS

An Insurance Services Company

300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

313 665-3415 tel  
313 665-0911 fax

janice.lapinski@esis.com

Janice Lapinski  
Claims Administrator

November 12, 2002

Mr. Daron Mochl  
State Farm Insurance  
P.O. Box 6037  
Columbia, MO 65205

Your File Number: 25-5674-024P  
Your Insured: R.B. [REDACTED]  
Esis File Number: 442539  
Our Client: General Motors Corporation  
Date of Event: July 11, 2002

Dear Mr. Englehard:

Please be advised I have had this file referred for technical evaluation. Upon the conclusion of this evaluation, I will contact you with our position in this matter.

Thank you for your time and cooperation regarding this matter, and your continued patience.

Sincerely,

Janice Lapinski  
Claims Administrator  
313.665.3415

Cc: File

20392

47130

\*INVOICE\*

1311 E. Briggs Dr. P.O. Box 448 Maton, MO 63662  
(660) 365-3195

PAGE 1

SERVICE ADVISOR: 11 VICKI HOSE

COLOR	YEAR	MAKE/MODEL	VIN	SALES	PRICE
SILVER	00	PONTIAC GRAND PRIX	1G2WY52K1YF288353		41055/41055
18DEC2001		17:00 21MAR02		0.00	CASH
R.O. #			OPTIONS: STK:64091 DLR:03074		

LINE	OPCODE	TECH	TYP	HOURS	LIST	NET	TOTAL
10:40 21MAR02 16:29 27MAR02							
CK ENGINE OR SECURITY LIGHT. FINALLY WILL START. NO PATTERN							
11200 SPENDER AND/OR PUMP ASSEMBLY, FUEL (TANK							
14 W 2.00 (N/C)							
FC: 6D							
COUNT: 1							
AUTH CODE: EA							

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

CAUSE: SHUTTLE

14 W 0.00 (N/C)

CLAIM TYPE:

MJ

W (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

Goodwrench Service Plan			STATEMENT OF DISCLAIMER		LABOR AMOUNT	
			The factory warranty constitutes all of the warranties with respect to the sale of this item. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item.		0.00	
					PARTS AMOUNT	
		0.00				
		GAS, OIL, LUBE				
		0.00				
			CUSTOMER SIGNATURE		SUBLET AMOUNT	
					0.00	
					MISC. CHARGES	
					0.00	
					TOTAL CHARGES	
					0.00	
					LESS AMOUNT	
					0.00	
					SALES TAX	
					0.00	
					PLEASE PAY THIS AMOUNT	

CUSTOMER COPY #2

20392

45795

\*INVOICE\*

**BENTZ**

GM

*Country*1311 E. Briggs Dr. P.O. Box 449 - Mason, MO 63552  
(800) 385-3195

PAGE 1

SERVICE ADVISOR: 11 VICKI HUSE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE	BOOK	TAG
SILVER	00	PONTIAC GRAND PRIX	1G2WJ52K1Y7286353		38068/38068		
DEL DATE	PROD DATE	WARRANTY	PROMISOR	DATE	TYPE	INV DATE	
16DEC2001			17:00 28JAN02		0.00 CASH	01FEB2002	
OPTIONS: STK:64091 DLR:03074							

14:28 28JAN02 09:32 01FEB02

LINE OPCODE TECH TYPE HOURS

A CK FOR HARD START WHEN KEYS ARE TURNED FUEL PUMP/RELAY/INJECTOR

CAUSE: FUEL PUMP BAD

1-800-SENDER AND/OR FUEL ASSSEMBLY PARTS (LINE)

UNIT) - REPLACE

1 25325702 W-MODULE

PART#: 25325702

CLAIM TYPE:

AUT. CODE: RA

PN

PARTS

A DEL. FACTORY

P. NO. 00000000

Q. NO. 00000000

R. NO. 00000000

S. NO. 00000000

T. NO. 00000000

U. NO. 00000000

V. NO. 00000000

W. NO. 00000000

X. NO. 00000000

Y. NO. 00000000

Z. NO. 00000000

AA. NO. 00000000

AB. NO. 00000000

AC. NO. 00000000

AD. NO. 00000000

AE. NO. 00000000

AF. NO. 00000000

AG. NO. 00000000

AH. NO. 00000000

AI. NO. 00000000

AJ. NO. 00000000

AK. NO. 00000000

AL. NO. 00000000

AM. NO. 00000000

AN. NO. 00000000

AO. NO. 00000000

AP. NO. 00000000

AQ. NO. 00000000

AR. NO. 00000000

AS. NO. 00000000

AT. NO. 00000000

AU. NO. 00000000

AV. NO. 00000000

AW. NO. 00000000

AX. NO. 00000000

AY. NO. 00000000

AZ. NO. 00000000

BA. NO. 00000000

BB. NO. 00000000

BC. NO. 00000000

BD. NO. 00000000

BE. NO. 00000000

BF. NO. 00000000

BG. NO. 00000000

BH. NO. 00000000

BI. NO. 00000000

BJ. NO. 00000000

Goodwrench Service *Plus*

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/terms. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumed nor authorizes any other person to assume for it any liability in connection with the sale of this item/terms.

CUSTOMER SIGNATURE

LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS AMOUNT	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY #2

**PLEASE FORWARD THE FOLLOWING  
STATEMENT INTERVIEWING**

**Christina** [REDACTED]

**TO THE ATTENTION OF:**

**Daron Moehl**

**Claim Number: 25-5674-024**

**Insured:** [REDACTED]

**Thank you!**

**Quicksilver Typing Service**



This is Mark Miller, I'm interviewing Christina. Today's date is July 19th, year 2002, the time is about, oh, 9:50 a.m. This concerns an accident or a loss to a vehicle that happened on July 11th, year 2002. Looks like the accident happened in front of the residence in Marceline, Missouri. And I don't have a time.

Q. Christina, would you state your full name for me, please, and spell your last name?

A. Christina Lynn [REDACTED]

Q. And your date of birth, Christina?

A. 9/18 of 1982.

Q. And do you realize I'm recording this conversation and is it okay to do so?

A. Yes.

Q. Christina, are you married, single, widowed or divorced?

A. Single.

Q. Home address?

A. [REDACTED]

Q. Are you employed?

A. Ah, self-employed. I run a daycare.

Q. Now, the day of the accident, July 11th, does that sound about right?

A. Yep.

Q. About what time was it when it happened?

A. Oh, about 9:30 in the morning.

Q. And it happened at your residence?

A. Yes.

Q. What kind of vehicle was it that had the loss?

A. A silver 2000 Pontiac Grand Prix.

Q. Is this your vehicle?

A. No, it's my dad's. Or my stepdad.

Q. Okay. Do you regularly drive the vehicle?

A. Uhm, sometimes.

Q. Sometimes?

A. Yeah.

Q. When had you first gotten the vehicle from him prior to this?

A. Oh, when he went on vacation. I'm not sure what day. It's been a little while. I've been driving it while he's on vacation.

- Q. About, like a week, a month? A day?  
A. About three weeks.
- Q. About three weeks?  
A. Or a month, maybe.
- Q. Okay. And have you driven the vehicle prior to this time?  
A. Yeah.
- Q. So are you kind of aware of the vehicle and problems it may have had in the past?  
A. Yeah. I take it to get it worked on, cause he's a railroader.
- Q. Okay. What kind of problems has it had in the past?  
A. It had a problem where you'd try to start it and it didn't want to start, it would just crank, and you'd have to shut it all the way off and try it. And about the third time, it would finally start. And we took it to get it worked on.
- Q. Who'd you take it to?  
A. Ah, Vince GM Country in Brookfield.
- Q. Is that where you bought the vehicle? Or is that where your dad bought it?  
A. Yeah. We knew it had that problem when we bought it, and they said that they would get it fixed.
- Q. Uh-huh.  
A. And we had taken it there three times.
- Q. Three different times?  
A. Yeah. For the same problem.
- Q. And each time you brought it back, it had the same problem?  
A. Yeah. They put a fuel pump on it the first time and gave it back, and it did the same thing, and I took it back over there, and they checked that fuel pump, and they said the one they put on it was bad, so they put a new one on the second time.
- Q. Okay.  
A. And the third time we took it over there, they put an oxygen sensor or valve.
- Q. Uh-huh. An oxygen sensor?  
A. Something. Something to that effect they put on it, and it still did it, and I hadn't had time to drag it back over there, so.
- Q. Do you remember the last time that, when they put the oxygen sensor on?  
A. Oh, no. It was probably like a month and a half or two months ago the last time it was in the shop.
- Q. One, two months, something like that?  
A. Yeah.

- Q. How long has your stepdad owned this vehicle? Do you have any idea when he bought it?
- A. He bought it in December, cause I remember it was right before Christmas.
- Q. December of 2001?
- A. Yes.
- Q. Okay. Let's talk about when the loss actually happened. When--oh, you told me it was 9:30 in the morning. Were you by yourself?
- A. Yeah.
- Q. And where were you headed to?
- A. Across town.
- Q. And just tell me a little bit about, let's say as you walked out your front door, what, what happened?
- A. Well, I just walked over and I got in it as usual and I turned the key to start it and it just went bam! It sounded like a softball or something had hit the top.
- Q. Okay.
- A. And I got out, and I looked at the top. I was trying to figure out what the noise was, and I sat back down in the car and looked forward, and there was smoke coming out both sides of the hood. And I automatically called my boyfriend at work.
- Q. Uh-huh.
- A. And asked him what I needed to do. And told him the noise it made and there was smoke coming out, and he told me to open it and see if it was on fire.
- Q. Uh-huh.
- A. And I did, and it was. And he told me to call the fire department, cause he's on it, and then he changed his mind. He said there was a fire extinguisher in the garage. And he told me to get that and put it out, and that's what I did.
- Q. Okay. Okay.
- A. And that put it out.
- Q. All right.
- A. I went straight to State Farm®.
- Q. So pretty much you just turned the key over, and did it start up?
- A. No, it just went bam.
- Q. There was just a big loud bang and then--
- A. And I shut it, I turned the key back.
- Q. Right.
- A. And I stood up to look and see, cause it sounded--
- Q. Something hit the roof or something?

- A. Something, yeah. That's what kind of bang it made.
- Q. Huh. And so then after you got the fire out, what did you do then? Oh, you went to State Farm®, you said.
- A. Well, I cried. Then he came straight home from work and I called my dad, and we all went to State Farm®.
- Q. Okay. And where is the vehicle presently?
- A. (Inaudible) Chevrolet.
- Q. And have they determined anything?
- A. Ah, not that I'm aware of. I know that they were getting a new motor to put in it.
- Q. A new motor?
- A. Yeah. And, but I don't know if—
- Q. Is that—I mean, have they, are they going to incur that cost, or have they indicated anything to that effect?
- A. No, it's in the State Farm® paperwork. The adjuster called and got one used.
- Q. Okay, Christina, is there anything else about this accident that you can think of you'd like to add?
- A. No, not that I can think of.
- Q. Are the remarks you have made in this recording your true version to the best of your knowledge?
- A. Yes.
- Q. And have I made this recording with your full knowledge and consent?
- A. Yes.
- Q. Thank you, this concludes the recorded interview. It's almost 10:00 o'clock, July 19th, 2002.

QTS/1009016